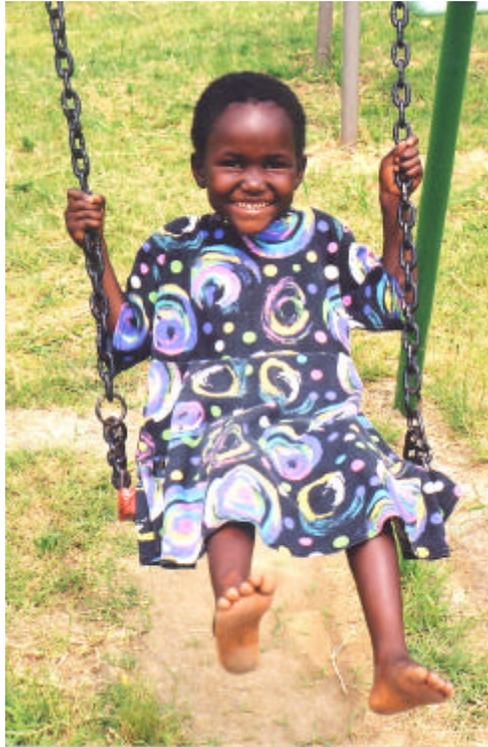


Survival is the First Freedom:



Applying Democracy & Governance Approaches to HIV/AIDS Work



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Collegial partner organizations also made valuable contributions. The tool kit includes important examples from several organizations with which Pact is working and from whom we have learned much. The HIV/AIDS Alliance is a leader in HIV/AIDS-focused capacity building. Project Concern International is pioneering important multi-sectoral HIV/AIDS work at the district level. The Global Network of People Living Positively (GNP+) has developed tools that empower positive people and challenge stigma. Creative Associates is a community mobilization innovator. International Center for Research on Women (ICRW) offers essential insights in gender considerations and HIV/AIDS. Examples of leading tools developed by all these groups can be found in the tool kit. They represent only the first wave of tools that will be developed as we learn more about the role multi-sectoral approaches can play in breaking the grip of HIV/AIDS in all parts of the world, and especially in East and Southern Africa.

The images included in this tool kit are all pictures of children infected or affected by HIV/AIDS. They are the symbols of hope for the future. These particular children receive support services from community-based organizations such as Tsungirirai in Zimbabwe. Tsungirirai is a Shona name that means persevere and have hope.

I hope readers find this tool kit a helpful guide in adapting their work, no matter what development sector they work in, to contribute to the global movement to stop the HIV/AIDS crisis.

Phyllis Craun-Selka
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Attachment 1: Pact's AIDS Corps Initiative

Abbreviations

AI	Appreciative Inquiry
ARD	Alternative Dispute Resolution
ASOs	AIDS Support Organizations
CB	Capacity Building
CBOs	Community Based Organizations
CSOs	Civil Society Organizations
D&G	Democracy and Governance
DTF	District Task Forces
GDP	Gross Domestic Product
GIS	Geographic Information Systems
GNP+	Global Network of People Living Positively with HIV/AIDS
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
ICRW	International Center for Research on Women
MAP	Men as Partners
NAC	National AIDS Council
NGO	Non Governmental Organization
OCA	Organizational Capacity Assessment
PCI	Project Concern International
PLA	Participatory Learning Approaches
PLWA	People Living with AIDS
STD	Sexually Transmitted Disease
UNAIDS	United Nations AIDS Organization
US	United States
USAID	United States Agency for International Development
USWC	United States Women Connect
VCT	Voluntary Counseling and Testing

Introduction

The purpose of this tool kit, *Survival is the First Freedom*, is to provide a collection of tools for use in applying democracy & governance (D&G) approaches to HIV/AIDS work. It is intended to assist current efforts to scale up responses to the pandemic and increase access to prevention and care services through collaboration at individual, community and national levels. The tool kit is designed for use by donor organizations, civil society, government and the private sector. Ultimately, the aim is to develop a dynamic website so that users can add new tools to create an ever-expanding and up-to-date learning tool.

Pact is honored to have the opportunity to share its work in the field of HIV/AIDS, and some of the lessons learned from that work. Pact understands well the challenges of cross-sectoral work, as we try to better address HIV/AIDS within the context of broader civil society strengthening. We hope that our experiences, and those of other NGOs, will be instructive for organizations across the development spectrum trying to enhance their HIV/AIDS programming. For a brief description of Pact's AIDS Corps initiative, an effort to include HIV/AIDS challenges in all development work, see Attachment 1.

The production of this tool kit is timely, as governmental and non-governmental organizations struggle to come to grips with the causes and impacts of HIV/AIDS. Poverty, cultural stigma and gender fuel the spread of HIV/AIDS and undercut responses to it. There is increasing recognition among development practitioners that unless these socio-economic factors are addressed, HIV/AIDS will rage on, reversing hard won development gains.

As a result, HIV/AIDS activities are shifting away from targeted public health programs to more integrated responses at community, local and national levels. D&G has a strategic role to play in this process of expanding and enhancing HIV/AIDS responses. Specifically, D&G can help to link people and their government, offering mechanisms for resolving conflict and stimulating effective interaction between civil society and government. It can also encourage the emergence of outspoken leadership and stimulate community participation. As USAID put it, "The democracy and governance sector can improve HIV/AIDS prevention and care by generating leadership commitment, improving the information flow about HIV/AIDS, mobilizing community and civil society to support HIV/AIDS programs, promoting respect for human rights of those living with HIV/AIDS, and supporting gender empowerment."¹ Clearly, D&G approaches do not replace the need for intensive technical expertise to address HIV/AIDS. Indeed, D&G approaches are a complement to existing HIV/AIDS work, not a substitute for it.

But development practitioners know that cross-sectoralism is easier in theory than in practice. Efforts to coordinate and collaborate often face barriers of turf and technical focus. Some of the major obstacles identified to applying D&G approaches to HIV/AIDS include lack of participation, a weak enabling environment, inadequate resources, poor coordination of national responses, general insensitivity to the pandemic, and lack of information, particularly in rural communities. This toolkit acknowledges those barriers and offers practical ways of addressing and overcoming them.

One of the ways that the toolkit seeks to overcome traditional turf barriers is by focusing on areas where HIV/AIDS and D&G naturally complement one another. The tool kit is organized around key D&G concepts that have direct application to specific needs in HIV/AIDS programming. The tool kit is divided into the following sections:

- Democratic principles and practices
- Rule of law
- Increasing citizens participation

¹ Excerpted from the *Report on a Consultative Meeting on HIV/AIDS as a Developing Crisis in Africa: Rethinking Strategies and Results*, Washington DC, September 29- October 1, 1999, USAID, AFR/SD

- Increasing capacity
- Enhanced flow of information

Specific tools for relating these D&G focus areas with HIV/AIDS work are included at the end of each section. These tools emerge directly from field experiences that have successfully linked D&G with HIV/AIDS. Consequently the tools will need to be adapted to the context in which they are used. The effectiveness of the tools depends as much on the process by which they are used, as on their intrinsic merits. Readers are welcomed to add their inputs, particularly regarding useful approaches, tools and reference sources by e-mailing this information to the attention of pcraunselka@pacthq.org.



Democratic principles and practices

The partnership between the D&G and HIV/AIDS sectors has only recently begun to take shape. In the past, development practitioners saw these as distinct fields—one focused on health concerns, the other on civil society and government. But as the HIV/AIDS pandemic worsened and began to loosen the fibers of African civil society, it became clear that these sectors could and should operate in tandem. Furthermore, it was realized that the D&G link with HIV/AIDS should be placed in the larger context of participatory development, through the use of approaches that involve stakeholders and the organizations that represent their interests.

Within the context of participatory development, the D&G sector has a strategic role to play in helping to put HIV/AIDS in a more prominent position on the African development agenda. The key D&G concepts and activities with application to HIV/AIDS include *rule of law, citizen participation, advocacy, transparency/accountability, and freedom of information*. Each of these is vital to achieving just and effective treatment of infected and affected people across Africa. Some of the specific objectives and applications of these core D&G principles to the field of HIV/AIDS are:

Rule of law

Objectives	Applications
Legal and human rights laws and reforms are implemented, including laws that protect people and families from infection and discrimination and ensure access to HIV/AIDS-related treatment, care and support.	<ul style="list-style-type: none"> • Assist relevant civil society organizations and legislative bodies in drafting HIV/AIDS laws. • Foster government—civil society dialogue on policy and legal reform at the local and/or national level. • Train judges, lawyers, relevant ministry officials, and NGOs/CSOs in HIV/AIDS law to assure enforcement. • Support associations of lawyers and/or judges interested in or working on HIV/AIDS issues.
Access to justice is assured for people infected and affected by HIV/AIDS and their families through formal legal process or alternative dispute resolution mechanisms.	<ul style="list-style-type: none"> • Support and train legal aid institutions assisting people living positively with HIV/AIDS, AIDS sufferers and their families. • Develop and support alternative dispute resolution mechanisms to assist those infected and affected with HIV/AIDS to resolve conflicts and legal problems.
Legal literacy is made available.	<ul style="list-style-type: none"> • Assist legal literacy programs and campaigns to educate the public about laws and rights related to HIV/AIDS victims and

	routes through which access to justice can be achieved.
Law reform and access to justice take gender equity into account.	<ul style="list-style-type: none"> • Ensure that women's and men's interests are taken equitably into account in legal reform and education activities.

Citizens' participation

Objectives	Applications
Informed and active citizenry is fostered through education and mobilization efforts.	<ul style="list-style-type: none"> • Support civic education campaigns on HIV/AIDS in communities and in schools. • Support labor union, business, and trade association activities to educate members about HIV/AIDS issues and laws.
People living positively with HIV/AIDS, AIDS sufferers and related groups are targeted to increase their political participation.	<ul style="list-style-type: none"> • Train and support civil society groups in conflict management techniques to ameliorate tensions between community groups and/or organizations with contending views on HIV/AIDS policy and programs and conflicting organizational agendas. • Strengthen and mobilize communities to participate in policy and program development related to the HIV/AIDS by conducting Community Capacity Assessment and strengthening exercises, and by fostering community leadership.
Advocacy is encouraged through training and issue education.	<ul style="list-style-type: none"> • Train HIV/AIDS-related NGOs and CSOs and other relevant institutions in advocacy techniques and in issues research (including the effects of stigma on policy responses; cultural practices; impact of HIV/AIDS on women and children). • Support NGO/CSO coalitions for HIV/AIDS policy reform. • Foster dialogue on HIV/AIDS policy, law, and responses among government (local and/or national), NGOs/CSOs, business, and communities (e.g., dialogues, town hall meetings, fora). • Train NGOs/CSOs and relevant institutions in media relations.
Oversight functions are fostered to permit civil society to monitor actions of relevant institutions.	<ul style="list-style-type: none"> • Train and support civil society watchdog groups that monitor HIV/AIDS policy reform processes, implementation of law, and accountability/transparency of government actions related to HIV/AIDS responses.

Capacity building

Objectives	Applications
Sustainability is incorporated to ensure institutional and financial viability of civil society organizations and institutions that deal with HIV/AIDS policy, civic-HIV/AIDS education, program development, and implementation.	<ul style="list-style-type: none"> • Train NGOs/CSOs in developing links with local constituencies and in running participatory decision-making and advocacy activities. • Provide organizational and financial capacity building to NGOs/CSOs as well as communities to assure an active and sustainable NGO/CSO sector that is able to advocate on HIV/AIDS issues and respond to the crisis. • Develop community level information/resource centers on advocacy HIV/AIDS-related issues. • Develop joint training programs for staff of NGOs/CSOs, government offices, and legislatures to enhance relations and coordination between and among the groups.
Capacity building is applied to community and citizens' mobilization activities.	<ul style="list-style-type: none"> • Provide organizational and financial capacity building to NGOs/CSOs as well as communities to assure an active and sustainable NGO/CSO sector that is able to advocate on HIV/AIDS issues and respond to the crisis. • Develop community level information/resource centers on HIV/AIDS-related issues.
Advocacy skills are emphasized.	<ul style="list-style-type: none"> • Foster NGO/CSO coalitions for HIV/AIDS across sectors. • Foster NGO/CSO coalitions for HIV/AIDS that reach from the local to national and regional levels.

Free flow of information

Objectives	Applications
Media is trained and the free flow of information is enhanced to increase public awareness of the HIV/AIDS crisis and policies relating to it.	Train journalists (in all media forms) in HIV/AIDS issues.
Freedom of information and the media's right to investigate and publish is guaranteed.	Support media efforts in gaining access to information and in assuring freedom to publish about issues related to HIV/AIDS.
Media civic education campaigns are pursued to assure that the public understands the role of government and citizens in addressing the HIV/AIDS crisis.	Support media campaigns that educate the public about HIV/AIDS issues and laws (e g , on radio, television, in newspapers and cultural programs).

The critical underlying elements here are *rule of law, participation, advocacy, transparency/accountability, and freedom of information*. Each of these is a key component of advancing the struggle for just and effective treatment of infected and affected people at national and community level. As stated in the introduction, capacity building

is included as a D&G approach because of the urgent need for enhanced capability of communities, NGOs and government to recognize the impact of AIDS, respond to it, and more closely coordinate their efforts.

Linking life to policy

In the last year we have learned that HIV/AIDS has far exceeded projections of infection and death. It has bled into all aspects of life. The challenge of the AIDS pandemic requires use of every tool of participatory development to mobilize and equip people of every age and socio-economic status to join in the struggle to overcome it. In addition, and because of the realizations of the magnitude of the scourge, efforts are intensifying to expand responses and close persistent gaps in access to services across the prevention and care spectrum. D&G work naturally fills many of these gaps.

Some of the specific gaps facing current AIDS programs include the following:

- There is a great need to **improve advocacy capacity** in order to widen impact on policy making and increase political will to commit resources towards aggressive national programming, such as in Uganda and Brazil. More than ever, development leaders need to be empowered with skills to draw the attention of policy makers and engage them in constructive dialogue about HIV/AIDS.
- Coupled with the above point is the need for **issue-oriented advocacy** that relates the effects of poverty, gender, discrimination and lack of legal access to the spread and deleterious impact of HIV/AIDS. Linking the impact of the pandemic to practical livelihood issues is more likely to trigger a response both from relevant line ministries and from those infected and affected that are not reached by traditional HIV/AIDS programs.
- **Strengthening community capacity** to address the HIV/AIDS epidemic is critical to promoting sustainable, culturally appropriate HIV/AIDS movements around the world. To date most of the capacity to address HIV/AIDS has rested in the hands of governmental and nongovernmental organizations. That capacity must be shared with community leaders so they can lead the development and implementation of HIV/AIDS programs in their areas, thus creating a “bottom up” mandate for action.
- **Shifting from educating people about HIV/AIDS to empowering them to address it** HIV/AIDS activists have learned that education about HIV/AIDS is not always empowering: education must be accompanied by practical assistance to apply knowledge to behavior change. As people involved in combating the epidemic in India write, “the mere availability of appropriate information and services does not necessarily mean that people will use them.” The statement speaks to the need to strengthen people’s capacity to address obstacles that obstruct behavior change.
- **Filling information gaps**, particularly in rural communities, is critical to prevention and care activities. Information on best practices and interventions is increasingly being generated to enhance programming, but it often fails to reach rural audiences. Expanding communities’ access to information will enhance their ability to adapt lessons learned to their unique circumstances.
- The need to **facilitate coordinated national movements**, vertically as well as horizontally, is yet another recurring theme. Many stakeholders appreciate the need for joint action but are challenged by institutional barriers to putting action into practice.
- **Participation of a range of civil society actors** is critical to creating awareness and mobilizing action. The broad impact of HIV/AIDS across societies means that a wide cross section of civil society actors need to get involved in order to engage a representative range of voices and experiences. Such participation, while constrained by stigma or practical issues of geography, culture or religion would be a key step in addressing the impact of the pandemic.
- With increased coordination across sectors comes the need for **multidimensional analytical tools** to assess causes and effects of the HIV/AIDS epidemic and the routes to its resolution. The

pandemic needs to be understood and addressed from all angles, and user-friendly tools are needed in order to enable this.

Ultimately D&G work has the potential to fill perhaps the greatest gap in the current HIV/AIDS movement: power -- the power of the infected and affected, the power of organizations trying to assist them, and the power of ordinary people who care about HIV/AIDS and its effect on their countries. The realization of this power can change the face of HIV/AIDS movements across Africa.

In the sections that follow we will explore further how D&G work can contribute to addressing some of these key challenges facing HIV/AIDS programs. We will do this by focusing on the four core D&G areas already identified: *rule of law, civic participation, increased capacity, and increased access to information*, and looking at how they speak to HIV/AIDS challenges.



Rule of law

The HIV/AIDS challenge: accessing basic freedoms

HIV/AIDS has created a human rights crisis in Africa that operates under the cover of ignorance and neglect. Overwhelming denial about the existence and extent of the HIV/AIDS crisis has left most of those suffering from it without resources or recourse. Because stigma relating to HIV/AIDS remains pervasive, from the relational level to the highest levels of government, it has caused a virtual paralysis of governance and has indirectly led to violations of basic human rights at all levels.

At the government level, heads of state and ministers continue to deny the existence and manifestation of the virus, hampering meaningful government responses and violating basic democratic principles of responsibility and accountability to the people. This institutionalized stigma ultimately has the effect of denying or limiting citizens' access to basic services and resources and silencing the demands of HIV/AIDS affected populations.

At the community level, HIV/AIDS stigma manifests itself in violation of personal freedoms. People who cannot talk openly and honestly about sex and the existence of HIV/AIDS are hindered in protecting themselves and their loved ones. Stigma limits safe behavior at the individual and relational level and often results in the infected being ostracized by communities, who deny them basic freedom of association.

Within the context of HIV/AIDS, the issue of equal access to justice reflects multiple perspectives for different population groups. First and foremost, it is essential that individuals infected or ill with HIV/AIDS have access to the full protection of the law. It is critical that laws be developed that protect those infected and affected by HIV/AIDS and that mechanisms are available to permit access by citizens to these legal protections. The following D&G responses address the above issues.

Secondly, and increasingly important, it is essential that countries in the grip of the HIV/AIDS epidemic find ways to provide access to justice to individuals, especially women and children, directly affected by the epidemic. Finally, access to justice and respect for the rule of law are closely linked to protection of human rights through effective and enforced legal frameworks.

Equal access to justice for HIV/AIDS infected and affected populations encompasses two broad areas:

- protection of basic rights and protection against discriminatory practices, and
- ownership of family assets and inheritance.

Infected and affected individuals most frequently need recourse to the law to protect their rights in the areas of labor, health care, education and housing.

- Labor codes and laws need to protect the rights of workers infected with HIV from losing their jobs, job applicants from discrimination based on serostatus in recruitment and employment, and infected employees from losing social benefits as a result of serostatus.
- Infected and affected individuals need to be guaranteed the right to be able to access public and private health care services.
- Children and youth, regardless of serostatus, need to be guaranteed access to public education.

The D&G response: promoting human rights

Clearly, basic human rights, principles and practices must be applied to HIV/AIDS work, creating natural complementarity between the D&G and HIV/AIDS sectors. The work to be done in this area is vast, representing responses to the vast injustices faced by the infected and affected. Some of the basic work required includes:

- Encouraging people to respect each other's rights.
- Making sure that education and access to health care are available to everyone.
- Educating people to help them overcome the fears, ignorance and prejudice that lead them to abuse the rights of others.

This means:

- Supporting and defending people whose rights are threatened or abused.
- Remedying and compensating for abuses when they occur.
- Working to change the conditions of poverty, powerlessness and dependence that make people vulnerable to abuse of their rights.

The following table presents internationally accepted human rights and the common abuses of these rights suffered by HIV-positive and –affected people:

Human Rights and Abuses²

Internationally accepted human rights	Abuses experienced by HIV-positive and affected people
Liberty, security and freedom of movement	<ul style="list-style-type: none"> • Compulsory HIV testing • Quarantine, isolation and segregation
Freedom from inhumane or degrading treatment	<ul style="list-style-type: none"> • Isolation, for example of HIV positive prisoners • Participation in trials without informed consent
Equal protection of the law	<ul style="list-style-type: none"> • Denying access to legal advice or services
Privacy	<ul style="list-style-type: none"> • Lack of confidentiality or disclosure of test results without consent • Compulsory reporting of people with HIV to health authorities (making HIV a notifiable disease)

² This chart was developed by GNP+ (Global Network of People Living with HIV/AIDS), Amsterdam GNP+ unites HIV positive people globally and works to meet their needs, advocate their interests and overcome stigma surrounding HIV/AIDS.

Self-determination	<ul style="list-style-type: none"> • Banning organization by people vulnerable to or affected by HIV
Right to marry or have relationships and children	<ul style="list-style-type: none"> • Forced abortion or sterilization • Compulsory pre-marital HIV testing • Discrimination against same sex relationships
Equal access to health care	<ul style="list-style-type: none"> • Lack of appropriate drugs, condoms, etc. • Refusal to care for or treat people with HIV
Education	<ul style="list-style-type: none"> • Lack of access to information that enables people to make informed choices • Refusal to provide education because of HIV status
Shelter, Social Security and Housing	<ul style="list-style-type: none"> • Denial of access to housing or social services
Work and Security	<ul style="list-style-type: none"> • Dismissal from or discrimination at work • Limited or no insurance coverage or other benefits • HIV testing as a precondition of employment

The second human rights area deeply affected by the HIV and HIV/AIDS epidemic relates to the rights of ownership of family assets and inheritance laws. Here, the rule of law is particularly important as customary or traditional laws and practices are frequently in conflict with “modern” laws.

Equal access to justice implies more than the existence of laws to protect the infected and the affected. Countries need the capacity to enforce such laws with well-trained professionals and functioning courts. Support for law reforms can be encouraged through assistance to civil society organizations and legislative bodies engaged in drafting HIV/AIDS laws and by fostering dialogue on reform between civil society and government. In addition, to assure enforcement, training for judges, lawyers, relevant government officials and NGOs/CSOs is critical. Support for associations of judges and lawyers and for legal aid institutions helps to ensure that reform implementation and access remain on the agenda. See advocacy tools in the section on increased capacity for tips on involving key players in the reform process.

Alternative mechanisms for dispute resolution need to be in place to create multiple strategies for resolving legal issues. Where judicial systems are slow, costly or corrupt, where citizens will not use the court system to resolve issues, or where culturally appropriate conflict resolution mechanisms are favored, alternative dispute resolution methods may be a more useful route. Less formal processes of negotiation, conciliation/mediation and arbitration may often be more effective in achieving justice and resolving community problems that victimize HIV/AIDS sufferers and their families and stymie potential progress in ameliorating and overcoming the impact of the crises. For example, Comprehensive Community Rehabilitation in Tanzania offers legal advice to people living with HIV/AIDS and their families on issues including discrimination, inheritance laws, writing wills, protection against rape and domestic violence.

Finally, those in need of protection must be informed about relevant laws and have confidence that laws will be enforced through an impartial judiciary. Legal literacy is thus central to assuring that the rule of law in fact protects HIV/AIDS populations. Legal literacy campaigns can be conducted through the various media, the workplace, NGO/CSO civic education programs, religious institutions, schools and town hall meetings.

Within the human rights context outlined above, the issue of gender must be given special consideration. Women and girls often face the greatest abuse. African women have little or no say in sexual relations and, therefore, often cannot negotiate condom usage or talk openly about their own or their partners' HIV status. As a result, women have limited ability to protect themselves or to seek recourse in cases where their rights to life and association are abused. Girls are even more vulnerable. In rural Ethiopia girls are being kept from attending school because of dwindling family resources, the demands of caring for relatives, and the increased threat of sexual abuse from older men seeking safe sex. Increasingly, the HIV/AIDS epidemic is proscribing their livelihoods and limiting their basic freedoms. The experience of the International HIV/AIDS Alliance points to the need for more partnerships that together can work for gender and sexual justice. Concerted efforts to challenge laws and policies that "preserve or ignore the social inequalities at the heart of the HIV epidemic" must be expanded. E-mail mail@HIV/AIDSalliance.org or www.HIV/AIDSalliance.org for more information on AIDS Alliance activities and tools.

Navigating a path between respecting human rights and honoring culture is a challenge for applying human rights principles to HIV/AIDS work. Traditional culture forms an important part of people's lives and creates community cohesion. In times of hardship or strain, culture holds families and communities together. But traditional laws and practices can be contrary to human rights. For instance, traditional marriages limit women's decision-making power and their access to family assets: critical issues in the context of HIV/AIDS. A balance between respecting culture and respecting rights is clearly needed. In sum, the broad challenges to the rule of law in the context of HIV/AIDS are threefold:

- **Creating and enforcing government policy** and laws that acknowledge and protect the rights of those infected with HIV/AIDS and the families left devastated by it.
- **Ensuring that individuals have recourse to law** through a range of mechanisms (courts, alternative dispute resolution mechanisms, information and legal aid).
- **Fostering a culture of acceptance and respect for the infected and affected** that will minimize the number of everyday abuses taking place and bring abuses that do occur to light.

Tool #1: Freedom from HIV/AIDS as a human right

Purpose

To identify the linkages between basic D&G principles and the impact of HIV/AIDS on infected or otherwise affected people. Because of overwhelming stigma, the enormous effect of HIV/AIDS is often covered up and national policies are not enforced. Furthermore most policies fail to make the link between HIV/AIDS and human rights. This tool helps people to see how the HIV/AIDS pandemic is eroding basic freedoms. At the same time, the tool helps people understand how D&G practices can impact, protect, inform and empower those threatened by HIV/AIDS. This is the very essence of how multisectoral responses benefit both HIV/AIDS and D&G work and scaling up responses.

Description

The tool is designed to facilitate discussion and analysis to identify the linkages between basic principles of D&G (rule of law/ accountability/ transparency; participation/advocacy; and freedom of information) and the realities of individuals, families and communities dealing with the threat of HIV infection, the challenges of living with the virus themselves, and the suffering or loss of someone close.

For each of the three D&G themes— rule of law, participation/advocacy, and free flow of information— questions for discussion and analysis help identify the elements necessary for freedom from HIV/AIDS as a human right. Scenarios for each D&G theme are designed to show how HIV/AIDS can lead to human rights violations and how D&G practices can protect people living with HIV/AIDS.

Tool application

Rule of law (accountability and transparency)

1. What national laws are needed or exist to protect people from HIV/AIDS infection, discrimination and denial of information, care and treatment services? Are these laws already in existence? Are they enforced? What about at the district and community levels? Are traditional leaders involved in developing and enforcing such laws?
2. Are government and citizens groups working together to develop and carry out HIV/AIDS policy reform? Does the reform process take into account stigma and gender? Is government forthcoming about HIV/AIDS policies, their enforcement and resources to support them? Do citizen's groups and communities hold government accountable?
3. Are government, legal officials and their associations aware of and empowered to enforce HIV/AIDS policies? Are special legal services available to people living with HIV/AIDS and their families? Are there legal literacy programs to educate the public about their rights vis-à-vis HIV/AIDS?

Scenario

Based on this rule of law analysis, if an HIV positive person or a person living with HIV/AIDS (PLWA) is terminated from her/his job, does that constitute a violation of human rights? What rule of law practice can help that person, and what rule of law practice can ensure that other HIV positive people keep their jobs?

Participation/advocacy

1. Do citizens' groups have the capacity to form coalitions, advocate for and monitor reform and enforcement of HIV/AIDS policies at local, district and national levels? Do they have the capacity to work with media to broadcast their concerns? Can they manage conflict?
2. Is civic education on HIV/AIDS happening in communities, schools, unions and the media?
3. Are communities themselves taking a greater leadership role in voicing their concerns over their rights to protection from HIV/AIDS infection, stigma, death, and associated loss?

Scenario

If a girl is infected with HIV through illicit sex, how might this constitute a violation of her rights? What could citizens' groups or communities do to protect girls?

Free flow of information

1. To what extent is there free flow of information between the media, government and citizens groups concerning HIV/AIDS policy, legality, access to services, and other pertinent concerns?
2. How free is the media to investigate and publish all manner of national responses to HIV/AIDS?
3. How aware of and interested is the media about the magnitude of the HIV/AIDS challenge?

Scenario

If a top official dies of HIV/AIDS and the news is suppressed or misrepresented, how is this a violation of human rights? What is the role of the media in banishing stigma and denial about HIV/AIDS?

Once the discussion and analysis are complete, the findings should be reconstituted into a platform for the use of D&G practices to ensure and protect human rights in the face of HIV/AIDS. This platform depends on effective policy, individual recourse to law, and destigmatization of HIV/AIDS.

Strengths and limitations

The strength of this tool is its ability to highlight the connections between violations of freedoms experienced as a result of living with HIV/AIDS and how D&G practices from the perspective of government, citizens groups, communities and the media, could help respond to and prevent such violations. Because HIV/AIDS has been considered for the past twenty years predominantly a health behavior-linked phenomenon and because development experts are fairly new to considering its relationship with D&G, the connections between D&G and the challenge to human rights that HIV/AIDS pose are not always easily evident. This tool facilitates the important first step in identifying the links between D&G and HIV/AIDS.

Time and resources

This tool could be used as a half-day exercise in a workshop or as a framework for analysis for a research project.



Increased citizens participation

The HIV/AIDS challenge: participation and collaboration

Responses to HIV/AIDS have historically centered in government ministries of health, with policy and resource allocation determined at national levels, and services delivered at the local level through government clinics, hospitals and dispensaries and through long-standing partnerships in the health field (i.e., church-managed village clinics or NGO outreach programs). But centralized government responses have proven inadequate in the face of the enormity of HIV/AIDS. The challenge now is to engage communities in the process of developing and implementing HIV/AIDS programs that bolster government policies and decisions. Government and communities need to work together with a common sense of purpose.

Specifically, HIV/AIDS programs need to originate in communities and reflect multi-stakeholder participation at that level. This means *working with local government* and involving government agencies with a stake in responding to the epidemic. Local government agencies and local offices of national agencies are key deliverers of services and conduits of resources. Ignoring their role in community-based responses undercuts the effectiveness of responses to HIV/AIDS.

Another key issue is that of *cultivating stronger leadership and more effective advocacy strategies* for the HIV/AIDS movement. National leaders have been notably absent in responses to HIV/AIDS. But the importance of leadership in this crisis has been proven time and again. The contrast between the determined leadership in Uganda and the denial and silence from leaders in Zimbabwe has been stark. President Museveni's recorded impact has galvanized other African leaders into action, allowing many religious, traditional, entertainment, and political leaders to speak out about HIV/AIDS and its impact on their own lives and on their communities. But leadership is not only about senior politicians speaking out. Leadership development needs to take root in traditional seats of power and among exemplary males, empowered women, people living positively with HIV/AIDS, youth, displaced children, and marginal groups.

A key component of encouraging participation in the HIV/AIDS crisis is *reinvigorating hope*. In some countries such as Zambia, early government messages about HIV/AIDS were dire and frightening "HIV/AIDS kills. You are dying" made those infected and likely to be infected resigned to their fate. This victim mentality has left many people paralyzed by fear or simply apathetic to change that they believe is uncontrollable. By encouraging participation and evidencing the ways that individuals can make a difference in their communities, a new culture of hope can be created.

The D&G response: promoting participation

D&G approaches and tools have been used effectively in numerous programs to build and/or strengthen the relationship and interactions between communities and government. Indeed, many such programs have had impact outside of the realm of “pure” D&G programs. In this context, building constituencies for reform and fostering dialogue between communities and governments is critical.

Building constituencies for reform

Constituencies for reform are central to responding to the HIV/AIDS crisis: at local and national levels they raise awareness about HIV/AIDS in communities and give impetus to developing the political will necessary for policy/legal reform and for appropriate program responses.

One example of building constituencies for reform around HIV/AIDS exists in Ethiopia. There, Pact’s support of 82 NGOs has enabled it to coordinate NGO efforts that deal with the overlapping issues of advocacy for the human and legal rights of People Living with HIV/AIDS (PLWAs), HIV/AIDS orphans, and against discrimination and stigma; access to reproductive health information and services; and networking among similar organizations. Pact is currently working with the Addis Ababa Regional Administrative HIV/AIDS Council to establish a network of HIV/AIDS NGOs in the region. Pact’s experience in supporting four other networks in Ethiopia has proven that without systems in place for information sharing and cooperation, individuals in each sector will continue to work in isolation. Networks, therefore, play an important role in establishing avenues for the incorporation of all stakeholders, design of crosscutting strategies, information sharing, trust, and cooperation.

Role of labor unions/employee associations:

Labor unions and employee associations are good examples of existing institutions that can be galvanized to address HIV/AIDS. These unions can carry out the following key activities:

- Negotiating with employers to support labor policies that protect infected and affected individuals.
- Ensuring confidentiality of workplace-based test results.
- Supporting workplace-based prevention activities.

The result of workplace-based HIV/AIDS education and prevention programs has been the development by employers of standards of conduct that respect the rights of employees affected by HIV and HIV/AIDS.

Techniques for engaging communities

A D&G focus at the community level should foster initiative-taking in community groups and leaders based on participatory issue identification and knowledge development. The aim is to catalyze community movements that are the basis for engaging civil society and government stakeholders in integrated HIV/AIDS programming. The mandate for national action must emerge from this grassroots level. A D&G approach can help communities:

- identify power relationships and dynamics in the community and new or existing space for dialogue and change.
- use issue identification sessions to help establish the relationship between HIV/AIDS and other related priority issues.
- use information gathering and analysis by local groups, with references from external sources, to develop a community’s own understanding and measurement tools.
- use participatory institution mapping to generate understanding of the larger institutional picture, traditional and modern, that governs a community.
- foster advocacy approaches at the local level that promote policy formulation, reform and implementation.

Collaboration with public authorities is imbedded in this community process, with local officials supplying the public information needed to complete the institutional picture for community members. Public officials can be drawn into the process gradually, through informal discussions with community groups throughout the information gathering process. These officials are critical stakeholders at the community level, and a strategy for ensuring their involvement should be developed from the outset of working with communities.

Participatory Learning Approaches (PLA)

Participatory learning approaches (PLA) are important to help communities take the lead in responding appropriately and effectively to the HIV/AIDS pandemic. They can help communities discover their own resources and knowledge about HIV/AIDS and help them move forward to take action. PLA can also be used by academic researchers, NGOs, activist groups, programmers, policy makers, and government workers. Key elements of PLA include:

- *Understanding the value of local knowledge*, which requires more listening than teaching. Key information needs to be identified and distinguished through a mix of methods called triangulation.
- *Using interactive processes rather than extractive processes*, which are used to share knowledge, information and ownership of findings. Conclusions are more often accepted by and acted on by the community when ownership exists.

NGOs, like the International HIV/AIDS Alliance (AIDS Alliance), use participatory assessment processes “to strengthen relationships between NGOs and communities, by requiring NGOs to listen to and ask questions of communities rather than making assumptions. This is especially important in HIV prevention work, where the assumption is often made that the problem is a lack of HIV/AIDS information. By actively involving the community in the assessment, a participatory process can also engender a community commitment to and ownership of the problems identified and responses planned. In this way, the assessment process helps to mobilize community concern about and action on HIV prevention.”³ In Madagascar, Pact and AIDS Alliance conducted a workshop with NGOs using PLA techniques and a calendar to map the likely outbreak of diseases during the year. Using this information, the facilitator was able to introduce a discussion on HIV/AIDS prevention in which the NGO staff took the lead. For more information on AIDS Alliance global HIV/AIDS response work with communities contact mail@HIV/AIDSalliance.org or www.HIV/AIDSalliance.org.

Other examples of how PLA can enhance the awareness and involvement of citizens in HIV/AIDS issues are numerous. In Zimbabwe Pact used the Future Search methodology to bring together NGOs and their stakeholders in a process of creating a shared vision for HIV/AIDS work in their communities. Future Search is a participatory methodology that originated in the US as a means for bringing large numbers of stakeholders together to create a mandate for action around a shared concern. In Zimbabwe this meant convening traditional leaders, government officials, business people, youth leaders and NGO staff to design their future path. The process emphasized discovering commonalities and consensus. Using such simple exercises creating time lines of their community’s history, drawing “mind maps” to unpack the causes of community challenges, and designing future visions for successfully addressing those challenges helped bring groups together. Participants left the workshop with clear action plans and strong working relationships across sectoral lines. For more information on Future Search, contact loislu@pact.org.zw.

Community mobilization

Community mobilization involves catalyzing civic action at the local level. In mobilizing for action these groups generally challenge long-held attitudes, behaviors and traditions in order to activate change for the family and/or community. In the context of HIV/AIDS community mobilization can take on a clear D&G slant: it inherently makes a private issue public and in the process puts it on that community’s development

³ Excerpted from the International HIV/AIDS Alliance report *Beyond Awareness Raising: Community Lessons about Improving Responses to HIV/AIDS, a partnership program between the International HIV/AIDS Alliance and Glaxo Wellcome's Positive Action program*.

agenda. Mobilization at the community level can also lead to national dialogue that results in modifications of widely employed practices and policies. Thus community mobilization can spark national movements.

The critical steps to community mobilization identified in a 1999 USAID Displaced Children and Orphans Fund evaluation produced in conjunction with Children Affected by HIV/AIDS in Kenya included:

- community recognition that the community can deal more effectively with HIV/AIDS by working together.
- sense of responsibility and ownership.
- identification of internal community resources and knowledge, individual skills and talents.
- prioritization of needs.
- community members planning and managing activities using internal resources.
- increased capacity of communities to implement actions, leverage resources and sustain efforts.

Creative Associates and the Creative Center for Community Mobilization in Malawi used proven community-based participatory research and mobilization tools rooted in cultural traditions to spark community action. These tools had been pioneered successfully by the Morehouse HIV/AIDS prevention project in Zambia. Key conclusions include:

- involve the community in planning and monitoring.
- apply a holistic approach that involves extended personal contact with the community.
- promote young teens as advocates for HIV/AIDS prevention.
- convene same-sex and mixed group discussions.
- use theater to conduct action research and verify through participatory drama performances.
- train community-based field workers to facilitate follow-up community sensitivity workshops and action planning.
- link HIV/AIDS activities with traditional cultural events to reinforce the notion that culture and tradition do not have to be abandoned to speak out about HIV/AIDS.

For more information on community mobilization tools, contact Dr. Janet Robb, Creative Associates, at janet@caii-dc.com.

Mobilization through appreciation

Experience has shown that HIV/AIDS information packages should be both realistic and inspirational to the infected and affected. They should include information on life-giving nutrition, abstinence, caution, alternative health care, and treatment of opportunistic diseases. They should remind readers of opportunities and alternatives to assist people to determine how to move forward with their lives constructively. A Zambian grassroots association created one example of such an effective message:

Yes we know you/we may already be HIV positive. But this does not spell instant death. You can prolong your life if you eat well, abstain, are cautious and prevent/treat opportunistic infections. Change for the better now!

Strength-based approaches, such as Appreciative Inquiry (AI), can help communities rediscover inherent resources and strive for future dreams. AI is an organizing approach that helps groups build on their strengths and accomplishments; it emphasizes expanding what works rather than addressing what doesn't. In this crisis ridden context of HIV/AIDS, this emphasis on available resources and resourcefulness is novel. By designing and facilitating a conversation that rediscovers strengths, qualities and highest hopes and dreams

for the future, groups can inspire themselves to act with hope. For more information about Appreciative Inquiry, contact GEM@geminitiative.org or www.geminitiative.org.

Strengthening local leadership

Catalyzing community and national HIV/AIDS movements requires the strategic use of leadership. As mentioned earlier, the role of leadership in addressing HIV/AIDS cannot be underestimated. The involvement of accepted leaders can be the difference between the success and failure of an HIV/AIDS activity. Developing leadership requires recruiting people from all levels and sectors of civil society—from religious and traditional leaders, heads of schools and women’s organizations, to young people who show potential to stand out in their communities. Involving these people is critical to providing role models of individuals willing to speak out about the stigma. They provide vision and direction for communities that often need a sense of forward motion, and they signify the importance that the community attaches to dealing with HIV/AIDS.

Community leaders also have a vital role to play in assisting their communities to discuss their taboos and “voice the unspeakable” of HIV/AIDS. “Voicing the unspeakable” refers to strengthening the capacity of individuals and communities to discuss HIV/AIDS and the sexual issues that surround it. Enabling the voicing of these issues is critical to creating a culture of respect and solidarity for those affected by HIV/AIDS, as opposed to a climate of denial and isolation. Voicing the unspeakable involves assisting individuals and communities to tackle their deepest cultural taboos and to find the language to discuss them respectfully. Ultimately, it is about creating a new discourse within relationships and communities that addresses the realities of HIV/AIDS and its impact on sex and sexuality. Facilitating these discussions draws on some of the participatory community mobilization techniques described above.

Leadership skills should be nurtured among potential leaders, who will likely require on-going mentoring to exercise their power meaningfully. In choosing leaders, it is important to be strategic:

- Engage leaders who already possess respected authority within the community, such as traditional healers, chiefs, school principals or religious leaders.
- Involve leaders who have not traditionally been involved in HIV/AIDS issues. Their willingness to involve themselves will signal change to other community members.
- Select male and female leaders to ensure effective gender representation.
- Be aware of politics and power dynamics; make sure people aren’t getting involved simply to gain access to resources.

Fostering multi-sectoral response committees

Creating committees is one way of “institutionalizing” participation. This is a particularly useful technique through which to engage all relevant sectors, including business, government and civil society in management and planning of HIV/AIDS activities through teamwork. Multi-sector groups not only join important constituencies, they also can link various elements of an integrated response to HIV/AIDS, including policy making, access to services, and advocacy. In this way, committees can be an efficient, effective way of unifying the disparate and distinct elements of a comprehensive HIV/AIDS response.

But committees often face considerable challenges, including:

- Delegated participation that creates unequal participation.
- Lack of transparency and accountability in the distribution of resources.
- Inadequate community ownership of the problem.

- Minimal presence of NGOs to facilitate advocacy to break the bureaucracy associated with resources allocation.
- Lack of leadership connection by local people; members not knowing where to take their problems.
- Lack of transport for outreach.
- Volunteer allowance syndrome.

It's important, therefore, to ensure that committees, whether public, private or mixed, have access to mentoring and capacity building. If the concept of committees is new, it is likely members will struggle with issues of planning, management and implementation. They will need skill building and advice, along with close monitoring of progress. Without this support, committees can dissolve in their own good intentions.

Numerous examples of effective work with committees exist. In five districts in Zambia, for instance, Project Concern International's HIV/AIDS program fosters partnerships among diverse representatives of civil society and district-level government. By supporting the establishment of district task forces (DTFs) comprised of members of NGOs, churches, the military, and several ministries, these groups are able to pool their different resources and strengths to expand and collaborate on HIV/AIDS prevention and care efforts. This approach recognizes that government, alone, cannot solve societal problems, especially one with the magnitude of the HIV/AIDS pandemic. It also demonstrates government's accountability to the people and renders government-civil society relationships stronger. The diverse make-up of the DTFs, furthermore, generates a broader, multi-sectoral understanding of the impact of the HIV/AIDS pandemic, and by the same token, a more integrated response.

In Ethiopia the government has begun to establish systems that encourage cooperation and information sharing. A National HIV/AIDS Council (NAC) was recently established with regional sub-councils throughout the country. These councils represent line ministries, commissioners, religious organizations, professional associations, PLWAs, local NGOs, and the like. Further, an HIV/AIDS secretariat has been established, as part of the NAC, to coordinate the efforts of these different representatives of Ethiopian society. A national strategic planning workshop has also been planned and will include all of the previously mentioned stakeholders. Although this national coordinating body is currently still institutionally weak, it has created a mechanism by which NGOs can influence policy decisions. NGOs, working in partnership with CBOs and their communities, extend the reach of community needs and concerns directly to regional policies through these regional HIV/AIDS councils.

Ensuring the participation of women

Special focus should be given to ensuring and expanding the participation of women in HIV/AIDS activities: not just as deliverers of services but as decision makers and advocates. Women are bearing an increasing burden of the HIV/AIDS crisis across Africa and globally; providing opportunities for them to exercise leadership and voice their opinions is critical. Given the overwhelming barriers to such leadership, the involvement of women must be undertaken deliberately and strategically. Furthermore, issues of gender need to be intentionally and openly addressed throughout HIV/AIDS work in order to deal with the disparities driving the HIV/AIDS crisis.

At the 13th International HIV/AIDS conference in Durban, South Africa, Dr. Geeta Rao Gupta, president of the International Centre for Research on Women (ICRW), presented the following guidelines for addressing gender in HIV/AIDS programs. We have taken the liberty to infuse this continuum with D&G gender applications. They are important considerations for addressing gender in the context of ensuring maximum participation of key stakeholders at community and national levels.

- **Avoid approaches that reinforce gender stereotypes**, (e.g. men as sexually irresponsible or women as helpless victims and repositories of infection, or men as leaders and decision-makers and women as conforming followers).

- **Gender neutral** messages do not reinforce stereotypes. On the contrary, they demonstrate equality. For example, “be faithful” or “stick to one partner” applies to both men and women. However, gender neutral approaches do not respond to the special needs of men or women. Women or men who are more comfortable with a same-sex counselor, for example, may be dissuaded from seeking counseling in a gender-neutral environment. HIV/AIDS policy and advocacy work should not be seen as men’s or women’s work but should involve all stakeholders whether female, male, young, old, rural, urban, mainstream, marginal, HIV-free or living positively.
- **Gender sensitive** approaches take into account the special needs of women and men when it comes to HIV/AIDS prevention and care services. Offering female condoms, a female-controlled technology, in addition to male condoms, a male-controlled technology, is an example of gender sensitive approaches. Women’s and men’s involvement in advocacy and policy processes is important to ensure that gender-specific issues, such as male responsibility or women’s inheritance rights, are included and appropriately handled.
- **Transformative approaches** strive for more gender equitable relationships. The Men as Partners (MAP) program conducted by Planned Parenthood Association of South Africa, in collaboration with EngenderHealth (formerly AVSC International) and the Stepping Stones program, helps men transform their roles as sexual partners that promote mutual health and respect. Curricula include games, role plays, and group discussions involving young men and women in activities to redefine gender norms and encourage healthy sexuality. Another approach is to work with young boys who reject historic notions of masculinity to help them understand why and how they can serve as role models for more gender-equitable relationships. Transformative gender equity approaches also include working with couples in HIV counseling and testing, and family planning. Another approach includes gender equitable leadership development for women and men in family, community and national decision-making. This enables more opportunity for speaking out on behalf of families and communities and participating in civic life on a gender equitable basis.
- **Empowering approaches** seek to free women and men from the destruction of inequitable gender norms by helping both gain access to information, resources and decision-making opportunities from which they may be traditionally excluded. In addition to empowerment programs, policies are essential to develop and implement to decrease the gender gap in education, economic opportunity and political participation. Two international tools, the Cairo agenda and the Beijing Platform for Action (www.uswc.org.) delineate specific policy actions that are central for assuring women’s empowerment and more gender equitable reproductive and general health.
- **Discussing cultural practices** assists communities to identify those practices that are harmful and helpful and how to deal with them. Because cultural practices so often circumscribe the rights of women,

Stepping stones: A curriculum to address gender roles and relations

Stepping Stones is a training package for community-wide participatory discussions among young men and women about HIV/AIDS, gender, community, and relationship skills. While designed largely for use in sub-Saharan Africa it can be adapted for use anywhere.

Of particular interest is the range of topics covered before a discussion about HIV/AIDS even begins, including sexual health, use and over-use of alcohol, the role of money in decision-making about sex, and the hopes and fears of young men and women. The final sessions focus on assertiveness training, encouraging each peer group to consider and to apply ways in which they can change their behavior and prepare for the future, even in the face of death. Thus the whole workshop enables individuals, peer groups, and communities to explore their own social, sexual, and psychological needs, to analyze the communication blocks they face and to practice different ways of addressing their relationships.

To date the curriculum has been used in many sites in Uganda, and efforts are underway to bring it to Ghana and Zambia. Initial evaluation of the program has measured qualitative changes among both adult and young men and women.

For more information contact www.unHIV/AIDS.org or unHIV/AIDS@unHIV/AIDS.org or the author of Stepping Stones, A. Welbourne at ACTIONAID, London

communities need to be assisted to identify which practices might be particularly harmful in the context of HIV/AIDS.

Tool # 2: Future Search

Purpose

Future Search is a participatory process designed by and for community activists in the US for the purposes of joint visioning, planning and problem solving. The methodology is structured to bring together a broad cross section of stakeholders to determine how to address a shared challenge and to develop their vision for a desired future. The activities comprising the Future Search process are easy, fun and enlightening—generating substantial information and discussion in a way that is accessible for a variety of skill levels and interests. Future Search succeeds as a participatory methodology in building relationships among diverse members of a stakeholder group, creating a shared understanding of a challenge and a joint vision for addressing it, and increasing likelihood of effective follow up by having all of the key actors in the same room addressing it. It can be used with an organization, bringing its key stakeholders together to develop a vision for the organization, or with a community, to assist it to develop its broad vision for addressing AIDS. Future Search speaks to a number of the specific challenges of HIV/AIDS planning and visioning:

- The process accommodates large numbers of people, thus reflecting the scale of involvement needed in HIV/AIDS work.
- It allows for a diverse range of people to be involved, from youth to village women to government technocrats. It creates awareness and understandings across these groups and emphasizes consensus rather than difference.
- It focuses on root causes and long term strategies. In the crisis environment of HIV/AIDS, it's all too easy to focus on symptoms and quick fixes. Future search brings the group beyond those, to look at core issues and sound strategies.
- Its emphasis is on visions of hope. The process urges the group to bring itself into the future when it has effectively addressed its challenge. Again, in the field of HIV/AIDS, this message of hope is critical to creating energy for action.
- It's fun! People genuinely enjoy the process. And so the difficult and often depressing task of discussing AIDS can be done in a more light-hearted and constructive manner.

Description

The full description of the Future Search process can be found in the book [Future Search](#) by Marvin Weisbord and Sandra Janoff (contact Pact publications to order a copy at www.pactpub.com). The book provides a simple, step-by-step guide for facilitators to follow in putting together the process. Like most participatory development processes, Future Search combines a series of simple analytical, diagnostic and reflective activities that bring the group through a process of reflecting on the past, analyzing the present and designing the desired future. Using participatory exercises such as time lines, flow charts and dramas, the group goes on a journey together through their shared history and to the future of their challenges. Facilitators with a basic knowledge of participatory approaches and adequate skills to handle large group discussion should find the task manageable.

Strengths and limitations

As stated above, Future Search is a highly effective methodology for dealing with the constraints of HIV/AIDS in a manageable and constructive fashion. In a short period of time it generates enormous enthusiasm, information and analysis. Participants are pleased with the quality and amount of work accomplished.

Future Search is best used as an overall visioning and problem analysis process, rather than as a tool to create detailed work plans. While there is an emphasis on follow up action and development of action plans, the

process does not emphasize the detailed steps required. Therefore, it is best used early in a capacity building or community mobilization process to create a broad mandate for action.

Time and resources

The actual process lasts 2 ½ to 3 days, with preparation for the event usually requiring several weeks.

Effective preparation is critical to ensuring that participation, buy in and leadership are high. Preparation and planning are therefore critical and shouldn't be cut short.

Future Search doesn't require extensive resources: the process itself simply requires white paper, markers and tape. A comfortable, large space is all that is required to accommodate the process. Future Search has been carried out in schools, churches, and community halls—any venue that is comfortable and accessible for all participants.

Anecdotes

Across Zimbabwe, Pact carried out Future Search workshops with its AIDS Support Organization (ASO) partners. Throughout these workshops, the ASOs enjoyed visioning with the communities they serve—“dreaming” of a better future in which AIDS was under control. The ASOs left the workshops feeling inspired, motivated and ready to work together with their stakeholders in pursuit of their dreams.

Tool #3: Appreciative Inquiry: Generating hope in community response to HIV/AIDS

Purpose

The magnitude of the impact of HIV/AIDS on people, families and communities, coupled with the silence of stigma and denial, produces a paralyzing resignation to the pandemic. Appreciative Inquiry (AI) is a tool to facilitate a process with community stakeholders that enables them to rediscover their vitality, resourcefulness and strengths to cope with HIV/AIDS.

Description

AI is a mobilizing philosophy built on the recollection of peak experiences, recognition of strengths and qualities in the most debilitating circumstances, and a belief in future possibilities. Groups develop provocative propositions that express their boldest ideals and commitments to deal with the challenges HIV/AIDS poses and action plans to meet those challenges.

Basic principles on which AI is founded include:

- Language not only describes but creates reality—if a goal can be articulated, it can be achieved.
- Positivism—building on what works is more effective than pursuing the continuously descending, negative spiral of problem-solving.
- The beginning of a process and how you ask the first question determines what follows—the opposite of a results-orientated process.
- Both positive reinforcement and negative feedback can result in improvement, but positive reinforcement results in greater improvement than negative feedback.
- Designing and posing the questions properly represents and results in change in and of itself.

Tool Application

Develop and implement AI protocols

The most important phase of AI is developing the protocol that guides interviews with stakeholders. The protocols must be designed carefully in order to focus correctly on the priority HIV/AIDS issues facing the community, while at the same time generating maximum identification of and confidence in community resources to deal with those issues.

Scenario:

In a rural community, where men migrate much of the year to find work, women-headed households struggle to provide care for those sick with HIV/AIDS and deal with family, schooling and social needs of children displaced by HIV/AIDS. Traditional healers are treating most HIV/AIDS patients. Condoms, VCT (voluntary counseling and testing) and treatments are not available. A teacher dies of HIV/AIDS every two months. The traditional chief is very concerned. The entire community, or representatives of leadership, mothers, displaced youth and children, educators, health care providers, sex workers, HIV positive people, people sick with HIV/AIDS, etc., could respond to questions similar to these:

1. Think of a time in all the history of our community when we made extraordinary efforts to deal with a great challenge. What did our ancestors, neighbors or we do to overcome this threat? Tell the story in detail.

(Note: Given the great oral history traditions of many cultures, stories could come from hundreds of years ago, such as the story of slavery. This would be appropriate since some

estimates consider HIV/AIDS as already having as great or greater an impact on Africa as slavery.)

2. What were the strengths or qualities the people exhibited in the story that enabled them to overcome this challenge? What was the deep life-giving force that was the source of these strengths and qualities?

(Note: Answers for strengths or qualities may include things like courage, cooperation, selflessness, intelligence. Deep life-giving forces may include things like love for community, belief in the power of goodness, etc.)

3. Given what we know about the strengths, qualities, and inner power of our community, what are our highest hopes for the future? Think as if there are no limits to what is possible, no barriers to overcome, the sky is the limit. What are three most precious wishes for our children's future?

(Note: The idea here is to conjure up images of the future that are the ultimate in possibility. These extremes are necessary to build a framework of positive potential that inspires hopeful action.)

Each response to the interview protocol must be recorded and synthesized. These responses are the community "data" from which strategic direction and action plans can be developed.

Write provocative propositions

Syntheses and conclusions drawn from the Step 1 interviews must be reviewed, discussed and interpreted by community stakeholders with or without the help of an internal or external facilitator. These processes help communities identify and take in their inherent strengths, cohesion and resourcefulness. The stuff of the interviews constitutes the essence of the community—its make-up or capacity. Stakeholders need to consider it carefully in order to realize its power.

Once the data from the interviews are fully reviewed, stakeholders develop provocative propositions. These are bold statements of vision and purpose that convey the furthest reach of hope for the future and belief in the capabilities of community resources to make the vision a reality. Provocative propositions are developed through participatory processes that ensure full representation of interview data and stakeholders ideas.

A sample provocative proposition:

We are the people of the community of the San River valley. The spirit of our ancestors has been here for thousands of years. The rich earth and sparkling water of this valley are part of us and we are part of them. Neither slavery, war, colonialism, nor disease can destroy us. Each child born in this community is a promise of the future. We mothers, fathers, children, teachers, workers, and healers are strong. We know HIV/AIDS is trying to destroy us and we are united in our efforts to find out how this terrible disease is passed on and how to protect ourselves and our loved ones from infection. We believe in the strength and compassion of our neighbors and our leaders and we will help each other care for the sick, bury the dead and take care of the children they leave behind. Together we will speak out about this killer to our local and national leaders and we will clamor for help from every corner of the world. Our spirit and determination are unbreakable. We will face this killer and do whatever is called for to save our people.

The provocative proposition serves as a community mission statement as they determine how to meet the challenge of HIV/AIDS.

Planning a course of action

Once communities have discovered their inherent strengths and resources to cope with HIV/AIDS, and once they have developed their provocative propositions to inspire and guide their response, it is time to decide what course of action to take. Participatory approaches can help stakeholders come up with priority concerns, objectives and action steps. The chart below lists some possibilities. The

crucial consideration is that the community decides what action to take in order to take ownership and ensure results.

Priority concerns	Sample objectives	Possible action steps
Home Care	Ensure home care for people sick with HIV/AIDS that doesn't exhaust resources and caregivers.	Train more caregivers. Produce or get home care supplies and medicines.
Displaced Children	Take communal responsibility for HIV/AIDS-displaced children beyond the limits of family ties.	Identify children without adequate support. Link children in need with community mentors and sponsors.
Women's Income	Ensure women are not obliged to risk unsafe sex in order to eat.	Help women get skills and resources to generate income.
Denial and Stigma	Speak openly about how HIV/AIDS is spread and how to protect oneself and one's partners.	Get community role models to speak out for safe sex and living positively with HIV/AIDS.
Traditional Healers	Get traditional healers to use their front-line access to educate about HIV/AIDS infection and treatment and distribute condoms.	Meet with traditional healers to discuss HIV/AIDS and condom distribution.

Implementing action, monitoring and evaluation

Because AI believes the beginning of the process is the most important, there is less prescriptive detail to steps 3 and 4. Communities that use the AI process to guide their response to HIV/AIDS may develop their own indicators of results and impact. Various data collection methods can be used to assess the impact of their actions such as gathering baseline data, community surveys or home visits. Other approaches may be used to obtain feedback from stakeholders. These approaches may include participatory learning and rapid appraisal techniques, interviews of key informants, focus groups, community interviews and site observations.

Strengths and limitations

AI is an extraordinarily powerful tool for positive change. Typical reactions to it are that it is too positive and idealistic. In the case of HIV/AIDS, there may even be more likelihood to dismiss AI as trite in the face of such a devastating phenomenon. On the contrary, AI works best in the most desperate settings precisely *because* it enables groups to find even the tiniest spark of hope on which to build. AI's limits are its lack of specifics on steps 3 and 4. However, the world is full of tools for action planning and monitoring and evaluation. Steps 1 and 2 of AI are so powerful and so unique, it is worth it to use them and then find an additional aid to help with steps 3 and 4.

Time and resources

Step 1 of AI, conducting the interviews, should not be rushed. The telling of stories must be full and detailed, at least one-half hour per interview. To involve an entire community could take weeks. To involve a representative stakeholder group, conduct interviews, review and synthesize them, and develop draft provocative propositions could, on the other hand, be done in 2-5 days. Facilitating AI requires some training to do well although it is not difficult.

Anecdotes

More than a few people are moved to tears when they participate in AI interviews because they are so unused to being asked to tell full stories of peak experiences or identify strengths and qualities instead of problems and constraints. It can be a very useful tool for mobilizing communities and organizations suffering from the fatigue of dealing with HIV/AIDS.

One use of AI was with a fishing community living on the seacoast right on the beach. The community was experiencing very high teen maternity before marriage. An AI interview protocol was developed to conduct with mothers, but the mothers interviewed indicated that they had no other hope or aspirations for their daughters. Someone asked a girl passing by to respond to the questions and when it came time to ask her what her aspirations for the future were and she responded, "I want to be a doctor." That was the spark of hope needed to build a conversation of possibility and change with the community's adolescent girls. That's the power of AI.

Tool # 4: Strengthening community leadership

Purpose

Strengthening the capacity of community leaders to provide vision, direction and guidance to HIV/AIDS activities is a critical element of ensuring the sustainability of community-based projects. Beyond merely taking part in HIV/AIDS projects, community leaders should be at the forefront, signifying the projects' importance and acceptance within the community. The involvement of these leaders is, once again, a key element of taking AIDS out of people's homes and personal lives and onto the agenda of decision makers. Indeed, the involvement of these leaders can further a number of key D&G aims: addressing stigma and discrimination, increasing participation, promoting advocacy, ensuring accountability and transparency, and facilitating the free flow of information. In short, the effective participation of community leaders in a leadership role can be the difference between the success and failure of an AIDS initiative.

Description

Working with community leaders to strengthen their skills and abilities is an ongoing process, much like any other capacity building initiative. While this process will vary based on the context and the individuals involved, certain key steps should be considered:

- *Creating a sense of urgency:* The first step is to work with community leaders to establish a sense of urgency about the AIDS crisis. Without this, they might not feel compelled to get involved. This process involves ongoing discussions and workshops, reviewing statistics within the community and analyzing the effects of AIDS on overall community well being. Leaders should emerge from this process with a sense of commitment to play a lead role in their community's response to AIDS.
- *Needs analysis:* With this sense of urgency driving this process, you can now work with the leaders to identify the kind of role they can play and the skills required to carry it out effectively. Some of the skills that might require strengthening include: basic HIV/AIDS awareness, facilitation and communication, strategic visioning and planning, participatory mobilization techniques, and basic monitoring and evaluation.
- *Planning:* Having identified the leaders' needs, you can now determine how they can be addressed. Work with them to develop a plan of action for their leadership development, including methodologies and time frames. This plan ensures that everyone agrees on results and the process to achieve them.
- *Training:* Now it's time for the actual training to take place. Methodologies for training might include group workshops or courses, provision of training materials, financial support to attend other outside courses or peer-to-peer training and networking. The methodology will be determined by the level and type of need, and should provide adequate support to ensure comprehensive skills transference.
- *Follow up mentoring:* Providing on-going mentoring is essential to ensuring that leaders can apply the training in support of community based AIDS activities. Without this, training can often fall short of its expected aim of improving leaders' performance at the ground level. Therefore, adequate provision should be made for follow up, both in terms of time and resource planning.
- *Monitoring and Evaluation:* Periodic meetings with leaders will help you to monitor how the leadership development is progressing and the impact it's having on community based HIV/AIDS activities. Clear expectations and impact indicators should be set for the leaders, so that their role in implementing community AIDS projects is clear and achievable.

Strengths and limitations

Strengthening community leadership can have the effect of creating a cadre of AIDS activists throughout a country. With these people working effectively on the ground, “bottom up” AIDS mobilizing, advocacy, and networking can be sustained in the long term. Having such leadership at the ground level should be an overriding aim of any AIDS initiative drawing from D&G techniques.

Like other capacity building interventions, strengthening community leaders can be time consuming and difficult. With limited formal training and scarce resources, community leaders might struggle to translate training into action on the ground. Patience and ongoing support is required to help leaders play a meaningful role under difficult circumstances.

Time and resources

The time required for strengthening leaders will depend upon the level and type of their needs. During action planning, serious consideration should be given to how much time is realistically required to address the needs and achieve results. The training and mentoring can and should be a cost effective, low technology process, with simple materials and methodologies used so that community leaders might be able to replicate the process with a second tier of leadership over time.

Anecdotes

Be patient and committed: while working with leaders at the grass roots level can be the most challenging...it is also the most rewarding. Give it the time, resources and perseverance it requires.

Tool #5: Close coordination through district committees

Purpose

To identify how partnership and collaboration can enhance the impact of HIV/AIDS responses. The trend thus far in the HIV/AIDS sector has been one of lone battles and turf wars in dealing with preventive or support interventions. Yet clearly no single intervention has the power to deal with the impact of the pandemic on the infected and the affected. To the contrary it is widely appreciated that a cross sectoral partnership approach is one of the best ways of ensuring sustainable interventions to contain the pandemic. Governments have been among the first to face this reality. Therefore there is need to promote coordination and collaborative efforts to maximize impact on the spread of the pandemic and care of the infected. This tool helps users begin to appreciate the need for inter and cross sectoral interventions at the district level in order to maximize not only the use of scarce resources but also to minimize fragmentation/replication and provide holistic interventions.

Description

This tool is designed to facilitate local mobilization for coalition building. It is meant to engage the entire community in the search for solutions. Individual entities should understand and appreciate the fact that their interventions to stop the spread of HIV or minimize the impact of AIDS are dependent on the efforts of other entities/organizations. Questions for discussion and analysis will help spread the idea that unless all efforts to counter the spread and impacts of the pandemic are collaborative and involve all stakeholders, they cannot be sustained to have meaningful impact in the long run.

Scenario

If traditional healers isolate their HIV/AIDS interventions from other stakeholders such as the Ministry of Health, how might this impact the service delivery and preventive education in the community? Why does non-education of farmers on HIV/AIDS matter to the ministry of education, the business community, social welfare, finance and economic development, etc.? What can local government officials do to enhance impacts of HIV/AIDS interventions in their districts?

Strengths and limitations

The strength of this tool is helping to see the interdependency of all community actors and stakeholders. The tool also creates the visibility of societal/community interdependence to ensure all appreciate the role each stakeholder plays in dealing with the complexity of the HIV/AIDS pandemic and the fact that a single entity cannot single handedly bring about the desired results.

Time and resources

This tool can be used as a two-hour exercise in a workshop.

Anecdotes

Because the non-health sectors of the development sector are late entrants to the discussion and action on HIV/AIDS, there is still hesitation on the parts of non-health actors to offer their expertise, and play their role side by side with the health experts to curb the pandemic.

Tool #6: Coordinating with government for national reach of HIV/AIDS policies and services

Purpose

Government strategies must be truly national in scope to incorporate the needs of all stakeholders active in all regions and communities in the country. This tool incorporates two main themes. The first is that government ministries must create mechanisms to work with each community and the various NGOs, CBOs or religious organizations working throughout the country. The second is that NGOs and CSOs must learn how to advocate for their issues to the government ministries so that their ideas and concerns are considered.

Description

The tool is designed to explain the importance and possible impact of a unified strategy where mechanisms are in place for mutual learning, sharing, and effective coordination of efforts by the government across sectors for the entire country.

Tool application

Government coordination

1. What organizational structure does the government need at the national, regional and community level to coordinate HIV/AIDS reduction efforts throughout the country? Who are the people that should be involved?
2. Does the government have the capacity to strategically plan a national response? What legal policies must be designed? Have guidelines been developed for policy implementation? What can be done to facilitate this process of strategic planning and guideline development at a national level? Who should be incorporated into this process?
3. Does this government have the financial resources available to implement its plan?

Strengths and limitations

Government buy-in and a unified national strategy are important parts of an effective HIV/AIDS reduction strategy. The government can act as a coordinator of activities across sectors and throughout the country. It can also mobilize resources and communities. The limitations of this strategy are that a national strategy takes time and government bodies are often mired in bureaucracy. The weak capacity of newly-organized government bodies is also a challenge.

Time and resources

Developing a national HIV/AIDS strategy is a long-term process; however, a short workshop (1-3 days) can be an effective medium for CSOs to advocate their needs, concerns, and interests to the government. A two-way dialogue can increase understanding and trust and can further the coordination of HIV/AIDS efforts in the country.

Tool #7: Voicing the unspeakable

Purpose

To examine the relevance and appropriateness of open discussion about sex and sexuality and its impact on combatting HIV/AIDS. Transmission of HIV/AIDS is driven by secrecy, shame and denial, exhibited in the silence that is associated with sex and sexuality. This trend will continue to be a hindrance to exposing silence on sexual matters—the conduit for spread of the virus. It is common knowledge that where men and women, boys and girls are empowered to talk about sex and sexuality, people are likely to take control of their behavior. Where there is responsibility and a culture of honesty about unsafe lifestyles, those who are infected are likely to feel less isolated and more inclined to protect others. Voicing the unspeakable on sex and sexuality seeks to break not only the silence about the relationship between HIV/AIDS and sex, but also break relationship barriers to effective communication.

Description

This tool is designed to facilitate critical analysis that should lead to behavioral change. It is designed to motivate individuals to undertake deep reflections on the merits and demerits of existing culture and tradition at a given time in history and consequently animate them to condemn silence that lets the pandemic spread. Questions for discussion and analysis will spur a sense of responsibility to seek and give information to loved ones—children seeking to know from their parents and adult relatives, parent to children, adult to adult, young peers, spouses, etc. Facilitating the discussions could use the following questions:

1. What information is needed to protect people from contracting HIV and for living positively and longer with HIV/AIDS? What are the most commonly used channels for acquisition and dissemination of such information? How relevant and appropriate is such information?
2. Are parents in a position to offer credible information on sex, sexuality and HIV/AIDS to their children? Discuss whether children should be encouraged to solicit information and knowledge on sex and sexuality from their parents. Are there influential forums encouraging discussion on sex, sexuality and HIV/AIDS between spouses? What lessons or messages are being promoted in such forums? How can such activities/initiatives be popularized?
3. What is the role of government and the Church in encouraging de-stigmatizing discussion on sex, sexuality and HIV/AIDS in families and communities?

Scenario

Based on the analysis of secrecy, shame and stigma associated with sex, sexuality and HIV/AIDS, if a mother refuses her teenage girl child information on how to negotiate sex with her boyfriend on grounds that it is a taboo to divulge such information to her daughter in her culture, does that constitute asking for unspeakables? What should a concerned and conscious mother say to the daughter?

Strengths and limitations

The strength of the tool is helping to make connections between ignorance and refusal to speak against behaviors that promote the spread of HIV and the stigmatization of those afflicted by AIDS. The limitation of it is that there is bound to be resistance to discuss the issue given that most people have reservations to talk about sex and sexuality to some selected segments of their communities, in particular their children.

Time and resources

This tool could be used as a half-day exercise in a workshop or a framework of analysis for a research project. Potential users should, however, realize that it is likely to be time consuming due to the fact that a facilitator

has to be creative and skilled to break the resistance and silence. The facilitator has to develop sensitivity in language.

Anecdotes

More and more parents are beginning to appreciate the need for family dialogue and openness on the link between sex, sexuality and HIV/AIDS. However there is not enough space for voicing the unspeakable being created except for a few publications being made available for parents to buy for their children on the market. Demand for these has steadily increased. On the other hand, women in particular are forming groups to confide in each other the fears they harbor concerning HIV/AIDS and sexual relationships.



Increased capacity

The HIV/AIDS challenge: addressing the demand for services

The HIV/AIDS crisis has placed an unprecedented strain on government and nongovernmental institutions, requiring them to respond to high demand for services with limited resources. Indeed, many organizations are facing the world's greatest development crisis without paid staff, experience in service delivery or strong leadership. Some of the specific challenges facing organizations in the HIV/AIDS sector include:

- *Strategic management.* The enormity of the HIV/AIDS crisis inspires crisis management, leaving many organizations trapped in a cycle of fire fighting that shows little long-term impact. They require strong vision and a strategic direction to ensure that their programs maintain relevance.
- *Leadership.* Much of the leadership in the HIV/AIDS sector has been drawn from the health and welfare sectors. Today they find themselves struggling to diversify their approaches from top-down, public health care models.
- *Monitoring and evaluation.* Organizations are struggling to measure the quality and impact of their programs. In the face of continually rising infection rates, the pressure to evidence clear gain is growing.
- *Resource management.* In an effort to scale up response to HIV/AIDS, much attention is being paid to the absorptive capacity of groups to utilize greatly increasing resources.

The D&G response: strengthening capacity

Capacity building hasn't traditionally been viewed as a D&G technique. Nevertheless, in the context of HIV/AIDS, where the existence of institutions to lead advocacy and mobilization is critical, capacity building becomes a strategic element of a broader D&G inspired process. Thus while capacity building is not a D&G technique, per se, it is essential to the effective application of D&G principles to HIV/AIDS work.

Strengthening the capacity of AIDS Support Organizations (ASOs) is particularly effective in that they often reach hundreds of community organizations dealing with HIV/AIDS prevention and care demands. ASOs also are often cost-effective vehicles for delivering services to a large number of HIV/AIDS-affected and infected populations, because they possess the following characteristics:

- **Lean structures and staffing.** ASOs reach large numbers of people with minimal paid staff and material resources. They know how to achieve results at a minimal cost by taking advantage of the support of local individuals and institutions to deliver their services.
- **Volunteer base.** The HIV/AIDS movement in many African countries is virtually driven by volunteers, who form the bulk of the home-based caregivers, youth group leaders and peer educators. This volunteer base represents a virtual army of low-cost staff that will be able to assist in the delivery of services to the HIV/AIDS affected populations.
- **Locations within communities.** ASOs are located throughout countries, often deep in rural areas, outside of regional capitals. They are thus closer to the intended beneficiary population and don't have to establish new sites or delivery channels to reach them.
- **Overall knowledge of rural communities.** ASOs are familiar with the individuals and institutions that can help or hinder effective implementation within a particular community. This reduces start up times compared to institutions entering communities without prior knowledge or experience.
- **Unique knowledge of HIV/AIDS affected populations.** Unlike other for-profit or nonprofit sectors, the ASO sector understands the populations affected by HIV/AIDS, what their needs are, and what programs will succeed or fail with them.
- **Experience in community mobilization:** Few issues have been more difficult to address at the community level than HIV/AIDS. ASOs have vital experience in bringing together groups of people to address this issue and thus are in a position to scale up their existing community based activities.

Assessing organizational capacity

Any capacity building initiative should begin with an assessment of the organization's existing capabilities. Capacity assessments should be thorough, participatory processes that succeed in gathering necessary data, while at the same time, generating interest and ownership in the process of organizational change. Unlike evaluations, which usually mark the end of a process, assessments mark the beginning. Great care should be taken to ensure that assessments build strong foundations for any subsequent capacity building process.

Pact's Organizational Capacity Assessment (OCA)

For more than a decade, Pact has been pioneering and refining OCA processes to better engage staff and stakeholders in customizing and using tools that measure the unique capacities of their organization. Pact's OCA provides a snapshot of organizational capacities and determines organizational strengths and weaknesses in such areas as governance, management and service delivery. Based on OCA findings, Pact then develops with each organization a comprehensive training and mentoring plan, designed to improve operational efficiency and program effectiveness. All training, mentoring and other types of assistance are action-oriented, applied, and ultimately related to improving outreach to constituencies and service delivery. For more information, contact ebloom@pacthq.org

Developing responsive capacity building programs

Exemplary capacity-building programs promote innovative, regionally and locally defined HIV/AIDS approaches. Such programs increase the effectiveness of organizations to implement innovative approaches, mobilize financial and technical resources and empower natural leaders to emerge and gain recognition as significant change agents.

Strong capacity building programs create linkages and partnerships for the transfer of skills and knowledge between indigenous and international organizations. In addition, such programs should feature training of trainers components and ultimately increase the sophistication of the relationships between indigenous and international groups.

Various approaches exist for delivering capacity—building support in a manner that responds to organizational needs:

- *Courses:* Courses offer the opportunity for sustained learning in a supportive environment. Individuals acquire new skills and information, and are encouraged to network relationships and

exchange information with other participants. Typical courses include strategic management, community mobilization, and monitoring and evaluation.

- *Workshops:* Workshops create an environment for basic skills transfer and development within an organization or among a group of diverse participants. Because workshops are usually of short duration, they are not effective as a stand-alone tool for organizational change or development. They should take place within a broader context of capacity building. Examples of workshop topics might include strategic planning, team building, and board development.
- *Mentoring:* Mentoring, defined as an ongoing advisory and support relationship, is the best option when extensive organizational support is required to develop systems and structures, and to put learning and skills development into practice. Mentoring can be used as a means for providing follow up to courses or workshops, or as a stand-alone intervention that allows for tailor made consulting and advice to an organization.

Key capacity building program areas include:

- Strategic planning
- Participatory monitoring and evaluation
- Financial management and accounting
- Community mobilization and facilitation
- Information management
- Domestic resource mobilization
- Gender implications for programs and institutions
- Advocacy skills
- Project design and proposal writing
- Conflict management and resolution
- Leadership training
- Non-profit board development
- Volunteer management
- Program implementation and management

For more information on Pact's HIV/AIDS-focused capacity-building programs, contact pcraunselka@pacthq.org

One example of a successful course was the three-module "Strategic Management Course" offered by Pact in Zimbabwe. The course focused on strengthening the management skills of NGO leaders to design visions and strategic plans for their organizations. It provided participants with models and steps for bringing their NGOs through organizational change and development processes that would enable them to achieve those strategic plans. And it provided support to the leaders to develop the facilitative management skills they needed in order to provide guidance and direction to the change processes. As NGOs in Zimbabwe struggle to come to grips with rising infection rates and face the challenge of re-orienting their programs in order to enhance their effectiveness, training in organizational change methodologies is critical. The participants found that both they and their organizations benefited by becoming more proactive, creative and participatory in their approaches.

Developing HIV/AIDS policies, program development skills

Equitable HIV/AIDS policies and procedures need to start within individual institutions themselves. The development of such policies is an important part of "behavior change" at the institutional level, and a key building block for equitable responses on a national level. In addition to protecting the rights of PLWAs and their family members, well-crafted policies help to encourage sensitive behavior, reduce stigma, and encourage discussion. Another key outcome of workplace-based HIV/AIDS education and prevention programs is the development by employers of standards of conduct that respect the rights of employees affected by HIV and HIV/AIDS.

The ten principles to effective workplace policies identified by the KwaZulu-Natal Department of Health can serve as a model for creating a healthy work environment:

1. Promote nondiscrimination and openness around HIV/AIDS.
2. Offer prevention education to all employees and specifically invest in targeting those who are high risk.
3. Teach people skills to enable them to put information about HIV/AIDS into practice and to develop their own response.

4. Education needs to be complemented by supportive services.
5. HIV/AIDS programs in the workplace can help control the epidemic and reduce the impact on the organization's functions and future.
6. Effective HIV/AIDS prevention yields enormous savings in averted HIV/AIDS costs.
7. The most powerful change agents are our friends and peers.
8. The involvement of people living with HIV/AIDS is central to an effective workplace program.
9. HIV/AIDS programs must be simple, specific, concrete and verifiable. Use core management principles (simplicity, focus, precise targets, strong performance monitoring) and an explicit results chain (required inputs, outputs, outcomes and impacts).
10. Strategies and projects in areas of economic and social development which address poverty, income inequality, the bargaining power of women, housing, migrancy, etc. will address the underlying factors that fuel the epidemic.

Pioneering community capacity assessment processes

As communities take the lead in multi-sectoral response to HIV/AIDS, specific tools to assist them are in more demand. Pact is adapting years of organizational assessment and capacity building work to community realities. In a remote rural community in Zimbabwe, Pact staff are working with community catalysts to link traditional leaders, educators, marginal groups, HIV/AIDS-affected families, care givers, displaced children and others to develop a tightly woven, community-owned response that will deal with the stigma, poverty and cultural mores. One of the tools they are developing is a community assessment process to help citizens identify their inherent abilities and resources and to link these capacities into a community "tapestry." The assessment also helps communities identify challenges and how to coordinate response in a more holistic and integrated way. For more information contact sprabasi@pacthq.org.

Strengthening advocacy capacity

In order to permit citizens' organizations to participate more actively and effectively in community mobilization efforts and HIV/AIDS policy dialogue, advocacy skills are essential. Pact used the following advocacy guidelines with 50 Zambian NGOs to help strengthen their capacity to engage with government representatives on a collaborative approach to national health policy development:

- **Ensure good governance within NGOs themselves.** This includes making sure that for each NGO there is a general assembly, which elects a board; that the board selects and supervises the chief executive officer and provides oversight to the organization.
- **Ensure that the NGOs' constituency, mandate and objectives are made public so that their legitimacy cannot be challenged.** This involves thinking through these topics seriously and publishing them in some form of brochure or pamphlet available to the public.
- **Concentrate on developing the NGOs' management and project implementation capacity to ensure their reputation is beyond reproach.** In addition to assessing their own capacity and building capacity in places where it is weak, this also involves making sure that the government knows what the NGO has done (and is doing) well.
- **Be transparent about financial accountability.** This involves having public statements of accounts, having outside audits, and being willing to make these available publicly.
- **Provide the government with regular summary financial and narrative reports about project activities and impact.** Such documents are usually only provided to the donor (often a foreign donor) and not to the government.

- **Where necessary, consult with the government.** This involves bringing government into some of the NGOs' thinking about how they intend to work, what their concerns are, etc.
- **Agree on an NGO code of conduct.** Rather than waiting for the government to finalize and publish an NGO policy, NGOs should develop their own code of conduct.
- **Raise some of their funds from local sources.** This proves that local citizens and institutions support the work of the NGOs.

Some other key points organizations should keep in mind as they analyze the HIV/AIDS policy-making system include:

- There is often a big difference between the formal rules or procedures of a policy-making system and how it is used in reality. Stakeholders and policy players may say one thing and do another. Policymakers, for example, may say they support a position and then vote against it or work against that position behind the scenes. Cultural traditions or religious customs may predominate in a society and not follow or be susceptible to formal rules or secular laws.
- The more specific the advocacy issue, the easier the mapping and analysis is.
- Pact has developed several organizational advocacy capacity assessment tools with partner organizations that are available for use and adaptation.

Key advocacy capacities that NGOs need to develop include:

- Effectively targeting stakeholders, issues, and audiences.
- Expertise in choosing realistic and winnable issues, mobilizing support, and designing advocacy campaigns.
- Promoting constituency ownership that is inclusive and transparent with regard to risk/benefit, and that represents collective effort.
- Implementing valid activities that meet real needs are financially sustainable, generate demand, and bring respect to the organization.
- Conducting impact assessments that measure constituency satisfaction based on feedback and use of indicators.
- Successful external relations with government, NGOs, donors, the public and the media.

For more information on HIV/AIDS organizational and programmatic advocacy tools, contact Brenda Liswaniso, Pact Zambia at pactzam@zamnet.zm

Tool #8 Capacity building for ASOs

Purpose

ASOs have a critical role to play in the process of applying D&G principles to HIV/AIDS work. As the primary respondents to the AIDS crisis at the community level, ASOs are strategic vehicles for mobilizing communities, leading advocacy campaigns and creating information networks. Ultimately, ASOs have a unique ability to catalyze AIDS movements within the communities they serve. They speak the language of their communities and know the key personalities within them. They understand the deeply rooted behaviors that continue to fuel the AIDS crisis and the cultural norms that underpin them. Because AIDS is a complicated, deeply private issue with roots into intimate cultural practices, it challenges DG approaches that traditionally address issues of public concern and public record. Thus, perhaps more than in other DG-related fields, strengthening the capacity of local institutions is critical. Indeed, in order for AIDS to be brought into public life and for private pain to become part of a public agenda, local organizations must be in a leadership role.

To play this leadership role, ASOs require considerable organizational capacity. Comprehensive capacity building processes should ultimately seek to strengthen the *skills*, *structures* and *strategies* of the ASO so that they can carry out the following functions:

- Develop long term vision and strategy.
- Develop year workplans for the achievement of long-term strategy.
- Design and implement effective, appropriate programs for the achievement of the strategy.
- Monitor and evaluate programs to determine their impact on key indicators of infection rates, behavior change.
- Generate adequate resources in order to maintain an effective level of operations.
- Carry out external relations with key stakeholders.
- Manage and administrate their organizations in order to support efficient program implementation.

If an ASO is able to effectively fulfill these functions, it is far better placed to be a strategic mobilizer of community and national responses to HIV/AIDS.

Description

As noted in the text, capacity building can take place in a variety of formats, from courses to workshops to one-on-one mentoring. The type of format selected depends on the ASO's needs and abilities, the number of people who need to be reached and the resources available to the organization supporting the capacity building. Each of these issues must be given strong consideration when selecting a capacity building approach that is both cost effective and high impact.

Regardless of the method chosen, all capacity building processes should follow certain steps that ensure that the intervention responds to ASOs' needs and has broad participation and buy in. Those steps are:

- *Building relationship with the ASOs or individuals involved in capacity building:* It is critically important to know the organizations and individuals who will participate in the capacity building and to understand their context and challenges. Taking time to build relationships with the ASOs increases their trust and acceptance of you as the capacity builder, thus increasing the chances for effective interventions.

- *Carrying out capacity needs assessments:* With this relationship in place, the next step is to work with the ASO or individuals within it to carry out a capacity needs assessment that will provide the data needed to design interventions. It is critical that this process is participatory and that it be distinguished from evaluation. If not handled properly this can look and feel to the ASO like a fault-finding exercise. (Please refer to discussion of Pact's organizational capacity assessment (OCA) tools).
- *Design interventions:* Based on the findings of the capacity needs assessment, you can now work with the ASO to select interventions in terms of content and methodology. Given what is usually a wide range of capacity building needs, it is important here to prioritize and consider which interventions would be most strategic. Here consideration is given to the types of methodologies used, who will facilitate them, and how they should be structured and timed. The ASO's level of capacity will likely determine the extent of its ability to participate in the design process. In any case, the ASO needs to agree to the planned interventions in order to ensure organizational buy in and follow through.
- *Carry out interventions:* Now it's time for the capacity building to take place.
- *Follow up:* Follow up is absolutely critical for a successful capacity building process that achieves impact at the organizational and community level. Structured follow up distinguished comprehensive capacity building from training interventions that strengthen skills of participants without supporting the application of those skills. ASOs will likely need considerable assistance implementing what they've learned. Make sure that provision is made for this on site follow up.
- *Monitor and evaluate:* Through the capacity building process, it is critical to consider what impact it is having on the ASO's ability to effectively implement programs. Thus the focus of m&e should be at that level of impact on implementation ability. M&E should therefore be carried out several months after an intervention to ensure that it reflects the effectiveness of application and implementation.
- *Redesign:* If the capacity building is not having the intended impact at the organizational level, it's important to work with the ASO to determine what adjustments should be made or what follow up should be carried out to ensure higher impact.

Strengths and limitations

Capacity building is an important contribution to supporting local responses with the ability to sustain themselves over time. As such, it is an investment in the long-term abilities of organizations and individuals and will likely bear more fruit than interventions that seek results without giving consideration to the roles of local organizations in achieving those same results over time.

Nevertheless, capacity building is not a quick fix; it is heavily invested in process and thus will not show results in the short term on infection levels or behavior change. With the increasing crisis management mentality of HIV/AIDS work, capacity building is not an easy strategic choice. Therefore the decision to undertake it as a methodology should be considered within the demands of donors or other stakeholders.

Time and resources

Comprehensive capacity building is a time consuming and resource intensive process. Without adequate time, human and financial resources, capacity building can easily fall short of desired expectations. Courses can, however, be carried out for large numbers that succeed in scale and budgetary considerations. Nevertheless, make sure that adequate provision is made for follow up to support application.

Anecdotes

Take the time to know the groups your CB is serving. Hundreds of thousands of dollars have been spent in Africa on mass training courses that have failed to hit the mark in terms of capacity building. To the extent that interventions can be tailored for individual ASOs or groups, do so! It's that tailor making that will ultimately make the capacity building process successful.

Tool #9: Community assets—set them free!

Purpose

This tool can serve as a companion to the Appreciative Inquiry tool as a way for communities to identify and develop their capacities and plans to help lead the expanded response to HIV/AIDS.

Description

While Appreciative Inquiry uses storytelling to help communities re-discover their inherent strengths and resources, the community assets approach uses brainstorming techniques. This process enables the community to create their own unique expression of their assets or capacities, by collecting every possible idea about what the community is capable of and refining and organizing the ideas into a chart of assets. The chart serves as a tapestry of capacities to help communities realize their capabilities and often hidden resources. It can be developed into an instrument for documenting the strengthening of community assets and challenges as it undertakes HIV/AIDS response efforts. Whole communities or diverse stakeholder representatives of people living positively, HIV/AIDS patients, leaders, girls, boys, mothers, and youth are convened to participate in the community capacity brainstorm process. Representatives of several communities can also come together to create a shared chart of assets. The following steps will create a community's chart of assets:

1. Convene a group of community members for a half to full day meeting. Explain the purpose of creating the chart of assets in terms of assisting the community to use its strengths and resources to take a leadership role in responding to HIV/AIDS.
2. Depending on literacy, ask each person to think of or jot down individually everything the community can do to respond to HIV/AIDS in terms of protecting people from HIV/AIDS and caring for those infected and affected. What communities want to do is dependent upon what they are capable of doing. What communities are capable of doing represents their collective assets
Likely notes may include:
 - Provide information on HIV/AIDS
 - Get medicines
 - Distribute condoms
 - Appeal to the traditional leaders for help
 - Train more caregivers
 - Get outside help from government
 - Get outside help from rich nations
 - Use helpful traditional practices
 - Challenge harmful traditional practices
 - Use role models, such as responsible men speaking out
 - Reach out to marginalized and vulnerable groups
 - Help guardians and displaced children
 - Protect women and children's inheritance rights

- Overcome stigma
3. Ask each person to choose their top five priorities from their lists and share those priorities with 3-5 other people in a small group. Together each small group chooses five top priorities. Post each group's 5 ideas.
 4. Ask each group to come up with 3-5 additional ideas. Likely ones may include:
 - Join together to respond to HIV/AIDS
 - Take leadership to challenge the pandemic
 - Support youth leaders to pave the road to future
 - Increase income to enable choice
 - Counsel couples
 - Provide prevention and care services by traditional healers
 - Promote safe sex
 - Encourage later marriage and paternity/maternity
 5. Facilitate group categorizing of all the actions using various grouping techniques, such as silent sorting, clouding, group discussion, etc.
 6. Arrange each group of actions in a vertical line and entitle the top of each column. These names at the top of each column constitute the key assets of the community. Some possibilities include:
 - Access to information and means for prevention
 - Treatment care and medicines
 - Leadership
 - Outside help
 - Cooperation
 - Cultural pros and cons
 - Citizens' rights
 - Community values

The community assets chart could look something like this:

Community assets and actions chart

Assets	Take leadership	Use community values	Appeal for help	Advocate for citizens' rights
	Traditional leaders convene community and spur action.	Deal with cultural pros & cons.	Petition government for access to prevention and care services.	Protect infected and affected people from discrimination.

Actions

	Traditional healers help provide prevention and care.	Counsel couples to talk about HIV/AIDS and protect and care for each other.	Get information and means to prevention.	Dialog with government for policies and practices that protect people from infection and care for those affected.
	Role models speak out.	Promote safe sex.	Tell the world your community's story.	Provide special protection for vulnerable groups.

The community assets and actions chart serves to present a composite picture of community commitment and capability to respond to HIV/AIDS. Indicators of effectiveness can be developed for each asset and access and used to develop a baseline analysis of community capacity. The chart can also be used to develop and facilitate strengthening of community capacities. Questions to pose with communities could be:

- What are the skills we need to make these assets come alive?
- What kind of actions do we need to take to make these assets work?
- What internal and external resources do we have or need to support our assets?
- What needs to change in order to enable these assets to reach their full potential?

Indicators can be re-evaluated over time to document changes in community capacity to respond to HIV/AIDS.

Strengths and limitations

This community assets identification process is a fast and effective tool for communities to get a picture of their interests and capacities to respond to HIV/AIDS. Because the tool is developed by communities, themselves, there is high ownership. Limitations include the technical expertise required to transform the highly participatory brainstormed assets into reliable and valid indicators of community capacities. Pact provides training in this process. Interested persons should contact satwater@pacthq.org.

Time and Resources

Working with communities to develop the chart of community assets takes relatively little time (1-3 days depending on levels of participation). Follow-up development of a community capacity assessment tool takes on average one week. Training people to develop measurable indicators of capacity assessment takes from 1-2 weeks. Follow-up use of these tools to measure community assets and capacities should be linked to comprehensive capacity-building activities and can be interspersed over weeks and years.

Anecdotes

People are often energized by the highly participatory brainstorm process and fast revelation of a whole picture of community assets. It's like an easily accessible blueprint of the community. While transforming the whole picture into measurable indicators is technically taxing, people appreciate the hard work when they realize they have a tool to measure that ephemeral thing called capacity.

Tool #10: Advocacy capacity

Purpose

To endorse the critical importance of citizen advocacy to effectively mobilize political will to provide an enabling policy direction for combating the spread of HIV/AIDS. Free debate needed to counter the spread of HIV is currently hampered not only by stigma, but also inadequate capacities to design effective advocacy campaigns both at community and national levels. As a result, policy and legal reform are often not given due attention. This tool will help discussants see how the lack of pressure on policy makers and politicians creates a perilous gap contributing to the perpetuation of the HIV/AIDS pandemic. At the same time, the tool will assist users to see how enhanced advocacy capacities can help make demands to free resources and space to empower and protect those who are threatened by HIV/AIDS.

Description

The tool is designed to facilitate discussion and analysis pointing to the fact that linkages exist between people's capacity to identify HIV/AIDS-related issues requiring specific change and the realities of dealing with the threat of HIV infections and impacts of AIDS.

Questions for discussion and analysis will help identify the role of advocacy in bringing about desirable policy changes that will mobilize political will and commitment of resources. The scenarios are designed to show how HIV/AIDS can lead to a culture of silence and how the effective practice of advocacy can bring about political accountability.

1. What specific HIV/AIDS policy contributions have been made as a result of pressure exerted by citizens? Which skills are key to policy advocacy? Which skills are key to behavioral change advocacy?
2. Do citizens' groups and communities hold government accountable? Is government as in the Ministry of Health responsive to advocacy demands by civil society organizations? Do civil society organizations possess the credibility and legitimacy to pressure government on HIV/AIDS policy reform and resource allocation? Do such campaigns meet real needs of those infected and affected by the pandemic?
3. Do citizen's groups have the capacity to form coalitions, advocate for and monitor reform and enforcement of HIV/AIDS policies at local, district and national levels? Do they have capacity to work with media to broadcast their concerns? Can they manage conflict? Do they have capacity to research issues and generate credible data to back their campaign issues?
4. Are communities themselves taking a greater leadership role in voicing their concerns over their right to protections from HIV/AIDS infection, stigma, death, and associated loss? Do marginalized groups such as women, the disabled and children have a voice over their right to protection?
5. How many institutions are offering advocacy training to HIV/AIDS focused organizations? Are there any individual consultants able to offer advocacy training to HIV/AIDS focused organizations? Is the training reaching both the national and community actors?

Scenario

If a community is denied material or financial resources to procure services to and material for interventions against the spread of HIV/AIDS, should this deserve to be a demand issue? What could citizen's groups and associations do to ensure availability of such resources?

Strengths and limitations

The strength of this tool is in its ability to show a connection between denial of rights of citizens and how citizen capacity to voice their concerns and make policy demands can offer opportunities in terms of creating

enabling policy environment. It shows how substantial numbers of common citizens demanding change is likely to be more successful than top down reform. Advocacy is a critical tool to both behavioral and policy change.

Time and resources

This tool could be used as a half-day exercise in a workshop.

Anecdotes

Because of the stigma associated with HIV/AIDS and because policy makers have not yet developed the level of sensitivity that will ensure that adequate measures are in place to curb the spread of the pandemic and minimize the suffering of those that are infected, the policy environment has yet to develop to sufficient and responsive levels. This tool, therefore, offers a channel for organized citizen or community to demand for protection or defend rights of those affected or infected.

Tool #11: Increase and measure organizational capacity for HIV/AIDS advocacy

Purpose

- To enable HIV/AIDS organizations to chart and manage their course and capacity for advocacy.
- To assist HIV/AIDS organizations, and the institutions that support them, to target specific areas of technical assistance for increased capacity for advocacy.
- To enable HIV/AIDS organizations, and the institutions that provide them financial and/or technical assistance, to measure progress in capacity and performance in advocacy.

Description

The Advocacy Index is a multi component index for measuring NGO/CSO capacity for and performance in advocacy for specific changes in policies, laws, and practices of national and/or local institutions. The concept of the Advocacy Index is outlined at pages 260 – 262 of the August 1998 “Handbook of Democracy and Governance Program Indicators”, Technical Publication Series, Center for Democracy and Governance, USAID Bureau for Global Programs, Field Support, and Research. The published Advocacy Index has been substantially modified and made operational in Zimbabwe by Pact, in partnership with USAID/Zimbabwe, and has the following principal elements:

Framing the index

Eleven separate but interrelated dimensions of advocacy have been identified for establishing a framework for engaging in and measuring capacity for advocacy. The dimensions are:

- The advocacy issue is timely (determined both in terms of citizens’ perceptions of importance as well as a reasonable prospect that policy change is feasible).
- The NGO collects sound and persuasive data on the effects of the policy sought to be changed.
- The NGO systematically secures input from its constituency on the need for the policy change.
- The NGO, with its constituency and public participation, formulates a viable alternative policy position.
- The NGO analyzes and documents gender-specific implications of the current policy and the proposed policy alternative.
- The NGO devotes resources (time and money) for advocacy on the targeted policy issue(s).
- The NGO provides public education and builds public support (including use of the media) for the proposed policy change.
- The NGO builds coalitions and networks to enlist partners in joint action to secure the policy change.
- The NGO engages in direct action with the legislative and/or executive decision-makers empowered to effect the policy change.
- After the policy change is effected, the NGO takes follow-up action to foster implementation of the policy change.
- The NGO demonstrates that it has institutionalized its commitment to follow-through on policy change and implementation.

Scoring on the index

Each of the eleven dimensions of advocacy is scored by the NGO in a self-assessment, and by support organizations (in Zimbabwe this is Pact and USAID) and by an independent panel in an ascending order of capacity or accomplishment, where 0 = inapplicability or no capacity and 5 = very strong capacity/accomplishment with virtually no room for improvement.

Results of the first application of the Advocacy Index establish baseline, and each year a further scoring is undertaken by the NGOs, the support organization(s), and the independent panel – to determine progress in each of the dimensions and in the aggregate. Based on results, the NGO targets those specific dimensions of the index on which the NGO will concentrate its efforts in the upcoming year.

Uses of the advocacy index process in Zimbabwe

The framework and process of the Advocacy Index, as used in Zimbabwe, was made operational after extended consultation among NGOs, USAID, and Pact, and clear representation from the NGOs that they found this useful for their own purposes and not just as a pre-condition to securing support by Pact or USAID. As a result of the ownership of the process by the NGOs themselves, the Advocacy Index framework and process serve multiple purposes:

- As a systematic framework (a) to determine and meet technical assistance needs of the NGOs on an individual NGO basis, and (b) as a guide for collective technical assistance efforts (primarily periodic workshops and seminars) for shared learning among the NGOs.
- Planning and internal monitoring/evaluation.
- As a means to communicate with the NGOs' constituencies and members on the aims and direction of the advocacy efforts, and to increase participation in those efforts.
- As a means to accomplish "R4" reporting to USAID/Washington on the USAID Mission's attainment of its intermediate results measured by increased NGO capacity for advocacy.⁴ The independent panel's scoring also determines the attainment of targeted results to increase NGO capacity for advocacy.

It should be noted that the advocacy issues of the NGOs whose progress is being guided and measured by the Advocacy Index cut across a wide range of economic and social "sectors," including advocacy on specific policies related to HIV/AIDS in Zimbabwe.

Strengths and limitations

The principal strengths of the Advocacy Index are:

- Its use is compatible with other tools identified in this tool kit for combating the causes and consequences of HIV/AIDS. For example, it encompasses dimensions of advocacy that include community/public ownership of the advocacy effort, gender-specific issues relevant to HIV/AIDS advocacy, and civic education/use of media as an element of advocacy.
- It is applicable to effecting changes not only in specific laws but also governmental role making and implementation.
- It can be applied to advocacy efforts both at the national and local level.
- As applied in Zimbabwe, it incorporates the facilitative approaches characterized by Pact's OCA tool for NGO capacity building.

⁴ The USAID/Zimbabwe strategic objective by which the Advocacy Index process has been developed is "enhanced citizens' participation in economic and political decision making." The relevant intermediate Result is "improved civil society organizations' representation of citizens' interests at national and local level."

It is a multi-purpose tool:

- It can be used by HIV/AIDS NGOs or ASOs for their own planning and self-evaluation.
- It can be used by organizations providing technical assistance to NGOs or ASOs to focus, with their partner organizations, on areas where strengthening is needed.
- It can be used by funding institutions to measure results of capacity building efforts.

A possible limitation of the Advocacy Index is that its deployment is management intensive and can be considered expensive when the element of the independent panel is included. If the sole purpose or value of the Advocacy Index was as a monitoring/evaluation tool, then the cost-benefit relationship could be unfavorable. However, when viewed and used as a multipurpose tool (as described above), the cost-benefit relationship is more reasonable.

Time and resources

As experienced in Zimbabwe, it takes three to five days for NGO management/staff to become sufficiently acquainted with the Advocacy Index process to be able to engage in its own self-assessment and, if the independent panel element is included, to establish a good baseline. It then takes another two to three days for each NGO to be able to score its progress each year.

Anecdotes

The Advocacy Index operation in Zimbabwe arose in connection with the USAID/Mission's Participation (i.e., "D&G") Strategic Objective. Based on the first full year of experience with the Advocacy Index, including feedback to USAID from the participating NGOs and the independent Advocacy Index panel, USAID/Zimbabwe has decided to incorporate the Advocacy Index process into its strategic objective concerning mitigation of HIV/AIDS, specifically applicable to an intermediate result aimed at increasing the capacity of HIV/AIDS organizations to engage in national and local level advocacy.



Enhanced flow of information⁵

The HIV/AIDS challenge: turning information into empowerment

Information is power. Yet in the face of the HIV/AIDS pandemic, it has proven insufficient. Information about HIV/AIDS becomes effective when it results from organic and dynamic conversations with trusted sources. In tandem, avenues must be opened so that people have the power to choose alternatives from high-risk behaviors. Without these components—dynamic interchanges and alternatives—information about HIV/AIDS just sits on the page.

The D&G response: making information powerful

Dialogue and information exchange are essential to democratic processes; they also produce an environment in which real and viable choices are possible. Democratic processes imposed from above or led by the few have proven to be unstable and illegitimate; the same applies to processes intended to generate responses to HIV/AIDS. The linkage between effective democratic processes and fighting HIV/AIDS is based on these principles of discussion and information and multi-sectoral cooperation among government, private sector and local and international NGOs.

Freedom of expression and a free press

Just as the media has been used effectively for civic education and public policy education, so it can be used to spread information and encourage discussion about HIV/AIDS issues, policies and responses. Furthermore, the media can be a powerful tool for monitoring transparency, voicing demands for accountability, and sharing information effectively about government and civil society activities in the realm of HIV/AIDS.

Gender inequality and stigmatization of the epidemic by the media, however, call for sensitization training and exposure visits to overcome entrenched beliefs and perceptions. Journalists also need to be educated about the overarching issue of HIV/AIDS and trained on the multiple aspects of the pandemic. This requires the introduction of permanent, specialized training programs that can be incorporated into durable mobilization strategies for the press. Creating associations of journalists around specific aspects of the epidemic can encourage the development of a cadre of competent journalists and enables more compelling and informed reports on average.

⁵ Note: As a complement to IEC and communication for behavior change, communication skills are also needed for productive relationship building between state and communities. We need to address the spectrum of seeking information and analyzing it, using it for planning, policy etc., using communication tools for exchanging information, etc.

Building a framework for wide coverage of issues associated with HIV/AIDS can generate a significant impact on public opinion and discourse. The topic of HIV/AIDS has immense potential for the press and media in general. It can translate into troubling human-interest stories, as well as hard hitting accounts from business leaders and representatives from other sectors that feel the social and economic impact of HIV/AIDS. Mobilization of the press in turn can bring about more coverage of stories of people with HIV/AIDS, respecting confidentiality.

Getting information and resources directly to communities

More and more capacity-building organizations are making use of information technologies to serve the knowledge and information needs of partner networks. Even in the most remote countries, one computer can bring the world to the people. Pact Ethiopia's resource center offers over 1000 development professionals access to electronic and paper-based resources. In addition the center offers timely and relevant training on using information technology to help NGOs and community based organizations to achieve their mission.

Pact's AIDS Corps initiative has linked several key Zimbabwean ASOs with the www.netaid.org initiative in order to increase their access to resources and attention, as well as to heighten global awareness of the impact of the pandemic. The general objectives of this joint activity reflect the immediate needs of communities to access outside resources in order to cope with the social, health and economic consequences of HIV/AIDS. The initiative links the Zimbabwean organizations with the outside world, while making the world aware of their work. In this way, the initiative is mutually beneficial to the developed and developing world. The expected results of this initiative include:

- Partnerships among organizations that will support communities in designing, planning, implementing and evaluating responses to poverty and HIV and HIV/AIDS.
- Access to microenterprise funds enables families living with HIV and HIV/AIDS to generate their own income to support basic needs.

Setting up model HIV/AIDS-focused resource centers

Pact Ethiopia is currently encouraging NGOs to share information within their organization by erecting HIV/AIDS-focused Resource Centers. These "centers" can be as simple as a bookshelf in an office or the reception area. By taking these resources out of the desk and putting them on display, an organization helps to expand knowledge and information exchange. Pact's newsletter and bi-annual partners meetings are also strong forums for information sharing about scaling up, best practices, and new and innovative techniques.

Effective communications using the media

Pact has developed media guides to help NGOs access the media and to share information about their work. Pact has also arranged visits for journalists to view successful NGO projects so that they can learn about the impact of NGO work and the challenges they face. These visits have helped to shape the direction of journalists' stories and the perception of the general public about the work of NGOs.

Tool #12: Building multi-sectoral networks for HIV/AIDS

Purpose

To identify key stakeholders and facilitate cooperation, coordination, and information and resource sharing across all sectors of society to ensure that the most efficient, effective and comprehensive strategies to fight HIV/AIDS are implemented with all social groups. An effective HIV/AIDS reduction strategy is holistic and incorporates all main stakeholders and works strategically at all levels of society.

Description

Two main types of networks can be established to meet these goals. The first type of network involves civil society, religious or traditional organizations. The second is organized by the government and managed by a national HIV/AIDS council/secretariat or a ministry of health where regional, zonal and community-level councils or agencies are established to coordinate activities, share information and use the different levels of the government administration to reach all segments of society.

One of the most important aspects of creating effective networks is incorporating stakeholders that represent the entire society. Stakeholder mapping must identify first the important organizational bodies (e.g., government, religious, NGOs, traditional societies, People Living with HIV/AIDS (PLWA) associations, youth groups, private-sector corporations, etc.) and then those individuals or leaders who need to be incorporated into any HIV/AIDS reduction strategies.

Tool Application

Networks of civil society, religious, traditional, political organizations and the private sector

1. Who is doing what effectively? This is the first question that needs to be asked. NGOs, religious, traditional and political leaders and organizations are engaged to different degrees in fighting HIV/AIDS. Second, there is the need to ask, what can be done with this information? How much more effective would these organizations be if they worked together, shared information about successes and weaknesses, coordinated activities according to regions, specialties, comparative advantage?
2. What sectors of society are not incorporated into the strategy to fight HIV/AIDS and how can they be included? Have democracy and governance NGOs taken on the advocacy issue of human rights for PLWAs? Have formal and alternative education programs incorporated HIV/AIDS awareness into the curriculum? Have religious leaders used their influential position in society to keep their members safe from HIV/AIDS and caring for those who are infected or affected?
3. How can networks of organizations be organized and supported? Should they be organized at the national or community level?

Scenario

Pact conducted an assessment of HIV/AIDS-related activities taking place throughout the country. International and local NGOs, CBOs, religious organizations, government line ministries and even the private sector were consulted. The document has proven useful for many organizations implementing or planning HIV/AIDS activities, and for some it served as a reference source or guide. To request a copy, contact pact.eth@telecom.net.et.

Networks of government managed national HIV/AIDS councils/secretariats

1. What is the government's strategic advantage in being the coordinating body for a national HIV/AIDS response?
2. How can the government use or expand on existing structures to reach all levels of society (i.e., national, regional, zonal, community) and across all sectors (i.e., health, agriculture, education, industrial development, etc.)?
3. What role can the government play in mobilizing resources and communities?
4. What is the best way for a government coordinating body for HIV/AIDS to be organized to ensure that all stakeholders are involved?

Strengths and limitations

The strength of this tool is that both forms of networks create a mechanism for information sharing, coordination and supports the inclusion of all major stakeholders in society, regardless of their sector of work and their organizational affiliation. The limitation of the tool is that it depends highly on the capacity of those involved to effectively use the network structure. At the community level, organizational and technical capacity is a challenge. In addition, creating such networks is a logistical and financial challenge.

Time and resources

Creating a network of organizations or establishing a national coordinating body requires a lot of time, commitment and resources. A one-day workshop can be an instrumental step in bringing organizations together to share information about their work, brainstorm on possible collaboration and initiate the process of network formation.

Anecdotes

Many organizations, whether non-governmental, religious, governmental or private, work in isolation. Even similar organizations sometimes fail to collaborate and support each other. At the same time, organizations working outside of the health sector do not see their role as fighting HIV/AIDS. The pandemic affects everyone and can also be fought from many different types of interventions.

The national government has an important role to play in helping to mount a comprehensive national strategy. The National HIV/AIDS Council has been established to coordinate HIV/AIDS reduction strategies throughout the country, and to facilitate the enlistment of regional and community-level secretariats to work at the grassroots.

Tool #13: Informational mapping and spatial approach to HIV/AIDS interventions

Purpose

An effective campaign against HIV/AIDS necessarily entails an in-depth understanding of the situation, the implementation of the most effective interventions possible, true participation by the affected populations, and monitoring of the impacts of the actions undertaken. While the factors involved are numerous and complex, the spatial incorporation of data as linked to a cartographic representation yields synthesized information that can be grasped and used by all of the actors and contributors, including:

- Specialists: Peak effective use of available data/knowledge, situational analysis, design of potential scenarios, and suggested interventions modeled on scientific bases.
- Broader population: Awareness-raising, understanding of the situation and of the underlying causes, participation in making strategic choices, involvement in the implementation of the measures to be taken.
- Decision-makers: Understanding of the situation, decision-making about strategic avenues and resource allocation founded on the recommendations of the specialists and of civil society, monitoring of intervention impacts on the basis of objective criteria.

This is a powerful management tool that enables constructive communication about HIV/AIDS among the scientific community, the political world, and civil society in its entirety. A special effort is being made to ensure the building of key actors' capacities to achieve mastery over this tool and to guarantee that the knowledge gained will be advantageously used in the future.

Description

This tool utilizes the power of the most recent technologies used in the Geographic Information Systems. When implemented using a participatory approach, it promotes the growth of knowledge, facilitates discussion, and optimizes outcomes while providing for a follow-up/evaluation of the impact of these activities in space and time.

Preliminary Phase: Consultations aimed at identifying the following elements:

- Areas of intervention
- Levels of decision-making (national, regional, local, etc.)
- Actors
- Subjects

Capitalization of Data

- Setup of the Spatial System of Reference
- Gathering of existing data from various institutions/organizations
- Processing of data for incorporation into the Spatial System of Reference
- Preliminary participatory analyses and identification of missing data
- Preparation of suitable tools and training of the data-collection workers
- Collection, verification and storage of the new data

Processing, Analysis, and Dissemination

- Spatial analyses conducted by multidisciplinary teams
- Processing of data corresponding to multiple sectors and timeframes
- Finalized presentation of outcomes based on the various audience categories
- Support of actors to enhance the understanding and use of documents

Capitalization of Knowledge Acquired

- Evaluation of the technical capabilities of the institutions involved
- Capacity-building and skills transfers
- Data/information/document transfers

Strengths

- Development of spatial views integrated at various levels (international, global, regional, national, local, etc.).
- Creates enhanced understanding of the multisectoral aspects of HIV/AIDS.
- Temporal perceptions are indispensable for evaluating the dynamics of the spread of HIV/AIDS and the impact of the interventions.
- Improves the quality and implementation of decision-making.
- Contributes to awareness raising and education by information outreach tailored and made understandable to various population strata.

Limitations

- Availability, accessibility, and reliability of existing data.
- Willingness of the principal actors to work in teams and share knowledge.

Times and resources

- Timeframes will vary depending on the selected decision-making levels, the accessibility of the data, and the technical capabilities of the partners. A minimum of three weeks is required, but the timeframe may be extended to several months in cases of broad areas of intervention and/or when there are sizable gaps in the available data/information.
- The main resources include GIS expertise with experience in participatory mapping, suitable computers and software, and data input/storage and document-printing peripherals.

Anecdote

Used in a destitute region of southern Madagascar, this tool made it possible to highlight, simply and visually, the spatial correlations among the health, educational, environmental, and poverty-related problem areas. The spatial analyses clearly showed that the most affected areas received no support, and that all of the ongoing interventions (i.e., projects run by governmental and non-governmental organizations, etc.) were concentrated in much less high-priority areas. The regional decision-makers were thus able to reorient programs based on a better intervention rationale and for the benefit of the most destitute populations.

Tool #14: Leveraging media to deal with HIV/AIDS

Purpose

To identify how to improve media coverage on issues relating to HIV/AIDS and to help organizations working to fight HIV/AIDS access the media to share information in meaningful ways. The media is a powerful tool influencing public opinion. Journalists reporting without accurate information about health, family planning, HIV/AIDS and even gender issues can perpetrate harmful behaviors and increase stigma. On the other hand, television, print and radio media can be an effective means of communication that reaches large populations. Creative media, like drama performances, street theater, and puppetry, are effective ways to use entertainment to introduce topics that might be culturally difficult to portray using more traditional media.

Description

This tool can be used to think about how to address media issues relating to HIV/AIDS from the perspective of a journalist or organizations engaged in fighting HIV/AIDS. The importance of the tool in influencing public awareness and behavior change relates to both groups and the two groups need different strategies.

Training NGOs in how to access the media

1. Many NGOs in developing countries do not have experience using local, national or even international media to share information about their work or needs. In some countries, even the role of NGOs is not widely understood. The media plays a key role in changing perceptions and increasing the visibility of NGO work, and indirectly and sometimes directly, it can increase financial resources.
2. Do NGOs have a media strategy in place or know the benefits of having one? Do they know how to write a press release, speak with an interviewer? Do they have different strategies for different mediums (print, radio, television, electronic)?
3. Have NGOs considered using any aspect of the media to share prevention, care and support information about HIV/AIDS? What would the best strategies be? What type of presentation or broadcast?
4. Almost all forms of media share information in a single direction with little opportunity for discussion, or a back and forth question and answer period (especially in countries where the majority of the population can not access the media directly). What strategies can be used to overcome this and make the media a more dynamic tool to fight HIV/AIDS?

Scenario

Organizations and government agencies throughout Africa have begun to use the media to share information about HIV/AIDS. Drama programs air on both television and the radio. But how effective are these? What can be done to improve them? What are other strategies to more effectively use the media? What are traditional sources of the media, like dramas or storytelling? Are they being used? Which would most effectively reach people?

Training/sensitization to journalists

1. Journalists are major sources of information in developing countries, and yet experience has revealed that many do not always have accurate information themselves and their misperceptions color and influence their work and therefore their audiences. This is especially true of topics that are not openly discussed, like family planning, violence against women, harmful traditional practices, causes and treatment of STDs/HIV/AIDS. The topics not spoken about are some of

the primary causes of the expansion of the pandemic. Education of journalists can therefore have a significant impact on raising awareness through more sensitive reporting.

2. What is being reported in a given country or city? What is being neglected or misrepresented? What are the main topics that journalists need more accurate information about?
3. What is the most effective way to reach the principle journalists in a given country or city? Could NGOs use press releases or other materials to share information with them? Is a training workshop possible? Who should be trained: journalists or managers?

Scenario

Do newspapers or news broadcasts carry stories about violence against women or rape? Is HIV/AIDS information effectively and accurately broadcast? What times of the day are these news stories or even dramas on the air? How are PLWAs and women portrayed? Does it enforce negative stereotypes or increase stigma?

Strengths and limitations

The strength of an effective media campaign is that a lot of people are reached. The combination of radio, television and print get the word out. Nevertheless, the messages are not always effective and there are many questions as to why. What time of the day is the message broadcasted? Did a listener tune in during the middle or end of the program? How can people ask questions? On the other hand, innovative techniques or programs and good, sensitive reporting can overcome many of these problems and reach many people. The use of entertainment is another strength: engaged people pay attention.

Time and resources

A multiple-day training for NGOs and media representatives (held separately) can be effective in raising people's awareness about the use of the media in HIV/AIDS campaigns. Pact developed a Media Guide Book and a Press Kit to aid NGOs in developing and implementing their media strategies.

Anecdotes

Advertisements, even those promoting condoms to reduce HIV/AIDS, can portray women negatively. In one ad, the men are off to the side having a beer and the women are discussing condom use. To many viewers the women are portrayed as loose, wearing too much makeup and jewelry. In another ad, it is the man who has the condom and he's winking to a male friend, while the woman is passively at his side following him.

Tool #15: Communications framework for HIV/AIDS prevention, care and support

Purpose

According to UNAIDS, effective communication strategies for HIV/AIDS prevention, care and support must incorporate the five main domains of context that comprise the social environment of a given community or country. The five domains for communicating preventative health behavior are government policy, socio-economic status, gender relations, culture, and spirituality. Each is interdependent and together form a flexible framework to guide communication interventions to address HIV/AIDS. This is an important tool in identifying the issues that contribute to the spread of HIV and in designing effective communication strategies to address them. The tool results can also be used to develop HIV/AIDS strategy. In some cases the National HIV/AIDS Council/Secretariat or a Ministry of Health can coordinate the implementation of this strategy and help involve all the important stakeholders.

Description

Developing a communications framework based on the five domains is a process of engaging local and international NGOs, religious and community leaders, private-sector corporations, and government offices. Convening all stakeholders to outline the issues tethered to each domain is an important first step. However, the framework is most useful as a tool to aid a national coordinating body in implementing a comprehensive prevention, care and support program.

Two global and three regional (Africa, Asia, Latin America and the Caribbean) consultative workshops led to the development of the five domains and the communication framework for social and behavior change. In Ethiopia, NGOs, CBOs and religious organizations have come together for three brainstorming meetings to outline the issues related to each domain to address the needs of the entire country. The National HIV/AIDS Council and regional secretariats are beginning the process of taking over the framework and using it as a foundation for the country's national strategy for fighting HIV/AIDS.

Five domains

- **Government policy:** The role of policy and law in supporting or hindering intervention efforts.
- **Socio-economic stats:** Collective or individual income that may allow or prevent adequate intervention.
- **Culture:** Positive, unique or negative characteristics that may promote or hinder prevention and care practices.
- **Gender relations:** Status of women in relation to men in society and community and the influence on sexual negotiation and decision-making.
- **Spirituality:** Role of spiritual/religious values in promoting or hindering the translation of prevention messages into positive health actions.⁶

⁶ Please see the publication "Communications Framework for HIV/AIDS: A New Direction," *A UNHIV/AIDS, Penn State Project*, 1999.

Framework components

- **Issues:** The communications framework should be issue driven. What are the issues/concerns/challenges facing communities dealing with HIV/AIDS? What communication strategies are being employed? What is working and what is not?
- **Domains:** Each identified issue might touch on several domains. Identifying the domains helps to deconstruct each issue to ensure that every component is addressed.
- **Implication for HIV:** What does this issue imply for HIV/AIDS? Explicitly, how does this issue and this domain lead to higher cases of HIV or make it more difficult to care for those affected by the disease?
- **Desired behavior/social change:** The communications framework is not intended to identify interventions. Each organization and every community will design unique programs to address the issues that are specific to their needs. So instead of focusing on what can be done for each issue, the question should be asked what is the desired end result? What would a low infection-rate community look like in relation to every issue? What has changed in the social environment to act as a behavior deterrent to high-risk activities?
- **Partners:** Who are the best-equipped organizations to deal with each issue? In many cases, it will be more than one organization and cooperation and partnership will be necessary. Who will cover what areas of the country? Because the framework has been designed to facilitate the development of a national strategy, the partners involved in designing and implementing interventions for each issue will be varied and a national coordinating body will be important to successful utilization of the framework.

Strengths and limitations

The strength of this tool lies in its holistic approach to addressing HIV/AIDS prevention, care and support. Its greatest limitation is the difficulty in coordinating such a large endeavor with so many partner organizations working on so many varied issues. A strong National HIV/AIDS Council/Secretariat or Ministry of Health could act as that coordinating body. However, competing demands on time and resources and sometimes-low organizational capacity and limited health infrastructure make working with these bodies a challenge.

Time and resources

To raise awareness about the usefulness of this tool and to outline the issues relating to each domain for the country, a one-day workshop can be organized with government agencies, NGOs, CBOs, private sector and religious organizations. After the framework has been outlined for the country, another three-day workshop can be organized to develop workplans, action items, guidelines, and to explore available human and financial resources.

AIDS Corps: A Movement of Hope

Pact's AIDS Corps Initiative In Brief

March 2001

What is AIDS Corps?

- Pact's institutional commitment to HIV/AIDS as the predominant global development challenge for the foreseeable future;
- Adaptation of Pact expertise and programs to include AIDS in our focus and contribute to the global movement to scale up response to the pandemic

AIDS Corps Principles

1. The magnitude of AIDS constitutes a major threat to humanity - it should be everybody's focus.
2. We must overcome turf boundaries if we're going to overcome AIDS.
3. Complacency in Africa and the west must be challenged by movements of hope.

What's the Rationale?

This year, the world learned for certain that HIV/AIDS infection and death rates have far exceeded projections, especially in Eastern and Southern Africa. It threatens to impoverish, destabilize and reduce the living standards of virtually the entire developing world. Already more than 13 million have died, 23 million more are infected and over 10 million children are orphaned in Africa. As life expectancy falls, so do GDP, productivity, consumption and the numbers of children, especially girls, in schools. Recognizing that AIDS has bled far beyond the health sector into every aspect of daily life, development organizations and sectors need to take the threat of HIV/AIDS into account in existing and new programs.

Strategy

As an international development organization with offices in 18 countries in Africa, Latin America and Asia, Pact's mission of contributing to the growth of civil societies globally is accomplished by working with non-governmental, civil society sectors on issue of economic and democratic transition, and by helping individual NGOs identify and implement participatory development approaches that promote social, economic, political and environmental justice. Pact's history and expertise strengthening community organizations to lead their own development has produced an enduring legacy from which to launch efforts to join the global movement to stop AIDS:

- Networks of hundreds of organizations in most of Eastern and Southern Africa that serve communities and link with government in the interests of the people
- Expertise strengthening organizations, forging collaborative networks, and facilitating collaboration with government for national interests
- Experience strengthening capacities of multi-sectoral organizations focused on various aspects of development, e.g., environment, health, HIV/AIDS, women's empowerment, rural development, democracy, micro-enterprise

- Information technologies that share knowledge, unite and link networks, and map national AIDS efforts
- Global web of organization development and capacity-building facilitators ready to provide services in every region of the world

Through AIDS Corps, launched at the beginning of the year 2000, Pact is working to deepen its own response to AIDS by:

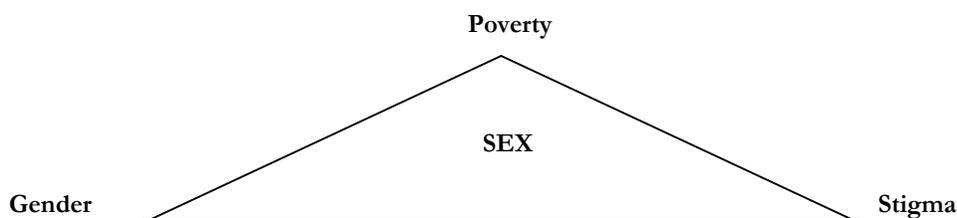
- building on and adapting HIV/AIDS responses to existing programs in Africa
- convening diverse, concerned organizations and citizens to amplify the response
- supporting the emergence of a global network in Africa that goes beyond organization and sectoral boundaries

Among Pact's AIDS Corps' first endeavors are pilot activities in Zambia, Zimbabwe, Ethiopia and Madagascar to examine potential synergies and linkages between HIV/AIDS and democracy and governance in Africa.

Pact's AIDS Corps' commitment to the expanding global movement to stop AIDS is three-fold:

- Support and facilitate **community leadership** in coping with and stopping HIV/AIDS
- Provide **capacity building** services to communities and organizations so they can mobilize resources, take action, and sustain services in response to HIV/AIDS
- **Connect** communities, organizations, and government with information, resources, each other and other networks to greatly enhance **coordination** and coverage of HIV/AIDS prevention and care services

Capacity Strengthening Activities that Challenge HIV/AIDS Stigma



“Voicing the unspeakable” is the terminology many Pact staff use in countries where they work and AIDS is raging. In so many sub-Saharan African communities, taboos about talking about sex between partners together with unspoken sanctions that support having multiple partners make for a deadly combination when it comes to AIDS. Poverty makes it difficult for people to worry about safe sex when getting food for oneself and one’s children is the number one priority. Women's and girls’ status makes them especially vulnerable to AIDS infection: women are often culturally forbidden to request condom use and girls may be viewed as safe partners because they are too young to be infected, and therefore, are sexually preyed upon by teachers or family members. These stigma issues will be dealt with in Pact AIDS Corps capacity-strengthening programs. Staff will consider ways to adapt their capacities in communications, gender equity, micro enterprise and youth activities to the special and urgent demands posed by the AIDS pandemic.

Strengthening Community Capacities for Hope

The world has seldom known anything like AIDS and will long remember it as a horrific threat to humanity. In many countries where AIDS is raging the terror of its inexplicable spread and slow, cancer-like disease and death have resulted in sweeping resignation. Even in developed countries, with the means to help, complacency is rampant due to the magnitude of the disease and the development challenges to getting adequate help where it is needed. AIDS Corps includes in its capacity-strengthening programs assets-based

approaches to community mobilization that help communities re-discover their hope in life and the future. By building on the already heroic efforts of volunteer organizations that are making incredible gains in meeting prevention and care needs and keeping families and communities going, we can generate renewed belief in a future for the children.

Multi-Sector Impact and Response to HIV/AIDS

In an effort to operationalize the realization that AIDS has moved beyond a health issue to a development challenge of unparalleled magnitude, and because of Pact's capacity-strengthening work with multi-sector organizations, i.e., organizations focused on health, environment, women's empowerment, education, among others, USAID has asked Pact to develop multi-sectoral AIDS response tools, especially with regard to the role of democracy and governance in HIV/AIDS prevention and care response. For example, what is the responsibility and accountability of government to respond to AIDS for the sake of the people; in what ways is AIDS impinging upon people's rights; and how is AIDS stigma affecting human rights? These tools will be available in the coming months and will be shared with partner organizations as part of capacity-strengthening activities.

Networking to cope with and stop AIDS

Networks of organizations are important structures for scaling up, collaborating, exchange of learning, and unification. Pact's capacity-building approach includes networks for these reasons and because networks are useful structures with which to facilitate positive relationships with government. The AIDS pandemic demands that partner organizations form networks for all the reasons just mentioned and because of the huge spread of the pandemic and the need to fill gaps in access to prevention and care.

Government and people working together to stop AIDS

Key to Pact's mission is the vital relationship between people's organizations or civil society and government. Pact Ethiopia's program has made great strides in building national government support and trust for the work of 82 NGO partners. Together with partners, Pact includes building productive government relations and advocacy skills in capacity-strengthening programs.

Information and communications technologies

In addition to on-the-ground networks of organizations working together to stop AIDS, virtual networks of knowledge, information, and best practices are needed to support work on the ground. Pact draws upon its considerable technological capacity for communications and information technologies that facilitate access to and use of relevant information. Pact will also adapt and share its GIS mapping capacity to map national AIDS efforts for maximum coverage and impact.

Year 1 Learning

1. We thought capacity-building wasn't enough and yet it's still a prime need and challenge especially at community levels.
2. We have a lot to learn about HIV/AIDS programs *and* a lot to offer in terms of scaling up via networks of multi-sector organizations in collaboration with government.
3. Naïve questions about infrastructure and access to treatments may have been wiser than we thought.

Actions

- **Netaid org-** direct public response and support to community organizations in Zimbabwe
- **Survival is the First Freedom: Toolkit for Integrating Democracy & Governance & HIV/AIDS**

Partners

International HIV/AIDS Alliance- Madagascar, Ethiopia, Zambia
Hope Humana People to People, Zimbabwe, Zambia
Global Network of People Living with HIV/AIDS (GNP+), Global
Project Concern International, Zambia

AIDS Corps 



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