

HIV/AIDS

A Humanitarian and Development Crisis



**Addressing the Challenges for PVOs & NGOs
in Africa**

**conference
report**
October 16-17, 2002

**United States Agency for International Development
Bureau for Africa, Office of Sustainable Development**



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For additional copies or information, contact:

Support for Analysis and Research in Africa (SARA) Project
Academy for Educational Development
1825 Connecticut Ave., NW
Washington, DC 20009 USA
Tel: 202-884-8000
Fax: 202-884-8447
E-mail: sara@aed.org

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Acronym List

ABCG	African Biodiversity Collaborative Group
AED	Academy for Educational Development
AG	Agriculture Sector
AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical and Research Foundation
ARH	adolescent reproductive health
ARC	American Refugee Committee
ARV	antiretroviral
ART	antiretroviral therapy
ASO	AIDS service organization
ATC	AIDSTREATCOST tool
CABA	children affected by HIV/AIDS
CARE	Cooperative for Assistance and Relief Everywhere
CBNRM	community-based natural resource management
CBO	community-based organization
CCM	Country Coordinating Mechanism
CEDPA	Centre for Development and Population Activities
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CHBC	community home-based care
CORE	Communities Responding to the HIV/AIDS Epidemic Initiative
CPC	country program councils
CRS	Catholic Relief Services
DAI	Development Alternatives International
DG	Democracy and Governance Sector
FANTA	Food and Nutrition Technical Assistance Project/AED
FBO	faith-based organization
FHI	Family Health International
FHSSA	Foundation for Hospices in Sub-Saharan Africa, Inc.
GDP	gross domestic product
GFATM	Global Fund for AIDS, Tuberculosis, and Malaria
HCD	human capacity development
HACI	Hope for Africa's Children Initiative
HIPCI	Heavily Indebted Poor Countries Initiative
HIV	Human Immunodeficiency Virus
ICASO	International Council of AIDS Services Organizations
ICRW	International Center for Research on Women
ICT	information communication technology
IEC	information, education, and communication
IESC	International Executive Service Corps
IGA	income-generating activities
IIE	Institute of International Education
IRG	International Resources Group
IRI	International Republican Institute
IYF	International Youth Foundation
JA	Junior Achievement
JSI	John Snow, Inc.
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
K-REP	Kenya Rural Enterprise Project
LEAD	Linkages for the Economic Advancement of the Disadvantaged

M&E	monitoring and evaluation
MAP	Medical Assistance Program International
MED	microenterprise development
MOE	ministry of education
MOH	ministry of health
MSH	Management Sciences for Health
MTCT	mother-to-child transmission of HIV/AIDS
NEPAD	New Economic Partnership for Africa's Development
NDI	National Democratic Institute
NGO	non-governmental organization
NHA	national health accounts
NRM	natural resource management
OI	Optimist International
OICI	Opportunities Industrialization Centers International, Inc.
OVC	orphans and vulnerable children
PATH	Program for Appropriate Technology in Health
PLWHA	persons living with HIV/AIDS
PTCT	parent-to-child transmission of HIV/AIDS
PRSP	poverty reduction strategy paper
PVO	private voluntary organization
REACH	Rapid and Effective Action Combating HIV/AIDS
RFA	request for applications
RH	reproductive health
SARA	Support for Analysis and Research in Africa Project/AED
SHN	school health and nutrition
SIP	sector investment plan
SO	strategic objective
TB	tuberculosis
TRY	Tap and Reposition Youth Project
TASO	The AIDS Support Organisation
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WWF	World Wildlife Fund
YMCA	Young Men's Christian Association

Executive Summary

HIV/AIDS is a crisis that expands beyond the health sector and will soon touch everyone in Africa. It is a development problem that defies easy answers and routine solutions. Therefore creativity, synergy, and collaboration from all sectors of society are required to find solutions to mitigate and prevent the expansion of the epidemic.

PVO leaders, recognizing that HIV/AIDS was affecting their programs in Africa, requested guidance from USAID's Bureau for Africa to address this new challenge. The PVO/USAID Steering Committee on Multisectoral Approaches to HIV/AIDS was formed in early 2001 and has met regularly to discuss these issues and catalyze action. This conference, *HIV/AIDS: A Humanitarian and Development Crisis – Addressing the Challenges for PVOs and NGOs in Africa*, was convened to share the experiences PVOs and NGOs have had in addressing HIV/AIDS and to chart a course for future action.

The conference sought to place HIV/AIDS in an African context by stressing its multisectoral nature, share promising practices that organizations have adopted, identify future partnership and collaborative opportunities to move the agenda forward, and address ways to overcome the enormous challenges confronting PVOs and NGOs today.

The conference format was designed to be a mixture of plenary sessions that place the epidemic in context, explore different partnership strategies that are being tested, and describe some of the new and creative funding initiatives that have emerged in recent years to combat the epidemic. These sessions were interspersed with small group sessions on a variety of sectoral and intersectoral topics, which are listed below. Each small group session was offered twice so that participants could benefit from the experiences and ideas from different perspectives and topics. In addition, several organizations shared tools, guidance, and other relevant materials at the tool fair that was held throughout the conference. The conference also hosted a photography exhibit *A Broken Landscape: HIV and AIDS in Africa*—a powerful collection of photographs and personal stories of how individuals, families, and communities are responding to the HIV/AIDS epidemic that is sweeping across Africa.

Sectoral sessions

Agriculture
Democracy and Governance
Economic Development
Education
Health
Natural Resource Management

Intersectoral sessions

Advocacy
Capacity Building
Conflict and Humanitarian Response
Gender
Orphans and Vulnerable Children
HIV/AIDS in the Workplace
Youth

The final plenary session outlined some key future actions that PVOs and NGOs must consider to move the HIV/AIDS agenda forward in their organizations and within the larger context of Africa. While USAID has organized the steering committee for almost two years, this conference was to serve as a hand-off to PVOs and NGOs so they will be able to lead the way for the future. Several strategies were suggested, such as engaging InterAction as the forum for PVOs and NGOs to continue addressing multisectoral HIV/AIDS issues, encouraging USAID and other donors to increase flexibility in funding, and developing concrete next steps and action plans to respond to the epidemic in Africa.

The first part of the report provides an overview of the meeting and the plenary sessions and includes key recommendations from the small group sessions. The second part summarizes the small group sessions in greater depth, focusing on key issues/challenges, lessons learned/promising practices, and next steps. The conference agenda and list of participants are located in the report annexes.

Introduction

In January 2001, as the new administration was settling in, forty leaders of private voluntary organizations (PVOs) and non-governmental organizations (NGOs) met with officials from USAID's Bureau for Africa and identified HIV/AIDS as a priority continuing challenge facing sub-Saharan Africa that requires interventions in multiple sectors and by multiple actors in the development assistance community. In response to this challenge, a PVO/USAID Steering Committee on Multisectoral Approaches to HIV/AIDS was formed and has met regularly to discuss these issues and catalyze action. The steering committee organized a conference in October 2002 so that PVOs/NGOs could come together to share knowledge and experiences relating to HIV and development in Africa.

HIV/AIDS is among the greatest challenges to sustainable economic, social, and civil development today; it is a global crisis that undermines all aspects and all sectors of entire societies. An effective response demands committed, urgent, and sustained action by alliances of individuals, organizations, and governments. Furthermore, an epidemic as complex and as destructive as HIV/AIDS requires innovative and multisectoral responses beyond standard public health measures. The implementation of multisectoral HIV/AIDS programs warrants total national commitment to reduce the stigma associated with the disease. Thus all PVOs/NGOs engaged in development efforts must have the information and knowledge that is necessary to respond to HIV/AIDS as a major development issue. Because PVOs/NGOs are key players in development efforts, the focus of this conference was to discuss developing such responses, and attendance was open to development practitioners representing all technical sectors.

Opening Session

Ron Howard of OIC International chaired the opening session. He began by recalling the first PVO/NGO meeting in January 2001 that was convened by former USAID Assistant Administrator for Africa, Vivian Lowery Derryk. Mr. Howard credited C. Payne Lucas of Africare for raising the important point at this meeting that the HIV/AIDS epidemic in Africa affects all development sectors, not just the health sector. This is because the HIV/AIDS crisis has grown beyond the health sector's capacity to deal with the problem alone. As a result, it has become necessary for staff in different sectors of development to become knowledgeable and trained in areas they have had little or no exposure to before. PVOs/NGOs from all sectors must therefore join together to share knowledge and ideas to develop concrete action plans. In response, USAID has been developing toolkits and publishing information on best practices with the hope that the broader PVO/NGO community will be able to share lessons learned.

Mr. Howard challenged the participants with three questions to guide their participation in the conference.

1. *Where are we going? The objectives of the conference were to:*
 - Develop a common understanding of multisectoral approaches to HIV/AIDS;
 - Discuss the risks, impacts of HIV/AIDS on key sectors, and successful responses from the field;
 - Determine further action that organizations can undertake to meet the challenge of HIV/AIDS;
 - Identify partnership opportunities, funding options, promising practices, and tools that organizations can use to address HIV/AIDS.

2. *How will we get there?*

- Plenary sessions were scheduled on both days of the conference in addition to sectoral and intersectoral small group sessions;
- A toolfair was organized to showcase available materials;
- The closing session discussed translating the tools and ideas into concrete results and actions for the future.

3. *How will we know when we have arrived?*

- Different criteria were established to measure success;
- Every organization will be better prepared to address HIV/AIDS challenges and increase involvement toward this problem;
- PVOs/NGOs need to determine concrete next step goals.

Welcome and Introductions

Connie Newman, USAID, Bureau for Africa

Ms. Newman stressed the fact that no sector of society in Africa is unaffected by the HIV/AIDS crisis. HIV/AIDS must be looked at as a development as well as a health problem. Africa accounts for two-thirds of the world's AIDS cases and this impacts the social, economic, and political arenas. AIDS is threatening to reverse development gains made in other sectors. In fact, twelve countries in Africa currently have prevalence rates above twenty percent—and HIV/AIDS prevalence continues to increase across the continent. Countries such as Benin, Cameroon, Ethiopia, and Nigeria have experienced increases in HIV prevalence that are greater than were anticipated. By 2010, Nigeria is anticipated to have 10-15 million cases, compared to 3.5 million at this time. HIV/AIDS is also becoming an increasing problem in countries with conflict, such as Sierra Leone. Overall, Africa will have 45 million new cases of HIV/AIDS by 2010, which will represent 70-80 percent of the world's cases.

To move forward, Ms. Newman suggested that PVOs and NGOs:

- Develop rapid, far-reaching responses that meet the needs of infected individuals and their families by thinking “outside-the-box” and including rapid scaling-up of promising interventions;
- Design strong prevention methods based on good medical treatment and sound psychological counseling;
- Expand PVO/NGO capacity for multisectoral work to mitigate the HIV/AIDS crisis in Africa;
- Encourage ministers of education (MOEs) in Africa to strengthen education programs and consider the implications that the dying teacher population and increasing number of orphans has on the education system;
- Utilize existing USAID toolkits and briefs that are based on multisectoral approaches (e.g., *Survival is the First Freedom: Applying Democracy & Governance Approaches to HIV/AIDS*);
- Minimize the obstacles to make multisectoral approaches feasible;
- Treat HIV/AIDS as a cross-cutting issue in mission strategies.

Opening Remarks

Anne Peterson, USAID, Bureau for Global Health

Dr. Peterson opened by reminding participants that one must remember the “face of AIDS”—that is, the faces of grandparents, street kids, and mothers dying. She acknowledged the importance of dealing with HIV as a development issue as well as a health issue. Dr. Peterson described USAID’s recent reorganization to bring all health staff together, which included creating the Office of HIV/AIDS within the Bureau for Global Health. This strategy has increased USAID’s capacity to step up the war on HIV/AIDS in Africa.

USAID’s Bureau for Global Health has increased its HIV/AIDS priority countries from 17 to 23, of which 13 are African nations. Decision making will be relegated to the field to foster better interaction between regional bureaus and missions. USAID is expanding operations in new service areas such as care and support and mother-to-child transmission (MTCT) prevention. Dr. Peterson also stressed the need to apply best practices and to scale up successful programs.

Dr. Peterson made it very clear that USAID cannot successfully combat the epidemic without the help of PVOs and NGOs. As a result, USAID is fully expanding partnerships in different sectors. For example, USAID has made several new grants to PVOs and NGOs for work throughout the world. In July 2002, USAID made a grant of \$2 million to eight organizations for care and support of people living with HIV/AIDS (PLWHAs), which is provided through links with community-based organizations. These grants are the first from USAID’s new Community Rapid and Effective Action Combating HIV/AIDS (REACH) program. The grantees in Africa were CARE (Rwanda), The Salvation Army (Malawi and World Service Office), Hiwot HIV/AIDS Prevention, Care and Support Organization (Ethiopia), International Community for the Relief of Starvation and Suffering (Kenya), and Project Concern International (Zambia). This month, USAID awarded the Population Council and its partners \$65 million over the next five years to fund the work of the Horizons program, which has carried out operations research to improve HIV/AIDS prevention, care, support, and treatment services in developing countries since 1997. USAID also established the Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative to strengthen partnerships with community- and faith-based organizations.

Emmy Simmons, USAID, Bureau for Economic Growth, Agriculture, and Trade

Ms. Simmons remarked that the face of HIV/AIDS will soon incorporate everyone in Africa since high prevalence rates will place a heavy burden upon the economy and all the recent economic gains made, especially in the technology sector, will be reversed. However, productivity and prosperity must be the overall goal for Africa. Ms. Simmons also reiterated that fact that HIV/AIDS is both a socio-economic and a health issue by discussing the points outlined below.

- HIV/AIDS challenges conventional wisdom that increased productivity equals increased growth. HIV/AIDS will decrease the productivity of those infected with the disease and it will also decrease the productivity of the family members and friends who must care for them. To increase growth in Africa, we must increase productivity, which means increasing hard work and knowledge.
- HIV/AIDS will greatly affect the passing of knowledge and skills from one generation to another. Parents are dying, and there is a high prevalence rate among teachers. As a result, children across Africa will be left without knowledge. Without access to knowledge, children who grow into adults will not be able to increase the productivity and wealth of themselves and their countries. Thus, communities must become involved in education and knowledge transfer.

- Science and technology developments, which are already lagging far behind Asia, will be hindered even further by HIV/AIDS.
- Wealth accumulation is a concern because in most societies women are not allowed to inherit the property of their deceased husbands. Consequently, affected families are losing wealth while trying to keep up with HIV/AIDS.

To develop strategic approaches to mitigate the HIV/AIDS crisis economically, PVOs and NGOs should:

- Develop efficient and cost-effective partnerships to act together to scale up multisectoral efforts;
- Address HIV/AIDS by implementing multisectoral approaches;
- Ensure collective action to secure food sources and increase the productivity of those affected by HIV/AIDS;
- Think “out-of-the-box” on economic growth issues to develop new approaches (e.g., USAID just approved a loan mortgage program that provides mortgages to families who are affected by AIDS so they do not lose their housing);
- Involve communities in education and find ways to use information technology and remote transmission to supplement teachers who are undertrained.

Setting the Scene

Dr. Jack LeSar of the Academy for Educational Development introduced speakers for the second plenary session. Dr. LeSar also introduced the objectives of the session, which were to outline the basic factors of HIV/AIDS—its nature, the magnitude of the disease, and current trends.

The Nature and Determinants of the HIV/AIDS Epidemic

David Stanton, USAID, Bureau for Global Health, Office of HIV/AIDS

Mr. Stanton presented and discussed three key questions about the nature and determinants of the HIV/AIDS epidemic:

1. Why is the HIV/AIDS pandemic not uniform around the world?
2. What are the factors that influence the spread of HIV?
3. What does this tell us about our response to the epidemic?

The prevalence rate of HIV is not uniform around the world. Prevalence rates are very high in Africa, especially among pregnant women. Moreover, within Africa, marked trends in prevalence rates do exist. For example:

- Senegal has seen a very steady rate of prevalence since the mid-1980s;
- South Africa has seen a steady increase in prevalence since the mid-1980s;
- Uganda has seen increase and then gradual decrease since the mid-1980s.

Factors that influence the spread of HIV

1. *Virus*

The amount of the virus in a person’s body is greatest when they are newly infected; this is also the time when they themselves are most infectious. Research has also shown that HIV subtypes, or different variants of the virus, might be transported easily and over great distances.

This may help to explain why from 1982-1997 prevalence rates in the areas where the virus was first detected have remained relatively the same, while the virus has spread like wildfire in other areas, particularly in South Africa.

2. *Host*

Individual characteristics and factors influence the spread of HIV within a population. For example, the presence of a sexually transmitted disease (STD) greatly increases a person's risk of becoming infected with HIV, and Africa has seen a rapid growth in the prevalence rates of STDs in the past decade, most notably of herpes. The age of a person also has a great influence. In terms of biological susceptibility, young people are more susceptible to HIV. Immunologic characteristics may also be contributing factors. Individuals living in northern climate areas may have a greater immunologic defense than those living in southern climates. Finally, research has shown that male circumcision may help to protect against infection. HIV prevalence rates are greater among uncircumcised men, and studies show that foreskin is the most infectious tissue in the male body. Yet it remains to be seen if changing practices will be feasible and successful.

3. *The role of behavior*

Behavior is particularly important in transmitting HIV/AIDS. In Africa, the most significant transmission factors are related to sexual behavior. There are several ways to quantify risky sexual behavior, including number of partners, number of persons engaging in risky behavior, rate of partner exchange, level of condom use, and size and rate of contact between core groups and general population. Sexual networks do indeed drive this epidemic. Individuals must abstain from sex, use condoms, or limit the number of sexual partners. (From Chin, J., A. Bennett, and S. Mills. Primary Determinants of HIV Prevalence in Asia Pacific Countries. *AIDS*, 12 (suppl B): S87-S91, 1998.)

Environmental, economic, and political factors that influence the spread of HIV

Demographic factors that influence the spread of HIV include the percent of sexually active age groups engaging in sexual behavior with other age groups (e.g., young women and older men), the male to female ratio, and the ratio of urban to rural encounters. Migration patterns have a profound influence on HIV transmission because high HIV prevalence rates generally exist among migrant workers who are away from home for long periods of time.

Although poverty does affect the spread of HIV, one cannot assume that a high poverty level equals a high prevalence rate. For example, in Botswana, the poverty level is relatively low, but the prevalence rate is very high. War, social conflict, and the mobility of populations also exacerbate the epidemic. And all over Africa, the decimation of health care systems contributes to delaying prevention and mitigation of the epidemic. Mr. Stanton emphasized that in response to this epidemic there must be political will to create preventative environments. This response is crucial for countries with the highest prevalence per capita, because they are the countries that have the least health care expenditure resources.

Mr. Stanton also pointed out that young women are much more likely to become infected with HIV than young men, given biological susceptibility and the practice of intergenerational sex (i.e., the "sugar daddy" phenomenon). As a result, marriage for young men might actually be considered a health risk, given the higher rate of prevalence among young women.

The next five years

Mr. Stanton highlighted some of the basic assumptions that are likely to prevail over the next five years:

- The development of an effective vaccine is unlikely;
- Microbicide candidates will still be in Phase III testing;
- The HIV/AIDS epidemic will continue to grow in all regions;
- Key social and economic sectors in hard hit countries will likely deteriorate and possibly collapse;
- Health infrastructures and other sectors will be negatively impacted;
- A massive orphan problem will exist;
- There will be an increase in the number of PLWHAs who will need antiretroviral (ARV) drugs;
- There will be an increasing numbers of success stories at national level;
- Prevention will still be the key to winning the war;
- Increases will be needed in care/treatment;
- Synergy will exist between strategy elements;
- Investments will be needed in human capacity;
- Advances will be made (e.g., microbicides, rapid TB diagnosis, etc.);
- Coordination will be improved.

Mr. Stanton concluded his presentation by stressing that the basic principles of prevention still apply. It is still necessary to focus on reducing risk behaviors and the efficiency of transmission.

Scale and Impact of the Epidemic

Karen Stanecki, U.S. Bureau of the Census

Ms. Stanecki presented several overhead slides on the population impact of the HIV/AIDS epidemic to reiterate some of the main points put forth in David Stanton's speech.

- In 2001, 3 million people died of AIDS around the world.
- In 2001, there were 5 million new infections of HIV/AIDS, of which 3.5 million were in sub-Saharan Africa, bringing the total number of infections in this region to 28.5 million.
- Prevalence rates among women and pregnant women are much higher than before.
- By 2010, we will see declines in life expectancy levels in Africa that have not been seen since the end of the 19th century.
- By 2010, some countries—namely, Botswana, Lesotho, Mozambique, South Africa, Swaziland, and Zimbabwe—will actually see declining population rates.
- By 2010, more infants in Botswana, Lesotho, Mozambique, South Africa, Swaziland, and Zimbabwe will die from AIDS than from any other cause.
- By 2010, we will actually see a reversal in the traditional population pyramid with fewer women than men in the middle age ranges.
- 10-12 percent of children less than 15 years of age will be orphans. (See *Children on the Brink*, published by USAID.)

Question and Answer Session

When questioned about his remark that for young men, marriage was actually a health risk, Mr. Stanton responded by referring to a study in Zambia in which it was found that the prevalence rate was higher for woman at 25 years-of-age than for men of the same age.

Karen Stanecki stated that the term “orphan” is used for those children who have lost either one parent or both (maternal, paternal, and double orphans) to HIV/AIDS. When reporting on these figures, all orphans are taken into consideration.

When asked about the possible lessons learned from the Ugandan government’s success in lowering prevalence rates, Mr. Stanton responded that the Ugandan government succeeded because of its quick response. The first dialogue on the crisis was in 1985, well before any other government in Africa seriously considered the problem. As a result, the government was successful in creating an environment of openness regarding the issue. Jack LeSar added that, from his experience, stigma has been much less of a problem in Uganda than in other countries. In this case, PVOs/NGOs were the lead agencies, focusing on prevention and care to mitigate the epidemic.

Tool Fair and Photography Exhibit

Organizations were invited to display materials, tools, and other relevant information during the conference. During the lunch break on the first day, representatives were stationed by their materials to discuss and share information about them with interested participants. The materials were on display throughout the conference. In addition, sign up sheets were generally available for participants. The participating organizations included:

Academy for Educational Development	International Youth Foundation
CARE	Management Sciences for Health
CEDPA	Pact
Development Alternatives International	POLICY Project
Family Health International	Save the Children
Freedom from Hunger	USAID
Henry J. Kaiser Foundation	World Vision
Horizons Project/Population Council	

InterAction assisted the conference organizers in securing a photography exhibit sponsored by ActionAid titled *A Broken Landscape: HIV and AIDS in Africa*. The photographer is Gideon Mendel. This exhibit, which was on display throughout the conference, was a powerful collection of photographs and personal stories—an intimate account of how individuals, families, and communities are responding to the HIV/AIDS epidemic that is sweeping across Africa.

Strengthening Capacity, Partnerships, and Sustainability

The chairs for this session were Mary Kathryn Cope of the International Executive Service Corps (IESC) and Sharon Pauling of USAID, Bureau for Africa. Ms. Pauling started the discussion by recapping the first day's plenary sessions. She noted three emerging issues: (1) more information sharing is necessary; (2) capacity building is needed so more technical assistance and sharing can occur to develop cross-sectoral knowledge; and (3) strategic partnerships are necessary to find out who and what is out there and how to work together.

Ms. Pauling mentioned that USAID has been addressing the following questions:

1. What makes for equitable partnerships?
2. Who is responsible for which kinds of actions?
3. Whose capacity are we building?
4. Will actions be sustainable later?
5. What criteria are used to select partners?

She ended by encouraging individuals to think about the final sessions to chart the future.

Ms. Cope opened the discussion by stating that HIV/AIDS issues have become overall development issues. As such, organizations specializing in economic development have recently become active in the fight against HIV/AIDS. She cited IESC's success in developing multisectoral approaches in the fields of microenterprise and large business. To date, most attention to HIV/AIDS has been from the health sector. Ms. Cope applauded the conference organizers for expanding horizons to include cross-cutting themes and sector approaches, because this is what will provide the basis for successful strategic partnerships in the future.

Panel Discussion

The panelists were invited to offer background information about each of their organizations and programs related to building and sustaining partnerships.

International HIV/AIDS Alliance, Nicky Davies

The International HIV/AIDS Alliance, established in 1993, is an AIDS-specific NGO based in the United Kingdom that works in Asia, Africa, Latin America, and Eastern Europe. The Alliance's mission is to support communities in developing countries so that they will play a full and effective role in the global response to AIDS. Alliance staff and consultants provide technical and often financial support to in-country intermediary organizations that the Alliance calls "linking organizations," which in turn provide financial and/or technical support to NGOs and community-based organizations (CBOs) in their respective countries. This means that the Alliance focuses on building local skills and local institutions, rather than directly planning, managing, and implementing programs. The Alliance has a strong commitment to documenting the technical support they provide. Recently they have developed an interactive toolkit that is available on the Internet (www.aidsalliance.org) or in CD-ROM format.

Management Sciences for Health, Mary O'Neil

Management Sciences for Health (MSH) works in the area of human capacity development (HCD) by collaborating across sectors to strengthen management and leadership of organizations. Mary O'Neil defined HCD as a process to develop the will, skills, capabilities, and systems of people so they are able to respond effectively to HIV/AIDS. With USAID support, five cooperating agencies (MSH, Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO), Family Health International (FHI), Futures Group/POLICY project, and TVT

Associates/Synergy project) developed the Human Capacity Development Initiative in response to the overwhelming impact of HIV/AIDS on the workforce. This was presented to a range of donor, government, and PVO/NGO organizations at a two-day satellite session prior to the XIV International AIDS Conference in Barcelona. As illustrated below, HCD combines three spheres of action: (1) community, (2) service provision, and (3) resource allocation/policy.



The service provision sphere involves improving national capacity to mitigate the effects of HIV/AIDS on service providers, strengthen human resource management systems, and create a workplace climate to support and retain staff. The policy sphere involves inspirational leadership to champion the issues and develop a knowledge base of communities and their needs. Of course, linkages among all three spheres are necessary for success.

YouthNet, Steve LaVake

Steve LaVake described four basic components of capacity—finance, operations, marketing, and governance. He explained the types of problems and challenges that PVOs/NGOs face in developing successful partnerships, such as:

- The lack of basic business management skills (e.g., time management, accounting);
- The lack of influential members on boards of directors;
- Little or no knowledge of corporate culture and language (e.g., the inability to show cost analysis studies with regards to HIV/AIDS).

Mr. LaVake also noted that, despite these challenges, there are a number of ways PVOs/NGOs can strengthen their capacity. These organizations can engage in client/server marketing, build on peer education, use youth as a creative resource in marketing, and form strategic alliances through PVO/NGO alignment/partnerships (e.g., Africa Youth Initiative).

USAID/CORE Initiative, Jason Heffner

USAID established the Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative to strengthen partnerships with CBOs and faith-based organizations (FBOs). In addition to being a source of funding, this initiative offers PVOs, NGOs, and FBOs opportunities to build linkages. The program is facilitative and catalytic, and it builds capacity at the community level. The small grants program is one part of the initiative and includes two rounds of funding. Through The Futures Group International’s POLICY project, USAID is working to expand the HIV/AIDS responses of CBOs and FBOs.

The focus areas of the initiative are to:

- Stimulate advocacy, raise awareness, and promote information, education, and communication (IEC) through dissemination of accurate information that supports community and faith groups;
- Reduce stigma and discrimination with respect to PLWHAs;
- Enhance care and support for people infected and affected by HIV/AIDS to assist community groups in expanding/establishing programs such as home-based care, orphan care, and voluntary counseling and testing.

More information is available at www.coreinitiative.org.

Question and Answer Session

Vicky Wells of CEDPA asked Ms. O’Neil how the concerns of PLWHAs, particularly the concerns associated with stigma, are addressed within the framework for HCD. Responses were given by several panelists:

Ms. O’Neil: Workplace prevention programs and policy enforcement should be established in the service provision sphere to prevent employers from discriminating against employees.

Ms. Davies: The Alliance would focus on giving care, making sure that stigma does not prevent infected individuals from seeking proper care.

Mr. LaVake: Comprehensive workplace policies are being introduced by large corporations working in Africa (e.g., Daimler-Chrysler and DeBeers are offering antiretroviral treatment (ART) programs for employees in South Africa).

Andrew Fullem of John Snow, Inc. (JSI) asked Ms. O’Neil how PLWHAs are involved in discussions to formulate policies in the service provision sphere. How can a group such as the Botswana Society of People Living with HIV/AIDS, for example, be supported to address workplace issues? Ms. O’Neil responded that PLWHAs need to be involved, and the service sector should address staff turnover as a deliberate strategy to receiving training.

Ron Howard of OIC International asked Ms. Davies and Mr. Heffner which countries in Africa did their initiatives consider priority?

Ms. Davies: The Alliance attempts to focus on countries where individuals are not working and tries to remain flexible and diverse to be most effective. To date, the Alliance has worked in Burkina Faso, Madagascar, Morocco, Mozambique, Nigeria, South Africa, Sudan, and Uganda.

Mr. Heffner: CORE Initiative is a global initiative and works on different levels in low- and high-prevalence countries. Therefore, it must be prepared to address different issues that occur in these different settings all over the world.

Evariste Karangwa of InterAction asked Ms. Davies what challenges face the Alliance in selecting partner NGOs, and he also asked Ms. O’Neil whether any modifications were necessary when spheres do not intersect, for instance when the community does not or is not able to help with policy formulation and service provision.

Ms. Davies: The Alliance has two strategies to support program building—find existing

organizations or create new ones. The challenge facing the work with existing ones is that they are usually service-delivery organizations, and the Alliance must help them become service-support organizations to other NGOs and must train them to do new duties, (e.g., write reports, etc.). The main challenge in creating new organizations is the problem with selecting boards of directors and the conflict of interest problems that may arise.

Ms. O’Neil: HCD is very complex. The sphere model was created to make it visual and understandable. The spheres are not literally separate, they must link. Community cannot be seen as only a recipient, but it must also be seen as a sphere that gives direction and guidance through consultative meetings and strategic planning activities. The links between the three spheres must be strong.

“Good business practices promote good health services,” was Ms. Cope’s closing remark.

Emerging Funding Mechanisms

Hope Sukin of USAID, Bureau for Africa chaired the session and began by remarking that in April 2002, The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) awarded \$616 million in its first round of grants. To date, more than \$2 billion has been pledged to the GFATM, but one important question remains: How will PVOs and NGOs be able to benefit from this funding?

The Global Fund to Fight AIDS, Tuberculosis, and Malaria

Richard Burzynski was asked to speak at this conference about the history and structure of the GFATM. He represents the International Council of AIDS Services Organizations (ICASO), a Canadian-based organization that was established to share information among PVOs/NGOs. Mr. Burzynski began his presentation by outlining the history of the GFATM.

At the Genoa summit in July 2001, leaders from the G8 countries started to commit money (\$1.3 billion) to the GFATM. A transitional working group for the GFATM was set up, and between July 2001 and January 2002, operational guidelines were developed. The first board meeting was held in January 2002 in Geneva. In 2002, \$616 million was awarded (\$378 million over 2 years to 40 projects in 30 countries and \$238 million over 2 years to 18 projects in 14 countries, including 3 multi-country projects). The majority of the funds being allocated will go to Africa (58.8%). The second round of grants will be announced in January 2003. However, not one penny of the allocated funds has yet been disbursed.

Mr. Burzynski then described the process for obtaining funding. Proposals are submitted through established Country Coordinating Mechanisms (CCMs), a “forced marriage” between governments, PVOs/NGOs, and the private sector. However, he mentioned that civil society is not always meaningfully involved in the proposal process, adding that research and assessments show that many PVOs/NGOs are often left out of the negotiating process. Mr. Burzynski stressed that PVOs/NGOs must be able to meet and negotiate with governments to develop proposals so funding will focus on community needs such as treatment, innovative prevention programs, and mitigation programs.

A number of steps are still needed to get the GFATM operational:

- Staff and systems must be strengthened to ensure accountability;
- A secretariat must be established;

- Funds to four pilot countries (Ghana, Haiti, Sri Lanka, and Tanzania) must be disbursed to test the accountability and feasibility of this mechanism;
- More funds must be channeled to indigenous PVOs/NGOs to increase their human capacity development ability.

Though the GFATM has received \$2.1 billion in pledges, most of this money is in the form of promissory notes. PVOs, NGOs, and others must make sure that governments follow through with their commitments. Moreover, contributions have fallen well short of the goal of \$7-10 billion needed each year to successfully fight the epidemic. PVOs, NGOs, and others have a responsibility to advocate for more and greater pledges to sustain the GFATM into the future. Mr. Burzynski listed some of the names of the GFATM’s board members and mentioned some resources that can provide further information.

GFATM Board:

Developing Country NGO:

Milly Katana – Uganda

Alt: Fidon Mwombeki – Tanzania

Resources:

www.globalfundatm.org

www.hdnet.org

www.icaso.org

Developed country NGO:

Christoph Benn – Germany

Alt: Peter Poore – UK

PWA/TB/Malaria communities:

Philippa Lawson – USA

Alt: TBD

Development Space

Development Space (www.developmentspace.com) was founded in 2000 by Dennis Whittle and Mari Kuraishi, former employees of the World Bank. Mr. Whittle referred to Development Space as the “eBay” of the development sector—namely, a web site that connects service providers and funding sources by allowing PVOs/NGOs and agencies to set up virtual “store-fronts.” Any project in the world can submit a proposal, and anyone can be a funder. Development Space authenticates CBOs and assists projects in all planning phases—proposal, implementation, and evaluation.

Mr. Whittle stressed that development does not occur from the top-down, instead it occurs from the bottom-up. Currently, Development Space is targeting corporate and employee giving programs. Corporate giving in the United States amounts to about \$13 billion annually, and private and individual giving amounts to about \$150 billion annually—this is the market that Development Space wishes to tap.

REACH Project

Polly Mott reported that Pact is responsible for administering USAID’s five-year Rapid and Effective Action Combating HIV/AIDS (REACH) project. The project has a \$40 million ceiling with a mandate to deliver funds quickly and efficiently to PVOs/NGOs working directly with HIV/AIDS. REACH’s focus is on USAID’s priority countries in Africa, in accordance with CCMs. Funding is being made available to PVOs/NGOs to deliver services to communities most at risk—75 percent of funds are available for scaling-up efforts, and 25 percent for new activities.

There will be three rounds of competitive grant making, three-quarters of which will be awarded to international PVOs/NGOs. The focus of the grant applications for next year will be targeted as follows:

- January: interventions for commercial sex workers
- April: interventions for PLWHAs/stigma reduction
- October: interventions for vulnerable adolescents

Question and Answer Session

Patricia Langan of the International Youth Foundation (IYF) asked Dennis Whittle that if Development Space is indeed open to anyone, how can all individuals know what are the most pressing issues? To what extent does Development Space engage in donor education?

Mr. Whittle: Development Space welcomes discussions on developing mechanisms for delivering high-quality information to donors, but does not see itself as a watchdog.

Andrew Fullem of JSI asked Richard Burzynski about the remark that some CCMs are counterfeit, and he also asked if there are examples of legitimate CCMs that have successfully involved PVOs/NGOs.

Mr. Burzynski: Counterfeit is a concern to the GFATM and that is why standard operating mechanisms are being developed for CCMs to ensure healthy dialogue. He mentioned Bangladesh, India, and KwaZulu Natal province in South Africa as having CCMs that substantively involved PVOs/NGOs.

Another participant asked whether the GFATM and Pact would be interested in a *modus operandi* that allows for such open channeling of funds, like that of Development Space.

Mr. Whittle: Development Space would be willing to work with Pact and the GFATM to achieve this.

Mr. Burzynski: This may not be possible for the GFATM, because accountability is essential. Results must be thoroughly scrutinized.

Another question focused on whether Development Space has field staff to verify/evaluate the progress of funded projects.

Mr. Whittle: Development Space serves as a platform and applicants must demonstrate their ability and credibility. Validation or evaluation must depend on a local person and is up to the project sponsor to demonstrate.

Another participant questioned the effectiveness of the GFATM, because while proposal and award periods drag on, people are dying.

Mr. Burzynski: It is true that PVOs/NGOs can apply to the GFATM directly if CCMs are not working, and there have been instances when the GFATM has made awards directly to PVOs/NGOs. How PVOs/NGOs are involved in awards will be followed closely, especially by other PVOs/NGOs and networks.

Steve LaVake asked Dennis Whittle how Development Space is working with domestic organizations to donate funds overseas?

Mr. Whittle: Development Space is interested in establishing a platform to educate the public efficiently and welcomes discussions with PVOs and NGOs to accomplish this. For example, Development Space has initiated such discussions with the United Way. He emphasized that Development Space will succeed if PVOs/NGOs provide the platform to implement development education.

Hope Sukin closed the session by urging participants to learn from prior successes and continue to build partnerships, adding that PVOs/NGOs must play a lead role in developing national taskforces. Regarding assessment of certain funding mechanisms, Ms. Sukin also noted that the General Accounting Office (GAO) has begun to examine the way money is granted by GFTAM.

Keynote Address — Challenges of HIV/AIDS and Development

Stephen Moseley of the Academy for Educational Development introduced the keynote speaker, Stephen Lewis, Special Envoy of the UN Secretary General for HIV/AIDS in Africa. Mr. Lewis' inspiring and passionate address is outlined below. A full transcript will be available on the conference web site at <http://sara.aed.org/pvo-aids>.

- We cannot deal with any of the crises affecting development sectors without addressing HIV/AIDS. Approaches to mitigate the crisis can be nothing but multisectoral.
- Currently six countries in southern Africa are facing starvation induced by lack of rainfall and drought. While HIV/AIDS is not causing the famine, it certainly is exacerbating it, especially since HIV/AIDS has ravaged the agricultural sector. It is impossible to talk about agriculture without addressing HIV/AIDS.
- All development crises in Africa are linked and require multisectoral responses.
- In education, huge amounts of children are not going to school because they are at home caring for sick parents.
- We have just started to understand the issues surrounding orphans. This issue is huge and will only increase in the coming years. For example, young orphans are unable to pay school fees because they are trying to provide their siblings with clothes, shelter, and food.
- We must focus on the gender issues related to HIV/AIDS. Twenty-six million people worldwide between the ages of 15 and 49 are infected with the virus, of which 15 million (58%) are women. Women are in vulnerable positions and are often unable to say no to sex, even when it is unsafe. Eighty-one percent of women in the world infected with HIV live in Africa.
- The New Economic Partnership for Africa's Development (NEPAD) initiative is focused on trade and investment, but when dealing with issues such as famine and conflict, it must deal with the communicable disease problem before dealing with economic growth, or all development efforts will fail.
- Refugee and conflict/crisis issues are putting more and more individuals at risk.

- As a result of the trip by James Morris, Director of the World Food Programme, to Africa, UN agencies are reexamining and changing approaches to emergency response. The UN Secretary of Humanitarian Affairs, UNICEF, and the World Food Programme are working together to link HIV/AIDS with other emergencies.
- Resources are needed to fight the problem. Therefore, governments must not be let off the hook and should be pressed to adhere to the GDP-based equitable contribution formula developed by the Global AIDS Alliance. Using this formula, the United States in 2004 should be giving \$2.1 billion to fight against AIDS.
- Money is always available for conflict, but there seems to never be enough to improve the human condition. A war in Iraq would cost the United States in one month what is needed to fight HIV/AIDS for one year!
- It is the responsibility of everyone to continue to pressure all funders (i.e., governments, the GFATM, etc.) to contribute the resources necessary every year. As an example, the GFATM adjusted its funding needs in 2003 from \$3.6 billion to \$2 billion. Why, when we know it will take at least \$10 million each year to combat this disease?
- The knowledge to develop treatment programs and to prevent HIV/AIDS exists, but we must develop multisectoral links to obtain the resources needed to achieve results.

Report Back & Next Steps

The chairs for this session were Ken Giunta of InterAction, Roxanna Rogers of USAID, Bureau for Global Health, Office of HIV/AIDS, and Peter McDermott of USAID, Bureau for Africa, Office of Sustainable Development. The purpose of this important session was to discuss how PVOs/NGOs can apply what they have learned at the conference to their programs and how to institutionalize a sustainable mechanism for PVOs/NGOs to continue sharing their experiences, tools, and lessons learned with others.

Mr. Giunta began the session by inviting all rapporteurs to the podium to report back on the discussions held during the small group sessions. Mr. Giunta then discussed the work of InterAction, the largest alliance of U.S.-based international development and humanitarian PVOs and NGOs. Mr. Giunta noted that 77 of InterAction's 165 members work in the area of HIV/AIDS and acknowledged that InterAction is willing to play an important role in coordinating multisectoral approaches to the HIV/AIDS crisis within the PVO and NGO communities.

Summary of Intersectoral Small Group Sessions

Ann Claxton of World Vision reported on the synthesized results of the intersectoral group sessions that were held on the first day of the conference. The seven small groups were advocacy, capacity building, conflict and humanitarian relief, gender, orphans and vulnerable children (OVCs), workplace, and youth. Promising practices and lessons learned are listed below.

Create strategic alliances by:

- Having PVOs/NGOs use their existing expertise to build coalitions to bring in new partners and to promote different models of multisectoral work;
- Expanding the capabilities of PVOs/NGOs to address the multisectoral nature of the HIV/AIDS crisis and develop their skills in arenas in which they have little or no experience;
- Linking the community with service providers and national policy groups;

- Forming alliances to monitor and access the GFATM and advocate for government multisectoral approaches to the HIV/AIDS crisis;
- Adapting new programs (e.g., participants in the agriculture sector discussed introducing programs that focus on cultivating crops with a low labor burden);
- Focusing on gender issues associated with HIV/AIDS, particularly the need to strengthen stigma reduction programs;
- Increasing advocacy efforts within organizations to adopt multisectoral approaches;
- Establishing target goals to challenge staff as soon as multisectoral approaches are adopted.

Involve stakeholders in program design, such as:

- Youth;
- Staff, management, and unions in the private sector.

Move approaches to scale by:

- Starting programs that can be scaled up;
- Aligning pilot programs with national HIV/AIDS strategies;
- Considering the possible paradigm shift from volunteer to paid labor;
- Adopting HCD framework to link the community sphere with the service provision and policy/resource allocation spheres.

Develop and demand more flexible funding mechanisms by:

- Supporting and strengthening community-based interventions;
- Making cross-sectoral work more visible;
- Broadening the frame of reference for PVOs/NGOs and donors;
- Broadening donor understanding of the complexity of HCD;
- Lengthening time horizons.

Examine and replicate how each sector targets goals by:

- Developing integration methodology;
- Bringing out lessons learned;
- Centralizing and sharing information more effectively.

Promote effective communication by:

- Eradicating negative messages and images;
- Sharing success stories;
- Creating holistic message of all components.

Next steps:

- Hold a similar PVO/NGO conference in Africa;
- Create multisectoral networks in Africa or start new ones, if necessary;
- Keep momentum going;
- Establish HIV/AIDS-in-the-workplace groups;
- Establish an information clearinghouse/website.

Summary of Sectoral Small Group Sessions

Rapporteurs from the six sectoral small groups reported briefly on the sessions held earlier in the day—education, democracy and governance, health, agriculture and food security, and natural resource management. Each rapporteur reported on promising practices, lessons learned, and next steps.

Education – Ken Rhodes, Academy for Educational Development

Promising practice:

- Having youth express themselves on the HIV/AIDS issue through media, using youth journals, clubs, and even singing groups.

Lessons learned:

- HIV/AIDS has a very serious impact on the education system;
- Schools can be a center for mitigating the impact of HIV/AIDS;
- Involve traditional sexual initiation leaders and peer counselors, not only teachers, in life skills training.

Next steps:

- PVOs/NGOs must be aware of the work each is doing in Africa;
- Establish incentives to get PVOs/NGOs working together;
- PVOs/NGOs can no longer think of HIV/AIDS as an isolated health issue and must develop non-formal literacy education.

Democracy and Governance (DG) – Paola Lang, Pact

Promising practice:

- Using HIV/AIDS as a focal point to enhance technical assistance in DG processes.

Lessons learned:

- Very little technical knowledge of the HIV/AIDS crisis exists within the DG sector;
- The DG sector is under-funded and needs to find ways of financing new technical training programs;
- Coordination is needed among all sectors of the PVO/NGO community.

Next steps:

- Develop poverty reduction strategies;
- Develop means for ensuring popular participation;
- Review resource allocation policies.

Health – Carl Stecker, Catholic Relief Services

Promising practice:

- Abt Associates study in Rwanda showing the finite amount of resources available to fund the treatment of HIV/AIDS patients.

Lessons learned:

- Health infrastructure systems in Africa are inadequate;
- Planning must be made at the country level to scale up ARV therapy;

- The sector must build on the World Vision precedent of providing community health with home-based care.

Next steps:

- Establish baseline for resource quotes for all ARV resources;
- Identify gaps in health care systems;
- Strengthen strategic alliances or forge new partnerships;
- Promote self-help exchanges.

Agriculture & Food Security – Dick Brown, Winrock International

Promising practices:

- Innovating the use of low-cost, microenterprise irrigation systems;
- Developing partnerships to link disadvantaged groups;
- Using no-till cultivation to reduce plowing of land, which is designed to help PLWHAs and their families and also has a positive impact on retaining nutrients in the soil;
- Relaying the importance of nutrition to PLWHAs.

Lesson learned:

- Must focus on the process rather than the product in scaling up multisectoral approaches.

Next steps:

- Encourage donors in this sector to recognize HIV/AIDS as a crisis that needs to be addressed;
- Agree to use existing networks and continue to create new ones;
- Continue to document successes;
- Increase recognition of the HIV/AIDS crisis in this sector.

Natural Resources Management (NRM) – Mike Godfrey, DAI

Promising practices:

- Participants in the NRM small group sessions have already begun discussing the impact of HIV/AIDS on the sector;
- USAID has developed toolkits, briefs, and the FRAME website (www.frameweb.org);
- Success in bringing HIV/AIDS issues into the NRM sector (e.g., Impala Community Conservation Trust in Kenya, the Jane Goodall Institute, and WWF).

Lesson learned:

- The potential for the NRM sector to mitigate the HIV/AIDS crisis is huge.

Next steps:

- Expand partnerships and institutionalize multisectoral approaches;
- Formalize anecdotal evidence gathered in the field;
- Step back and introduce HIV/AIDS efforts in program design.

Economic Development and Microenterprise – Pamela Maslen, DAI

Promising practices:

- International Executive Service Corps designing far-reaching HIV/AIDS programs for businesses to develop;
- HIV/AIDS toolkit for youth groups;

- DAI/USAID toolkit in Zimbabwe on instructing families/households affected by HIV/AIDS to establish gardens close to residence.

Lessons learned:

- Introduce HIV/AIDS prevention in business strategy;
- Need to create networks and infrastructures;
- Must solve problems before they become crises.

Next steps:

- Find flexibility in political and economic unfriendly environments;
- Support non-health actions;
- Intervene before children become orphans and women become widows.

Discussion

Ken Giunta facilitated a discussion among participants to develop next steps that PVOs and NGOs can do collectively.

Ron Howard of OIC International proposed five next steps:

1. The conference should not be the end of the discussion in addressing the challenges facing PVOs and NGOs. The PVO-USAID Steering Committee must hold another meeting/conference to establish concrete next steps.
2. InterAction will become a major resource. An HIV/AIDS working group must be established and institutionalized. If necessary, this should be started on a voluntary basis. HIV/AIDS should also be brought up within all of InterAction's working groups. HIV/AIDS must become a major discussion point at the annual InterAction conference.
3. USAID must find funding channels (central organizations preferred) so multisectoral efforts can be completed; USAID must be committed to making multisectoral action a reality.
4. Develop multisectoral approaches that can be scaled up in three pilot countries.
5. As Stephen Lewis mentioned in the keynote address, advocacy is essential. Cross-sectoral advocacy groups must begin looking at HIV/AIDS issues.

The discussion was then opened up to the rest of the audience. One idea was presented regarding the comment that it is necessary to begin identifying multisectoral advocacy groups. The suggestion was to include groups from military, police, and legal arenas. This approach has been successful in maintaining a low prevalence in Senegal, where multisectoral approaches were adopted in the judicial and law enforcement system.

Bernard Rivers of Aidsplan urged participants to strengthen advocacy and dissemination efforts regarding important publications, such as *Filling the Funding Gap to Save Lives: A Proposal for an Equitable Contributions Framework for the Global Fund*, which has been released by the Global AIDS Alliance. The establishment of a watchdog group for the GFATM was also suggested.

To scale up advocacy efforts, it was also suggested that PVOs/NGOs increase their communication with members of the U.S. Congress by supplying them with current reports and studies that detail the gravity of the HIV/AIDS crisis in Africa.

Roxanna Rogers mentioned that in USAID's Bureau for Global Health, all new child-survival grants must now include HIV/AIDS programming. She stressed the importance of funding

flexibility so that small groups and CBOs are not left out. To receive funds, programs must be focused on capacity building and training. In addition, it is as important for these programs to retain experienced staff as it is to train new staff.

Peter McDermott of USAID, Bureau for Africa, Office of Sustainable Development reiterated the importance of producing positive results and reflected on comments made by Nelson Mandela at a recent conference in Johannesburg. Mr. Mandela expressed his frustration at there being so many meetings and conferences that seem to produce so few results. Mr. McDermott noted that for the past three years, PVOs and NGOs have been working to establish multisectoral approaches to the HIV/AIDS crisis in Africa, and it is now time to take the next step and incorporate these approaches at the country level.

Closing Session

Jay Smith, Bureau for Africa, USAID

Jay Smith emphasized the importance of multisectoral approaches in fighting the HIV/AIDS epidemic in Africa and commended the participants in this conference for beginning to forge new alliances and recommending some next steps for action. He reiterated the need to ensure that these actions are made more concrete and truly implemented.

Intersectoral Small Group Reports

Advocacy Session Report

Team Leaders: Gardiner Offutt, CARE and John Zarafonetis, InterAction

Issues and actions

Increased funding for the entire spectrum of HIV/AIDS prevention, treatment, care, and mitigation was identified as a priority advocacy issue. Some of the issues that emerged included:

- The challenge of preventing corruption and delivering resources successfully;
- The need to better link funders to indigenous PVOs/NGOs;
- The challenge of obtaining funding for ongoing support;
- The need for funding to support multisectoral responses and the real needs of communities;
- The importance for the U.S. to increase its bilateral and GFATM contributions;
- The need to increase accessibility to drugs;
- The concern that the U.S. government will focus too heavily on MTCT and neglect other important issues.
- The need for greater coordination within government sectors to link to national AIDS strategies;
- The need to combat the myth or notion that a safety net exists to care for orphans;
- The importance of considering voices from the grassroots level when setting policy priorities.

Key messages

Many participants agreed that the discussion on AIDS must be reframed. One person stated there needs to be a paradigm shift. Many stated that we should better define and communicate the continuum of care to include social and economic issues related to AIDS. Other important issues that were raised included:

- The need to find and communicate hope;
- The need to make sure that programs are working and can be scaled up;

- The need to communicate success stories.

Role of PVOs/NGOs

The concept of advocacy was widely defined by the two groups. As a result, the participants presented many suggestions as to how PVOs/NGOs can participate in advocacy work that is focused on HIV/AIDS. Some of the roles identified for PVOs/NGOs included:

- Raising awareness of the continuum of care and framing issues in a social and economic context at various conferences and meetings;
- Documenting and disseminating data from programs and success stories;
- Creating strategic alliances and building partnerships to influence governments;
- Engaging businesses and faith-based organizations in advocacy alliances;
- Supporting institutional peer mentoring for advocacy (e.g., TASO in Uganda);
- Educating policy makers (e.g., arranging congressional delegation visits to projects, meetings, briefings);
- Conducting internal advocacy;
- Using international treaties as standards (e.g., UN Declaration on AIDS);
- Simplifying reporting applications for local NGOs so that more groups can be involved in advocacy work;
- Ensuring participation of new voices in CCMs, monitoring the process, and holding the GFATM and CCMs accountable;
- Involving PLWHAs and marginalized populations in advocacy work in a manner based on respect, being careful not to exploit;
- Training local PVOs/NGOs in advocacy, ensuring that there is a mutual understanding of shared goals and a recognition of the process of advocacy training (e.g., AIDS Alliance work);
- Helping workforces develop workforce policies and fund services;
- Influencing media and asking media to help train community groups.

Tools

The following tools and websites were identified as good sources of information for NGOs:

- Policy project: www.policyproject.com
- USAID: *Constituencies for Reform: Strategic Approaches to Donor-Supported Civic Advocacy Programs* (http://www.usaid.gov/pubs/usaid_eval/ascii/pnabs534.txt)
- International HIV/AIDS Alliance: www.aidsalliance.org/_docs/index_eng.htm
- Break the Silence: break-the-silence@hdnet.org
- Global Health Council: www.globalhealth.org
- CARE Advocacy Tools and Guidelines: www.careusa.org/getinvolved/advocacy/policyresources.asp
- International Council of AIDS Services Organizations (ICASO): www.icaso.org

Capacity Building Session Report

Team Leader: Mary O’Neil, Management Sciences for Health

The two discussion groups, one in the morning and the other in the afternoon, focused on how PVOs and NGOs can contribute to capacity development considering the challenges of scaling up HIV/AIDS interventions; implementing a multisectoral approach of prevention, care, and support; and containing unnecessary costs. The discussion groups were facilitated by Mary O’Neil, Stephen Kinoti, and Oscar Picazo. Both group sessions recognized capacity building as a cross-cutting issue in the fight against HIV/AIDS, and participants engaged in lively discussions about the barriers to effective capacity development and how to overcome them.

Objectives:

- Develop a better understanding of capacity development;
- Identify the challenges that PVOs and NGOs encounter in capacity development;
- Make recommendations on how PVOs and NGOs can engage in capacity development more widely, cost-effectively, and sustainably;
- Identify illustrative promising practices in this area.

Defining capacity development

Recognizing that capacity development is often interpreted in different ways, the group discussions were steered towards developing a common understanding of the concept. The group agreed that, for discussion purposes, capacity development involved developing the capacity of people to strengthen, scale up, and sustain organizations and programs through more effective management and multisectoral cooperation. Participants in both groups stressed that capacity development was much broader than just training and included systems strengthening, partnerships across sector and linkages among the three spheres of policy/resource allocation, service provision, and the community.

Challenges to capacity building and recommendations

Participants identified many challenges to capacity building especially in Africa, but the discussions focused on the following key constraints:

1. There is a limited understanding of capacity building—many view it simply as training—and the applicability of capacity building approaches to improve and sustain PVO and NGO work.
 - a.) Recommendations: The HCD framework developed by USAID, UNAIDS, the World Bank, and other cooperating agencies appears to be a workable paradigm that can be used by PVOs/NGOs in their capacity building work. Towards this end, dissemination and utilization of the HCD framework should be encouraged in the PVO/NGO community and assistance should be provided to those wishing to apply it in their programs. More specifically, capacity development should be made a core component of PVO/NGO work, but this can only be achieved if the other constraints to capacity building, as discussed below, are addressed. More effort should be devoted to developing and disseminating HCD tools and to supporting action plans that integrate HCD in HIV/AIDS programs.
 - b.) Next steps:
 - Disseminate HCD framework;
 - Make HCD a core component of PVO/NGO work;
 - Develop and disseminate HCD tools to support capacity building action plans.
2. PVOs and NGOs can unwittingly drain local capacity through duplication of efforts, needless competition, and inadequate partnering with local institutions.
 - a.) Recommendations: The PVO/NGO community, in collaboration with national governments, should consider developing a “Code of Conduct” that encourages adherence to good practices in capacity building, such as sharing of information, developing linkages, joint action planning and programming, and public/private partnerships that do not result in the detriment of one party over the other, such as the frequent practice of PVO/NGO poaching of civil servants. Partnerships between international PVOs/NGOs and local institutions should be

- encouraged based on good parity, comparative advantage, and mutual respect and trust. Wherever feasible, international PVOs/NGOs should have local partners. Local PVO/NGO networks should be supported and their capacity enhanced. Donors should consider providing specific support for PVO/NGO networks in addition to supporting individual PVO/NGO activities.
- b.) Next steps:
 - Develop a code of conduct;
 - Encourage equal partnerships between international and local PVO/NGOs;
 - Support domestic PVO/NGO networks.
3. Capacity development is a complex, cross-sectoral, and long-term process, and its results are often diffuse and not prone to short-term outcome measurement. Because of these characteristics, donors do not always have the proper institutional perspective to support capacity development efforts.
 - a.) Recommendations: Donors should better understand the complexity and long-term perspective of capacity building and the implications of these characteristics on resource planning and programming. PVOs/NGOs should advocate for longer project timeframes to allow for adequate time for capacity building. PVO/NGO investments and achievements in capacity building should be counted as performance outcomes by donors and governments, even if these do not directly result in physical performance targets, such as clients served or health commodities distributed.
 - b.) Next steps:
 - Advocate for longer project time frames;
 - Assist donors in understanding the complexity of HCD.
 4. Donor funding is restrictive and prohibits cross-sectoral work. This problem is often the result of the narrow earmarking practices of donors, for example, when a PVO/NGO project funded out of a child survival earmark cannot work in HIV/AIDS, since that comes from another earmark.
 - a.) Recommendations: PVOs/NGOs should advocate for a broader frame of reference for multisectoral HIV/AIDS projects. Donors should also do their part and advocate within their institutions to relax some of these restrictive funding regulations. Multisectoral HIV/AIDS projects should have longer time horizons. As traditional sector-specific PVOs/NGOs are now considering multisectoral approaches, support should be provided to them to translate their ideas into fundable plans and programs. Finally, real innovation should be recognized and rewarded.
 - b.) Next steps:
 - Broaden frame of reference for both donors and PVOs/NGOs;
 - Reward innovation.
 5. Pilot projects are not always linked to national HIV/AIDS strategies. In most cases, these isolated projects, though they may be innovative, have been difficult to scale up.
 - a.) Recommendations: Individual pilot programs and projects should be assessed to ensure that they are aligned with the national HIV/AIDS strategy. If projects are

not currently aligned to the national policy and strategy, proponents should be encouraged to redesign them. Greater effort should be made to document innovative pilot projects. Successful ones should be brought to the attention of potential funders, such as the government, donors, the GFATM, and private philanthropic groups, for possible large-scale funding and replication.

b.) Next steps:

- Align HIV/AIDS projects to the national strategy;
- Assist pilot projects to scale up.

6. Limited information exists on best practices in HIV/AIDS and on the impact of PVO/NGO interventions.

a.) Recommendations: Monitoring and evaluation (M&E) should be included as an ongoing activity of PVO/NGO grants. M&E data should be used to identify and disseminate best practices and tools.

b.) Next steps:

- Conduct M&E and use data to identify best practices.

Promising practices:

- NGO Support Program (International HIV/AIDS Alliance): This program develops the capacity of one indigenous PVO/NGO and trains the organization on how to support and strengthen the capacity of a network of PVOs/NGOs in their geographic region;
- Assessing Infrastructure (World Bank): This initiative intends to assess infrastructure to ensure that a means exists for the money and resources to trickle down to the end user;
- Multi-sector Planning (YMCA International): YMCA involves their local partners, donors, and PVOs/NGOs in planning for education and prevention programs;
- Bringing Technology to Schools (Discovery Channel): This program develops the high-tech capacity of schools so they can bring HIV/AIDS information to students;
- Micro-credit Project (Freedom from Hunger): To minimize the risk of HIV/AIDS resulting from poverty, this program extends small loans to improve economic stability;
- HCD Framework (USAID, UNAIDS, World Bank): This framework provides direction on how to develop and implement an HCD Plan that is sustainable.

The above examples are illustrative. Most of the PVOs/NGOs participating in these discussion groups described an aspect of their program that was focused on capacity development. While many also made reference to tools that were available, most agreed that the issue is not lack of tools, but the lack of a broader development environment that supports capacity development and the larger application of tools.

Participants

Morning session:

Berengere de Negri, AED
Wendy Hammond, AED
Bachrach, MAP
Tammy Palmer, USAID
Nicky Davies, Alliance
Bob Grayma, Exxon
Ndunge Kiiti, MAP

Afternoon session:

Rene Berger, USAID
Geililer Tsega, Lutheran World Relief
Peter Peggy Harper, FHSSA
Connie Paraskeva, Pact
Edith Regua, OIC International
Anuj Jain, CARE International
Claire Manejo, Discovery Ch./Global Ed

Morning session (continued):

Tony Castleman, FANTA, AED
Sophia Patronos, Discovery Ch./ Global Ed.
Japheth Mati, Heifer

Afternoon session (continued):

Alexandra Burten, Education Fund
Carl Stecker, CRS
Ellen Vor der Bruegge, FFH
Lynda Gonzales, YMCA
Suzanne Fisher, Prison Fellowship Intl.
Christine Claypoole, World Education
Mary Callaway, Soros Foundation

Conflict and Humanitarian Response Session Report

Team Leader: Ann Claxton, World Vision

Issues

Evidence points to a complex interrelationship between HIV/AIDS, conflict, and natural disaster. The extremely destabilizing social and economic effects of HIV/AIDS are creating conditions where household incomes are decreasing; orphans are raised without adequate supervision, socialization, and wage-earning skills; and there is loss of an educated public service and professional class. All of these conditions may lead to the weakening of state institutions and the outbreak of civil violence. Moreover, evidence certainly shows that conflict increases the likelihood of rapid transmission of HIV/AIDS. The presence of soldiers and peacekeepers and massive movements of civilians facilitate the spread of the virus. Refugees and internally displaced persons, most of who are women and children, are particularly vulnerable to sexual violence and exploitation. Natural disasters such as floods, hurricanes, and earthquakes, which cause displacement and economic losses, may also result in similar effects. Disruption in food supplies and deteriorating nutritional status can have a devastating impact on the immune system and thus accelerate the onset of full-blown AIDS. There is also concern that the high death rate among farmers has contributed to the crisis in food availability brought on by the current drought in southern Africa.

Promising practices

Presentations revealed how it is possible to utilize available local resources, existing institutions, and individuals to identify and respond to HIV vulnerability. Participants reported that:

- World Vision has integrated HIV/AIDS prevention and care into health system rehabilitation in post-conflict Sierra Leone;
- International Rescue Committee has established an HIV/AIDS prevention program for youth in refugee camps in Tanzania;
- Save the Children-U.S. described a drought response program in Malawi that utilized existing village HIV/AIDS committees to identify the most vulnerable citizens for food distributions;
- American Refugee Committee described a microfinance adaptation for refugee clients in which vouchers were provided to borrowers with good credit history to establish their credit-worthiness on repatriation.

Next steps:

- Have PVOs/NGOs use HIV/AIDS indicators to assess vulnerability to HIV transmission and identify target populations in needs assessments and situation analyses of emergency situations;
- Accelerate prevention programs in the military and peacekeeping forces;
- Improve the security and reproductive health services of refugee women and girls;

- Bring social marketing programs into relief and post-conflict situations as early as possible;
- Integrate livelihood security into emergency response as soon as possible to enhance family income, improve nutritional status, and reduce vulnerability to transactional sex;
- Adapt practices to the special needs of displaced and vulnerable populations (e.g., introduce labor-saving immune-boosting crops).

Gender Session Report

Team Leader: Ellen Weiss, International Center for Research on Women (ICRW)

Ellen Weiss of ICRW opened the session by introducing a framework developed by Geeta Rao Gupta that looks at gender-based approaches to HIV/AIDS prevention and care as a continuum—from those that perpetuate gender stereotypes to those that transform gender norms. She proposed that the discussion focus on what has already been learned for empowering women and for transforming gender roles and relationships. The framework can be found at www.icrw.org/docs/DurbanSpeech.pdf.

Julie Pulerwitz and Sam Clark of PATH discussed transformative approaches through work with men and couples, and Richard Strickland of ICRW discussed empowering women through programs and policies that safeguard them from violence, protect their property rights, and improve their access to education and economic resources.

Challenges:

- Operationalizing work with men;
- Implementing multi-level interventions;
- Making sure the discourse does not portray men or women in negative ways;
- Allowing communities to decide which approaches to use.

Lessons learned:

- Men feel constrained by gender roles and want alternatives;
- Focus on men as assets and their role in the family (e.g., in Malawi, the community male elders encouraged their daughters to participate in training on property rights to avoid the negative repercussions that they had witnessed happen to others);
- Reach men where they are, but also work with women, since they are often the keepers of masculinity;
- Laws, treaties, international policy documents (e.g., Beijing, CEDAW) can serve as the basis to bring different groups together (e.g., AIDS and women’s rights activists) to examine and monitor women’s status.

Next steps:

- PVOs need to look in their own backyard for gender-based approaches;
- PVOs may need to “connect-the-dots” in their own organizations to make sure there is coordination between “the gender person” and the other sectoral specialists;
- USAID requests for applications (RFAs) need to better address the issue of gender;
- PVOs can foster the formation of strategic alliances between AIDS groups, microfinance organizations, women’s rights groups, and religious groups.

Orphans and Vulnerable Children (OVCs) Session Report

Team Leaders: Marie-Christine Anastasi, HACI and Ann Claxton, World Vision

A group of about twenty participants met during the first session and another ten participants met during the second session. The sessions were prefaced by presentations from Dr. Chalya Lar of World Vision and Paul Zeitz of HACI, respectively, and were followed by a question and answer session. The rapporteurs were Carl Stecker of CRS and Nithya Mani of USAID.

Dr. Lar presented a brief overview of a World Vision-supported childcare center in Nthondo, Malawi. Traditionally, extended family members take in orphans. The communities in Nthondo noticed that they were no longer able to care for the children being left behind. They held a series of town hall meetings where they realized that older children were withdrawing from school to look after younger siblings and care for sick parents. They decided to establish day care centers so that older siblings could still attend school. The low-cost project proved valuable. Community members donated according to their means (e.g., farmlands, building materials, volunteer labor, carpentry, and weaving). Some communities built day care centers, while others were able to use existing facilities, such as a community town hall or government institution. The community was able to fund and sustain their centers with very little investment. Government involvement included appointing a headmaster or supervisor for each school/day care. The centers also involved health care personnel from government facilities. Early on, the communities defined enrollment criteria for children— orphaned (usually by any cause, to avoid stigma) or extremely vulnerable (poverty). A community day care center planning committee oversees and selects children that may be enrolled.

One of the key success factors is the number of volunteers that continue to participate over a long period of time. At every possible occasion, volunteers were recognized (church, community meetings, etc.), however, motivation and retention of volunteers continues to be a challenge. How can communities compensate volunteers for their time, especially when volunteers expect at least a small remuneration? Classrooms were initially built for 50 children; now they are overflowing, and communities are asking for grant funding and outside support. Resources are being stretched. The current challenge is how to help the community to set up more centers. World Vision is turning to churches for help.

Results:

- Fewer older children drop out of school to care for younger siblings;
- The government has been very supportive;
- FBOs are looking to scale up.

Challenges:

- Obtaining funding since the need for OVCs care is only going to increase;
- Agencies and other organizations must keep volunteers motivated.

Participant interaction:

Question: What are the ages of the children involved?
Answer: Preschoolers, 1-6 years of age.

Question: How long has the longest daycare been running?
Answer: The first was established in 2000.

- Question: What is the involvement of adolescents in return for payment of school fees/levies?
 Answer: No, they are not currently involved, but this would be considered.
- Question: Who is conducting the training for day care personnel?
 Answer: Government is doing standard, not highly skilled, training in very basic early childhood development and care.
- Question: It was stated that demand for centers has increased over the past two years. How, then, have criteria changed?
 Answer: Criteria have not changed much. There may not be a true increase in demand, but this will come because prevalence in the region has increased.
- Question: How did you deal with tuberculosis (TB) in a closed environment, such as in a daycare center?
 Answer: The community did an initial screening of children, but it did not include health screening. There is a need for linkages to health care, and now some centers have included small dispensaries or have linked to existing health care facilities.
- Question: What is the impact of drought/famine?
 Answer: We are working with extension workers to help the farmers produce more. Daycare centers also offer school lunches with good nutrition.

Paul Zeitz of the Hope for Africa's Children Initiative (HACI) stated that an estimated 2-5 percent (if that) of OVCs are covered. Orphans are often left off the radar of many programs because PVOs/NGOs are vastly under-responding. We hear the following "branded" statistic—25 million orphans by 2010. What if we challenge this and include the treatment of adults in programming so that they can live and parent longer?

HACI is comprised of CARE, Plan International, World Conference on Religion and Peace, Society for Women and AIDS, and Save the Children. At the global level, a board and secretariat have been established and a child-centered conceptual model called the "Circle of Hope" was developed. At the country level, country program councils (CPCs) have been established that conduct situational analyses to identify the local players and ways to scale them up.

HACI is interested in integrated and community-based multisectoral programs. Scaled-up responses need to be integrated and multisectoral. HACI provides grants to CPCs, which are essentially "fast-track" grants to CBOs and NGOs for scaling up innovative pilot programs. CPCs have identified three strategies to secure grants:

1. Identify core interventions that can be scaled up to national coverage (e.g., Zambia core intervention in which a participatory process in the community has identified erosion of the community schools as a problem and has proposed schools as a setting for mainstreaming with other interventions, such as health gaps.)
2. Expand geographic coverage:
 - In Malawi, work is expanding from 4 districts to 11 districts;
 - In Mozambique, the focus is on the central belt of the country (there is high prevalence in the south and low prevalence in north) and on how to expand.
3. Extend comprehensive quality coverage (e.g., Cameroon, Uganda), stretching the capacity of existing infrastructure.

However, the truth is that PVOs and NGOs have failed individually. Many projects have the “feel good” syndrome after covering 100 or 1000 people, but there is no vision or ability to bring interventions to scale. HACI recognizes that PVOs/NGOs must do things differently and do them together. Organizations cannot find answers on their own and, therefore, need to join in open partnerships.

Participant interaction:

Question: Three CPCs have been identified, but more countries have been mentioned?
Answer: The GFATM has allowed HACI to be involved in other countries. Also, HACI has received \$100 million from the Gates Foundation.

Question: How do CPCs access funding?
Answer: CPCs have rules. No other group in the country is usually involved. They have to create a strategic framework, and partners decide who has the capacity to scale up. CPCs directly interface with national AIDS offices and are now trying to get them to interact directly with the CCM for the GFATM to access this possible funding stream and help achieve country goals.

Question: What is the long-range goal?
Answer: Facilitate partner interaction. Create HACI as an African indigenous organization. In current HACI countries, it is the various partners (Save the Children, World Vision, CARE, Plan, etc.) that are hosts to HACI, but we are trying to shift to indigenous CPCs in new countries and get traditional implementers to become involved in capacity building.

Discussion topics:

There is concern about tying in only with education, and there is special concern about providing stimulus for pre-K children. AED’s “Speak to the Children” provides a way to look at this. The CABA listserv is also a good resource.

Relying on community volunteers—lots of people want to be volunteers and some assume that they will be paid. Where is the balance between PVOs/NGOs and governments providing incentives to encourage volunteerism and destroying community volunteer initiatives?

What do we mean by volunteer? How does the community define volunteer? There are already many positive indigenous responses by families and communities to the epidemic. PVOs/NGOs need to acknowledge these efforts. A South African study shows that people want to respond, but how do we tap into that desire and willingness?

Often volunteers are carried initially because of their desire to help, but then what can one do when enthusiasm wanes?

Solutions:

- PVOs must first go to the communities to make it easier to work with them;
- Communities can go to the private sector to leverage external resources;
- Communities need to develop a definition for “orphan” (e.g., in Malawi, an orphan is a child that is not covered by extended family);
- Involve children in age-appropriate program planning;
- Build structure.

Points for presentation to the plenary:

- Donor funding arrangement needs to promote greater flexibility of community-based interventions;
- Scaling-up requires a paradigm shift that may require compensation of volunteers;
- Strengthen community responses and look at more holistic approaches;
- Examine how each sector targets and develops integration methodologies;
- Promote models of public-private partnership to expand community action beyond PVO/NGO and government partnerships;
- Promote economic opportunities to build agricultural alliances;
- Eliminate school fees and other levies in order to promote OVCs school attendance.

Challenges:

- Focusing on the sustainability of interventions/impact;
- Adjusting to donor funding arrangements (i.e., matching grants);
- Paying for the actions of communities;
- Finding indigenous ways to mitigate and prevent the epidemic;
- Distinguishing between information and education;
- Dealing with fatalism;
- Making the human development model culturally relevant;
- Targeting resources to households;
- Strengthening systems and creating new systems;
- Continuing care vis-à-vis orphans;
- Identifying economic opportunities to improve self-reliance;
- Dealing with competing needs (e.g., famine in Southern Africa);
- Educating youth;
- Innovating public and private partnerships;
- Being sensitive to religious differences when responding to the epidemic;
- Addressing children with proper counseling and psychosocial support;
- Preventing a second generation of OVCs.

Solutions:

- Focus on capacity- and community-driven economic opportunities;
- Build self-reliance and self-confidence;
- Advocate for eliminating school fees and consider scholarship funds for OVCs;
- Prioritize activities, such as assessing livelihood, targeting interventions, and assessing local capacity solutions.

HIV/AIDS in the Workplace Session Report

Team Leader: Clarence Hall, Africare

Background

Africare hosted a meeting of U.S.-based international PVOs/NGOs in July 2001 to identify and share the status of and concerns about HIV/AIDS prevention and care policies for their staff. The seventeen PVOs/NGOs demonstrated by their participation that there was a high level of interest in this issue. However, none had HIV/AIDS workplace policies in place to educate their staff on prevention and to ensure non-discrimination, treatment, and care for those who may have been infected with HIV/AIDS. Two of the seventeen PVOs who attended the meeting (CARE USA and Development Alternatives, Inc.) were panelists at the small group session on HIV/AIDS in the Workplace. They shared their experiences, insights, lessons learned, and documents related to their HIV/AIDS Prevention and Care Workplace Policy. At least two others, Africare and Save the

Children, have begun the process. Africare will poll the remaining attendees at the July 2001 meeting to determine the extent to which they have achieved this goal.

Common challenges encountered in developing HIV/AIDS workplace policies:

- Developing support of senior management and human resources leadership;
- Working with organizations to identify funding for elements of workplace policies and programs that have associated costs (e.g., expanded health care coverage);
- Assuming that HIV/AIDS workplace policies entail high costs, when in reality there is a continuum of activities, from non-discrimination policies to provision of ARV therapy, and not every component has an associated cost;
- Prioritizing HIV/AIDS within the office or unit affected by the proposed policy;
- Debating the ethics of providing coverage for employees if the employer cannot guarantee continuation when a project or contract ends;
- Increasing pressure to develop HIV/AIDS workplace policies;
- Bringing the disparate elements of an organization to consensus on the policy and programs to be instituted;
- Protecting the confidentiality of HIV infected/affected employees;
- Determining the level and extent of benefits for extended families.

Indicators for measuring progress include:

- The number of PVOs/NGOs that have completed a situational analysis;
- The number of established workplace policies;
- The number of implemented programs that reflect the policy.

Proposed guiding principles for PVOs concerning HIV/AIDS workplace policies

Recognizing that the staff of our organizations are at risk for HIV infection and may already be struggling to care for themselves and family members, we should develop workplace HIV/AIDS policies that protect our employees and promote their welfare and health. HIV/AIDS workplace policies should be developed in a participatory manner that encourages input from staff at all levels of the organization. These policies should reflect the needs of staff and be flexible to the fluid environment in which many of our offices are situated. Although each organization must determine the appropriate policies and programs to meet the needs of its employees, it must be recognized that there is a continuum of activities that range from low to high cost. Furthermore, it is important for each of our organizations to pursue partnerships and alliances that reduce the administrative burden of developing such policies and the financial burden of the higher cost activities.

Key steps in the development of an HIV/AIDS workplace policy:

1. Situational analysis: PVOs should draw on the tools and information developed by other partners (see resource list below) to capture the challenges facing their staff.
2. Management advocacy: Developing the buy-in of key management leadership and/or board members is essential to achieving change throughout the organization. This is often a key role of staff from the HIV/AIDS unit within an organization.
3. Begin with staff participation: Involving staff from the outset gives the best chance for developing a policy that is equitable, effective, and responsive to the intended beneficiaries.
4. Work with a PVO/NGO consortium: Many lessons have been learned, and many partners may be willing to share their experience and/or collaborate to expand the range of programmatic options for their employees. PVOs/NGOs working to develop a workplace policy should consider the opportunities for collaboration with local partners in developing policies and related programs. Furthermore, PVOs/NGOs should look for

partners whose mission is to provide certain elements of typical workplace health programs, such as workplace HIV prevention education.

5. PVOs/NGOs can learn from policies and programs developed by the private sector.

William Fleming, Program Manager, HIV/AIDS Unit, Africare served as the rapporteur for these two sessions.

Resource List:

<http://www.worldaidsday.org/difference/workplace.cfm>
http://www.dai.com/publications/publications_fs.htm
<http://www.synergyaids.com/resources.asp?bid=88>
<http://www.hivatwork.org/start.htm>
<http://www.redcross.org/services/hss/hivaids/work2.html>
<http://www.shrm.org/diversity/aidsguide/>
<http://www.jhuccp.org/africa/zambia/faceaids.htm>
<http://www.unaids.org/bestpractice/keymaterials/private/>
<http://academic.udayton.edu/health/syllabi/AIDS/Lesson05.htm>
http://www.hc-sc.gc.ca/hppb/hiv_aids/can_strat/monitoring/business_case/empoyee_ed.html
<http://www.youandaids.org/Themes/Aidsatworkplace.asp>
<http://www.fhi.org/en/aids/impact/briefs/workplace.html>
<http://www.unaids.org/hivaidsinfo/UNWorkplace/Web%20version/>

Youth Session Report

Team Leader: Patricia Langan, International Youth Foundation

The Youth Session planning team had previously decided to focus the session on youth livelihoods and reproductive health, HIV prevention, and the impact of AIDS. The session was organized in three parts:

1. Setting the stage – perspectives from youth
2. Sharing lessons learned – case studies from four organizations
3. Moving our organizations – recommendations for action for the donor level, program level, and PVO/NGO organizational level

The planning team members included:

- ICRW: Simel Esim, Sanyukta Mathur
- Pop Council: Jennefer Sebstad, Banu Khan, Annabel Erulkar, Ann McCauley
- Consultants: John Grierson, Tamara Duggleby
- FHI: Atieno Okelo
- Advocates for Youth: Nicole Cheetham, Alana Hairston
- Step Forward: Paurvi Bhatt
- Ark Foundation: Rhoi Wangila, Ayub Kaddu
- CRS: Carmela Abate
- IYF: Patricia Langan
- Junior Achievement: Sam Taylor
- DAI: Laurie Liskin, Joan Parker

Setting the stage

Alana Hairston of Advocates for Youth (morning session) and Onkgopotse Tembo of the International Youth Leadership Council (afternoon session) spoke from the point of view of young people who are from or have lived extensively in Africa. They spoke about the particular

vulnerability of young people to HIV because of biological factors and economic dependence. They need youth-friendly healthcare services as well as counseling and livelihoods training. They also need to be involved at every level of HIV education, training, and prevention at both the programmatic and policy levels. Links between youth activists and youth organizations need to be forged, such as African Youth Alliance and Youth Against AIDS. The speakers encouraged PVOs/NGOs to incorporate a youth component into their programs.

Sanyukta Mathur of the International Center for Research on Women (ICRW) spoke about a review of adolescent reproductive health (ARH) programs incorporating economic empowerment components conducted by ICRW from 2000-2001. Its goal was to provide the development community with a better understanding of the innovations and challenges of ARH/economic empowerment programs and how the two programmatic aspects can be linked effectively. ICRW recommended that the development community:

- Develop technical capacity for linked programs to conceptualize, implement, and evaluate strategies that go beyond sectoral expertise;
- Strengthen the financial and human resources management capacity of the programs;
- Integrate high-quality, affordable, and accessible reproductive health services for youth;
- Integrate market assessments and outreach in livelihoods interventions;
- Develop networks and alliances of programs to share strategies and lessons learned;
- Develop linked approaches beyond micro-level programs to create institutional and policy change at the meso and macro levels.

Sam Taylor of Junior Achievement (JA) gave an overview of the JA approach and the extent of their activities for youth livelihoods in Africa. Young people of all ages learn how to make a living by setting up mini-enterprises for 14-30 weeks. They are mentored by business people, earn a salary, and donate 10 percent of their profits to charity. JA is currently working in 108 countries. About 150,000 youth in approximately 16 African countries are involved in JA. Countries often receive UN funding for JA programs. The business sector takes ownership of the programs and works for their success. Many mini-enterprises in Africa have tackled HIV, such as one in Kenya that sold companies a curriculum called “Demystifying AIDS” for companies to use with their workers.

Tamara Duggleby of Duggleby and Associates spoke about a program run by AMREF Uganda that links HIV care and prevention with youth livelihoods, for which she had been the grant officer when she was at Lutheran World Relief. The program provides support to OVCs and their guardians by allowing them to access education, vocational training, and microenterprise training and grants. It is overseen by CBOs and parish orphans committees that select the households targeted for assistance. These committees are composed of a range of community members, including young people. The program targets 1130 OVCs and their guardians. Examples of microenterprises are livestock and poultry raising, tailoring, handicrafts, and petty trading.

Lessons learned:

- Support needs to be provided to guardians and OVCs where and whenever possible;
- Training and supervision need to be ongoing when preparing a business plan;
- Income-generating activities (IGAs) need to be successful in the local environment and become profitable quickly;
- In-kind support is better than money because it is easier for the community to monitor, and it is less likely to be diverted to someone else (guardians sometimes take money that is destined for children);

- Three years of donor funding is insufficient because at least seven years are needed for programs to become sustainable. Different strategies need to be used in obtaining longer-term funding (e.g., phased projects).

Fred Namusyule of Ark Foundation spoke about the One Stop Centre in Namanga, Tanzania (outside Dar es Salaam), which is operated by the Ark Foundation and provides 235 OVCs with an education. It has an 87 percent school attendance record, and the government has just provided funding to make it a residential center. The program is 45 percent self-sustaining due to a “soya cow” plant, which feeds the children and produces soya products that are in turn sold.

Lessons learned:

- Early intervention is essential;
- Programs must allow orphans to be themselves.

Kelly Hallman of The Population Council spoke about a pilot livelihoods project for girls in Kenya, which has been the subject of operations research by The Population Council, and a review of livelihoods programs in southern Africa.

The Population Council has carried out an extensive review of livelihood programs in southern Africa. They found that the participants are mainly older boys and that the programs are often unfriendly to girls. Girls prefer vocational training, while boys prefer recreational activities. Unfortunately, participants are often stigmatized. However, both communities and youth place a high value on livelihood programs. Girls are otherwise often confined to very narrow work options, while working women have economic independence. Thus working women are less likely to engage in sex for money and are more likely to marry and have children later.

The presentation focused on a program called Tap and Reposition Youth (“TRY”) in Kenya, a partnership with the Kenya Rural Enterprise project (“K-REP”) that expands livelihood options for slum girls and women aged 16-22. This group-based lending program gives training in credit and business as well as life skills, such as negotiating sex. The program provides safe spaces for girls to go and make social connections among other women. The program contains a mentoring component and the opportunity to establish individual savings. It works with a microfinance institution and sensitizes the institution to the program’s social aspects. There is a 76 percent repayment rate.

Lessons learned:

- Savings and microfinance programs need to build partnerships across sectors;
- It is very important to engage the community;
- Single-sex solidarity groups are very important;
- Credit officers become advisers, mentors, and “big sisters” to participants;
- A high ratio of credit officers to girls is very important because this relationship is crucial;
- Girls really value being able to save so they will be able to establish economic independence.

Tony Bloom of the World Bank, World Links for Development Programs spoke about two projects in which World Links is a partner—AIDSWEB and YouthIT. World Links began in 1996 and has established 1000 computer labs with high-speed internet connections in secondary schools around the world. Many are used as telecenters outside of normal school hours. The AIDSWEB project started in 1999 with the purpose of using information technology (IT) to improve HIV education and raise awareness. Led by a health facilitator, students in seven African countries and the U.S. meet online and participate in discussions about HIV. The students enjoy using IT while learning at the same time. Through the program, the students develop a greater

awareness of HIV prevention methods. More women use the computers in the program schools than in the control schools. There is also a social action website design competition; students receive a week's training and then design websites highlighting best practices in HIV education in their local community. This links the students to their communities. PVOs/NGOs can also disseminate their print material on the websites.

The YouthIT project links entrepreneurship education with IT in partnership with Junior Achievement and Rotary Clubs. Targeting 100 women and out-of-school youth in Uganda, it uses telecenters for entrepreneurship education.

Lessons learned:

- It can be difficult to show institutions that IT is a useful multisectoral tool in HIV education;
- It can be difficult to take a pilot program to scale;
- The regulatory environment for information communication technology in the different countries can make a big difference (e.g., taxes on importing computers).

Recommendations for next steps made by the participants. These have been grouped into three categories: (1) donors, (2) programs, and (3) PVOs/NGOs.

1. Recommendations for the donor level:

- Donors should go to the experts and not try to “reinvent the wheel”;
- Funders need to decide how they can maximize the effect of their money;
- Donors should be educated on what specialized roles they can play;
- Donors should only fund small programs that they know can be scaled up;
- Donors need to look at the big picture in each country and not just respond to individual requests from PVOs/NGOs;
- Funders need to provide longer timelines;
- Funders should allow flexible spending within their grants;
- Grants must include money to cover monitoring, rigorous evaluation, and documentation so that others can learn from them;
- Some funding does need to be available for innovative programs in addition to tried and tested approaches;
- Funders should involve young people when setting their priorities;
- Young people need to be involved at all programmatic levels.

Recommendations for the program level:

- It is essential to identify the necessary strategic choices that will enable programs to reach a scale where significant numbers of young people are reached;
- It is important to identify who the experts are so the funders can go to the right people;
- Sex has a power and economic dimension that programs should address;
- Interventions should be targeted towards young girls;
- Community funding should be mobilized;
- Programs must be scaled up;
- The sector should agree on definitions (e.g., Who are OVCs and youth?);
- Married adolescents should not be left out of the picture;
- Information on pilots, programs, and funding needs to be readily available;
- Make use of the Youth Employment Summit's searchable database of best practices at www.youthemploymentsummit.org;
- Young people are not a homogenous group, so programs need to be designed differently for males and females, married and unmarried, different age groups, rural and urban, etc.;

- The target group needs to be the main starting point for programs;
- The local community, the business sector, and other sectors need to be built into program designs.

Recommendations for the organizational level (PVOs/NGOs):

- Local partners should be linked to one another;
- Communities and young people, not external agencies, should identify the problems that need to be solved;
- Capacity building and technical assistance, such as training in proposal writing, must be provided to organizations;
- PVOs/NGOs need to understand the vulnerabilities of young people better and target their interventions accordingly;
- PVOs/NGOs should identify what they are going to include in livelihoods training;
- It is important to work with indigenous business networks, including chambers of commerce, to create links to the job market and networks of information;
- Coalition building and collaboration across sectors is essential for PVOs/NGOs;
- PVOs/NGOs should identify at least one youth organization in every country that can be introduced to others as potential partners;
- PVOs/NGOs need to be clear about their objectives, whether they are reducing HIV or helping young people reach their full potential;
- PVOs/NGOs need to obtain evidence that livelihoods training actually does decrease HIV prevalence, similar to the evidence that showed that when women are economically empowered they engage in less risky sexual activity. (The Population Council has data on this. This evidence is essential for donors and in-country policymakers and should be made easily accessible to them. Provide 5-10 compelling stories that can be shared with these people. Funders should support this kind of evidence gathering and PVOs/NGOs should build it into their programs.)

Next step:

- The session organizer will share the contact details of all the people who attended the youth sessions at this conference.

Sectoral Small Group Session Reports

Agriculture and Food Security Session Report

Team Leader: Richard Brown, Winrock International

Background

The HIV/AIDS pandemic is an intersectoral development problem. In particular, families affected by HIV/AIDS face increased threats to their food and economic security due to increased health care costs and the reduced availability of sick people and caregivers who would otherwise grow crops or earn income to purchase food. Agriculture and food security interventions can help to complement health and education initiatives and can provide ways to mitigate the adverse impacts of this disease on rural livelihoods.

The two sessions that focused on agriculture and food security were lively and substantive. Many of the participants involved in other sectors were introduced to agriculture and food security interventions for the first time and were enthusiastic about a more holistic approach to addressing the crisis.

Promising practices:

- Development Alternatives International (DAI) described the introduction of ZAMWIPE, a commercially available glyphosate application for low-cost, low-maintenance weed control among row crops. The product was developed in Zambia and can reduce manual labor needed for plant protection and weeding, reduce labor costs, increase production with lower inputs, and save time for other activities such as caring for the sick.
- DAI also described a low-cost drip irrigation program in partnership with International Development Enterprises, which is aimed at 600 HIV/AIDS-affected families in Zimbabwe. The project is intended to reduce the quantity of water required for agricultural irrigation, saving time and energy in labor-scarce households.
- Winrock International described the results of original research on HIV/AIDS food security impacts and coping strategies in Kenya and Uganda and described the use of no-till cultivation in West Africa, Kenya, and other countries. In these areas, crops are planted in the stubble of previous crops without plowing, and weeds are controlled by herbicides. The objective of this practice is to reduce the manual labor required for soil preparation and weeding and stem soil erosion.
- World Vision described a vegetable gardening project in Swaziland. The project introduces growing techniques and marketing skills to HIV/AIDS-affected households in two communities. It is aimed at increasing incomes to support education of orphans and vulnerable children and at improving nutrition as a means of warding off opportunistic infections.

Lessons learned:

Participants noted that past agricultural programs sought to maximize rural employment by emphasizing labor-intensive agricultural programs. There is an increased recognition of the ways HIV/AIDS leads to changing labor conditions in rural areas. The introduction of labor saving practices and technology is a key way in which agricultural assistance organizations can help address the loss of farm labor.

HIV/AIDS needs to be brought into the design of rural livelihoods projects on a regular basis. Key interventions from agriculture include low-cost irrigation systems and no-till cultivation. However, strong processes for scaling up these innovative pilot programs appear to be lacking. To date, the scale of the impact of HIV/AIDS on rural livelihoods is clearly greater than the application of promising responses and interventions. The group agreed that a focus on process was important for any upscaling of successful pilot projects.

In addressing the livelihood impacts of HIV/AIDS, multisectoral responses tend to be more effective, both in terms of project success and attracting resources. In particular, linkages must be strengthened across agencies and stakeholder groups.

Next steps:

Participants identified a number of actions that can be taken in the near term, both at the conceptual and concrete levels.

At the conceptual level, participants agreed to:

- Integrate research and practice on HIV/AIDS impacts better;
- Increase recognition of the role and impact of HIV/AIDS on agricultural programs;
- Document promising practices better;

- Maintain an ongoing dialogue between organizations in the field and USAID;
- Diversify organizational funding to allow groups to work on holistic or multisectoral activities more effectively.

At the concrete level, participants suggested:

- Continuing and scaling up existing pilot programs that use promising practices;
- Establishing a website to help agricultural and nutrition experts share data and experiences;
- Encouraging donors to include HIV/AIDS as an issue to be addressed in their RFAs;
- Repackaging existing training and education messages to address the intersection between HIV/AIDS and rural livelihoods.

Participants

The presenters for this group were Richard Brown of Winrock International, Claude Nankam of World Vision, Eleonore Seumo of AED, and Bob Walters of DAI.

Morning session:

Caroline Abla
 Rene Berger
 Mary Callaway
 Catherine Chanfreau de Roquefeuil
 Tanya Colton
 Charlotte Day
 Moses Dombo
 Nicole Gray
 Wendy Hammond
 Peggy Harper
 David Hughes
 Cheryl Jackson
 Ayub Kaddu
 Fritz Kramer
 Patricia Langan
 Roberta Learmonth
 Paul Polak
 Brenda Rakama
 Bernard Rivers
 Keith Wright
 Dorcas Lwanga

Afternoon session:

Suzanne Fisher
 Gelila Tsega
 Art Westneat
 Gardiner Offut
 Japheth Mati
 Tammy Palmer
 Kostoy Kotopoulos
 Sharon Frey
 Hope Sukin
 Ronald Howard
 Kirsten Haines
 Mary O’Neil
 Oscar Picazo
 Victoria Wells
 Jim Dempsey
 Bob Walter
 Claude Nankam
 Barry Colley
 Kelly Rollon
 Edith Regua

Democracy and Governance Session Report

Team Leader: Paola Lang, Pact

Background statement

Programs in the DG sector range in focus from rule of law and respect for human rights, to competitive political processes, to politically active and engaged civil society, to more transparent and accountable government institutions. Within each of these areas, a myriad of training, technical assistance, coalition building, and networking activities serve to enhance the knowledge and capacities of government and civil society decision makers. These activities will assist these decision makers in formulating, enacting, and enforcing policies, regulations, and resource allocation and using decisions that affect the lives and well being of citizens.

Within this context, the small group discussions concentrated on the experience of four U.S. PVOs/NGOs in facilitating closer integration of DG and HIV/AIDS issues, particularly in the area of citizen participation in policy making, program planning, and service delivery. Interestingly enough, all organizations found themselves responding to the needs or demands of their beneficiaries recently. Whether at the policy or programmatic level, each organization responded directly to the growing awareness of the lack of capacity and experience within segments of civil society and government to engage in dialogue or undertake programs and services in response to HIV/AIDS. This, in turn, limited their ability to contribute to the development of comprehensive national strategies or appropriate grass-roots activities.

The four presentations dealt with a range of actors, including legislators and constituencies, municipal officials and urban residents, advocates and central government officials, and service organization managers and their local communities. Owing to the need to distill good methodologies and best practices, the presentations focused entirely on the processes, such as issues management or multisectoral strategic planning and the relationships between various actors, as opposed to the fundamentals of good HIV/AIDS policies or programs. Themes repeatedly mentioned included the need for informed actors, broad-based participation at all levels of civil society and government, accountable/transparent decision making and programming, coordinated action, and vertical and horizontal linkages/networks. Considerable concern was raised over fragmentation of DG efforts against the HIV/AIDS pandemic.

The National Democratic Institute (NDI), in partnership with Pathfinder International, implements an HIV/AIDS and Democratization Awareness Initiative in Nigeria. By concentrating on HIV/AIDS issues, NDI helps to build the capacity of local legislatures and their constituency staff for integrating community concerns into policy reform and legislative deliberations. In a climate characterized by denial and ignorance about the pandemic, NDI's program raises awareness about HIV/AIDS prevention, care, and support. Moreover, it provides a citizen's feedback loop for more effective legislative, policy, and programmatic responses to HIV/AIDS and fosters participatory problem identification with corresponding increases in responsiveness and accountability from legislators.

The International Republican Institute (IRI) is working on a program similar to that of NDI, but is instead focused on municipal governments' interactions with civil society in South Africa. Working off local concerns of the impact of HIV/AIDS, IRI provides municipal staff with training in coordinated service provision, effective resource allocation and budgeting, and improved responses to highly vulnerable groups, such as youth and women. In addition, IRI supports town hall-style meetings to enhance information flows on HIV/AIDS and community needs/interests between municipal officials and the communities they serve. From these efforts, a variety of linkages and networks of support are being established.

World Learning is using the Poverty Reduction Strategy Paper (PRSP) process, which is connected to World Bank-lending and Heavily Indebted Poor Countries Initiative (HIPCI) debt relief, to address civil society participation around the issues of HIV/AIDS. While debate continues over the degree of participation the PRSP entails at all levels of society vis-à-vis the establishment of new frameworks and priorities for development, the PRSP is becoming a standard for receiving foreign assistance in many countries. Uganda has shown how incorporating the inputs of PVOs/NGOs and civil society leaders into the formulation of the Poverty Eradication Plan helps to identify HIV/AIDS as a cause and result of poverty and fosters consensus, coordinates resources, and engages far-ranging local and national dialogues regarding HIV/AIDS issues. As such, the pandemic is recognized as a legitimate social and development concern requiring both short- and long-term actions.

Pact utilized “Future Search,” a highly participatory strategic planning and visioning exercise, to enable communities and AIDS service organizations (ASOs) in Zimbabwe to initiate long-term action planning. In 1998, the ASOs participating in the exercise felt debilitated by day-to-day challenges and unable to work towards big-picture issues. By stepping out of their daily environment, they were able to strategize on issues such as the impact of government policies on service provision, targeted versus holistic support to communities, service provision with limited resources, and the benefits of networking and creating linkages with other service providers. The exercise entailed intense brainstorming and interactive sessions with a broad range of stakeholders, such as NGOs, community leaders, local government representatives, religious organizations, and women’s groups, which provided both a strong feedback loop and the basis for future networks, programmatic support, and assistance with advocacy to policy makers.

Promising practices

Because DG programming for HIV/AIDS is still relatively young, it would be presumptuous to identify critical innovations or best practices at this stage. However, a few observations may be made about select program features that appear to work well.

DG programming in HIV/AIDS brings process and content together more effectively when traditional implementers of DG programs partner with organizations specialized in the medical and technical aspects of the HIV/AIDS pandemic.

DG programming in HIV/AIDS can immediately reflect country-level concerns. Owing to their inherent process-rich nature, ongoing DG programs can be easily expanded to include HIV/AIDS issues or be contracted to focus entirely on HIV/AIDS.

DG programming in HIV/AIDS adds value to development and economic growth efforts by leveraging off its multisectoral nature. Successful programs not only build on efforts in a single sector, such as health or education, but also across sectors, such as poverty alleviation.

Lessons learned

Two schools of thought prevailed among participants about how to best launch DG programs focused on HIV/AIDS. Both schools reflect traditional approaches to democratic development, particularly as a critical engine of economic growth. The first argued for targeting the central government as the key actor in policy development, resource allocation, and protection of the civil rights of PLWHAs. The Ugandan model, for example, illustrates clearly the paramount importance and success of central leadership in all the reforms necessary to address HIV/AIDS as a root impediment to social and economic growth. Equally valid, however, is the second school of thought, which identified the grassroots level as the source of demand for reforms and the information essential to problem definition. In addition, the far-reaching nature of the HIV/AIDS pandemic and ensuing issues requires a broad-based constituency composed of powerful, influential coalitions. Ultimately, it is clear that democratic development approaches to the reforms necessary to address HIV/AIDS must target both the central and grassroots levels, since actors at each level needs support from the other.

Next steps

Next steps for DG programming in HIV/AIDS mirrors those of other sectors that are enumerated elsewhere in the report. There is a need for a heightened consciousness of the potential of DG programming among donors and program implementers as well as a need for better coordination among policy makers, donors, and service providers. It is recommended that PVOs/NGOs in the U.S. make every effort to take advantage of existing mechanisms for coordination,

including PRSPs, and creatively tap a variety of funding spigots for the DG programs that address the multisectoral and policy aspects of HIV/AIDS.

Education Session Report

Team Leader: Ken Rhodes, Academy for Educational Development

Ken Rhodes and May Rihani of AED co-facilitated the Education and HIV/AIDS session. Mr. Rhodes introduced the group of presenters and framed the panel discussion with a brief overview of the impact of HIV/AIDS on the education sector. The four panelists then described their projects and promising practices. Once the panelists were finished, Ms. Rihani facilitated a group discussion of other promising practices and challenges as well as next steps PVOs/NGOs should take to better share information and coordinate programming in this area. Summaries of the presentations and the discussion from both small group sessions are given below.

Overview

The HIV/AIDS pandemic impacts all major players in education (e.g., attrition and absenteeism of teachers, managers, and pupils) and inflicts stress on parents and communities. The pandemic is eroding many of the breakthroughs made on improving access, quality, and equity. Thirty-two of the 44 countries that will not likely attain education for all by 2015 are those in sub-Saharan Africa with high HIV/AIDS prevalence rates.

To begin, there is a reduction in demand for education. Parents cannot afford to send children to school, and many children are either orphaned or need to tend to sick parents or work to earn income. For example, KwaZulu Natal recorded a 12 percent drop in enrollment in first grade between 1998 and 1999. As infection rates rise, the decreasing demand for education is greater among girls than boys. In Zambia, a higher percentage of orphans than non-orphans are not enrolled in schools.

Secondly, there is a reduction in supply. Teachers and education managers are too sick to teach and are dying in large numbers in high incidence countries. For example, in Malawi, the infection rate of teachers is 30 percent, and in Zambia, 3/4 of newly trained teachers will be required to replace those dying annually from AIDS.

Finally, there is a negative impact on quality. In Malawi, absenteeism of teachers due to HIV/AIDS was estimated at 20 percent and average pupil/teacher ratios increased to 96 percent, while many highly trained and specialized teachers are lost.

Promising practices:

- Increasing knowledge of HIV/AIDS awareness for school-aged children (e.g., lifeskills curriculum, teacher training, peer education, and community participation);
- Ensuring that children affected by HIV/AIDS (e.g., OVCs) receive a quality education (e.g., fee or scholarship programs, community-based preschool, alternative learning delivery strategies, etc.);
- Ensuring the continuation of educational systems;
- Retaining teachers and including them in HIV/AIDS awareness;
- Recruiting and training replacement teachers to make up for attrition;
- Retaining and/or replacing other education staff in adequate numbers;
- Buttressing systems;
- Reviewing policies and processes to ensure that they can operate in an HIV/AIDS environment and do not contribute to increases in infection rates.

Panel presenters

Namposya Serpell spoke on Save the Children's QUEST program in Malawi. The Program was originally designed as an in-service teacher training program to increase access to schools and to bring education closer to home through the establishment of village-based schools.

When implementers recognized the problem of high attrition and absenteeism rates among teachers—approximately 20-30 teachers die every month in the districts—the program was redesigned. There is about a 30 percent infection rate among teachers.

The program works in 3 districts and 4,280 teachers have been trained. The program is incorporating HIV into the existing activities by:

- Reviewing and revising the community and teacher training manuals to incorporate HIV/AIDS;
- Reviewing curriculum to incorporate HIV/AIDS;
- Forging a partnership between the Ministry of Education and the Teachers Union of Malawi (TUM) to deliver teacher training on HIV/AIDS.

Successful strategies:

- Using existing infrastructure;
- Expanding on an existing teacher training and village-based school program, which are two areas of great need in Malawi.

Diane Lusk spoke on AED's "Speak for the Child" program in western Kenya. As part of the program, households enrolled in the program receive:

- Assistance with preschool fees and, if needed, uniforms and supplies;
- Transportation to health posts for full immunization and vitamin A treatments;
- Weekly visits from trained village mentors who assist caregivers to solve problems in nutrition, health, and child care;
- Facilitated caregiver support groups and other links to community services (e.g., home-based care training).

Promising results:

- Children from identified households are attending preschool, completing immunizations, eating better, and becoming more sociable;
- Caregivers are attending to health and hygiene and are interacting with children more often and more positively;
- Caregiver support groups are starting their own emergency funds and IGAs;
- Caregiver isolation is breaking down.

Challenges:

- Participation vs. expectation: How to involve all without promising too much?
- Logistics vs. politics: "cluster" vs. "equitable" targeting;
- Sustainability: problem solving, caregiver groups, and the wider community.

Christine Claypoole spoke on World Education's HIV and Education program in Ghana. The Strengthening HIV/AIDS Partnerships in Education (SHAPE) project started with USAID support in 2001 to build the capacity of PVOs/NGOs implementing school-based activities and to integrate HIV/AIDS mitigation in their work.

The elements of this program included the following activities:

- Arranging an exchange visit to Uganda for Ghanaian officials;

- Establishing a Program Advisory Committee to guide the project and look at it strategically;
- Fostering real collaboration between PVOs/NGOs and education officials;
- Helping PVOs/NGOs identify research that would benefit them;
- Stressing a holistic approach to building capacity of PVO/NGO partners;
- Encouraging communication with PLWHAs and viewing them as a resource.

Frank Dall spoke on the Creative Associates program in Zambia. The CHANGES project is working in two provinces. In Southern province, they are doing community mobilization around issues of education, girls' access, and HIV/AIDS using theater for development techniques and a small grants component. In Eastern province, they are supporting the MOE to implement a school health and nutrition (SHN) program. The demand for this part of the project is high, and they are being asked to go to scale more quickly than they are ready to. HIV/AIDS, which was not part of the original design, has been added to the project.

The program is unique in that the MOE, MOH, and Ministry of Social Services are working together to deliver micro-nutrients and de-worming and anti-bilharzias drugs to students in addition to HIV/AIDS awareness messages and small grants to their communities.

Communities are able to diagnose their own problems. Once interest is created in the community, they are asked to develop action plans, and grants are awarded based on these and other proposals. Research has also been undertaken on the benefits of school counseling in local languages instead of English.

Some of the challenges include:

- Monitoring and evaluation in large provinces;
- Training people at the rural level;
- Improving skills for developing action plans and grant proposals.

Discussion – Session 1

Objectives:

- Learn from each other by sharing promising practices;
- Create synergies;
- Identify next steps to present at the final plenary session.

Dilemmas

While daycare centers for children are a good idea, how does one make sure that caretakers are trained to deliver some educational components? Where a tradition of daycare exists, this can be seen as a best practice.

- Use non-formal schools;
- Conduct simple and short teacher training;
- Use local resources.

How can schools be used for service delivery as well as centers for communities and “one-stop” centers for education? This has been discussed by Fra. M. J. Kelly, but there are challenges:

- Making sure that you are not overwhelming an already overtaxed resource (i.e., teachers, schools, school systems);
- Linking with the MOH (although this has been done in the case of Zambia's program in SHN);

- Making sure that there are common messages on HIV/AIDS, since teachers may not be the best agents for delivering HIV/AIDS awareness messages;
- Helping peer educators manage programs (in some countries, Peace Corps is taking on a role in schools for this type of thing);
- Involving communities by using PTAs to raise issues through a simulation game (World Education is implementing such a program);
- Develop community action plans.

Lifeskills curricula

Since lifeskills curricula take a long time to develop, think about using ones from neighboring countries. Resources exist on what are good lifeskills curricula, so there is no need to “reinvent the wheel.” For example:

- To integrate HIV awareness into the primary school, think about using traditional channels, such as initiators and older women, as well as teachers;
- Use PLWHAs as resources to talk about HIV/AIDS with children in school;
- In the “Theater for Development” activity, it was discovered that communities know a lot about HIV/AIDS, but they want to know what to do about it.

Best practices:

- World Relief is including RH and HIV/AIDS education to the “Credit with Education” best practice;
- Action Aid also mentioned “Stepping Stones” as a participatory methodology for HIV education;
- TASO’s “Aunties in Uganda” program counsels youth to help breakdown stigma;
- FHI is working with children in Guyana to design their own reproductive health campaign.

Discussion – Session 2

Objectives:

- How do we scale up?
- How do PVOs/NGOs work more effectively together?
- Establish concrete next steps.

There was a lot of discussion on how to coordinate activities better. It should be acknowledged that coordination is needed at a number of different levels.

Coordination at the national level:

- Use the model of UNDP as the shepherd of donor coordination that played a secretarial role in a group that included implementers, governments, and donors;
- Use the theme groups established through UNAIDS.

For education at the national level:

- Coordinate between sector investment plans (SIPs) that provide a mechanism for donors and ministry officials to plan activities and ensure that resources are in place;
- Use UNDP or UNAIDS thematic groups;
- Take responsibility for knowing what work other PVOs/NGOs are doing.

For education at the community level:

- Need models for community-level coordination and mechanisms to build skills, such as grant writing;
- Follow model of national PVO/NGO networks to foster collaboration and coordination.

USAID can:

- Insist that bids are multisectoral, forcing groups to work together;
- Integrate results frameworks (Uganda’s new health and education SO is provided as a model).

PVOs and NGOs can:

- Make the case that education plays a vital role in saving young people’s lives and that, without help, education systems will be devastated by HIV/AIDS;
- Tap young people because they are an underutilized resource (e.g., YMCA program in South Africa and civic education and IT training in Angola).

Participants

The facilitators and presenters for this group were Ken Rhodes of AED, May Rihani of AED, Namposya Serpell of Save the Children, Diane Lusk of AED, Christine Claypoole of World Education, and Frank Dall of Creative Associates International.

Morning Session:

Gretchen Bachman, FHI
Claire Maneja, Discovery Channel
Jacqueline Bataringaya, ActionAid
Sophia Patronas, Discovery Channel
Ronald Howard, OIC International
Stacy Rhodes, IIE
Thad Jackson, INMED
Jessica Rose, UHAP/DHHS
Kostas Kotopoulos, Mercy Ships
Megan Thomas, USAID/AFR
Patricia Langan, IYF
Karen Thomson, CARE
Giselle Mitton, AED
Kathy Turner, Advisory Board Foundation
Lauren Van Vuuren, World Relief

Afternoon Session:

Tayla Colton, Pathfinder
Charlotte & Dick Day, SAFE Malawi
Rosita Estrada, World Learning
Lynda Gonzales, YMCA
Ronnie Lovich, Save the Children
Supriya Madhavan, Aga Khan
Connie Paraskeva, Pact
Megan Thomas, USAID/AFR

Economic Development and Microfinance Session Report

Team Leader: Mary Kathryn Cope, International Executive Service Corps (IESC)

The issue of HIV/AIDS and economic development involves a comprehensive intervention process designed to create a lasting impact on small businesses. This is accomplished by increasing the capacity of businesses and entrepreneurs to manage crises and their access to health-related resources for employers, employees, and their families.

The goal is to enable the microenterprise community to better meet the challenges caused by HIV/AIDS, thus protecting business income, those who work in this sector and their families, and economic and human resource assets.

The key promising practices are those that reduce the impact of HIV/AIDS in the context of on-going economic activities. In this session, two speakers discussed best practices that involve this approach.

Joan Parker of DAI discussed the USAID-funded Linkages for the Economic Advancement of the Disadvantaged (LEAD) project in Zimbabwe. She described three major elements of the program:

1. Small irrigation drip kits are distributed to enhance food security and generate income.
2. AIDS-affected communities are linked to commercial opportunities for sustainable income generation.
3. Household assets are protected through legal vouchers (e.g., providing will, guardianship, and other legal services).

The entire presentation can be requested by e-mail from joan_parker@dai.com.

Joan Sherman of IESC discussed the USAID-funded program BizAIDS: Mitigating the Economic Impact of HIV/AIDS on Micro and Small Businesses. The program is now being pilot-tested in Zambia to help business owners plan for health-related emergencies, particularly AIDS. Components of the program are listed below.

- Participating businesses are trained in basic HIV/AIDS education and workplace training that includes prevention, testing and counseling, care, and available community resources.
- Participating business leaders are trained to identify business assets, ensure support for business management in their absence, understand the importance of cross-training employees, and create a network to support their business in times of crisis or transition. Additionally, basic business skills and issues are addressed, such as basic accounting, marketing, and finance.
- Legal specialists provide information on accessing legal services in the community, treating employees with HIV/AIDS, and protecting business assets.

Copies of portions of the workbook were circulated to participants. For additional information, contact Mary Kathryn Cope at mkcope@zamnet.zm.

Key insights:

- The greatest insight and lesson learned from both the morning and afternoon sessions of the economic development and microenterprise discussion group is that HIV/AIDS is not just a health concern and should, therefore, not be limited to health activities. Unanimously, the agreed priorities are to identify and then reduce the impact of HIV/AIDS before the problem becomes an emergency. Targeting and working with vulnerable groups such as adolescents, women, and local business owners before they become orphans or widows or their businesses are forced to close is more effective than trying to involve the terminally ill in income generating activities.
- Youth-focused economic livelihood programs will become increasingly important in mitigating HIV/AIDS. The number of representatives from youth organizations attending this session was notable.
- Addressing HIV/AIDS in the context of economic strategy has a greater impact. The real challenge that PVOs/NGOs face is finding the strong economic opportunities within the AIDS-affected economy, which requires different skills and positioning than most PVOs/NGOs have. Therefore, linkages between different types of groups—ranging from PVOs to business associations, private sector actors, and others—will be important for delivering real resources to AIDS-affected communities.

Next steps:

- Design HIV/AIDS-related services that include and go beyond prevention;
- Focus on creating succession plans for microenterprises;
- Gain acceptance and funding for flexible programming to work with emerging needs of economic communities and actors dealing with HIV/AIDS;
- Identify donors who support a multisectoral approach to AIDS mitigation;
- Consider HIV/AIDS in all development strategies and activities.

Participants

Morning Session:

Susy Cheston, OI
Barry, Colley, Heifer International
Mary Kathryn Cope, IESC
Jim Dempsey, Consultant for MED
Donna Espeut, CSTS Project/ORC Macro
Sharon Frey, Technoserve
Amy Jain, CARE
Jennifer Lowenstein, CDC
Pamela Maslen, DAI
Lisa Mueller, PATH
Mary Otiene, Int'l Rescue Committee
Connie Paraskeva, Pact
Joan Parker, DAI
Oscar Picazo, AED
Sravani Robinson, IYF
Joan Sherman, IESC
Carl Stecker, CRS
Maria Stephens, Plan International
Sam Taylor, JA International
Peggy Tipton, CARE
Ellen Vor der Bruegge, Freedom from Hunger

Afternoon Session:

Marc Barany, Virginia Tech
Nicole Cheetham, Advocates for Youth
Fred Clark, Youth Employment Summit
Mary Kathryn Cope, IESC
Tamara Duggleby, Duggleby Associates
Martin Gross, UCSF
Claire Maneja, Discovery Channel
Pamela Malsen, DAI
Gary Merritt, merritt@merritt
Joan Parker, DAI
Edith Regua, OIC International
Joan Sherman, IESC
Laura Van Vuuren, World Relief

Health Session Report

Team Leader: Gilbert Kombe, Abt Associates Inc.

A group of 18 participants met during the first session, and another 12 participants met during the second session. The two sessions were chaired by Dr. Gilbert Kombe, Senior HIV/AIDS Advisor, Partners for Health Reform Plus Project, Abt Associates Inc. and prefaced by presentations from three different speakers. Dr. A.K. Nandakumar, Senior Health Economist of Abt Associates Inc. presented on financing issues and the AIDSTREATCOST tool (ATC) which is used to estimate the costs of providing ARV treatment in low resource countries. Dr. Stephen Kinoti, Senior HIV/AIDS Advisor, SARA Project/AED presented on Botswana's health system response to HIV/AIDS, and Dr. Chalya Lar, HIV/AIDS advisor, World Vision, presented the community experience of home-based care for HIV/AIDS in Tanzania. The presentations were followed by question and answer sessions. The rapporteurs for the first and second sessions were Miriam Williams Mokuena of Abt Associates Inc. and Carl Stecker of CRS, respectively.

Dr. Kombe reviewed the session objectives and introduced the speakers and their topics. Dr. Nandakumar pointed out that finite amounts of money are available for mitigating HIV/AIDS.

National governments need to know how resources flow in their country. Dr. Nandakumar mentioned National Health Accounts (NHAs) as a methodological framework that has been used to estimate resource flows in many countries. He shared with the audience an Abt Associates study that looked at HIV/AIDS expenditures in Rwanda, which has been published by UNAIDS as a best practice. The study revealed that 10 percent of health expenditures are going towards HIV/AIDS—14 percent of which covers ARVs for 202 people, and 7 percent of which is used for prevention. The study discovered the following funding sources and percentages—Rwandan government funds (1%), external sources (6%), and household out-of-pocket funds (93%).

Dr. Stephen Kinoti pointed out that adequate health systems are not in place, especially in sub-Saharan Africa. This makes it difficult to expand from prevention and support activities to treatment. One major question remains unanswered: How will these systems be strengthened? A regional mechanism is needed to deliver the full range of services, linking prevention and care with treatment. Guidance is needed for planning, implementing, and estimating care costs. Dr. Kinoti also mentioned that planning of HIV/AIDS is extremely important, especially for countries that are trying to scale up their activities as they relate to the accessibility of ARVs. It is important to consider geographic distribution, but it is even more important to look at content—principal services, policy, management, infrastructure, and budget. Governments need to include prioritization of services (e.g., MTCT, certain populations), and they must expand further. They need to look at burden, what is in place, what is needed, current HR capacity, and other resources that may be necessary.

Dr. Kinoti also noted that introducing ARVs is more than just distributing affordable drugs. Countries need to look at broader issues such as nutrition, supervision, monitoring of treatment, and training staff. ARV adherence demands follow-up and counseling for the life of the client. The question again comes up: How can this system be sustained? As governments start to implement ARV treatment, hospital beds will be emptied as PLWHAs are treated and monitored for their opportunistic infections as outpatients. This will mean a shift of health care personnel and resources from inpatient to outpatient.

Dr. Lar presented on the experience of implementing community home-based care (CHBC) in Tanzania. She mentioned that, because of inadequate national health systems, CHBC often starts with prevention, then moves into care and support before finally becoming treatment. World Vision wrote grants, obtained funds, and carried out activities focused on strengthening the local health systems including facilities and training for lab staff. Training in management of opportunistic infections came directly from the pharmaceutical companies. For a CHBC to be successful, experience from the field has shown that volunteers and other lay people require training. It is easy to start with prevention activities, especially by raising awareness about the disease, and thereafter move to MTCT. ART has become a possibility, but requires linkages with treatment providers and further training of providers. CHBC has been in a “learn-as-you-go” mode. Dr. Chalya also mentioned that scaling up means adding on to initial services, including ARVs, as opposed to broadly expanding services to under-served and unserved areas. Scaling up means including all players, such as youth and religious leaders, and requires training. Funding and scaling up present major challenges for sustainable responses since many small CHBC programs exist. She reminded participants that CHBC is more than physical care; it is more holistic since it includes psychosocial and spiritual components. World Vision has also introduced economic strengthening, particularly in areas of food insecurity. Church-based hospitals are bearing the brunt of the burden because they often have infrastructure, personnel, inventory, and a mandate to help the poor. Observations in many African countries indicate that many PLWHAs go back to their home communities as they near the end stages of their illness. Church hospitals tend to operate in these areas.

The presenters concluded their remarks by commenting on the need to explore compensation mechanisms for HIV/AIDS volunteers. They also touched on the sustainability issue because it is a fundamental piece of any plan to scale up. What do we mean by sustainable? Financial? Community level involvement? Impact? Behavior changes?

Lessons learned:

- HIV/AIDS volunteers with access to microenterprise development (MED) projects stayed longer than non-MED participants;
- Prevention is key because financial sustainability is not permanent;
- Fear of stigma is often worse than what actually happens;
- Governments should strengthen exchange visits of PLWHAs since this has been proven to help reduce stigma.

Next steps:

- Establish a baseline for existing resource flows within the context of overall health resources;
- Identify system gaps and strengthen ability of the health system to respond.
- Form or strengthen strategic alliances/linkages between PVOs/NGOs/FBOs/CBOs at the community level with central level government policy and delivery mechanisms;
- Promote exchanges to encourage linkages in the field to share experiences and lessons learned first hand.

Natural Resource Management Session Report

Team Leader: Joan Parker, Development Alternatives, Inc.

Mike Godfrey of DAI served as the session facilitator and rapporteur.

Presenters:

- Nancy Bell of Africa Biodiversity Collaborative Group (ABCG) presented findings from the September 26-27, 2002 meeting in Nairobi on state-of-the-art programming for HIV/AIDS and natural resource management (NRM) in Africa.
- Kara Page of International Resources Group (IRG) presented an overview and status of the FRAME documentation center and website and suggested how the NRM community might make use of FRAME to broaden and deepen the discussion of HIV/AIDS and NRM.
- Kate Newman of World Wildlife Fund (WWF) presented the institution's multi-faceted programming responses to HIV/AIDS, which include workforce policies and program interventions.
- Mike Godfrey of Development Alternatives, Inc. (DAI) presented the toolkit and brief on NRM and HIV/AIDS and briefly described the study of HIV/AIDS impacts on CBNRM activities under the USAID-funded COMPASS project in Malawi.

Background

The NRM community of professionals has met regularly over the last 18 months to discuss the impact of the HIV/AIDS pandemic on the communities, people, and institutions taking part in typical NRM programs around the world. NRM programming frequently encompasses marginal rural communities highly dependent on natural resources, such as forests, fisheries, agriculture,

and livestock. Increasingly, field evaluations are showing an alarming impact at the community level. The actual implications within the NRM domain are only now being detailed, but they include perturbations in traditional land tenure systems, agricultural production, labor patterns, shifts in livelihood strategies, and pressures on customary local governance practices. A good presentation of the relationship between HIV/AIDS and the NRM sector as well as a discussion of the potential role and actions of the NRM programs is made in the USAID-supported *AIDS Brief and Toolkit for Community-Based NRM*, which is available at www.dai.com/publications/h-art_publications.htm. Another excellent discussion of the topic is found in *Impacts of HIV/AIDS on Natural Resource Management and Conservation in Africa: Case Studies of Botswana, Kenya, Namibia, Tanzania, and Zimbabwe*, by Jane Dwasi (IRG/ABCG). This publication is posted on the FRAME website at www.frameweb.org/frameatwork/contactgroupproceedings.html.

Much of the observation has been firsthand and much of the documentation has been anecdotal. The NRM professionals participating in the on-going series of workshops and discussions have been addressing the need to formalize their understanding of the impact of HIV/AIDS and distribute relevant findings among the growing group of advocates. The Africa Biodiversity Collaborative Group (ABCG) organized a workshop in Nairobi, Kenya in September 2002 that was attended by over 75 participants from PVOs/NGOs, donor and government agencies, and field projects. The two-day event facilitated a variety of presentations and discussions on community-based NRM (CBNRM) and HIV/AIDS. One of its general conclusions was that CBNRM programs do have a natural and far-reaching comparative advantage in addressing the pandemic in rural areas, especially in terms of mitigating and adapting to the changes HIV/AIDS is imposing on these communities. The workshop concluded with the elaboration of a set of specific actions and next steps for the participating NRM organizations and professionals. Further information on the proceedings will be posted on the FRAME website. The following is a summary of the main points recorded for this session.

Session discussion – key innovations and practices:

- More and more conservation efforts are adding dedicated HIV/AIDS work to their field activities. The Jane Goodall Institute in Tanzania and the Impala Community Trust in western Kenya are good examples of how education and prevention and care activities can be combined with on-going conservation work within the same constituencies. This is widely viewed as necessary given the close contact these programs have with HIV/AIDS-impacted populations.
- Recognizing that HIV/AIDS is having a huge impact on its partners and participants, NRM organizations are moving quickly to introduce model education programs for all personnel and are crafting innovative policies to deal equitably with the pandemic within its workforce. This leadership motivates personnel and partners to deal openly with the problems in the communities. The WWF East Africa Regional Program Office has developed an effective model being presented to interested partners.

Session Discussion – key insights and lessons learned:

- Conservation and NRM organizations have very quickly recognized the extent of the HIV/AIDS pandemic and its impact on their own programs. They also see a potentially huge opportunity to work with communities through existing programs to address this pressing human problem. CBNRM projects, especially in Africa, typically work with significantly affected populations that are generally not receiving the requisite attention for matters of care and treatment.

Session discussion – next steps:

- The CBNRM programs are rapidly including dedicated HIV/AIDS activities by forming working relationships with non-typical partners. Initially, this has meant partnering with health authorities and organizations. There is now a demonstrated need to move further and include more partners in enterprise development, education, and especially agriculture. The latter would bring much needed expertise to the fields of non-traditional agriculture production and medicinal plant production, which are avenues that families can take to adapt to the disease. The recommendation was to broaden, deepen, and hasten the development of multisectoral solutions within the HIV/AIDS-affected populations. Additionally, it was recognized that donors must be open to facilitating and financing multisectoral approaches that show promise.
- The discussions returned to the fact that much of the CBNRM community's perceptions are being drawn from firsthand, but often informal, anecdotal evidence. CARE's *Impact of HIV/AIDS on Agricultural Productivity and Rural Livelihoods in the Central Region of Malawi* (January 2002) was highlighted as an example of such work. There is now a call to methodically document and quantify both the impacts and the efficacy of the solutions that are being introduced.
- Following on the need to document more accurately the problem and its solutions was the recommendation to promote information sharing mechanisms for field programs. The USAID FRAME-Tracker website, which is already serving the CBNRM sector, was identified as a potential focal point for information exchange on HIV/AIDS and CBNRM.
- HIV/AIDS activities need to be incorporated into CBNRM program designs. Given the great potential to reach a large affected population and the subsequent pressures to add dedicated HIV/AIDS activities, CBNRM programs should proactively include appropriate measures in the designs of their programs. This will necessitate including HIV/AIDS in the diagnostic part of program design. As a result, HIV/AIDS issues will be addressed much more comprehensively as CBNRM programs are implemented.

Annex 1

HIV/AIDS: A Humanitarian and Development Crisis: Addressing the Challenges for PVOs & NGOs in Africa

October 16-17, 2002

**Academy of Educational Development Conference Center, 8th Floor
1825 Connecticut Ave. NW, Washington DC**

Agenda

Day 1 – October 16, 2002

8:30 – 9:00 **Coffee and Registration**

9:00 – 9:40 **Session 1 — Opening Session**
Chair: Ron Howard, OIC International

Welcome and Introductions

- Connie Newman, USAID, Bureau for Africa

Opening Remarks

- Anne Peterson, USAID, Bureau for Global Health
- Emmy Simmons, USAID, Bureau for Economic Growth, Agriculture, and Trade

Objective: To introduce the conference and to provide an overview of the impact of HIV/AIDS on different sectors and their responses.

09:40 – 11:00 **Session 2 — Setting the Scene**
Chair: Jack Lesar, Academy for Educational Development

- The Nature and Determinants of the HIV/AIDS Epidemic – David Stanton, USAID
- Scale and Impact of the Epidemic – Karen Stanecki, U.S. Bureau of the Census

Objective: To outline the basic factors of HIV/AIDS: its nature, the magnitude of the disease and current trends. This session will explain the concept of multisectoral approaches and how it can be operationalized in the field including tools, methodologies, and resources available to support PVO multisectoral efforts.

11:00 – 11:15 Coffee/Tea Break

**11:15 – 13:00 Session 3 — Intersectoral Issues (concurrent sessions)
Promising Practices – Intersectoral working groups: What we have done,
what we have learned and where do we go?**

Session topics and organizers:

- Advocacy — Gardiner Offutt, CARE and John Zarafonetis, InterAction
- Capacity Building — Mary O’Neil, Management Sciences for Health
- Conflict/Humanitarian — Ann Claxton, World Vision
- Gender/Women — Ellen Weiss, ICRW
- OVCs — Marie-Christine Anastasi, Plan International and Ann Claxton, World Vision
- Workplace — Clarence Hall, Africare
- Youth — Patricia Langan, International Youth Foundation

Objective: The small groups will be participatory forums to present some promising practices and challenges that PVOs have encountered in cross-cutting areas related to HIV/AIDS. Group discussions will be organized around key themes but will be focused around the priorities established within the group. Illustrative key themes are:

- a. *priority actions required at the program and policy level to respond to the current situation;*
- b. *promising approaches with respect to those actions;*
- c. *the role PVOs can play to implement the actions and bring about policy changes;*
- d. *type of capacity and resources the PVOs need to make a difference and measure progress.*

13:00 – 14:30 Session 4 — Toolfair/Networking Lunch

Objective: To share tools and lessons from groups that have experience working in HIV/AIDS. A representative will be available to answer questions and to network with interested individuals.

**14:30 – 16:30 Session 5 — **Promising Practices – Intersectoral working groups:
What we have done, what we have learned and where do we go?**

** This will be a repeat of Session 3. Participants should sign up for a different session than the one they attended in the morning.

16:30 – 17:00 Session 6 — Small Group Chairs and Rapporteurs Meeting

Objective: To develop a synthesis of the first day that can be presented in the report back session.

Day 2 – October 17, 2002

8:30 – 9:40 Session 8 — Panel Discussion: Strengthening Capacity, Partnerships, and Sustainability

Chairs: Mary Kathryn Cope, IESC and Sharon Pauling, USAID, Bureau for Africa

Panelists:

- Nicky Davies, International HIV/AIDS Alliance
- Mary O’Neil, Management Sciences for Health
- Steve LaVake, YouthNet
- Jason Heffner, USAID/CORE Initiative

Objective: To discuss ways of strengthening partnerships and increasing capacity to assure a sustained coordinated response to the epidemic.

9:40 – 10:40 Session 9 — Panel Discussion: Emerging Funding Mechanisms

Chair, Hope Sukin, USAID, Bureau for Africa

Panelists:

- Richard Burzynski, ICASO, speaking on the Global Trust Fund
- Dennis Whittle, Development Space
- Polly Mott, PACT/REACH Project

Objective: To discuss potential funding sources that might be available to PVOs/NGOs.

10:40 – 11:00 Coffee/Tea Break

11:00 – 12:30 Session 10 — Small Group Discussions: Sectoral Strategies and Responses

Session topic and organizers:

- Agriculture and Food Security — Richard Brown, Winrock
- Democracy and Governance — Paola Lang, PACT
- Economic Development and Micro-enterprise — M.K. Cope, IESC
- Education — Ken Rhodes and May Rihani, AED
- Health — Gilbert Kombe, Abt Associates
- Natural Resource Management — Joan Parker, DAI

Objective: The small groups will be participatory forums to discuss promising practices and challenges that PVOs have encountered in specific sector areas related to HIV/AIDS. Group discussions will be organized around key questions but will be focused around the priorities established within the group. Illustrative key questions are:

- a. What actions can PVOs take to help each sector mitigate the impact of HIV/AIDS on the sector itself?*
- b. How can PVOs strengthen the implementation of relevant sectoral policies and programs at the grassroots level?*
- c. What are key actions that PVOs can take to develop their capacity to implement the sectoral actions?*

12:30 – 14:00 Session 11 — Lunch
Chair: Steve Moseley, AED

Keynote Speaker: Stephen Lewis, Special Envoy of the UN Secretary-General for HIV/AIDS in Africa – “Challenges of HIV/AIDS and Development”

14:00 – 15:30 Session 12 — Small Group Discussions: Sectoral Strategies and Responses

Objective: This is a repeat of Session 10 above to give participants a chance to participate in the discussions of more than one sector.

15:30 – 15:45 Coffee/Tea Break

15:45 – 17:15 Session 13 — Report Back and Next Steps
Chairs: Connie Carrino, USAID and Ken Giunta, InterAction

Objective: To synthesize the small group sessions and discuss how PVOs can apply what they have learned in the conference to their programs and how to institutionalize a sustainable mechanism for PVOs to continue sharing their experiences, tools and lessons with others in responding to HIV/AIDS.

17:15 – 17:30 Session 14 — Closing
Chair: Jay Smith, USAID, Bureau for Africa

Annex 2

HIV/AIDS: A Humanitarian and Development Crisis: Addressing the Challenges for PVOs & NGOs in Africa

October 16-17, 2002

Academy of Educational Development Conference Center, 8th Floor
1825 Connecticut Ave. NW, Washington DC

Participant List

Barbar Addy
Deloitte Emerging Markets
baddy@deloitte.com

Laila Akhlaghi
Management Sciences for Health
lakhlaghi@msh.org

Linda Allain
American Red Cross
allainl@usa.redcross.org

Marie-Christine Anastasi
HACI
anastasm@childreach.org

Yumi Ando
U.S. Department of State
Bureau of Population, Refugees, and Migration
andoye@state.gov

Maxine Ankrah
Heifer Kenya
emankrah@yahoo.com

Sharon Arscott-Mills
USAID/GH/CSHGP
sarscott-mills@usaid.gov

Gretchen Bachman
Family Health International
gbachman@fhi.org

Peter Bachrach
Planning Assistance
pbachrach@planasst.org

Anurita Bains
Office of Stephen Lewis
anurita@sympatico.ca

Marc Barany
Virginia Tech
mbarany@vt.edu

Jacqueline Bataringaya
ActionAid Africa
bataringayaj@aafrica.org.zw

Antje Becker-Benton
JHU/CCP
abecker@jhucpp.org

Krista Bell
InterAction
kbell@interaction.org

Rene Berger
USAID
rberger@usaid.gov

Renuka Bery
AED/SARA
rbery@aed.org

Anthony Bloome
World Bank
abloome@worldbank.org

Colette Bottini
International Republican Institute
cbottini@iri.org

Sara Bowsky
Family Health International
sbowsky@fhi.org

Richard Brown
Winrock International
rbrown@winrock.org

Richard Burzynski
ICASO
richardb@icaso.org

Shari Bush
Cambridge Consulting Corporation
bushs@ccc-mclean.com

Allison Campbell
Pact
acampbell@pacthq.org

Connie Carrino
USAID/GH/HIV-AIDS
ccarrino@usaid.gov

Tony Castleman
AED/FANTA
tcastlema@aed.org

Cathrine Chanfreau de Roquefeuil
cchanfreau.deroq@prodigy.net

Nada Chaya
Population Action International
nchaya@popact.org

Nicole Cheetham
Advocates for Youth
nicole@advocatesforyouth.org

Susy Cheston
Opportunity International
scheston@opportunity.org

Fred Clark
Youth Employment Summit
Fred@youthemploymentsummit.org

Sam Clark
PATH

Lisa Clarke
NDI
lisac@ndi.org

Mari Clarke
CEDPA
mclarke@cedpa.org

Ann Claxton
World Vision
aclaxton@worldvision.org

Christine Claypoole
World Education
cclaypoole@worlded.org

Barry Colley
Heifer International
barry.colley@heifer.org

Tanya Colton
Pathfinder International
tcolton@pathfind.org

Caroline Connolly
International AIDS Trust

Mary Katherine Cope
IESC
mkcope@zamnet.zm

Julie Crudele
CEDPA

Dr. Frank Dall
CAII

Nicky Davies
International HIV/AIDS Alliance
ndavies@aidsalliance.org
Charlotte Day
SAFE
dayinafrica@sdpn.org.mw

Dick Day
SAFE
dayinafrica@sdpn.org.mw

Berengere de Negri
AED
bdenegri@aed.org

Jim Dempsey
Consultant
dempseyjim@msn.com

Vivian Derryck
AED
vderryck@aed.org

Madhu Deshmukh
CARE
mdeshmukh@care.org

Judy Diers
Population Council
jdiers@popcouncil.org

Dwan Dixon
Family Health International
mdombo@fhi.org

Moses Dombo
Family Health International
mdombo@fhi.org

Sambe Duale
Tulane University
sduale@aed.org

Tamara Duggleby
Duggleby and Associates

Donna Espeut
CSTS/ORC Macro
donna.a.espeut@orcmacro.com

Anna Evans
World Council of Credit Unions
acevans@woccu.org

Suzanne Fisher
Prison Fellowship International
sfisher@pfi.org

William Oscar Fleming
Africare
wfleming@africare.org

Sharon Frey
TechnoServe
sharon.frey@tns.org

Andrew Fullem
JSI
afullem@jsi.com

Caryl Garcia
Winrock International
cgarcia@winrock.org

Nancy Gelman
Africa Biodiversity Collaborative Group
n.gelman@conservation.org

Steve Giddings
USAID, Bureau for Africa
sgiddings@usaid.gov

Ruth Gill
International Youth Foundation
ruth@iyfnet.org

Cynthia Gilley
Equilibres et Populations
cdgilley@aol.com

Ken Giunta
InterAction
kgiunta@interaction.org

Mike Godfrey
DAI
mike_godfrey@dai.com

Lynda Gonzales
YMCA
lynda.gonzales@ymca.net

Nicole Gray
Hewlett Foundation
ngray@hewlett.org

Robert Groelsema
USAID
rgroelsema@usaid.gov

Martin Gross
Women's Global Health Imperative/UCSF
mgross@psg.ucsf.edu

Kirsten Haines
World Learning
Kirsten.haines@worldlearning.org

Alana Hairston
Advocates for Youth
alana@advocatesforyouth.org

Clarence Hall
Africare
chall@africare.org

Thomas Hall
USAID
thall@usaid.gov

Kelly Hallman
Population Council
khallman@popcouncil.org

Wendy Hammond
AED/Linkages
whammond@aed.org

Peggy Harper
FHSSA
pharper@hospicecny.org

David Hassell
American Refugee Committee
daveh@archq.org

Motoky Hayakawa
Academy for Educational Development
mhayakaw@aed.org

Jason Heffner
USAID/GH/HIV-AIDS
jheffner@afr-sd.org

Ron Howard
OIC International
rhoward@oici.org

David Hughes
American Red Cross
hughesda@usa.redcross.org

Elisabeth Huth
Futures Group
e.huth@tfgi.com

Eno Isong
Henry J. Kaiser Family Foundation
enoi@kff.org

Cheryl Jackson
USAID/AFR/SD
cjackson@afr-sd.org

Cheryl Jackson
USAID/AFR/SD
cjackson@afr-sd.org

Dr. Thad Jackson
INMED
tjackson@inmed.org

Anuj Jain
CARE
tdelcanto@care.org

Aranthan Jones
U.S. congress
aranthan.jones@mail.house.gov

Ayub Kaddu
Ark Foundation of Africa
akaddu2002@yahoo.com

Kristin Kalla
CARE
kkalla@care.org

Evariste Karangwa
InterAction
ekarangwa@interaction.org

Ndunge Kiiti
MAP International
nkiiti@map.org

Stephen Kinoti
AED/SARA
skinoti@aed.org

Gilbert Kombe
Abt Associates
gilbert_kombe@abtassoc.com

Kostas Kotopoulos
Mercy Ships
kotopouk@mercyships.org

Daniel Krall
American Red Cross

Fritz Kramer
International Development Enterprises
fkramer@ideorg.org

Paola Lang
Pact
plang@pacthq.org

Patricia Langan
International Youth Foundation
plangan@iyfnet.org

Chalya Lar
World Vision
clar@worldvision.org

Steve LaVake
YouthNet
slavake@fhi.org

Robert Learmonth
Planning Assistance
rlearmonth@planasst.org

Jack Lesar
Academy for Educational Development
jlesar@aed.org

Stephen Lewis
U.N. Special Envoy for AIDS in Africa

Ronnie Lovich
Save the Children/USA
rlovich@savethechildren.org

Jennifer Lowenstein
CDC
jfn8@cdc.gov

Diane Lusk
AED/RTL
dlusk@aed.org

Dorcas Lwanga
AED/SARA
dlwanga@aed.org

Supriya Madhavan
Aga Khan Foundation, USA
smadhavan@akfusa.org

Claire Maneja
Discovery Channel
claire_maneja@discovery.com

Nithya Mani
USAID/AFR/SD
nmani@afr-sd.org

Pamela Malsen
DAI
pamela_malsen@dai.com

Sanyukta Mathur
ICRW
smathur@icrw.org

Japheth Mati
Heifer Kenya
irhtr@iconnect.co.ke

Jennifer Mboyane
Africare
jmboyane@africare.org

Tricia Matthews
Partners for Development
tmatthews@partnersfordevelopment.org

Peter McDermott
USAD/AFR/SD
pmcdermott@afr-sd.org

Steve McFarland
Prison Fellowship International
smcfarland@pfi.org

Gary Merritt
gary@merritt.to

Yolande Miller-Grandvaux
American Institutes for Research
ymiller-Grandvaux@air.org

John Mitchell
IFES
jmitchell@ifes.org

Khadijat Mojidi
USAID/AFR/SD
kmojidi@usaid.gov

Miriam Williams Mokuena
Abt Associates
miriam_mokuena@abtassoc.com

Chester Morris
Project HOPE
cmorris@projecthope.org

Denise Mortimer
USAID/AFR/SD
dmortimer@afr-sd.org

Steve Moseley
Academy for Educational Development
smoseley@aed.org

Polly Mott
Pact/REACH Project
pmott@pacthq.org

Lisa Mueller
PATH
lmueller@path-dc.org

Sophia Mukasa Monico
Global Health Council
smukasamonico@globalhealth.org

Namposya Nampanya-Serpell
Save the Children
nserpell@dc.savethechildren.org

Fred Namusyule
Ark Foundation

A.K. Nandakumar
Abt Associates
a.k._nandakumar@abtassoc.com

Claude Nankam
World Vision
cnankam@worldvision.org

Connie Newman
USAID/AFR
cnewman@usaid.gov

Kate Newman
World Wildlife Fund

Rebecca Nigmann
AED/SARA
rnigmann@aed.org

Gardiner Offutt
CARE
offutt@dc.care.org

Suzanne Olds
Marie Stopes International

Mary O'Neil
MSH
moneil@msh.org

Alexandra Orsini
World Learning
alexandra.orsini@worldlearning.org

Mary Otieno
International Rescue Committee
maryo@theirc.org

Kara Page
IRG
kpage@irgltd.com

Connie Paraskeva
Pact
cparaskeva@pacthq.org

Joan Parker
DAI
joan_parker@dai.com

Elizabeth Patchias
International Medical Corps
epatchias@yahoo.com

Sophia Patronas
Discovery Channel
sophia_patronas@discovery.com

Sharon Pauling
USAID/AFR
spauling@usaid.gov

Anne Peterson
USAID/GH
apeterson@usaid.gov

Steven Phillips
Exxon-Mobil Corporation
steven.c.phillips@exxonmobil.com

Oscar Picazo
AED/SARA
opicazo@aed.org

Julie Pulerwitz
PATH/Horizons
jpulerwitz@pcdc.org

Susan Purdin
School of Public Health
Columbia University
sjp98@columbia.edu

Brenda Rakama
Futures Group
b.rakama@tfgi.com

Ken Rhodes
Academy for Educational Development
krhodes@aed.org

William Stacy Rhodes
Institute of International Education
srhodes@iie.org

May Rihani
Academy for Educational Development
mrihani@aed.org

Bernard Rivers
Aidspan
rivers@aidspan.org

Sravani Robinson
International Youth Foundation
sravani@iyfnet.org

Kelly Rollon
Heifer International
kelly.rollon@heifer.org

Jessica Rose
DHHS/OHAP
jrose@osophs.dhhs.gov

Jessica Sapalio
American Red Cross
sapalioj@us.redcross.org

Tikare Seema
World Learning

Eleonore Seumo
AED/FANTA
eseumo@aed.org

Joan Sherman
IESC

Emmy Simmons
USAID/EGAT
emsimmons@usaid.gov

Jay Smith
USAID/AFR
jasmith@usaid.gov

Stephen Sobhani
United Nations Foundation
ssobhani@unfoundation.org

Karen Stenecki
U.S. Bureau of the Census
kstanecki@census.gov

David Stanton
USAID
dstanton@usaid.gov

Carl Stecker
Catholic Relief Services
cstecker@catholicrelief.org

Mia Stephens
Plan International
stephenm@childreach.org

Richard Strickland
ICRW
richard@icrw.org

Hope Sukin
USAID/AFR/SD
hosukin@usaid.gov

Linda Sussman
USAID/GH/HIV-AIDS
lsussman@usaid.gov

Sam Taylor
Junior Achievement International
sam@jaintl.org

Megan Thomas
USAID/AFR
mthomas@afr-sd.org

Karen Thomson
CARE
kthomson@care.org

Margaret Tipton
YouthNet
mtipton@care.org

Gelila Tsega
Lutheran World Relief
gmogues@lwr.org

Erica Tubbs
Pact
etubbs@pacthq.org

Laura van Vuuren
World Relief
laurav@wr.org

Annika Viera
African Wildlife Federation

Ellen Vor derBruegge
Freedom from Hunger
ellenvb@freefromhunger.org

Amy Wachtel
International Rescue Committee
amyw@theirc.org

Bob Walter
DAI
bob_walter@dai.com

Ellen Weiss
ICRW/Horizons
eweiss@icrw.org

Victoria Wells
CEDPA

Art Westneat
USAID/AFR
awestneat@usaid.gov

Dennis Whittle
Development Space
dwhittle@developmentspace.com

Rose Zambezi
YouthNet/CARE
rzambezi@fhi.org

Paul Zeitz
Hope for African Children Initiative
pzeitz@hopeforafricanchildren.org

Joseph Zimat
Embassy of France



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