



The  
**AMICAALL**  
**Toolkit**

Local Governance  
and AIDS



AMICAALL/UN APP



The World Bank



# The **AMICAALL** **Toolkit**

## **Local Governance and AIDS**

**December 2007**



AMICAALL/UN APP



The World Bank



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR  
UNICEF  
VFP  
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**AMICAALL: Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level**

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## FOREWORD

In many countries, an “implementation gap” exists between national AIDS strategies and plans on the one hand and actual implementation at the local level on the other. In order to bridge this gap and lead effective local responses to the epidemic, local government – as the level of government closest to people – is ideally placed.

Increasingly, mayors, municipal leaders and local government authorities are taking up the challenge to confront the AIDS epidemic. In Africa, the Alliance of Mayors and Municipal Leaders on HIV/AIDS is mobilizing local government authorities and working with national AIDS authorities, communities, the private sector and the international development community, to forge sustainable partnerships and build commitment and capacity to expand action on AIDS at local level.

Through the Alliance of Mayors’ Initiative for Community Action on AIDS at the Local Level (AMICAALL), a growing number of local government authorities in Africa have taken steps to mainstream AIDS within their municipal agendas and have initiated actions to deliver services within their communities. Much more needs to be done to support these initiatives and to ensure that more resources reach those most vulnerable to the spread and impact of the epidemic.

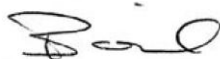
The AMICAALL Toolkit has been developed to help guide local authorities and their partners in their efforts to enhance collaboration and results on AIDS. In a spirit of collaboration and shared learning, this publication contains tools developed and used by AMICAALL partners in developing, implementing, monitoring and reporting on their programmes across a range of countries.

This Toolkit is the result of a joint effort by the Alliance and the UN AMICAALL Partnership Programme with UNAIDS, UNDP and the World Bank.



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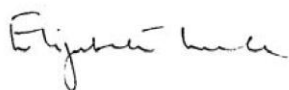
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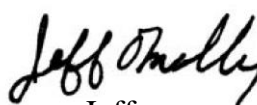
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## **LIST OF ACRONYMS AND ABBREVIATIONS**

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>AMICAALL</b>	Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level
<b>CBO</b>	Community-based Organization
<b>HIV</b>	Human Immunodeficiency Virus
<b>NGO</b>	Nongovernmental Organization
<b>MHT</b>	Municipal HIV/AIDS Team
<b>OVC</b>	Orphans and Vulnerable Children
<b>PLWHA</b>	Persons Living with HIV/AIDS
<b>PwC</b>	PricewaterhouseCoopers
<b>SSA</b>	Sub-Saharan Africa
<b>UN APP</b>	United Nations AMICAALL Partnership Programme
<b>UNDP</b>	United Nations Development Programme
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counselling and Testing
<b>WV</b>	World Vision



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# Part one: Introduction



## **INTRODUCTION**

### **The Purpose of the Toolkit**

The purpose of this toolkit is to document and share guidance notes which have been developed in support of AMICAALL programme activities.

### **The Audience**

The primary audience is those directly involved in the AMICAALL programmes and activities: AMICAALL National Coordinators and Technical Advisors, local authorities and their implementing partners.

Others to whom this toolkit may be of use or interest include those involved in strengthening the role of local government in response to HIV/AIDS, in supporting decentralized action on HIV, or in promoting the concept of partnership. The publication will also be of particular interest to those development agencies, which have supported AMICAALL since its inception, such as UNDP, UNAIDS, USAID and the Government of the Netherlands.

The document is a work in progress and feedback from readers is welcome.

### **The Alliance and AMICAALL**

In 1998, mayors and municipal leaders from over a dozen African countries launched the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa at the Africities Summit, with support from UNDP, UNAIDS, and other partners. The goal of the Alliance is to promote and support concrete actions that contribute to limiting the spread of HIV and alleviating the social and economic impact of the epidemic at the community level. The Alliance works in partnership with government, civil society organizations, the private sector and local communities.

With support from UNDP and UNAIDS, the Alliance developed a “road map”, the Alliance of Mayors’ Initiative for Community Action on AIDS at the Local Level—or AMICAALL. The strategy underpinning this initiative is based on good development practice: bring together key local government and community leaders; provide them with an opportunity to articulate their realities; and invest in developing their capacities to manage and facilitate an expanded, multisectoral response to the growing challenges of HIV in their cities and towns.

## **Principles and Value Addition**

AMICAALL embraces principles of inclusion, participation, partnership, accountability and gender sensitivity. Programmes develop partnerships between local government authorities, nongovernmental organizations, community-based organizations, the private sector and vulnerable populations, so that they can work together to find appropriate and sustainable solutions at the local level. AMICAALL action programmes encompass targeted capacity development of local stakeholders and collaboration across sectors and institutions (public and private) to work to expand services and support systems.

AMICAALL minimizes duplication and facilitates local-level coordination and action. The programmes provide added value to what already exists and promotes efficient and effective use of limited human, material, technical and financial resources. Priorities and needs are identified so that limited resources can be targeted where most required. With increased knowledge and better planning, municipalities, communities and other local partners are enabled to access additional resources from national governments, the private sector and the international development community. Local level resource mobilisation is also encouraged.

National Chapters of the Alliance have been launched and AMICAALL action programmes are in varying stages of implementation in 13 countries: Burkina Faso, Cameroon, Central African republic, Côte d'Ivoire, Kenya, Malawi, Mali, Namibia, South Africa, Swaziland, Tanzania, Uganda and Zambia (as of October 2005). requests for support to launch National Chapters of the Alliance and develop AMICAALL action programmes continue to be received from other countries.

## **Importance of Local Government**

Most development partners, programme implementers and national governments now agree that HIV/AIDS is more than a health problem and requires a broad-based multisectoral approach to address the many facets of the epidemic; that HIV/AIDS is very much inter-linked with poverty, social and economic inequities between men and women and long-standing cultural behaviours and beliefs.

While there have been major advances in terms of prevention, treatment and care, efforts to scale up responses to HIV/AIDS significantly have, as yet, been inadequate and insufficient. A more systematic approach is needed in order to build local capacity to manage and sustain a comprehensive response to the epidemic. Local government has a key role to play within such a comprehensive response. Through efforts to create a more enabling environment for community-based and local government initiatives, foundations can be built to support the scaling up of responses to the epidemic.

## **Bridging the Implementation Gap**

According to UNAIDS<sup>1</sup>, most countries in Africa have now developed national multisectoral HIV/AIDS plans and strategies and a growing number of countries have national AIDS councils with representation from various sectors. National governments do have a role to play: developing policies and national strategies, advocating for HIV awareness and education and overseeing and monitoring collection of country-wide surveillance data, for example. Central governments, however, are not as well positioned to guide the implementation of programmes based on local needs and realities. This has resulted in an “implementation gap” between national HIV/AIDS strategies and plans, and on-the-ground action. To bridge this implementation gap, local government, as the level of government closest to the people, is ideally placed to spearhead an effective response to the epidemic at the local level; to promote and guide HIV/AIDS-related policy and services development through processes, which are socially inclusive and participatory.

## **Urbanization and Decentralization**

There are also other factors that reinforce the argument that local governments are an appropriate venue for mobilizing an effective, multisectoral response to the effects of the AIDS epidemic. First is the rapid rate of urbanization that is occurring in Africa. As of 2000, about one third of people in sub-Saharan Africa lived in urban areas; this proportion is expected to increase to half the population by 2020. Therefore, urban leaders’ spheres of influence will inevitably grow as more and more people move to cities and towns. Secondly, there is increasing decentralization in sub-Saharan Africa as countries move to establish more viable democratic systems and good governance. Efforts are under way to shift more responsibility for programmes and services (and sometimes, but not always resources) to local authorities. More and more, local governments clearly have a mandate and are acknowledging their role in mainstreaming HIV/AIDS into municipal agendas.

The creation and rapid expansion of the Alliance and AMICAALL action programmes illustrate that mayors, municipal leaders and local authorities are committed and are ready to do more. The tools and guidance notes which follow have been developed in support of the continued development of AMICAALL action programmes and activities.

## **Overview of this Toolkit**

Fourteen tools, or guidance notes, that have been compiled are presented here. The first tool addresses the process involved in launching a national chapter of the Alliance coupled with the planning and advocacy needed to initiate an AMICAALL programme. The next tools, numbers two to seven, cover specific activities undertaken as part of an AMICAALL programme and generally consider work that would be undertaken by a Municipal HIV/AIDS Team. This ranges from guidance on forming a Municipal

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<sup>1</sup> Epidemic Update 2004, UNAIDS-WHO, 2004

HIV/AIDS Team, to preparing a municipal HIV/AIDS service directory, to monitoring AMICAALL small grants. Tool eight looks at how local government can be integrated into national AIDS planning. Tools nine and ten provide assistance with documentation and reporting through guidance on monitoring, reporting and preparing a case study.

For this edition, four new tools have been added. The first of these is intended to assist in the process of conducting facilitated study tours. The following tools address respectively issues of HIV in the municipal workplace, gender, and stigma and discrimination. These three topics are nonetheless intricately linked and should be addressed accordingly in practice. In an effort to avoid re-inventing the wheel, for these tools we have drawn freely from existing materials which are acknowledged accordingly. These tools also provide references and links to other relevant resources. The last section is comprised of a list of relevant references and website links for additional information.

# Part two: Tools



# Tool 1

## Launching an Alliance Chapter

### Purpose

Establishing a National Chapter of the Alliance is an important part of the broader process of engaging and supporting local government leadership in response to HIV/AIDS and establishing operational frameworks for collaboration with central government, nongovernmental partners and community-based organizations.

The public launch of a National Chapter is an important statement of commitment by local government to address the HIV/AIDS in their communities.

This tool, based upon experiences and lessons learned in several countries, is designed to facilitate the process of launching a National Chapter of the Alliance.

### Summary

Successful launches involve a considerable amount of preparation. This can be broken down in the following key elements and phases:

- Engagement of a suitable 'lead organization'
- Preparatory consultations and sensitization workshops with key stakeholders
- Articulating added value
- Drafting a declaration
- Creating a taskforce
- High-profile public event
- Follow-up



## LAUNCHING AN ALLIANCE CHAPTER

### Background

Local government represents the closest link between national government, its citizens and civil society. National plans and programmes cannot be effectively implemented from the centre if they do not reflect local needs and realities and involve local stakeholders. However, until very recently, local governments have been largely overlooked in the response to HIV/AIDS in sub-Saharan Africa. Growing urbanization and increasing support for decentralized governance in sub-Saharan Africa reinforce the need for greater involvement of local governments in the overall response to the epidemic.

Local leaders have begun to take action. Seeing first-hand the devastation caused by HIV/AIDS in their communities, African leaders came together and formed the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa in 1998. The goal of the Alliance is to promote actions that contribute to limiting the spread of HIV and alleviating the social and economic impact of the epidemic on communities in Africa. Activities are carried out in partnership with government at all levels, civil society organizations, the private sector and local communities.

With support from UNDP and UNAIDS, the Alliance developed a 'road map' for local government leadership and action on HIV/AIDS: the Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level, or AMICAALL.

Thanks to country-based AMICAALL programmes, local government authorities, civil society organizations, communities and national and international development partners work together to identify appropriate solutions and practical actions that can be implemented in cities and towns to respond to the HIV/AIDS epidemic. Leadership and political commitment are the foundation of the programme.

These guidelines have been developed to assist local authorities, mayors and municipal leaders in countries where interest has been expressed to launch a National Chapter of the Alliance. It must be emphasised that this is just one step in a larger process of engaging and supporting local government leadership in the response to HIV/AIDS. A list of resources is provided at the end of this guide that includes additional information on the Alliance and AMICAALL.

## **Pre-Launch Preparatory Activities**

The pre-launch process begins with designation of a national lead organization/focal point to facilitate advocacy and mobilization of political commitment. In most instances the association of local government authorities (e.g. mayors and councillors) and where present, the association of professional municipal workers (e.g. town clerks, city managers, chief executive officers, etc.) are best placed to spearhead preparatory activities leading to the launch of a national chapter of the Alliance.

The lead organization should have:

- Ability to mobilize mayors, municipal leaders and key stakeholders.
- Adequate staff and administrative capacity (e.g. to manage funds).
- Capacity to organize preparatory activities and launch.
- Ability to collaborate effectively with other supporting organizations and groups.

The lead organization/focal point can access information and other support from the Alliance Secretariat and the UN-AMICAALL Partnership Programme.

## ***Consultations and Sensitization Workshops***

Consultations need to be undertaken with key stakeholders in the country including national and local government, nongovernmental and community-based organizations, associations of people living with HIV, local communities, international agencies and development partners. This is done to gather information on the current response to HIV/AIDS in the country, identify gaps and opportunities and to initiate a dialogue on the added value of local government in the overall response to the epidemic.

This consultation process includes sensitization workshops. The number of workshops has varied from one in smaller countries to several in larger countries. Some countries have chosen to combine the sensitization workshops with the national launch where funding has been limited, holding the sensitization workshop one day before the launch. However, experience shows that it is more effective to hold the preparatory/sensitization workshops prior to the launch if resources permit. Participants include mayors, local authority officials, nongovernmental organizations, associations of people living with HIV, private sector, development partners and other partners. Workshops can range from one to three days, depending on issues to be covered and planned activities.

The objective(s) of these sensitization workshops usually include the following: introduce the Alliance and AMICAALL approach; contribute to a greater understanding of HIV/AIDS and implications for development; explore the added value of local government leadership to the overall response in a country; and build a consensus on the role and contribution of local government to the national response to HIV/AIDS.

Specific activities typically include: review and agree on a process for preparing and launching a National Chapter of the Alliance (including preparation of Alliance chapter declaration); and agree on what mayors and municipal leaders can do following the workshop to sensitize and mobilize their Councils and communities. These workshops also provide a good opportunity to mobilize support among a broad range of stakeholders at the national level, and development partners.

### ***Defining Added Value***

Defining the added value of local government leadership and action should be part of this preparatory process. Below are some issues that can be explored. This is by no means an exhaustive list but simply serves to illustrate the range of issues that local government authorities are exploring in a number of countries.

- How does it complement existing efforts to expand and scale up responses to HIV/AIDS in the country?
- How does it fill gaps in the response to HIV/AIDS in urban centres? (taking into account growing urbanization)
- How does it build on the respect and attention that local leaders command?
- How does it relate to increasing responsibilities linked to decentralization?
- How does it contribute to making a broad-based, multisectoral response to HIV/AIDS a reality at the local level?
- How does it promote locally driven processes of policy dialogue?
- How does it draw upon local human resources and enhance local capacity?
- How does it create mechanisms for sharing lessons and good practices?
- How does it support scaled up and enhanced availability of services that address community needs and realities?

### **Launch of National Chapter of the Alliance**

With preparatory activities completed, preparations for the launch of the National Chapter of the Alliance can be undertaken. The launch represents a visible, public statement of commitment by local authorities to the principles of the Alliance (contained in the Abidjan Declaration).

#### ***Draft a local authority declaration on HIV/AIDS.***

The declaration is usually prepared by the national association of local authorities in consultation with its constituents. It should be a consensus document that is agreed upon before the launch. At the launch, it is presented publicly and often signed at the official

launch ceremony. The declaration should include these key elements:

- Statement of the problem, which outlines the crisis, threat and impact of the HIV/AIDS epidemic on urban areas and communities.
- Commitment of municipal leaders and mayors to take a lead in addressing HIV/AIDS in their local communities and how this will be achieved.
- Support for people living with HIV, and the organizations or groups that support them.
- Commitment to transparency and accountability.
- Endorsement of mayors and municipal leaders consisting of names, municipality affiliation and usually signatures.

### ***Create a Task Force or Working Committee.***

This group assigns specific individuals to work on the preparatory activities, launch ceremony and follow-on AMICAALL activities. Members usually include mayors, local authority association staff and other key partners, such as the Ministry of Urban Development (or its equivalent), National AIDS Programme and UN organizations, such as UNDP or UNAIDS.

### ***Hold a highly visible public launch of the National Chapter of the Alliance.***

This should include participation from: the head of state or other high-level representative; range of government officials; all mayors and municipal leaders; AIDS service organizations; religious and traditional leaders; people living with HIV and AIDS; youth groups; civil society and nongovernmental organizations; Alliance representatives from other countries; UNAIDS; other UN organizations; bilateral agencies; and the general public. The launch may include the following:

- A symbolic march by mayors and municipal leaders to spread the message to people in the streets and neighbourhoods.
- Guest speakers and motivational addresses.
- Entertainment, such as youth choir or dancing, to encourage hope and a positive message in coming together and addressing the epidemic.
- Keynote address by a prominent political figure to set the stage, highlight the importance of the event and to formally launch the Chapter.
- Invite media who should be briefed and provided with information and a press release.

The national launch should stimulate mayors to conduct similar local launches in their towns and cities and move forward with the planning and development of an AMICAALL action programme.

***Follow up.***

In some countries, local authorities and key stakeholders have held a planning workshop in conjunction with the launch. This planning activity provides an opportunity to further develop next steps, including the identification of key actions that can be taken in preparation for the development of an AMICAALL action plan.

**Annexes.**

A resource list and examples of a sensitization workshop agenda, national chapter launch checklist, national chapter launch ceremony programme and national launch declarations are included in the annexes.

## ANNEX I

### Resource List

Written and visual materials on the Alliance of Mayors and Municipal Leaders on HIV/ AIDS in Africa and AMICAALL are distributed at the sensitization workshops and the launch. This includes:

- Alliance kits
- Background documents
- Abidjan Declaration
- Posters
- Videos
- Alliance newsletters.

Additional information can be found via the Internet at: [www.amicaall.org](http://www.amicaall.org)

## ANNEX II

### Mayors' Sensitization Workshop Sample Agenda

- 1 - Objectives of the preparatory workshop.
- 2 - Presentation on global situation and development dimensions of HIV/AIDS (*UNAIDS or UN Theme Group on HIV/AIDS representative*).
- 3 - Presentation on national HIV/AIDS strategies and multisectoral response (*National AIDS Programme or Ministry of Health representative*).
- 4 - Presentation on the impact of HIV/AIDS at the municipal level, governance issues, multisectoral response and strategies and community mobilization, etc. (*local governance specialist*).
- 5 - Presentation on the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (*Alliance coordinator or representative*).
- 6 - Presentation on the AMICAALL strategy and programme of action (*UN-AMICAALL Partnership Programme representative*).
- 7 - Presentation/s on other AMICAALL Programmes, such as Burkina Faso, Mali, Namibia, Swaziland and Uganda (*National Coordinators*).
- 8 - Presentation on civil society role in the response to AIDS (*national AIDS service organization representative*).
- 9 - Other presentations as appropriate. (Topics could include social and cultural issues, stigma and discrimination, orphans and vulnerable children, workplace interventions, impact assessments, greater involvement of People Living with HIV/AIDS, policy and advocacy or resource mobilization.)
- 10 - Discussion session on presentations.
- 11 - Consideration of national local authority declaration on HIV/AIDS, including presentation of draft document.
- 12 - Plenary discussion of the draft declaration.
- 13 - Adoption of the national declaration by mayors and municipal leaders.
- 14 - Preparatory arrangements for launch of national chapter, including appointment of a Working Committee.
- 15 - Outline future strategies and next steps for AMICAALL national programme and/or other priorities.
- 16 - Note of thanks.

*Notes:* The exact format will depend on the number of participants and venue. It is important to make this as participatory as possible and build consensus and support for the Alliance and the follow-on AMICAALL activities. Next steps should be agreed upon and clearly laid out, then assigned to the working group and specific individuals.

How many preparatory workshops are needed depends on the size of the country and number of mayors and municipal leaders. If it is a large country and the resources are available, then mayors and municipal leaders could meet on a regional basis and then come together for a general meeting. The objective (however done) should be to ensure an inclusive national local government response and an environment for active participation of all local authorities--large and small.

## ANNEX III

### National Chapter Launch Checklist

Activity	Responsibility	Deadline	Comments
Choose date and venue			
Draft national declaration			
Develop media strategy			
Prepare launch budget			
Solicit sponsorships – development partners, private sector, etc.			
Finalise Programme – keynote address, speakers, master of ceremonies, guests of honours, order activities etc.			
Invite head of state or other keynote person			
Print invitations			
Send invitations to all mayors, city and town councils			
Send invitations to international guests			
Send invitations to official guests – partners, NGOs, international organisations, govt. sponsors, private sector, etc.			
Invite schools, NGOs, communities, media, etc.			
Arrange and brief speakers			
Send out press release (print and TV/ radio) and electronic media			
Media briefing - hold press conference (print and TV/radio)			
Print programme			
Print posters			
Print declarations			
Order banners			
Order t-shirts			
Order decorations/flowers			
Organise flags – national, host city, local authority association, UN, etc.			
Secure venue			
Arrange accommodations for guests			
Organise transport – mayors, guests, etc.			
Arrange catering and refreshments for ceremony			
Arrange venue logistics – tent, chairs, tables, podium, etc.			

Activity	Responsibility	Deadline	Comments
Arrange/rent public address system			
Arrange for national anthem			
Organize entertainment—singers, dancers, video etc.			
Organize march—route, mayors’ participation, band, drum majorettes, school children, banners, police escorts, etc.			
Confirm protocol – for international guests and local dignitaries			
Make seating arrangements			
Organize ushers/volunteers			
Make traffic control provisions			
Confirm security			
Enlist secretarial support (e.g. mayors office or local authority association)			
Arrange help—set up, refreshments, clean up etc.			
Arrange transport—participants and equipment			
Arrange/hire photographer and/or video maker to cover event			
Get gifts for guest of honour, international guests, etc.			
Organize reception for visitors and guests			
Make list of contact/focal persons—Alliance, local authority association or equivalent, host city mayor’s office, etc.			
Trouble-shooter			

*Notes:* This is a broad list of “Dos”, or tasks, to accomplish in order to have a well-planned and organized launch. Each country will need to adapt it to their local situation, needs and resources. What is crucial here is to find one overall coordinator for the launch and have certain designated focal points/contacts who assist from various sponsoring organizations and clear delegation of responsibilities.

From this list, a calendar can also be developed (say starting three months before the launch ceremony) that can help guide this process. Like organising any public event (especially one with this importance), it is necessary to plan ahead and not wait until the last minute.

## ANNEX IV

### National Chapter Launch Ceremony Sample Programme

- 1 - National anthem
- 2 - Welcome and introduction by host city mayor
- 3 - Statement by Alliance Coordinator (or representative)
- 4 - Statement by national association of local authorities president (or equivalent)
- 5 - Introduction of guest speakers
- 6 - Address by guest speakers (e.g., a prominent AIDS activist or guest mayor from another country to talk about his/her country's AMICAALL programme)
- 7 - Introduction of the keynote speaker
- 8 - Keynote address by prominent political leader (e.g., head of state or minister responsible for local government or head of national AIDS authority) including official recognition and inauguration of the Alliance Chapter
- 9 - End of formal opening
- 10 - refreshments

*Notes:* The official launch programme usually takes about two to three hours given that some entertainment is usually interspersed between the speeches. The highest-ranking person attending the ceremony is responsible for the actual 'inauguration' of the Alliance chapter.

## **ANNEX V**

### **Specimen of Declarations for Launch of National Chapters**

#### **ALAN DECLARATION ON HIV/AIDS: Local Crisis-Local Action a Must**

We, the Mayors and Municipal Leaders of local authorities of the republic of Namibia, having taken cognisance of the magnitude of the HIV/AIDS epidemic and the significant impact on our cities, towns and villages, and local authorities in Namibia, under the auspices of the Association for Local Authorities in Namibia (ALAN) join our government and other Local Authorities in Africa and launch the Namibian Chapter of Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa.

Considering that local government, as an integral part of the national structure of governance, is the level of government closest to the people and, therefore, well placed to respond to the many challenges posed by HIV/AIDS.

Honouring the resolution during the 52nd Annual Congress of the Association for Local Authorities in Namibia, calling for a commitment to address the implications of HIV/ AIDS on our cities, towns and villages.

Welcoming the commitments of African Heads of States or Governments, at the Organization of African Unity Special Summit in April 2001, particularly their pledge to allocate at least 15 percent of their annual national budgets for the improvement of the health sector to help address the HIV/AIDS epidemic.

recognising and supporting the commitment made by His Excellency the President of the republic of Namibia, Dr. Sam Shafiishuna Nuyoma and the Namibian Government to promote multisectoral action on HIV/AIDS in Namibia.

recognising the ABIDJAN DECLARATION of Mayors and Municipal Leaders of Africa of 9th December 1997, proclaimed in Abidjan, Cote d'Ivoire on the occasion of the 5th International Conference on STDs/AIDS in Africa.

recognising and Appreciating the commitments and actions taken by African local authorities, continental and Namibian NGOs and other organizations to promote awareness of the socio-economic effect of HIV/AIDS on our societies and support measures to minimise its impact.

recognising the establishment of the Alliance Continental Secretariat in Windhoek, Namibia and contributions made by both the Government of the republic of Namibia and the City of Windhoek and our support to the Alliance Secretariat.

Expressing deep concern about the increase in orphans, street children, widows/widowers in our Cities, Towns and Villages, acknowledge the impact on sustainable urban development.

Acknowledging that poverty, in all of its manifestations, contributes to the spread of HIV/AIDS; local authorities are deeply concerned that HIV/AIDS is compounding poverty, reversing development gains and compromising the future development of our country.

recognising that the full realization of human rights and fundamental freedoms for all is an essential element in an effective response to the HIV/AIDS epidemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS.

Convinced of the need for all Local Councils in Namibia to develop and implement policies and strategies appropriate to the specific HIV/AIDS related social, economic, developmental, cultural, human rights and health dimensions in our communities.

Taking into account all Global, Continental, National and Local initiatives, we thus affirm our commitment and resolve as the Namibian Chapter of the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa to the Alliance of Mayors Initiative on Community Action on AIDS at the Local Level (AMICAALL) strategy and to the Abidjan Declaration.

As local governments of the republic of Namibia we hereby commit to the following actions:

- Inclusion of strategies and resources to address the implications of HIV/AIDS for cities, towns and villages in our municipal management and service delivery agendas;
- In particular, develop and implement strategies and financing plans for combating HIV/AIDS that address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalisation; involve partnerships with civil society and with the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of health; integrate a gender perspective; and address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic;
- Encourage all partners in the field of HIV/AIDS and development in our communities to collaborate with us in this initiative;

- Develop appropriate strategies and programmes to raise awareness of the impact of HIV/AIDS on socio-economic development in our Cities, Towns and Villages and to promote prevention, care, treatment and support as the mainstay of our response;
- Support the National Strategic Plan on HIV/AIDS (Medium Plan II) and the activities and programmes of the National AIDS Committee, the National AIDS Coordination Programme and regional and District AIDS Committees;
- Encourage all stakeholders to work with us in partnership towards one purpose by harnessing both human and financial resources for effective implementation of our respective programmes and efforts;
- Support the continental Secretariat of the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa in the same spirit as that shown by our Government and the City of Windhoek;
- Foster stronger collaboration and the development of innovative partnerships between the public and private sectors, and encourage United Nations Agencies to work closely with the Mayors and their local authorities, in order to establish an enabling environment and strengthen mechanisms that involve the private sector, civil society partners, people living with HIV/AIDS and communities in the fight against HIV/AIDS;
- Call for action to protect young people; identify and mobilize local capacity for prevention, care and support; and provide leadership and commitment in establishing a supportive environment that makes prevention, care and support possible;
- Commit to the establishment of municipal committees for HIV/AIDS, STD's (Sexually Transmitted Diseases) and alcohol and drug abuse in order to raise awareness, build local capacity, disseminate information and encourage a multisectoral approach to this crisis;
- In endorsing the above we, the leaders of local governments of Namibia, hereby sign this declaration in Windhoek on 30 October 2001:

Association for Local Authorities in Namibia (ALAN)

Cllr Helen Nkandi-Shiimi, President

Windhoek City Council

Walvis Bay Municipality

Swakopmund Municipality

Tsumeb Municipality

Keetmanshoop Municipality

Mariental Municipality

Okahandja Municipality

Henties Bay Municipality

Karasburg Municipality

Otavi Municipality

Outjo Municipality

Arandis Town Council

Oshakati Town Council

Ondangwa Town Council

Okakarara Town Council

Khorixas Town Council

rundu Town Council

Aranos Village Council

Bethanie Village Council

Uis Village Council

Maltahohe Council

Witvlei Village Council

Gibeon Village Council

Otjiwarongo Municipality

Karibib Municipality

Gobabis Municipality

Omaruru Municipality

Usakos Municipality

Katima Mulilo Council

Opuwo Town Council

Ongwediva Town Council

Otavi Town Council

reboth Town Council

Eenhana Town Council

Aroab Village Council

Koes Village Council

Leonardville Council

Tses Village Council

Outapi Village Council

Gochas Village Council

## **SNALA Declaration on HIV/AIDS**

### **A Declaration by Mayors and Municipal Leaders of the Cities and Towns of Swaziland on HIV/AIDS**

#### **PREAMBLE:**

We, the leaders and representatives of local governments of the Kingdom of Swaziland:

Firmly concede that the HIV/AIDS epidemic is indeed a national crisis as declared by His Majesty King Mswati III;

Considering that local governments, as an integral part of the national structure of governance, is the level of government closest to the citizens and therefore is well placed to respond to the many challenges posed by the HIV/AIDS epidemic;

realising that the threat and propensity of the pandemic to critically impact on the way of life of the Swazi population;

Deeply concerned that the towns and cities of Swaziland are becoming increasingly flooded by street kids, orphans, affected families who try to make ends meet through street vending and other means that will in the long term adversely impact on sustainable urban development;

recognising that national and international efforts to fight the scourge need to be augmented at local (grassroots) level;

We thus affirm our commitment and resolve to the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa and to the Abidjan Declaration.

We commit ourselves and our respective local governments to the following:

Creating an enabling environment wherein multi-faceted approaches to HIV prevention and care of infected and affected persons can develop;

Providing the necessary institutional capacity and financial support however possible to the already existing NGO structures and HIV/AIDS programmes;

Supporting and fund-raising for programmes and campaigns towards the HIV/AIDS fight;

raising awareness and changing attitudes on stigmatization, denial, rape, incest, multiple partners and other unsafe practices;

Developing programmes to reduce the socioeconomic impact of HIV/AIDS in cities and towns.

In endorsing the above we, the leaders of local governments of Swaziland, hereby sign this declaration at Manzini on the 28th day of January 2000.

Manzini City Council

Mbabane City Council

Nhlangano Town Council

Piggs Peak Town Council

Siteki Town Council

Hlatikulu Town Board

Lavumisa Town Board

Mankayane Town Board

Ezulwini Town Board

Ngwenya Town Board

Vuvulane Town Board

## **DECLARATION OF MAYORS AND MUNICIPAL LEADERS OF THE REPUBLIC OF ZAMBIA**

We, the Mayors and Municipal leaders of the republic of Zambia, having taken cognisance of the magnitude of the HIV/AIDS pandemic and the significant impact on our cities, towns and villages, under the auspices of the Local Government Association of Zambia (LGAZ), join our government and other Local Authorities in Africa and Launch the Zambian Chapter of Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa.

*Considering* that local government, as an integral part of the national structure of governance, is the level of government closest to the people and, therefore, well placed to respond to the many challenges posed by HIV/AIDS

*Honouring* the resolution during the 46th Annual Conference of the Local Government calling for a commitment towards efforts to support and coordinate the eradication of HIV/AIDS and gender disparities in our cities, towns and villages.

*Recognizing* and supporting the National Strategic Framework to promote multisectoral HIV/AIDS Programmes in Zambia

*Believe* that the Private Sector is a key partner in the fight against HIV/AIDS

*Expressing* deep concern about the increase in orphans, street children, widows/widowers in our cities, towns and villages, acknowledge the impact on sustainable development

*Acknowledging* that poverty, in all of its manifestations, contributes to the spread of HIV/AIDS; local authorities are deeply concerned that HIV/AIDS is compounding poverty, reversing development gains and compromising the future development of our country

*Recognizing* that the full realization of human rights and fundamental freedoms for all is an essential element in an effective response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS

*Convinced* that all Local Councils in Zambia need to develop and implement policies and strategies appropriate to the specific HIV/AIDS related social, economic, developmental, cultural, human rights and health dimensions in our communities.

To this end we have agreed to:

- Contribute to the reduction of the socio-economic impact of HIV/AIDS in our communities by implementing effective measures to reduce HIV transmission
- Promote coordinated local multisectoral approaches for HIV/AIDS prevention and care of infected and affected people
- Participate in efforts to mobilize the necessary human and financial resources to implement local strategies
- Ensure the active involvement of people infected and affected by the HIV/AIDS epidemic in designing and implementing
- Strengthen solidarity amongst our cities, towns, villages and developing effective partnerships with national and international public and private stakeholders.

We, therefore commit ourselves to:

- Ensuring that the search for an effective solution to HIV/AIDS is a public policy priority
- Effectively involving our citizens in designing action plans, defining local strategies, an implementing activities
- Providing the necessary institutional support to our cities, towns and local communities and strengthen their capacity to intervene
- Guaranteeing transparency and accountability in programme management.

We, Mayors, Local Government and Municipal leaders, hereby endorse this declaration:

Endorsed by seventy two Local Government Authorities



# Tool 2

## Forming a Municipal HIV/AIDS Team

### Purpose

In the AMICAALL approach, a Municipal HIV/AIDS Team plays a central role in planning and guiding the local response. The team brings together representatives of the different groups involved in the local response to HIV/AIDS.

### Questions to Consider

Do you **need** to have an MHT in your area i.e. does any similar mechanism already exist at local level that you could join or draw upon?

Which are the **key groups** that need to be represented on your MHT?

What **indicators** could you use to measure the progress of your MHT?

How will you ensure that the team addresses the needs of **women** and of **people living with HIV/AIDS**?

Who is going to take responsibility for **getting the team up and running**?



## FORMING A MUNICIPAL HIV/AIDS TEAM

### What is the Municipal HIV/AIDS Team?

- The Team is a working group responsible for guiding the development and implementation of a municipal and community-based response to HIV/AIDS. It meets on a regular basis.
- The size of the Team is determined by the size of the municipality and the resources (human and technical) available. (Annex I provides practical guidance on resource mobilization).
- The Team may include as few as five or six individuals/organizations or as many as 10 to 15. It should be sufficiently large to be representative of the municipality's response to HIV/AIDS, but small enough to remain viable as a working group. A smaller core group is better with other members co-opted for specific tasks as necessary.
- The composition of the Municipal Team can be reviewed on a regular basis.
- It is important that each member is fully committed to addressing HIV/AIDS and has sufficient time and capacity to carry out the tasks that are allocated. Since Team members have other jobs, they will need to have the support of their line managers or organizations agreeing to their participation in the Team and involvement in its tasks.

### What is the purpose of the Team?

To be responsible for guiding and facilitating the development and implementation of a municipal and community-based response to HIV/AIDS in collaboration with key local government and community stakeholders.

In some municipalities, the Team has developed by focusing on the completion of a specific task. In Namibia, for example, the Windhoek Municipal HIV/AIDS Team collaborated on the development of an HIV/AIDS Service Directory for public distribution, while in Otjiwarongo, the team focused its attention on the establishment of a multi-purpose centre offering a range of services to vulnerable young people, HIV/AIDS affected households and the larger community.

## **To whom is the Team accountable?**

The team is accountable to the highest authority of the local government e.g. the Mayor or the Chief Executive.

## **Who are the members of the Team?**

- The group should include an individual designated as the HIV/AIDS Focal Point. This individual should be accountable to the highest level of local government authority (usually the Mayor). They should participate independently rather than as a representative of a specific sector. They should have working relationships with general local government and specific HIV/AIDS structures.
- Representatives of the mayor's office, councillors and local government staff from a range of sectors (i.e. not limited to the 'health' sector) including planning, education, youth, housing, etc.
- Representatives of civil society and local communities including: private sector organizations, faith-based organizations, police, media, community based service organizations for PLWHA, women and youth representatives, and informal neighbourhood groups.

## **What are the Team's key tasks?**

- To guide and facilitate the development of a coherent and realistic HIV/AIDS strategy internally for the local government workplace and externally for HIV/ AIDS service delivery and local coordination.
- In the 'start-up' phase the Team will oversee a situation analysis (What is currently being done? What are the gaps? etc.), develop a strategy and implementation plan and secure resources to implement the plan. Once implementation is underway, the focus of the Team will be on coordination and monitoring.
- To coordinate the implementation of the municipal HIV/AIDS response. Implementing partners include local government agencies as well as nongovernmental organizations and community-based organizations, as appropriate.
- To identify and work with focal points/offices in all local government departments and nongovernmental and civil society organizations responsible for implementing HIV/AIDS activities, and to monitor their progress.
- To facilitate communication and reporting on the municipal HIV/AIDS response within the local government authority and to the broader public.
- To serve as a forum for problem solving in relation to obstacles that may arise in implementing local responses to HIV/AIDS.

- To manage, monitor and report on any specific funding (in line with associated requirements), which has been allocated via the Team to the Local Government HIV/AIDS response.
- To promote the development of a larger “representative network” of individuals and organizations, not necessarily currently involved in HIV/AIDS activities, but with potential to support the work of the Team such as technical experts, or decision-makers from key sectors.
- To meet with Teams/Coalitions from other municipalities to share lessons learned.

## ANNEX I

### Suggestions for Resource Mobilization

#### Introduction

- The issue of resource mobilization needs to be a process engaged in by the Municipal HIV/AIDS Teams, rather than an external 'quick-fix' solution.
- While generating external resources can be an issue around which the Taskforce can gather, it is preferable for them to have come together before this and to be clear on agreed strategies and projects.
- The same is true with respect to local resource mobilization. While there may be opportunities which appear possible to an outsider, unless these are identified and the advantages and disadvantages considered by local players, these can actually produce tensions and may be ultimately destructive to the effective working of the team.

#### Local Resource Mobilization

representation of the private or business sector

- It is suggested that the team considers the relationship with the business sector as more than just a source of funding, but as an opportunity for a business exchange. Examples include:
  - Advertising space on the HIV/AIDS Directory in exchange for sponsorship of printing;
  - Training of employees on HIV/AIDS by organizations with relevant capacity; sharing of materials, condoms or testing and counselling services, etc.
- Teams are encouraged to investigate the potential availability of a range of resources and capacity rather than focusing narrowly upon funding. Other resources could include:

<b>Equipment</b>	Photocopiers, computers, email facilities, fax, vehicles etc (which may be in very short supply and therefore of great value).
<b>Buildings</b>	Physical space for meetings, offices, counselling services, etc. Sharing of space can be of great assistance and improve the capacity of partners to deliver.
<b>Training Capacity</b>	Training and capacity building is a valuable resource much in need by different partners and communities. Identification

of training capacity and matching with community-based and nongovernmental organizations needs assists in maximizing resources.

### **Skills**

Different partners possess a range of potentially complementary skills e.g. facilitation, communication, secretarial, proposal writing, counselling, and financial management. Pooling skills on joint endeavours can assist in accelerating progress and prevent delays resulting from lack of capacity among some partners.

- Teams are encouraged to develop a local resource mobilization strategy based on identification of the strengths and weaknesses of its different partner organizations, and a recognition of where and how resources could be shared, if not permanently, then at least for the purposes of joint projects.

### **External Resource Mobilization**

- Before the search for external resources begins, Teams should have formulated a municipal strategy, agreeing which projects/services will require external funding.
- Lead partners for each project/service could then come together, including those with expertise in proposal writing, to prepare proposals in respect of each or several projects/services. Included in the proposal should be the local contributions in funding or in-kind support for the project/service.
- Partner organizations can also share information regarding possible donors. Some donors find it difficult to fund local government directly. Therefore it may be strategic to apply for funding via nongovernmental organizations. An alternative is the creation of a joint funding structure for the Team through the establishment of a not-for-profit entity.
- External resource mobilization has commenced in a number of countries, with support from National AMICAALL Programmes, the Alliance Secretariat and the UN AMICAALL Partnership Programme (UN APP), which have been successful in raising funds from a range of donor partners, both public and private. This then becomes a second potential external route, which looks at the partnership between municipalities as well as within municipalities. Clearly this is a route that should continue to be pursued, hopefully informed by the priorities and projects/service needs identified through local planning processes.
- National AMICAALL offices have been playing a valuable role in both preparation of funding proposals and identification of possible donors. Identification of funding sources should be assisted by Mayors, Local Government Associations and other development partners that support decentralized responses to the epidemic.



# Tool 3

## Checklist for Preparing a Municipal Profile

### **Purpose**

Municipal profiles are a useful resource for anyone involved in local responses. A Profile provides an overview of the local government structure, population, infrastructure, economic activities, HIV/AIDS assessments and existing services and policies responding to the epidemic.

This note provides a structured checklist necessary for developing a Municipal profile.

### **Questions to Consider**

What sources will you use for relevant information?

How often will you update the Profile ensuring that the statistical information is current?

How will you disseminate the Profile?



## CHECKLIST FOR PREPARING A MUNICIPAL PROFILE

### **Name of city/town/municipality**

### **Local Government structure**

- Council Members (#)
- Annual Budget
- Source of funding (local revenues, national government)
- Municipal Services (all)

### **Population**

- Total Population
- % Male
- % Female
- % Stable population
- % Transient population
- HIV prevalence
- % Orphans
- Poverty rate
- Unemployment rate
- Adult literacy rate

### **Infrastructure** (brief description of services provided, target groups, geographic coverage)

- Health facilities
- Education facilities
- Social facilities

### **Economic activities**

- Commerce, Industry, Handicrafts, others

### **Response to HIV/AIDS – Existing Services**

- Prevention
- Care and support
- Treatment
- Impact mitigation

**Service Providers** (including description of services, target groups (e.g. vulnerable children and young people, people living with HIV, women), geographic coverage, source of funding)

- National government
- Provincial/State/Regional government
- Local government
- Nongovernmental sector
- Private sector
- Religious sector
- Others

### **Response to HIV/AIDS – Policies**

- National (role of local government)
- Municipal (role of local government)
- Workplace (public and private sector workplaces, including municipalities)
- Human Rights
- Decentralization

**Impact assessment**, identification of gaps, capacities at local government level

- Rapid assessment and gap analysis (services and capacities)
- Service needs by sector, by population group
- Capacity needs by service providers
- Priorities (short-term, longer-term)

# Tool 4

## Preparing a Municipal HIV/AIDS Directory

### **Purpose**

Preparing a Municipal HIV/AIDS Directory is an important task for four main reasons. First, it acquaints the Municipal HIV/AIDS team with the range of available services and those providing them. Second, it provides a useful resource for anyone involved in the local response. Third, it helps with future planning by identifying important gaps. Fourth, it provides the local population with access to information about available HIV/AIDS services in their cities and towns.

### **Questions to Consider**

Do any such directories already exist, in whole or in part?

How will you present the Directory?

How will you use the Directory?

How will you disseminate the Directory?

How will you maintain the Directory?



## **PREPARING A MUNICIPAL HIV/AIDS DIRECTORY**

### **Why a Municipal HIV/AIDS Directory?**

#### *For those in need of support*

A directory of HIV/AIDS-related services, such as prevention, care and support, treatment, training and advocacy, is essential for those infected and affected by HIV/AIDS and indicates they are not alone, that assistance is available.

#### *Sensitization*

A directory can serve as a sensitization document for the general population by educating citizens, encouraging de-stigmatization and promoting services. It includes a section on basic facts about HIV/AIDS and modes of transmission and suggests ways in which People Living with HIV (PLWHA) can live positive, healthy and productive lives.

#### *Municipality commitment*

As an example of a municipality's active response to HIV/AIDS, the directory is also evidence of commitment to addressing HIV/AIDS and providing information to the public.

#### *For service providers, policy makers and donors*

As a "snapshot" of available HIV- and AIDS-related services, a directory can be used to stimulate greater collaboration and coordination; identify gaps in the current response; and encourage a more integrated approach to service provision. This can be part of a larger effort to enhance commitment and capacity for scaling up responses to the epidemic.

### **Contents of the Directory**

Upfront a Municipal HIV/AIDS Service Directory should include:

- A preface by the Mayor or City Council stating the municipality's commitment to confronting HIV/AIDS and helping their citizens.
- A copy/summary of the city's HIV/AIDS policy, if available.
- Basic facts on HIV/AIDS.

For its core, the directory contains an exhaustive list of information on all HIV-and AIDS-related services available in a city or town operated by the municipality, government ministries, health facilities, international agencies, development partners, nongovernmental organizations, faith-based organizations and community groups. This information should include:

- Type of organization (i.e. nongovernmental organizations, government organization etc.).
- Name of organization.
- Short organization profile and statement of purpose.
- Organization contact information (complete address, telephone, fax, email, etc.)
- Targeted group (i.e. people living with HIV, adolescents, women, general public etc.).
- Services provided.

*NOTE:* Information should also be collected on community groups and organizations that:

- Provide support to build the capacity of HIV care-givers.
- Provide support (in whatever capacity) for orphans and vulnerable children.
- Undertake HIV/AIDS community-based information and education activities through dance, theatre, etc.
- Undertake other relevant HIV/AIDS activities or services in the community.

## **Preparing the Directory**

### ***Collecting information***

Although approaches may vary, it is important to identify a focal point/person in each municipality to be responsible for facilitating the data collection. The task of data collection and compilation can be assigned to someone within the municipality, a consultant or outsourced to a nongovernmental organization capable of this work. All service providers should be contacted and encouraged to contribute information. The information collected should be reviewed for accuracy and a database produced to enable periodic updating of information.

### ***Producing the Directory***

Once the information is collected, it should be published in hard copy as a brochure and online as a PDF document.

The date of publication should be included on the hard copy and digital version of the directory.

### ***Disseminating the Directory***

The hard copy version of the directory should be distributed free of charge to the general population through various channels determined by the municipality. They may include: City Council offices, libraries, health centres, community centres, schools, and other public places. If feasible, municipalities could also distribute the directories to households. The directory should be placed on the City Council's website and other websites, as appropriate.

Publicity activities should be undertaken where possible. For example, low cost fliers and posters, containing information on where the directory can be found, can be distributed on the street and the posters can be hung up in key public spaces such as shebeens, cafes, bus stops, etc. Advertisements for the directory in local newspapers/publications or on the radio are other possible avenues for publicity.

### **Preparation of a Budget for the Directory**

Breakdown of the usual costs involved:

- Consultant services to facilitate the collection of information.
- Translation for local language version.
- Graphic design and layout of the brochure.
- Printing.
- Development of a database, including the data entry.
- Updating information periodically, at least once a year.
- Publicity for the directory (e.g. posters, flyers, radio ads, etc.).

*An example of a Municipal HIV/AIDS Directory can be found on the AMICAALL website:*

<http://www.amicaall.org/publications/directory/windhoek.pdf>



# Tool 5

## **Conducting a Community Assessment Example: Orphans**

### **Purpose**

To illustrate community action planning with regard to a specific population e.g. orphans.

### **Questions to Consider**

What other groups might you consider to be the focus of your community action? In what ways might the planning process be different in relation to these groups?

Has any other work already been undertaken with these groups? If yes, how could you benefit from this?



## CONDUCTING A COMMUNITY ASSESSMENT EXAMPLE: ORPHANS

### Introduction

The purpose of these activities is to guide you in working with a local community to explore a particular problem and to consider a range of responses to it. In this case, the activities focus on orphans and vulnerable children, but the process could be adapted to explore a range of other concerns.

The activities allow you to explore the problem from the point of view of those most affected by it as well as of those involved in responding to it (i.e. service providers). This note is intended to help you plan and conduct the activities, to identify key learning and to use this in planning next steps with the community and service providers.

Doing these activities will help you—as the Municipal HIV/AIDS Team—to work together as a team and to work in collaboration with local communities and service providers, drawing on their insights and experiences of the problems they face.

The activities will also help you strengthen collaboration with existing service-providers and to work with them in identifying and responding to important gaps.

The Annex contains examples of some responses to working with orphans from different countries.

### Process

We think that the best way to learn about undertaking assessments is by doing them. We suggest that you do this gradually, taking one topic at a time and using the experience to build the confidence of the Team. This Guidance Note focuses on orphans, but future examples might include:

- Prevention
- Treatment
- Home-based Care
- People living with HIV advocacy

### Steps

***2. Identify what you need most to know about orphans and vulnerable children to be able to take effective action.***

- For example, you need to know the *size of the problem*, i.e. how many orphans and vulnerable children are there in the community now? Who keeps this kind

of information? If it is not available, who should keep this kind of information? How should this information be shared?

- You need to know the *nature of the problem*, i.e. what are the most important needs of these children? How are these being met presently (or not).
- You need to know how *the community is coping with the problem*, i.e. who looks after orphans? Are there children who are not looked after? What is happening to them?
- You need to have an idea of how *the problem might be changing*—will there be more orphans and vulnerable children? Will families be able to cope? If not, what might happen?

### ***3. Having identified the key questions to ask, you need to identify who might best answer these questions:***

- *Orphans and vulnerable children themselves*—what do they see as their most important needs and concerns?
- *Community members*—how are they affected now by orphans and vulnerable children? What would be of most help to them in looking after these children?
- *Service providers*—how are they responding to the needs of these children? What gaps exist in terms of service provision? What would be of most help to them in meeting the needs of these children?
- Any others?

### ***4. Choose the best way to ask your questions:***

You will probably need to use a combination of ‘one to one’ and group discussions. ‘One to one’ is probably best when you need to get factual answers to specific questions such as the questions for service providers. Group discussions are particularly useful for exploring a problem in more detail.

For both methods, you should practice with each other before you go out to use it in the community.

The most important skills for a group discussion are being able to ask clear questions, to listen, to encourage everyone to speak, to avoid imposing your own opinions and to take clear records. It may be useful to work in pairs, with one person leading the discussion and the other taking notes.

Groups should be kept small and divided according to gender, age and, if appropriate, by other important variables. Make sure that you include as many different sections of the community as you can.

You need to explain the purpose of the discussion (or interview) and why taking notes is necessary. Reassure participants that no individual participant will be identified in any subsequent discussion. The note-taker should summarize at the end and check with participants that the summary is an accurate reflection of the discussion.

You can ask for volunteers who are willing to come and participate in the meeting at which you will present and discuss the findings.

### ***Suggested Questions for Community Group Discussions***

What has been the most serious impact of HIV/AIDS on your community/household/ family/children?

How many households would you say are now looking after orphans and other vulnerable children?

In the last year, has the situation got better or worse in terms of the numbers of orphaned children?

What do these children need most (physically, emotionally, economically)?

What do households need most to be able to look after them?

What does the community need most to make sure these children are looked after?

How could we find out if things are getting better or worse in relation to the care of these children?

Sometimes it can be helpful to ask people to draw a picture or to tell a story in response to questions. This can be useful in making the discussion more concrete and it is particularly useful with children and young people (with whom you would need to ask more relevant questions). Participants may wish to volunteer to present the outcomes of this work (e.g. drawings or stories) at the presentation meeting and this can ensure that the proceedings remain grounded in local realities.

***4. Decide who will be responsible for conducting the interviews/discussions.***

***5. Agree to a timetable and stick to it.***

***6. When all the discussions have been completed, have a meeting to discuss how you will present the data. It is probably simplest to do this by presenting***

*each of the key questions you set out to ask in turn together with the relevant answers. Do not be afraid to say that you do not have all the answers!*

**7. Call stakeholders together and involve as many community members as you can.**

**8. Present your data (if possible involving community members) and then discuss:**

- What have been the most important things we have learned about orphans and vulnerable children?

**9. Brainstorm priorities for action before considering the following questions:**

- Who should be the focus of our action?
  - Most vulnerable orphans themselves?
  - Most affected families?
  - Most affected communities?
- What should be the focus of our action?
  - Immediate survival needs, e.g. nutrition, health, schooling, and skills training?
  - Longer-term support to households and families, e.g. through economic strengthening and/or psychosocial support?
  - Advocacy with community groups, local and higher level political bodies?
- Have we considered: Gender? Age? Sustainability? Do girls need different kinds of support from boys? Different age groups may need different types of support. How can we ensure that actions to support orphans can be sustained?

**10. When the priorities for action have been identified, clarify:**

- Who will be responsible for what? For example, preparing a plan to address the problem? Finding resources, financial and technical, to implement a plan to address support to orphans.
- How will we know if we have achieved this?
- What topic or issue should we consider next?

## ANNEX I

### Service Providers

Name of Organization	
Contact Person and Details	
Type of Organization: e.g. nongovernmental	
Broad overall goal of the organization	
Describe your work with orphans	(Describe)
Structure of organization (number and status of staff/ volunteers, full/part-time – number of hours)	
Annual budget (overall)	
Source of funding for orphan programme(s)	
Geographical area covered	
Number of clients seen in last month	
Describe your monitoring system	
Most important gaps and priorities in service provision for orphans	
Key sources of data	
Key partner organizations	

## ANNEX II

### **The Experiences of FOCUS, COPE, World Vision, AMICAALL Namibia SOS Programme**

*Families, Orphans and Children under Stress* (FOCUS). The FOCUS programme in Zimbabwe supports community-based orphan initiatives at urban and rural sites in Manicaland. Female volunteers, often widows with orphans, are given the basic training they need to identify and register orphans in the community. At each site, a church leader, together with a committee composed of other community members, runs the programme. Needy orphans are identified, visited regularly, and provided with material support to help them stay in their homes and communities. Assistance includes helping children to rebuild their homes and giving them food, blankets, and primary school fees. An important aspect has been identifying ways to support orphans that complement the existing coping mechanisms. Also crucial has been encouraging the more important members of the communities to be involved in helping affected families. This approach has, in turn, encouraged other members of the community to provide support and has been an important strategy for reducing stigma and community rejection (Foster, 2000)<sup>2</sup>.

COPE (*Community-Based Options for Protection and Empowerment*). The COPE programme established in Malawi by the Save the Children Federation has developed a strategy to mobilize sustainable, effective community action to mitigate the impact of HIV/AIDS on children and families. COPE's main purposes are (a) to catalyse the formation of community care coalitions in efforts to respond to the needs of children and families affected by HIV/AIDS, and (b) to strengthen the capacity of these coalitions through the appropriate trainings to mobilize internal resources, access external resources, and organize village care committees and build their capacity to undertake initiatives intended to assist AIDS-affected children and families. At the beginning, COPE collaborates with village headpersons and volunteers to implement a set of interventions (in health, psychosocial, and economic areas intended to assist AIDS-affected families and their children). This initial phase is supposed to last about six months—that is, the period necessary for COPE to help the community start a community-based care initiative that should continue when COPE phases out (Krift and Phiri, 1998). Yet new evidence suggests that a better approach would be for COPE to phase down instead of phasing out to make the transition smoother (Williamson and Donahue, 2001)<sup>2</sup>.

*World Vision (WV) Approach.* WV supports community-led home care initiatives in which a coalition composed of concerned community members takes responsibility for identifying, monitoring, and protecting orphans and vulnerable children (OVC) with the assistance of WV. Those targeted include orphans, children whose parents are chronically ill, children living in households that have taken in orphans, and other children the community identifies as vulnerable. Coalition members are volunteers trained by WV to provide adequate assistance and care during their regular visits to orphans, vulnerable children and their families. The neediest children and families are provided with in-kind support (education, nutrition, health, clothing, and blankets), but also with, among other things, access to safe water, spiritual and psychological support, succession planning, and training in life-sustaining skills. Practical support is also given, such as assistance with basic household tasks, care for the chronically ill, and day care centres for young children. One of WV's objectives is to build the capacity of the coalition by providing training in planning, proposal writing, budgeting, monitoring, and reporting so that the coalition can access and manage external resources in order to address other needs (World Vision 2002 can be accessed at [www.wvi.org](http://www.wvi.org))<sup>2</sup>.

Skills, Opportunities and Self-reliance (SOS) - AMICAALL Namibia in collaboration with OrT International Cooperation, an international nongovernmental organization specialising in vocational and technical training, and the UN AMICAALL Partnership Programme, are implementing a programme targeting orphans and vulnerable youth. Through this programme, orphans and vulnerable youth are able to access vocational training, employment or self-employment skills to enable them to earn a living and contribute to their societies. The vocational and employment skills training activities are coupled with youth development activities and access to HIV prevention education and information. This programme is also helping municipalities to set up systems to monitor support to orphans and encourage the setting up of referral systems amongst service providers so that orphans and vulnerable youth can better access a range of support services. ([www.amicaall.org](http://www.amicaall.org))

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<sup>2</sup> quoted in Kalanidhi Subbarao and Diane Coury, *Reaching Out to Africa's Orphans: A Framework for Public Action*, The International Bank for reconstruction and Development, The World Bank, 2004.



# Tool 6

## **Developing a Community Based HIV/AIDS Action Plan at the Municipal Level**

### **Purpose**

This note provides simple, structured guidance on planning community action.

### **Questions to Consider**

What assessments have been conducted that you could draw upon in your planning?

Does a suitable planning group mechanism already exist?



## DEVELOPING A COMMUNITY BASED HIV/AIDS ACTION PLAN AT THE MUNICIPAL LEVEL

This guidance note has been prepared for Municipal HIV/AIDS Teams or other similar mechanisms that have responsibility for coordinating and planning local action to respond to HIV/AIDS. The purpose of the note is to provide a simple, structured guide to planning community action.

1. If you have not already done so, **establish a planning group** as a committee or sub group of your Municipal HIV/AIDS Team. The group should include representation from district HIV/AIDS teams (where these exist), from local government and local communities, including for example, people living with HIV, nongovernmental and community-based organizations, as well as from the private sector. If you think it necessary, ask someone to facilitate your sessions(s), allowing all the group members to focus on the task.
2. Familiarize yourselves with critical information in terms of your **national policy and strategy** on HIV/AIDS to make sure that your plan is consistent with this. You may want to invite a representative of the national HIV/AIDS programme or commission to come and talk with you about the programme, to help you in your planning or to observe and learn about planning at the local level.
3. review the **findings of the municipal/community assessment** and consider the question: “what is the current situation within our municipality/ community?”
4. Think ahead and decide what you would like the situation to be in the future, for example five or ten years from now?
5. On the basis of your community assessment and your future vision, **identify priorities** in terms of specific target groups,—e.g. orphans and vulnerable children, child-headed households, young women—and specific **actions** to be implemented:

*e.g. to establish a daily feeding programme and referral centre for all the orphans within our municipality or community.*

6. Identify partners who will be involved in implementing the action together with the specific roles to be played by each.
7. Clarify the resources (financial, technical and human) needed and who will provide them:

*e.g. municipality (will provide premises and some financial support), nongovernmental organizations (will provide human and technical support), and private sector (will co-finance).*

8. Establish specific objectives (that are SMArT: Specific, Measurable, Achievable, realistic and Time-related) and check that these are acceptable to all partners:

*e.g. by the end of March 2005 to provide a daily feeding programme for xxxxx orphans through xxxxx centres through the municipality/commune of xxxxx.*

9. Identify how you will monitor the progress of your activities and evaluate their success, e.g. what kinds of records will need to be kept and what reporting will be required?
10. Use the checklist in Annex I to assess your plan.

## ANNEX I

### Checklist for developing a municipal HIV/AIDS plan

ISSUE	ACTION
Be consistent with the overall national HIV/AIDS policy and strategy	Familiarize yourselves with national HIV/AIDS policy and strategy documents and other relevant documentation.
Compliment the plans and work of other government and nongovernmental agencies	Consult widely during the planning process for example by inviting key individuals to join the planning group or participate in specific sessions.
Be gender-sensitive	Consider each element of the plan in turn—ask yourselves if it addresses the specific needs of girls and women, and, if not, how it could be made to do so.
Be clear and targeted at particular groups	Describe priority groups e.g. youth, orphans and vulnerable children, people living with HIV (PLWHIV), women, etc. and each action to be implemented.
Be explicit regarding the roles and responsibilities of all partners	Describe respective functions and allocate roles and responsibilities.
Make best use of available resources and identify how additional resources can be accessed, as needed	Identify the resource needs of the plan: human, technical and financial and how these will be made available.



# Tool 7

## **Guidance on Monitoring and Evaluation of AMICAALL Small Grants**

### **Purpose**

To demonstrate a framework for monitoring and evaluation of a Small Grant Scheme.

### **Questions to Consider**

What is the monitoring and evaluation requirement of your funder? Will this format meet their requirements?

Who will be responsible for monitoring and evaluating the Small Grant Scheme?



## GUIDANCE ON MONITORING AND EVALUATING AMICAALL SMALL GRANTS

### Monitoring Form: AMICAALL

**Period:**

AMICAALL	Comment	MEANS OF VERIFICATION
Number of proposals received		Copies of proposals
Number rejected		Copies of rejection letters
Number approved		Grant Award letters record of bank transfer
Number of Grants awarded by Municipality		Minutes of meeting of the Award Committee
Grants By Target Group: e.g. PLHIV Orphans Women Young people		Memorandum of Understanding with grant recipients
Average amount of grant		Memorandum of Understanding with grant recipients
Number and locations of site visits		Site visit report
Technical assistance needs identified and responded to		Site visit report

## Monitoring Form: Implementing Agency

Period:

IMPLEMENTING AGENCY	Progress to date	MEANS OF VERIFICATION
List key objectives activities as per proposal:  1.  2.  3.  4.  etc.	Describe what has been achieved so far in relation to each objective /activity  1.  2.  3.  4.  etc.	1.  2.  3.  4.  etc.
	Comment	
Amount Budgeted		Financial report
Amount Spent		Financial report
Technical assistance needs identified		Technical assistance Provided

### Key Evaluation Questions

It will probably not be possible or appropriate to answer all of the following questions. Therefore, you will need to select those questions that are most appropriate to the focus of your evaluation and to the nature of the particular project.

Your conclusions should be based upon what you have **seen** (observations of project activities) and what you have **found out** (from relevant documents and interviews with project stakeholders including implementers and beneficiaries). Where possible, use direct quotes from members of these groups.

The questions below are divided into categories (highlighted in bold and underlined). These categories reflect different dimensions of the project (e.g. the community-based nature, groups with whom the project works, gender dimensions, etc.).

Under each category heading, the bulleted text in bold are the key questions to be considered. Where relevant, additional questions are provided to demonstrate how key questions might be explored in more detail.

## **Community-Based**

- What evidence is there that the project is community-based?
- Where is the project managed?
- Where is it actually based?
- Where do project activities take place?

## **Vulnerable Groups**

- **Which specific *vulnerable groups* are involved in the project?**

Describe the ways in which members of these groups are involved in the project:

Do members of vulnerable groups have any decision-making role in relation to the project?

Are they involved in implementing the project activities?

## **Gender**

- **In what specific ways are women involved in the project?**

What roles do women have in the project? (i.e. are they beneficiaries, project implementers, decision-makers?)

What steps have been taken to encourage women to participate in the project? (e.g. has special training been provided or childcare facilities organized?)

## **Partnership**

- **Describe the different ways in which local government, civil society and local communities relate to each other in this project in terms of communication.**

Make a diagram of all the different groups who are involved in the project.

e.g. local government, Municipal HIV/AIDS Teams, nongovernmental organizations, beneficiaries etc. Draw lines to demonstrate how communication occurs, e.g. who talks to who within the project—for example, are there opportunities for beneficiaries to talk to project decision-makers? Highlight which groups are responsible for decision-making within the project.

## Learning and Information-Sharing

- In their own words, what have been the specific benefits from the project for local government? Local implementers? Beneficiaries?
- What specific tasks can local groups now perform as a result of this assistance that they could not previously do?

## Capacity Building

- Has any specific technical assistance been received? If so, describe. What needs have been addressed?

Who provided the assistance and how was this done? (e.g. through training, exchange visits?)

## Sustainability

- **What potential exists for future expansion in terms of:**
  - Need
  - Capacity to implement among local partners
  - Possible funding sources

## Overall

- **What have been the three most important lessons you have learned so far?**

On the basis of your experience so far, if you were to undertake another project, what would you do differently?

# Tool 8

## **Integrating Local Government in National HIV/AIDS Plans**

### **Purpose**

This note demonstrates how one country has integrated local government within its national response to HIV/AIDS.

### **Questions to Consider**

What is the role of local government as articulated in our current national HIV/AIDS plan?

Do we need to do more advocacies at the national level to show more clearly how local government can contribute to the national response?

Are we engaging in the tasks allocated to us within the national plan?



## **INTEGRATING LOCAL GOVERNMENT IN NATIONAL HIV/AIDS PLANS**

Taken from the republic of Namibia's National Strategic Plan on HIV/AIDS (Third Medium Term Plan MTP III 2004-2009), the excerpt that follows provides an example of how one country has integrated the role of local government within its national response to HIV/AIDS.

This example raises a number of key points that are potentially relevant to demonstrating how local government can contribute to the overall objectives of a national response to HIV/AIDS in any country. These include explicit recognition of:

- Local government as a sector in its own right;
- AMICAALL and local government authorities as key coordinating bodies;
- The importance of building capacity of mayors, municipal leaders and local authority institutions; and
- The comparative advantage of local authorities in relation to coordination and implementation of local responses.

The plan articulates a number of commitments on the part of local authorities in relation to prevention, impact mitigation, programme management and coordination and creating an enabling environment. These commitments include:

- Briefing and sensitization for mayors, councillors, officials and staff;
- An HIV/AIDS coordinating committee and plan of action to mitigate the impact of the epidemic upon local communities;
- Capacity building for local authorities in terms of supporting needs assessment processes, project management and funding of community based responses;
- Provision of workplace programmes for all municipalities;
- Mobilizing capacity to work with young people;
- Working in partnership with private sector and civil society, including people living with HIV/AIDS;
- Planning (informed by rapid assessments) and monitoring mechanisms in place; and
- HIV/AIDS mainstreamed within the municipal services agenda.

**Excerpt from Namibia's National Strategic Plan on HIV/AIDS  
Third Medium Term Plan MTP III 2004-2009**

*(Taken from Chapter VI: Sectoral Obligations and Commitments)*

**Sector: Local Authority**

**Coordinating Bodies:** ALAN and AMICAALL and NALAO

**Key actors to be involved:** Local Authorities throughout Namibia

**Target Groups:** Those HIV/AIDS infected and affected populations in cities, towns and villages

**Sector objectives:**

1. Empower local authorities to respond more effectively to the HIV/AIDS epidemic in the constituencies and to work together with these communities.
2. Build the capacity of mayors and municipal leaders and local authority institutions to initiate or expand local responses to HIV/AIDS.
3. Increase access by local authorities to relevant and up-to date information in support of HIV/AIDS advocacy. Sensitization and programme development.
4. Apply the comparative advantage of local authorities in coordination and implementation of local responses.

*This Sector's Commitments in MTP III .....Chapter 3 Reference*

<b>Enabling Environment</b>	<b>1</b>
All mayors, local councillors and local authority officials receive relevant Information, Education, Communication (IEC) material on HIV/AIDS	1.1.1
Conduct training and sensitization activities for local authorities on the HIV/AIDS epidemic, management implications, governance, advocacy and coordination	1.1.1
Local authorities contribute to national policy dialogue through articulation of local realities 1.3.1	1.3.1

<b>Prevention</b>	<b>2</b>
Mobilize local capacity to protect and support young people in staying free of HIV/AIDS infection, and in appropriate care and support for those infected and affected	2.3.2
Develop workplace programmes for municipalities	2.4.2
<b>Mitigating the Impact</b>	<b>4</b>
Capacity building for local authorities on project management of community-based responses to HIV/AIDS and use limited resources	4.1.1
The Local Authority will act as a local funding agent for community responses	4.1.1
Identify, through a needs assessment process, community based HIV/AIDS response projects	4.1.1
Work together with private sector, civil society, people living with HIV/AIDS and other partners in the community	4.1.2
Ensure that all Local Authorities have a plan of action for combating the impact of HIV/AIDS on communities, and an HIV/AIDS Coordinating Committee	4.3.1
<b>Programme Management and Coordination</b>	<b>5</b>
All local authorities undertake a rapid impact assessment to inform planning	5.1.1
All local authorities undertake a strategic planning process to mainstream HIV/AIDS into the municipal service agenda	5.1.5
Develop monitoring system for programmes, including client feedback	5.3.1

Medium Term Plan III for HIV/AIDS



# Tool 9

## Annual Monitoring and Reporting Tool

### **Purpose**

To support monitoring of Alliance and AMICAALL activities at country level and to contribute towards the national-level monitoring and evaluation of responses to the HIV epidemic.

### **Questions to Consider**

Within your team, who has the main responsibility for monitoring and reporting?

Are team members and partners aware of their respective responsibilities in relation to monitoring and reporting?

Is there a clear plan and timeframe for gathering necessary information?



## ANNUAL MONITORING AND REPORTING TOOL

UNAIDS is leading efforts to enhance national-level monitoring and evaluation of responses to the HIV epidemic. AMICAALL National Programmes and National AIDS Commissions need to collaborate to ensure that local-level indicators are reflected in these efforts.

Therefore, this tool has two broad purposes: to support monitoring of Alliance and AMICAALL activities at the country level, as well as contributing to broader national level monitoring and evaluation activities.

This is an annual report and while it will require considerable effort in the first year of reporting, thereafter it will be necessary to report only on key activities and changes that have occurred *during the previous year*.

Key Area	Narrative Text to be Provided	Documentation to be Attached
<b>1. Political Commitment</b>	<p>Details of Launch held</p> <p>Declaration signed</p> <p>Describe support provided by:</p> <p>Local Government:</p> <p>National Government:</p> <p>Others (UN, Bilateral, NGOs, etc.)</p>	Copy of declaration
<b>2. Role of Local Government (including decentralization) in National HIV/AIDS Plans Summary</b>	Summary	relevant sections of National HIV strategy/plan
<b>3. AMICAALL Programme</b>	<p>Staff recruited</p> <p>Capacity building activities including consultancies (technical/organizational/financial)</p> <p>Number and description of Local Authorities covered by AMICAALL Programme</p>	<p>Organization chart</p> <p>Terms of reference/ executive summaries of consultancy reports</p>
<b>4. Resources/ Funding Mobilized</b>	<p>Expressed in monetary terms or in-kind contributions:</p> <p>Source:</p>	<p>Copy of contract;</p> <p>Description of resources mobilized</p>

<p><b>5. New Partnerships</b></p>	<p>Name Contact Person Description of the nature of collaboration</p>	<p>Copy of letter of agreement</p>
<p><b>6. Programme Progress Milestones/ Enhancing Municipal Level Capacity</b></p>	<p><b><u>Describe current status in terms of:</u></b> <b>Establishment of functioning Municipal HIV/AIDS Team (number)</b>  <b><u>Examples of joint activities:</u></b> <b>Impact Assessment</b> <b>Needs Assessment</b> <b>Municipal HIV/AIDS Directory</b> <b>Municipal HIV/AIDS Budget Lines</b> <b>Municipal policy</b>  <b>Preparation and Implementation of work-plan (Internal – local government workplace)</b>  <b>Preparation and Implementation of work-plan (External – for municipality)</b>  <b>Monitoring &amp; Evaluation</b></p>	<p>Minutes of meetings  report report Copy of directory Amount budgeted Copy of Policy/ Plan Copy of workplan  Copies of reports  M &amp; E Framework</p>
<p><b>7. Monitoring of Key Principles</b></p>	<p><b>Specific action taken to promote principles of:</b>  <b>Human Rights</b> <b>PLHIV Involvement</b> <b>Gender Equity</b></p>	<p>Stakeholder Feedback</p>

# Tool 10

## Preparing a Case Study

### **Purpose**

This note explains how to go about preparing a case study of an AMICAALL country programme or a local initiative.

### **Questions to Consider**

Why do we need to prepare a case study? (i.e. is it a requirement of a funder, part of an evaluation, or are there lessons we want to share with our partners)?

What aspect(s) of our work potentially offers the most learning for others and us?



## PREPARING A CASE STUDY

- In the AMICAALL context, case studies have been used so far to describe in detail countrywide programmes and individual municipal programmes (see Annex II for hyperlinks to the case studies of Swaziland and Namibia).
- One advantage of a case study is that it provides an opportunity to describe a situation or problem in depth and therefore to generate learning.
- Disadvantages of case studies are that they are not easy to prepare. It is all too easy to ramble and to lose focus. Furthermore, as soon as a case study is completed it is likely to be out of date. Therefore the lessons learned need to have longer-term relevance.
- It is important to begin preparing any case study with a clear sense of purpose and intended audience. In the AMICAALL context, case studies provide an important opportunity to document and share lessons learned primarily with peers throughout the AMICAALL network, but also with others interested in engaging local government in the response to HIV/AIDS.
- The next step in preparing a case study is to decide upon the theme: for example, you might want to describe the history of a programme to date, drawing attention to problems encountered and creative ways found of resolving them. Sometimes we learn more from examining what went wrong, or at least did not go as planned, as we did from our successes. Or else you might want to describe in depth an innovative aspect of a programme (see for example the Namibia municipal case study). The important thing is to identify a focus for the study and to stick to it.
- Begin by looking at other case studies, including those produced by AMICAALL programmes and reflect on what it is, you think, makes for a good case study.
- Having done this, you should then write down the purpose of your study: e.g. “to document milestones and key challenges in the history to date of the AMICAALL programme in XXXXX”.
- Some general hints:
  - State the purpose of the study at the beginning and keep reminding yourself of it throughout.
  - At the end, remind yourself of the purpose and review the document to consider how far and how clearly you have met the goal.
  - Identify key questions for the future.
  - Keep jargon and acronyms to a minimum.
  - Ask yourself if the detail you provide is necessary.

- Use short, clear and simple sentences—these are easier to read and will keep the reader engaged.
- Use quotes—but make sure they are relevant to the point you are trying to make and that you respect the confidentiality of your informants.
- Make a list of headings you need to cover in your study, for example:
  - Purpose of the study and intended audience;
  - Brief description of the context in terms of the HIV epidemic and local government engagement with it so far;
  - How your programme/project came into being (i.e. key stakeholders/beneficiaries) and progress so far;
  - Problems encountered and how these have been addressed;
  - Key Lessons learned;
  - Outstanding challenges.
- Go through these headings and assess what information you already have and what you still need to assemble. Identify key people and how they relate to the story you want to tell. Make a list of the questions you need to ask them to be able to tell your story.
- Once you have assembled all your information, go through it and decide under which of the above headings it belongs.
- Write your study! And ask your colleagues to read it to assess the extent to which it is clear, accurate and interesting to them.

# Tool 11

## **Facilitated Study Tour: Learning, sharing and applying knowledge**

### **Purpose**

This note provides guidance on designing and conducting facilitated study tours for different stakeholders - mayors, government officials, Non-governmental organisation (NGO) and Community Based Organisation (CBO) staff, people living with HIV and community members - to reflect upon and enhance their work on HIV.

### **Questions to Consider**

What is the overall purpose of your intended study tour?

Is a study tour the most effective and efficient way to achieve this?

Where is the nearest and most relevant example - in terms of culture, language and available resources - of the kind of programme participants would benefit from visiting?

What are the objectives of the tour? Are these SMART?

Who would benefit most from participating in the study tour?

Will participants have adequate time to prepare for the study tour and to participate in follow-up activities?

Do participants have the ability to share what they learn from the study tour with other colleagues or groups upon their return? What support might they need to do this and how could this best be provided?

Do participants understand and agree to what is expected of them in terms of their preparation, participation and follow-up?

How will you identify the most appropriate person(s) to facilitate?

What specific tasks will the facilitator(s) be required to undertake?

Are there adequate resources available for conducting the study tour, including preparation and follow up?

Have adequate preparations been made to receive participants by the institution or programme hosting the study tour participants?

## **STEPS FOR ORGANISING A FACILITATED STUDY TOUR**

### **Definition**

A facilitated study tour has a set of clear objectives and is structured and led by one or more facilitators.

The role of the facilitator(s) is to assist study tour participants to clarify and set objectives, to assist participants to review each visit or meeting and reflect upon their learning, and to help participants consider how they will make use of their learning upon their return to their own location.

Facilitated study tours can occur locally, nationally or internationally. Tours may include visits to one or several different sites. Study tours can be useful for promoting learning, sharing of experiences and injecting new ideas and energy into institutions, programmes or projects.

### **Factors contributing to successful facilitated study tours**

A number of factors will contribute to the success of a facilitated study tour. These include:

- Buy-in from senior management to promote subsequent implementation of learning
- Thorough preparation
- Objectives that are SMART - Specific, Measurable, Achievable, Realistic and Time-related
- Careful selection of host organisations, participants and facilitators according to explicit criteria
- Commitment from participants
- Arrangements in place for follow-up and support

### **Clarify the purpose**

The purpose of the study tour should be made clear to the funders, organisers, participants and their managers, and of course, the host organisation or group. For example, the purpose may be to improve the local response in terms of HIV advocacy and training; leadership and education; prevention, care, support and treatment; the impact of HIV on women and girls, stigma and discrimination, and support for orphaned and vulnerable children; or programme management, monitoring and evaluation.

Without a defined purpose, the impact of the study tours will be significantly reduced. Once a clear purpose is established, a set of learning objectives can be established. These

will state what it is specifically that participants will be expected to do upon their return from the study tour. For example:

*By the end of this study tour, participants will be able to:*

- 1. Explain key features of a range of community-based approaches to work with orphans and vulnerable children*
- 2. Explain key aspects of a successful municipal and community-based programme for tackling stigma and discrimination towards people affected by HIV and AIDS*
- 3. Identify key strengths and weaknesses of each approach*
- 4. Discuss the relevance of these approaches for their own work setting.*

## **Select participants**

For the study tour to be most effective, careful attention will need to be paid to the selection of the most appropriate participants. Selection criteria should be clear, transparent and strategic.

Selected participants should be those who will most benefit from participating in the study tour in terms of their ability to contribute to enhancing a municipal and community-based response to HIV upon their return.

If the purpose of the study tour is to strengthen the capacity of a Municipal HIV/AIDS Team, it would clearly make sense to include as many members of the team as the budget will allow. If the purpose is to promote participation in and ownership of the local response by locally elected officials, it would make sense to focus on councillors, although it may also be possible to include other members of the Municipal HIV/AIDS Team either as facilitators or participants. Another strategy could be to strengthen community responses by involving representatives of community groups and local government officials.

Whatever the strategy, it will be essential to ensure key issues - such as gender and meaningful involvement of people living with HIV - are considered throughout. It may be desirable therefore, whatever the composition of the group, to include among the participants or facilitators, those with a particular interest or expertise in these areas.

Participants should carefully review the objectives of the tour and commit themselves to implementing a plan of action upon their return.

## **Planning the tour**

A designated individual or group should be given responsibility for planning the tour. They should have a realistic budget (see end of this section) and undertake the following tasks:

- Prepare terms of reference for the study tour, including desired outcomes of the tour

- Identify and liaise with hosting organisation(s) in line with the agreed purpose and objectives of the tour
- Prepare selection criteria for participants and facilitators
- Consult with the Municipal HIV/AIDS Team, facilitator(s), participants and host organisation(s), to develop the study tour agenda and timetable
- Undertake all travel and logistical arrangements (visas, accommodation and meals, transportation, subsistence allowances etc.)

Careful attention needs to be paid to the selection of the host organisation(s) and sites. These need to offer experiences and lessons that can be replicable and adapted by participants in their own settings. It is not necessary for the situation to be identical but participants need to be able to identify with at least some key aspects of it. In terms of the people they will meet during the tour, it will be ideal if participants can visit their 'peer' counterparts.

If the tour involves meeting people who speak a different language, arrangements need to be made for recruiting local interpreters who should be briefed and made familiar with any technical terms that will commonly be used during the visit.

Once identified, the facilitator(s) (and organiser if this is a different individual) should meet with the participants well in advance of the tour. This will provide an opportunity for all the members of the tour to become acquainted and to articulate expectations and establish individual learning objectives. respective roles and responsibilities of participants and facilitator(s) can also be clarified. Key themes and questions for the tour can be identified and responsibility allocated among participants for pursuing these. This can also be an ideal opportunity to make plans for follow-up tasks to be undertaken after the tour is completed.

A set of clear ground rules should be agreed upon by all participants as a condition of participation in the tour. This should include agreements about appropriate behaviour during the tour (such as punctuality, not missing sessions) and about respecting the privacy and confidentiality of those they meet during the tour.

As well as thorough preparation, good host partners are critical for ensuring a successful study tour. Ideally, the organiser and facilitator should meet with the host agencies well in advance to discuss the purpose, objectives and structure of the tour. If face to face meeting is not possible, regular communication between designated individuals (and deputies in case of emergencies) will be essential.

The timetable and programme should be drafted, checked and agreed, and local logistical details (such as accommodation, transport and subsistence) double-checked. Ensure that the sites, projects, communities and people to be visited are relevant to the specific purpose and objectives of the tour and that these are made clear to those visited.

The timetable should allow enough time at each location. Sufficient time should be built into the programme for preparation, discussion and processing. Designated responsibility for specific tasks e.g. note-taking, asking key questions should be made clear before each meeting or site visit.

If possible, participants will probably learn more if they are divided into small groups for site visits. Large numbers of visitors can be distracting to those visited and minimise the degree of participation possible by each member of the tour group.

### **Conducting the Facilitated Study Tour**

Daily debriefing sessions should be held in order to help participants process their observations, thoughts and feelings about the events of the day. In particular, participants should be encouraged to think through the relevance of what they have seen and heard to their own settings and to identify any adaptations that might be necessary.

For example, it can be useful to ask participants to consider the following questions:

- What did we see today?
- Why did we see this?
- How did we *feel* about it?
- What did we *think* about it?
- What is its possible relevance to our local situation?
- Is it something we would wish to replicate?
- What adaptations, if any, would we need to make it relevant to our situation?
- What more information do we need about it?
- Who will be responsible for obtaining this information and sharing it with us?
- What resource issues will we need to take into consideration?
- What gender issues, if any, do we need to consider?

### **Follow up**

Participants need to be clear about what is expected of them upon their return from the study tour and arrangements for this should be made in advance of the tour.

Examples of follow-up activities include:

- Debriefing sessions with colleagues (e.g. Municipal HIV/AIDS Team)
- Seminars to disseminate the group's learning
- Dissemination or display of materials acquired
- Community forums to discuss proposed actions
- Follow-up support visits to participants and their managers by facilitator(s)

## **Budget**

Examples of items for inclusion:

- Preparation time
- Communication costs (with host agencies and participants)
- Facilitator's fees
- Stationery
- Travel (e.g. airfares)
- Equipment (computer)
- Local transportation
- Interpreters
- Translation of materials
- Accommodation
- Meals
- Subsistence allowances
- Visas, vaccinations etc.



# Tool 12

## HIV in the Municipal Workplace

### **Purpose**

The purpose of this tool is to provide guidance on the process of developing and implementing a policy on HIV in the municipal workplace.

### **Questions to Consider**

Does a policy on HIV in the municipal workplace already exist?

If so, has it been implemented? Is it up to date?

If not, who are the key people we need to involve in its development?



## HIV IN THE MUNICIPAL WORKPLACE<sup>1</sup>

### Why do we need a policy on HIV in the municipal workplace?

The municipality is the level of government in most direct contact with local communities and is therefore a key level at which to respond to HIV. This response needs to be both *internal* (through the implementation of a workplace policy) and *external* through the services provided by the municipality. The tools in this kit are based on the assumption that since municipalities engage with civil society, the private sector and other levels of government, they are ideally placed both to identify local needs in relation to HIV and to co-ordinate a coherent response.

The municipal workplace is where many people come together on a regular basis. Communications systems are already in place, both for internal purposes and for public information. Existing structures, facilities and services can also be used for prevention, care and support.

A workplace policy on HIV informs all municipal employees of the available assistance in relation to HIV and sets out clearly the standards of behaviour which are expected of all. It also guides supervisors in managing HIV-related issues in the course of their work. A workplace policy sets out the framework for HIV-related workplace education and treatment programmes. However, the policy can only be as good as peoples' commitment to its implementation. This means that employees need to be aware of it, understand it, be reminded of it periodically, and adhere to it. Policies also need to be revised on a regular basis in line with changing knowledge and available resources.

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1. This tool is based upon material from the following documents:

- \* HIV and the Public Sector Workforce: An Action Guide for Managers. rau, B., Family Health International (FHI) & Futures Group, 2004
- \* Working Positively: A guide for NGOs Managing HIV/AIDS in the workplace. UK Consortium on AIDS and International Development, December 2003.
- \* ILO. Code of Practice: HIV/AIDS and the World of Work. International Labour Organisation. 2002.
- \* Lessons Learned in mainstreaming HIV/AIDS: Flyer 4: Workplace Policy on HIV/AIDS, Oxfam, 2001
- \* Action against AIDS in the Workplace: Global, UNAIDS et al., 2005

## **Who should be involved in developing the policy?**

The more inclusive and participatory the process of policy development is, the more likely the final product is to be 'owned' by stakeholders. It is important that the working group or committee charged with the task of developing the policy should include senior personnel in order to be able to make decisions and to have credibility. Members of the group should include representatives from the mayor's office, councillors, management, supervisors, staff, human resources or personnel department, occupational health services and persons living with HIV.

The involvement of trade unions or staff associations is essential for several reasons.

Trade unions have large networks and can be important allies in the implementation of the policy and for protecting the rights and dignity of workers affected by HIV. Trade unions can also be important resources in terms of prevention and care programmes (for example through peer education) and in lobbying for appropriate resources to be made available in the workplace, such as availability of condoms and the practice of universal safety precautions.

Support might also be solicited from national AIDS councils and international organisations addressing HIV in the workplace issues.

## **What should the key principles of our policy be?**

The following suggested key principles are based on the ILO Code of Practice and other guidelines:

### ***1. Recognition of HIV as a workplace issue***

HIV is a workplace issue because it threatens productivity and the welfare of all employees and their families. Therefore the workplace can contribute to limiting the spread and impact of the epidemic.

### ***2. Non-discrimination***

Discrimination and stigmatisation of people living with HIV are unacceptable. Furthermore, they inhibit prevention, care and treatment, and impact mitigation efforts.

### ***3. Gender equality***

Women are more likely than men to become infected and are more often adversely affected by HIV than men because of biological, social, cultural and economic reasons. Gender discrimination and sexual coercion and abuse in the workplace are completely unacceptable.

### ***4. Healthy work environment***

All employees should be familiar (and updated as necessary) with relevant health and safety guidelines, including the need for universal precautions when dealing with blood and body fluids.

### ***5. Social dialogue***

Participation by management and workers, and their representatives, is essential for the effective development and implementation of the policy.

### ***6. Screening for purposes of exclusion from employment or work processes***

Mandatory HIV screening is unnecessary and inappropriate for job applicants and existing personnel. Voluntary counselling and testing services should be available to all staff.

### ***7. Confidentiality***

No one should be asked to disclose HIV-related personal information. Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality. Consequences of breaches of confidentiality should be made clear.

### ***8. Continuation of employment relationship***

HIV infection is not a cause for termination of employment. Employees with HIV-related illnesses should be encouraged to work for as long as they wish and are medically fit to do so, in available, appropriate work. Increasing availability of antiretroviral therapy (ArT) will enable people to work for even longer.

### ***9. Prevention***

HIV infection is preventable. Unions and managers are in a key position to promote effective prevention by demonstrating and promoting appropriate changes in attitudes and behaviour.

### ***10. Communication***

The policy must be communicated to all in simple, clear, and unambiguous terms. Managers should be able to discuss the policy and its implications with their staff and demonstrate appropriate behaviour in the workplace.

### ***11. Care and support***

Solidarity, care, and health and socio-economic support for people living with HIV and their family members should guide our response to HIV in the world of work.

### **How detailed should the policy be?**

There are advantages and disadvantages with both short and long policy documents. Short policy documents can be produced relatively quickly and are more likely to be read by many people. However, short documents may not provide enough detail. Longer policy documents will take more time to produce but will probably be more thorough and hence useful.

## **How should the policy be structured?**

The following provides a suggested structure and guidance for formulating the policy document.

### ***Introduction***

- Why the municipality has decided to create a policy on HIV and which groups of people are covered by it.
- How the policy fits with other existing or draft policies and agreements.
- How the policy will be implemented.

### ***HIV Testing***

- No applicants or employee will be screened for HIV as a condition of continued employment or promotion.
- All personnel records are confidential, including medical information. This includes results of HIV tests should an employee choose to disclose this information.
- How the municipality will treat employees, and their families, whose positive HIV status is known.

### ***Health and Safety***

- Recognised legal and acceptable occupational safety precautions will be enforced to minimize the risk of exposure to HIV infection and other blood borne infections.
- Training will be provided as appropriate.

### ***Stigma and Discrimination***

- Stigma and discrimination against employees who are known or suspected to be HIV positive is forbidden and will lead to disciplinary action.

### ***Benefits and Treatment for Employees Infected with and Affected by HIV***

- Employees living with HIV will be entitled to the same benefits as other staff with serious illnesses.
- A statement will need to be included regarding the municipality's intentions in relation to providing access to antiretroviral therapy (ArT) and any other benefits for infected employees. (This may require a sub-committee to investigate the complex issues surrounding this subject).

### ***Elements Related to Workplace Prevention***

- HIV prevention is the responsibility of all municipal personnel, including mayors, councillors, management, unions and staff.

- The municipality will provide accurate and clear information for prevention, treatment, care and support.
- A statement concerning which services will be provided by the municipality (for example, access to male and female condoms, STI services, training for peer educators) and where to go for other kinds of assistance.
- Mayors, councillors, managers and worker representatives have a leadership role and responsibility to address HIV in appropriate terms, including promoting responsible and acceptable sexual behaviour.

### ***Mitigation***

- How the municipality will deal with prolonged employee absenteeism and loss of staff, including provision of sick and compassionate leave, including special provision for women as primary caregivers in a family.

### **Suggested key steps for developing the policy**

- Establish a policy committee with representatives from the mayor's office, councillors, management, supervisors, staff, trade unions, human resources department, occupational health services and persons living with HIV.
- Agree terms of reference and decision-making powers and responsibilities to ensure the policy will have authority.
- Review relevant existing legal and policy framework.
- Investigate the impact of the HIV epidemic on the workplace so far through assessing knowledge and attitudes, interviews with managers and focus group discussions with employees.
- Identify available services in both the workplace and in the local community for prevention, treatment, care and support.
- Draft policy in clear language, based on best practice and strong principles of non-discrimination and circulate for comment before revising and adopting.
- Prepare implementation plan together with a budget, timetable and clear lines of responsibility.
- Disseminate the policy and action plan widely through notice boards, pay slip inserts, meetings, induction and training sessions.
- Implement programmes of education and care and support in the workplace.
- Monitor the impact of the policy and revise on a regular basis.

### **Disseminating the policy**

Once drafted and approved the policy needs to be shared with all senior managers, union and worker representatives, human resources or personnel, medical and health staff, supervisors and all employees.

Ideally, the policy will be disseminated through orientation or training sessions that will provide opportunities for employees in smaller groups to work through the policy and raise and discuss questions as they do so. It may be advisable to train a small group of facilitators who can be responsible for these sessions, with representatives of management and unions etc. participating either as facilitators or as resource persons.

If basic HIV awareness training has not already been conducted, now is the time to do it, before the policy is discussed. More advanced training may be required for some staff, managers for example, who may need to explore and rehearse how to respond to HIV-related situations in the course of their work.

regular reminders about the policy, particularly if it is updated in light of new information and other policy decisions, can be made through meetings, newsletters and notice boards. The policy should be reviewed on a regular basis to make sure it remains in line with current knowledge about the epidemic.

## Some Recommended Resources

ILOAIDS Website

<http://www.ilo.org/public/english/protection/trav/aids/index.htm>

ETU Website: A South African site with simple guides on a range of skills useful for community organisers, including HIV and AIDS

<http://www.etu.org.za/toolbox/index.html>

HIV/AIDS behaviour change communication: a toolkit for the workplace, ILO-FHI <http://www.ilo.org/public/english/protection/trav/aids/publ/bcctoolkit.htm>

Action against AIDS in the Workplace: Global, UNAIDS et al., 2005

[http://data.unaids.org/Publications/IrC-pub06/jc0876-partnershipmenu\\_global\\_en.pdf](http://data.unaids.org/Publications/IrC-pub06/jc0876-partnershipmenu_global_en.pdf)

HIV and the Public Sector Workforce: An Action Guide for Managers, rau, B., Family Health International (FHI) & Futures Group, 2004

[http://info.worldbank.org/etools/docs/library/134438/ALGAF/Algaf\\_cd/algaf\\_docs/Resources/AIDS%20and%20the%20Public%20Sector%20Workforce%20\(2003\).pdf](http://info.worldbank.org/etools/docs/library/134438/ALGAF/Algaf_cd/algaf_docs/Resources/AIDS%20and%20the%20Public%20Sector%20Workforce%20(2003).pdf)

Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual, ILO, 2002

<http://www.ilo.org/public/english/protection/trav/aids/publ/manual.htm>

Managing HIV/AIDS in the Workplace: A Guide for Government Departments, K.B. Grant, A. Strode, r. Smart, Department of Public Service and Administration, 2002

[http://www.world-psi.org/Content/NavigationMenu/English/Campaigns/HIV\\_AIDS/HIVguide.pdf](http://www.world-psi.org/Content/NavigationMenu/English/Campaigns/HIV_AIDS/HIVguide.pdf)

The ILO Code of Practice on HIV/AIDS and the world of work, ILO,

2001 <http://www.ilo.org/public/english/protection/trav/aids/publ/code.htm>



# Tool 13

## Addressing Gender

### **Purpose**

The purpose of this tool is to encourage and facilitate discussion and action by Local Government Authorities on gender and HIV.

### **Questions to Consider**

- How gender-sensitive are we:
  - In our work?
  - In our social lives?
  - At home?



## ADDRESSING GENDER<sup>1</sup>

### Definition

**Gender** describes how biological differences between males and females are made into social rules, norms and practices for men and women and girls and boys.

**Gender equality** is when women and men share equally in power, opportunities, rights and income in both public and private areas of life.

**Gender equity** is when resources and action are allocated to each gender in proportion to their need.

**Gender norms** are the respective beliefs, rules and standards of social behaviour based on gender.

**Vulnerability** describes the likelihood of being exposed to HIV infection as a result of social or economic factors which are beyond the control of an individual, such as unequal gender relations or poverty.

1. This tool is based upon the following documents:

- \* review of Progress. Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa, 2003-2007. Working Draft - Summary report, June 2007
- \* Presentation of policy guidance to address gender issues. 20th Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland 25-27 June 2007. Provisional agenda item 4.2
- \* Gender and Local Government, Occasional Paper, No 13, Joseph, C., Friedrich Ebert Stiftung South Africa Office, 2002
- \* AIDS and Gender Relations: Men Matter! AIDS, Gender and Masculinities, SIDA, commissioned by Lund University, May 2007
- \* AIDS and Gender relations: Men have yet to take it seriously, SIDA, commissioned by Lund University, 2006
- \* KIT Development Policy and Practice. Operational Guide on Gender and HIV/AIDS : A rights-Based Approach, UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS/ royal Tropical Institute (KIT) 2005. Website: [www.kit.nl](http://www.kit.nl)
- \* Positive Women Monitoring Change: A monitoring tool on access to care, treatment and support sexual and reproductive health and rights and violence against women created by and for HIV positive women. International Community of Women Living with HIV/AIDS (ICW). November 2006.

**“Without an understanding of the complex relationship between gender and HIV/AIDS, strategies devised to tackle the epidemic will fail” (UNAIDS 1999)**

While all people are potentially vulnerable to HIV, vulnerability is *influenced by gender*. This means that *vulnerability* to, and experiences of living with HIV, will be different for men and women and boys and girls because of their gender.

According to data from UNAIDS:

- An estimated 17.3 million out of 36 million (47%) HIV-positive adults are women, and the overwhelming majority of these women, live in sub-Saharan Africa;
- Nearly 40% of all women living with HIV live in the nine countries of Southern Africa;
- HIV prevalence amongst young women aged 15-24 years is three to six times higher than HIV prevalence amongst young men in the same age group in this subregion;
- Women in the Caribbean, Oceania and North Africa/Middle East also form about half or more than half of people living with HIV in these subregions.

These statistics draw attention to the fact that women in some regions are disproportionately affected compared to men, and that younger women and girls are particularly vulnerable. According to UNAIDS (2004), “despite women’s higher biological vulnerability, it is the legal, social, economic disadvantages faced by women and girls in most societies that greatly increase their vulnerability”. Vulnerability will be reduced when these inequalities are addressed.

It is now generally recognised that violence and rape also make women (and some men and boys) more susceptible to HIV infection.

It is also increasingly recognised that women who are economically secure are more likely to be able to protect themselves from HIV infection. In some countries there has been progress in strengthening the rights of women and girls through legislation. Girls who are more educated, confident and assertive are more likely to be able to reject unwanted sexual advances.

However, even now, more than two decades into the epidemic, too few programmes are providing enough resources to empower women and girls through law reform and legal support; for social mobilization and economic empowerment; for campaigns and support services to tackle violence and inequality, to challenge harmful practices such as intergenerational sex and early marriage; to provide female condoms and to integrate HIV into sexual and reproductive health services; and to enrol and keep girls in schools.

Too often ‘gender’ is understood to mean ‘women’. However, men and boys also have rights and responsibilities in relation to HIV. Men and boys have the right to HIV-related health information, services and commodities, such as condoms, as well as to freedom from violence. Together with these rights, men have responsibilities, for example, to

practice safe and violence-free sex and to protect their own health as well as that of their partners and children. And yet, too few HIV responses explicitly address these needs and responsibilities. At a deeper level, it may be necessary to transform destructive masculine norms and practices that encourage men to flout their responsibilities. Men who have sex with men, many of whom will also have sex with women, are a hidden, stigmatised and particularly vulnerable group of men whose needs are seldom understood or taken into consideration.

It is now generally agreed that in order for the response to the epidemic to be successful, much more needs to be done to enable and empower both women and men to practice safe and responsible sex, to avoid activities and relationships that render them vulnerable to HIV infection, and to have the legal, economic, social and health opportunities necessary to be able to avoid HIV or to withstand the impact of the epidemic. This means that responses to the epidemic need to be reoriented to support women's equality inside and outside the home, to protect women and girls, boys and men, from violence and to change gender norms that put men and women at risk.

## **Gender, Development and HIV – Some Lessons**

Development efforts can enhance, perpetuate or minimise the factors that make communities or social groups vulnerable to HIV infection. For example:

- Decisions to reduce health spending affect the access of men and women to essential services for prevention, care and support.
- Poverty reduction strategies aimed at increasing *household* income can actually increase *men's* spending power to the detriment of women, because household income is not necessarily shared equitably between them. Thus, income inequality, and therefore power imbalances, can actually be reinforced. However, income generating and employment-creation programmes which explicitly target women can increase their economic independence, thereby potentially reducing their vulnerability to HIV infection.
- Programmes that address prevention of mother-to-child transmission often focus on pregnant women and mothers, effectively ignoring men and thereby reinforcing the notion that men have no responsibility for the health and wellbeing of their children.

Thus, it is important to consider targeting specifically from a gender perspective and to take into account both intended and potential unintended consequences.

**“Devising effective HIV prevention, treatment and care programmes requires the ability to understand and harness people’s ways of actively striving to deal with HIV in their everyday lives”**

**Susan Kippax**

(reflections of a social scientist who has been working on HIV issues for over 20 years)

## **What can Local Government and Municipal HIV/AIDS Teams do to address gender inequality?**

Involvement of the municipality is potentially critical in mounting an effective response to the epidemic. For this to happen, the municipality needs to be prepared internally (through the development and implementation of a policy on HIV in the workplace) and externally, through collaboration with the broad range of available partners.

In determining specifically what the municipality can do, the following are some suggestions. A list of useful resources is provided at the end of this section:

### ***Municipal HIV in the Workplace Policy***

Develop, implement and monitor the effectiveness of a gender sensitive policy on HIV in the workplace for municipal staff. (This is dealt with in Tool 12.)

### ***Know your epidemic from the gender perspective***

Look at available local data on HIV through a 'gender lens'. In other words, see what the data tells you about the respective proportions of women and men, girls and boys, who are infected and sick. Consider the distribution of responsibility between men and women, girls and boys for looking after sick members of the household. Look at age differences between men and women in terms of when they become infected. If available, also look at data on reported violence, including sexual violence. In light of this data, is there anything you should add to your local response or that you should be doing differently? If local data is not available, take steps to address this gap.

### ***Move the focus from individuals to include community, social and economic factors***

It is increasingly recognised that providing people with basic information about HIV and its prevention is necessary but not sufficient to prevent the spread of the epidemic.

Vulnerability to HIV infection is influenced by social and economic inequalities in relation to gender, sex, livelihood and income, conflict and displacement.

Mayors and municipal leaders and their local government associations often have considerable influence with other stakeholders and opinion makers and can sensitize others to the different experiences and vulnerability of women and men, boys and girls.

### ***Review the services you provide***

In turn, look at each of the services provided in your municipality and consider the following questions:

- In the delivery of this service, are we promoting gender equity and equality?
- Is there anything we are doing (perhaps unintentionally) that might be reinforcing male privilege?
- Is there anything we need to change to make our services more gender equitable?

## **Checklist for applying a gender lens to our existing activities, for example:**

- What is the gender composition of the Municipal HIV/AIDS Team and how could we enhance the voice of women within it?
- In the Municipal Profile and Community Assessment have we disaggregated data in terms of gender? Do we need to press for gender-related data to be collected? Have we broken down statistics as far as possible to shed light on the different experiences and consequences for women and men in terms of infection, prevention, care and impact?
- In our community assessment do we provide opportunities for single sex groups to explore questions about gender and sexual inequality? Are we taking the responses into consideration in our subsequent activities?
- Does the Municipal HIV/AIDS Directory include information about women's (and men's) groups, including groups concerned with the empowerment of women and girls, combating gender-based violence and support groups for women (and men) living with HIV?
- How is gender addressed in our Municipal or Community Based HIV/AIDS Action Plan? Does this need to be strengthened?
- Do we need to add questions to our annual and small grant monitoring and evaluation protocols to ensure that grants go to activities that are gender-sensitive and that gender inequality is addressed?
- To what extent are gender issues addressed within national AIDS strategies, plans, monitoring and evaluation?
- In our advocacy work, are we identifying and challenging gender and sexual inequality as key factors driving the epidemic?
- Are we speaking out about gender equality - for example in relation to the law, access to health services and education - and encouraging community leaders to do likewise?

## Some Recommended Resources

### *Gender and HIV*

#### **16 Fact Sheets with concise information on gender-related aspects of HIV/AIDS, UNFPA**

<http://www.genderandaids.org/downloads/events/Fact%20Sheets.pdf>

#### **Cameroon Bamendjou Municipality Toolkit: Empowering Women to Confront AIDS/HIV (in French). AMICAALL Cameroun and UNDP. May, 2007**

[http://www.amicaall.org/publications/cameroon/kit%20VIH\\_autonomiser%20les%20femmes\\_doc1.pdf](http://www.amicaall.org/publications/cameroon/kit%20VIH_autonomiser%20les%20femmes_doc1.pdf)

This is a useful guide to creating economic empowerment activities for women.

#### **Operational Guide on Gender and HIV/AIDS: A Rights-Based Approach. UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS. KIT Publishers, Amsterdam, The Netherlands, 2005**

<http://www.genderandaids.org/downloads/events/Operational%20Guide.pdf>

This resource explores the relationship between gender, human rights and HIV/AIDS and provides a coherent conceptual framework, a set of guidelines/ checklists and tools.

#### **Positive women monitoring change, International Community of Women Living with HIV/AIDS, May 2005** <http://www.icw.org/files/monitoringchangetool-designed.doc>

This is a monitoring tool on access to care, treatment and support sexual and reproductive health, rights and violence against women created by and for HIV positive women.

#### **Integrating Gender Issues into HIV/AIDS Programs: An Operational Guide, The Gender and Development Group (PREM). The World Bank, November, 2004**

<http://siteresources.worldbank.org/INTGENDER/resources/GenderHIVAIDSGuideNov04.pdf>

This operational guide offers practical examples of how to strengthen HIV/AIDS programs by integrating a gender perspective.

#### **Integrating Gender into HIV/AIDS Programmes, Review paper, World Health Organization, 2003**

<http://www.genderandaids.org/downloads/events/Integrating%20Gender.pdf>

#### **Gender and HIV/AIDS: Guidelines for Integrating a Gender Focus into NGO Work on HIV/AIDS. Save the Children, ActionAid, ACORD, 2002**

[http://www.acordinternational.org/index.php/downloads/Gender\\_and\\_HIV/AIDS:Guidelines\\_for\\_integrating\\_a\\_gender\\_focus\\_into\\_NGO\\_work\\_on\\_HIV/AIDS](http://www.acordinternational.org/index.php/downloads/Gender_and_HIV/AIDS:Guidelines_for_integrating_a_gender_focus_into_NGO_work_on_HIV/AIDS)

This guide provides a framework for analysis to help identify links, and facilitate discussions, into gender relations and social/economic/political processes that increase the vulnerability of different community members to HIV and AIDS.

**Gender and HIV/AIDS: Overview Report. Vicci Tallis, Institute of Development Studies, 2002**

<http://www.bridge.ids.ac.uk/reports/cep-hiv-report.pdf>

This report discusses responses to HIV/AIDS and the way in which their effectiveness depends on their ability to deal with the gender inequalities that both drive and are entrenched by the epidemic.

***Gender and Local Government***

**Gender and Local Government. Carmel Joseph, Friedrich Ebert Stiftung, August, 2002**

<http://www.fes.org.za/pubsmain.php?docid=33>

This tool was compiled for the African National Congress (ANC) 2000 Local Government Elections Manifesto in South Africa. It is aimed at local councillors and underlines the importance of gender equality in democratisation and development.

**Gender and Local Governance. Evertzen,A., Netherlands Development Organisation (SNV), 2001**

[http://www.snvworld.org/localGovernance/Part%207/Table\\_of\\_contents.htm](http://www.snvworld.org/localGovernance/Part%207/Table_of_contents.htm)

This handbook outlines strategies in local governance to ensure that women's needs and interests are incorporated into development planning at the local level.

# Tool 14

## Tackling Stigma and Discrimination

### Purpose

The purpose of this tool is to provide guidance on identifying and understanding HIV-related stigma and discrimination and on developing effective strategies to tackle these challenges.

### Questions to Consider

How would you define HIV-related 'stigma' and 'discrimination'?

In your municipality, how serious a problem would you consider stigma and discrimination to be for people living with, or affected by HIV?

If you were found to be HIV-positive, who would you tell? What does this tell you about stigma and discrimination?



## TACKLING STIGMA AND DISCRIMINATION<sup>1</sup>

### Stigma, Discrimination and HIV

UNAIDS defines HIV-related stigma and discrimination as: a ‘process of devaluation’ of people either living with or associated with HIV. Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status.

Thus stigma is the feeling or attitude and discrimination is the behaviour that can result from it. People may find it hard to change how they feel, but they do not have to act upon how they feel – they have a choice and can choose to discriminate or not.

Jonathan Mann, who was in charge of the Global Programme on AIDS at the World Health Organization (WHO) when the epidemic began, argued that there were three phases of the HIV epidemic: the epidemic of HIV transmission, the epidemic of AIDS, and, finally, the epidemic of stigma, discrimination, and denial.

The truth of his prediction is reflected in the fact that in too many countries and communities around the world, HIV-related stigma and discrimination can be as devastating as the infection itself. These can lead to abandonment by spouse and/or family, social ostracism, job and property loss, expulsion from school or college, denial of medical and welfare services, lack of care and support, and violence. In turn, these consequences, or fear of them, make people less likely to seek HIV testing, to disclose their status to others, to adopt preventive behaviour, or to access treatment, care and support.

Around the world, stigma and discrimination are associated with:

- lower uptake of HIV preventive services (including low levels of participation in HIV information meetings and counselling)
- low participation in programmes to prevent mother-to-child transmission
- denial of risk and a reduced likelihood of adopting preventive behaviours
- reduced likelihood of having an HIV test

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1. This tool is based upon:

\* reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes. A resource for national stakeholders in the HIV response, UNAIDS, 2007.

- reduced and delayed disclosure (telling others you have HIV)
- delay or rejection of care and treatment
- non-compliance with treatment
- increased likelihood of violence for women and girls as a result of requesting condom use, accessing voluntary testing and counselling, refusing sex or for testing HIV-positive

Stigma and discrimination are daily realities, both for people living with HIV, and for others who belong to vulnerable populations such as sex workers, men who have sex with men, people who inject drugs, prisoners and people with tuberculosis. Members of these groups are already stigmatised and are more likely to face more discrimination than others when diagnosed with HIV.

Stigma and discrimination are important barriers to effective HIV prevention, treatment, care and support. It is therefore essential to take them into consideration as part of knowing your local epidemic. Action against stigma and discrimination is a key element of an effective local response and will require the participation and cooperation of a broad range of stakeholders across all sectors.

The three main causes of stigma and discrimination are: i) lack of awareness of stigma and discrimination and their harmful effects; ii) fear of becoming infected with HIV through everyday contact; and iii) linking people with HIV to behaviour which is considered improper or immoral.

While legal reform has taken place in some countries, legal redress against HIV-related discrimination remains inaccessible to the majority of people who face it.

### **Lessons Learned about Challenging Stigma and Discrimination**

The most promising approaches to tackling stigma and discrimination include a combination of the following: empowerment of people living with HIV, education about HIV, activities that foster direct or indirect interaction between people living with HIV and key audiences either live or through mass media, and the development of legal instruments to protect the rights of people living with HIV.

Participatory approaches that promote dialogue, interaction and critical thinking seem to be effective in challenging stigma and discrimination, particularly when they involve people living with HIV as facilitators or resource persons.

A combination of social mobilization, human rights and legal advocacy can empower people living with HIV to become their own activists and campaign for example for increased access to treatment or protection of legal rights.

People living with HIV have a critical role to play in challenging stigma and discrimination but may need support to do so. They may need to overcome their own feelings of stigma. Speaking out can be empowering. It can also be dangerous.

Effective approaches to challenging stigma and discrimination include the following:

- Disseminating accurate information about HIV, including how it is and is not spread;
- Empowering people living with HIV and other vulnerable groups to know and assert their rights;
- Enlisting public figures, including religious leaders (and mayors and municipal leaders), to speak out against stigma and discrimination;
- Promoting laws and legal support to protect the rights of people living with HIV and other vulnerable groups;
- Supporting community-based efforts that promote critical thinking and behaviour change;
- Promoting initiatives with health care providers, police, judiciary, journalists, and educators.

### **What can be done at the municipal level to challenge stigma and discrimination?**

- Investigate the extent of stigma and discrimination in local communities by talking to people living with HIV, your own staff, health workers, teachers and other service providers.
- Speak out against stigma and discrimination and encourage other community leaders and local role-models to do likewise.
- Lend your support to activities designed to challenge stigma and discrimination.
- Tackle the underlying causes of stigma and discrimination by educating people about HIV and how it is and is not transmitted, and challenging prejudices about sex and gender.
- Support the implementation of relevant human rights legislation (national and international) to which your government is a signatory.
- Support activities that promote awareness of human rights and that increase access to legal assistance.

A number of useful resources already exist to help you design activities to assess and challenge stigma and prejudice. A list of these can be found at the end of this section.

## Resources for Conducting Stigma and Discrimination-reduction Activities<sup>2</sup>

### Tools and Manuals

The following are some useful resources for conducting activities intended to challenge stigma and discrimination. These materials can be adapted for use in various contexts or settings.

Selected Tools				
	Description	Audience/s	Countries of use	For More Information
<b>Toolkit</b>				
<i>Understanding and Challenging HIV Stigma</i> toolkit <a href="http://www.changeproject.org/technical/hivaids/stigma/StigmaToolkit.pdf">http://www.changeproject.org/technical/hivaids/stigma/StigmaToolkit.pdf</a>	Toolkit consisting of 11 modules and more than 125 participatory exercises that can be used for participatory education interventions and workshops.	Broad: communities, religious leaders, politicians, educators, community leaders, service providers, journalists, people living with HIV. New module for men who have sex with men.	Botswana, Côte d'Ivoire, Ethiopia, Ghana, India, Kenya, Mozambique, Nigeria, Senegal, Tanzania, Uganda, Viet Nam, Zambia. Module for men who have sex with men developed in Senegal and Tunisia.	International Center for research on Women. <a href="http://www.icrw.org">www.icrw.org</a> International HIV/AIDS Alliance: Supporting Community Action on AIDS in Developing Countries. <a href="http://www.aidsalliance.org">www.aidsalliance.org</a>
<b>More targeted tools</b>				
<i>'The truth about AIDS. Pass it on...'</i> <a href="http://www.ifrc.org/what/health/hivaids/antistigma/">http://www.ifrc.org/what/health/hivaids/antistigma/</a>	Campaign toolkit includes communications material, country case studies, harm reduction guidelines, GNP+ resources (e.g., 'Positive Development') and anti-stigma videos.	National societies of the red Cross and red Crescent.	More than 120 national red Cross and red Crescent societies and their partners worldwide.	International Federation of red Cross and red Crescent Societies. <a href="http://www.ifrc.org">www.ifrc.org</a> The Campaign was produced in partnership with GNP+
<i>Reducing Stigma and Discrimination Related to HIV and AIDS: Training for Health Care Workers.</i> <a href="http://www.engenderhealth.org/res/offc/hiv/stigma/index.html">http://www.engenderhealth.org/res/offc/hiv/stigma/index.html</a>	Consists of a participant's handbook, a trainer's manual, and <i>Infection Prevention: A Reference Booklet for Health Care Providers</i>	Health workers	Bangladesh, Ethiopia, Ghana, India, Kenya, Nigeria, and Tanzania	EngenderHealth <a href="http://www.engenderhealth.org">www.engenderhealth.org</a>
<i>PLHA-friendly Achievement Checklist</i> <a href="http://www.popcouncil.org/pdfs/horizons/pfechkst.pdf">http://www.popcouncil.org/pdfs/horizons/pfechkst.pdf</a>	Toolkit to address stigma and discrimination in health care settings. Includes checklist to measure stigma and discrimination; <i>Hospital Guidelines for HIV/AIDS Care and Management</i> ; and posters on infection control, waste management, and post-exposure prophylaxis.	Health care providers and hospital staff	<i>Checklist</i> endorsed for use by public hospitals throughout India, disseminated for use in Nepal and Tanzania	Horizons Project (Population Council) <a href="http://www.popcouncil.org/horizons">www.popcouncil.org/horizons</a>
<i>Called to Care</i> booklets <a href="http://www.stratshope.org/b-cc-01-positive.htm">http://www.stratshope.org/b-cc-01-positive.htm</a>	Three booklets ( <i>Positive Voices; Making it Happen</i> ; and <i>Time to Talk</i> ) to heighten awareness of HIV and to reduce stigma within faith communities.	Pastors, priests, religious sisters and brothers, lay church leaders, congregations.	Sub-Saharan Africa	Strategies for Hope Trust <a href="http://www.stratshope.org">www.stratshope.org</a>

2. Adapted from *Reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes*. A resource for national stakeholders in the HIV response, UNAIDS, 2007.

# Links and References

## ANNEX I

### THE ALLIANCE OF MAYORS AND MUNICIPAL LEADERS ON HIV/AIDS IN AFRICA

**Note:** *The following documents and links can be accessed through an electronic version of the AMICAALL Toolkit, which can be found online at: [www.amicaall.org](http://www.amicaall.org)*

Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa,  
CONSTITUTION (PDF)

Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa, Strategic Plan  
2005-2008

The 4th Africities Summit in Nairobi, Kenya, 18-22 September 2006: report on Africities  
Special Session. Localising responses to HIV/AIDS: Achievements and Constraints

Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa, BroCHUrE,  
October 2003 (PDF)

Special Session on HIV/AIDS and Local Government and the Alliance General  
Assembly, December 2003

The Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa, Second  
Symposium: Special Session on HIV/AIDS report, Namibia, 2000

Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa, Meeting with  
Mayors and Municipal Leaders, Summary report, Abidjan, 29 January 1998

Abidjan Declaration, Abidjan, 9 December 1997

### NEWSLETTERS AND ELECTRONIC BULLETIN OF THE ALLIANCE

The Newsletters and Electronic Bulletin of the Alliance can be accessed through the  
Alliance/AMICAALL website: <http://www.amicaall.org/publications.htm>

### CASE STUDIES

The Case Studies can be accessed through the Alliance/AMICAALL website:  
<http://www.amicaall.org/inaction.htm>

### CONFERENCE PAPERS

The Toronto AIDS Conference, Canada, August 2006 : Local Government  
Proclamation on AIDS

The UN Special Session on HIV/AIDS, June 2006 : Statement by UCLG

Commonwealth Local Government Forum (CLGF), Uganda, 25-29 April 2006 :  
Statement by Mayor Shikongo on local government responses to HIV/AIDS

WACAP Symposium: Localising the Millennium Development Goals (MDGs),  
Valencia, Spain, March 2006 : Statement by the Mayor of Lusaka, Zambia: Municipal  
action on HIV/AIDS

14th International Conference on AIDS and STIs in Abuja, Nigeria 2005: ICASA:  
Skills Building Workshop

XV International AIDS Conference 2004: “Bridging the Implementation Gap”. Abstract

World Summit on Health research 2004 - The Millennium Development Goals, Local  
Government in Africa and a Systems Approach to Addressing HIV/AIDS

## **MUNICIPAL HIV/AIDS SERVICE DIRECTORIES AND PROFILES**

The Municipal HIV/AIDS Service Directories and Profiles can be accessed through  
the Alliance/AMICAALL website: <http://www.amicaall.org/publications.htm>

## **LOCAL GOVERNMENTS RESPONSES TO HIV: TOOLS**

Local Government and HIV/AIDS: A Toolkit for Impact Assessment and Strategic  
Planning, AMICAALL, 2005

Local Government responses to HIV/AIDS: A Handbook Produced by the World  
Bank in Collaboration with AMICAALL and other partners, 2003

HIV/AIDS ADVOCACY GUIDE for Local Authorities in Namibia, AMICAALL  
Namibia, 2004

## **ANNEX II**

### **OTHER DOCUMENTS AND USEFUL WEBSITES**

#### **COMMUNITY BASED RESPONSES TO HIV**

A Handbook for Community Development Workers. Ministry for Public Service and Administration. South Africa, 2007

Grassroots Innovation - A Guide for Communities about Community Development Workers. Ministry for Public Service and Administration, South Africa, 2007

Cameroon Bamendjou Municipality Toolkit: How to Combat HIV/AIDS (in French). AMICAALL Cameroun and UNDP, May, 2007

Cameroon Bamendjou Municipality Toolkit: Empowering Women to Confront AIDS/HIV (in French). AMICAALL Cameroun and UNDP, May, 2007

ACT, LEARN and TEACH: Theatre, HIV and AIDS. Toolkit for Youth in Africa. UNESCO and CCIVS Project, September, 2006

Techniques and practices for local responses to HIV/AIDS: A UNAIDS toolkit. Practical guidance on planning local responses to HIV and AIDS. M. Wegelin-Schuringa, G. Tiendrebeogo, royal Tropical Institute, 2004

Model for Community Based HIV/AIDS-projects. AMICAALL and Pricewaterhouse Cooper. Namibia, August, 2003

HIV and Development Programme Toolkit: Strengthening Community responses to HIV/AIDS. UNDP, August, 2000

#### **GENDER AND HIV/AIDS**

Men matter! AIDS, Gender and Masculinities. Sida (Swedish International Development Cooperation Agency), Lund University, 2007

HIV Stigma and Gender-based Violence Toolkit. International Center for research on Women (ICrW), September, 2007

Keep the best change the rest: Participatory tools for working with communities on gender and sexuality. International HIV/AIDS Alliance (Secretariat), June, 2007

Keeping the Promise: Agenda for Action on Women and AIDS. UNAIDS Global Coalition on Women and AIDS, 2006

Positive Women Monitoring Change: A Monitoring Tool on Access to Care, Treatment and Support Sexual and reproductive Health and rights and Violence Against Women Created by and for HIV Positive Women. International Community of Women Living with HIV/AIDS (ICW), May, 2005

Gender and HIV/AIDS: Guidelines for Integrating a Gender Focus into NGO Work on HIV/AIDS. Marilyn Thomson (Action Aid), Angela Hadjipateras (ACOrD), Helen Elsey (Save the Children UK), 2002

Gender, HIV and Human rights: A Training Manual. United Nations Development Fund for Women, 2000

Facing the Challenges of HIV/AIDS/STDs. A Gender-based response. KIT, SAfAIDS and World Health Organization, 1995

### **Websites:**

The Global Coalition on Women and AIDS, a UNAIDS Initiative

A web portal on Gender and HIV/AIDS, UNIFEM

### ***HIV/AIDS AND HUMAN RIGHTS***

HIV/AIDS and Human rights in a Nutshell, International Council of AIDS Service Organizations (ICASO) [http://www.hsph.harvard.edu/fxbcenter/HIV\\_AIDS\\_hr\\_nutshell.pdf](http://www.hsph.harvard.edu/fxbcenter/HIV_AIDS_hr_nutshell.pdf)

### ***HIV AND THE WORKPLACE***

An ILO Code of Practice on HIV/AIDS and the World of Work. International Labour Organisation, 2001

What's it Likely to Cost? Guide to Budgeting for Managing HIV and AIDS in the Workplace. Stop AIDS Now! March, 2007

Kasese Workplace Policy. AMICAALL Uganda (pdf), October 2007

Managing HIV and AIDS in the Municipal Workplace: A guide for local government. SALGA, 2006

### ***MAINSTREAMING***

Mainstreaming HIV and AIDS in sectors & programmes: An implementation guide for national responses. UNAIDS, UNDP and the World Bank, 2005

E-Library on Mainstreaming AIDS in Development by UNAIDS, UNDP and World Bank (documents in English, French and other languages)

More information on Mainstreaming at <http://www.unaids.org/mainstreaming>

### ***MILLENNIUM DEVELOPMENT GOALS AND LOCAL PROCESSES***

The Millennium Development Goals and Local Processes: Hitting the Target or Missing the Point? International Institute for Environment and Development (IIED), 2003

## **ORPHANS AND VULNERABLE CHILDREN**

Orphans and Other Vulnerable Children Support Toolkit, Family Health International (FHI). International HIV/AIDS Alliance (Secretariat), January, 2006

Children on the Brink: 2004 A Joint report on Orphan Estimates and Program Strategies. UNAIDS, UNICEF and USAID

Family and Community Interventions for Children Affected by AIDS. Commissioned by the Social Aspects of HIV/AIDS and Health research Programmes by the HSrC (Human Sciences research Council), 2004

reaching Out to Africa's Orphans- a Framework for Public Action. The World Bank, 2004

### **Website:**

Bethany Project - Guidelines to establishing a community - based Orphan Care Programme, Tanzania

## **STIGMA AND DISCRIMINATION**

reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes: A resource for national stakeholders in the HIV response. UNAIDS, 2007

Epidemic of Inequality: Women's rights and HIV/AIDS in Botswana & Swaziland: An Evidence-based report on Gender Inequity, Stigma and Discrimination. Physicians for Human rights, 2007

Policy Project. Breaking the Cycle: Stigma, Discrimination, Internal Stigma, and HIV. Ken Morrison, January, 2006

Policy Project. A Closer Look: The Internalization of Stigma related to HIV. Pierre Brouard and Caroline Wills, January, 2006

Common at Its Core: HIV-related Stigma Across Contexts. International Center for research on Women (ICrW), 2005

HIV-related Stigma, Discrimination and Human rights Violations. Case studies of successful programmes. UNAIDS, 2005

The Global Network of People Living with HIV/AIDS (GNP+): A Toolkit for the reduction of HIV related Stigma (Double CD) . IFrC in collaboration with UNAIDS and GNP+, 2005 (You can order the double cd through [infognp@gnpplus.net](mailto:infognp@gnpplus.net), stating your full name, and complete address)

Understanding and Challenging HIV Stigma: A Toolkit for Action. Change Project (USAID) and the International Center for research on Women, September, 2003

A Conceptual Framework and Basis for Action: HIV/AIDS Stigma and Discrimination. UNAIDS, June, 2002

### **CARE AND TREATMENT**

The Health Journey: Understanding the Dimensions of Care and Treatment for People with HIV. International HIV/AIDS Alliance, August, 2007.

### **USEFUL WEBSITES**

Corporate Council on Africa in Partnership with All Africa: A Compilation of HIV/AIDS resources ([www.allafrica.com/healthafrica/cca/resources](http://www.allafrica.com/healthafrica/cca/resources))

International Community of Women Living with HIV/AIDS (<http://www.icw.org/>)

International HIV/AIDS Alliance ([www.aidsalliance.org](http://www.aidsalliance.org))

Global Network of People Living with HIV/AIDS ([www.gnpplus.net](http://www.gnpplus.net))

The Synergy Project: HIV/AIDS resource Centre ([www.synergyaids.com/resources.asp](http://www.synergyaids.com/resources.asp))

UNAIDS– Cosponsors can be accessed on the UNAIDS Website ([www.unaids.org](http://www.unaids.org))

United Cities and Local Government ([www.cities-localgovernments.org/uclg](http://www.cities-localgovernments.org/uclg))

United Cities and Local Government of Africa ([www.uclga.co.za](http://www.uclga.co.za))

United Nations Millennium Development Goals ([www.un.org/millenniumgoals](http://www.un.org/millenniumgoals))

## ANNEX III

### OVERVIEW OF ALLIANCE SECRETARIAT

With generous support from the Namibian government, USAID and the UN-AMICAALL Partnership Programme, an Alliance Secretariat was set up in November 2001 in Windhoek, Namibia. The City of Windhoek has provided office space, while the Government of Namibia has contributed funding of support staff. USAID has supplied information technology, office equipment and assistance with communication activities as well as funding for programme activities. Additional support has been mobilized from the Government of the Netherlands, World Bank and other partners to expand the capacity of the Alliance Secretariat to support scaled up responses to HIV/AIDS at the local level, in collaboration with local government authorities, civil society organizations and other stakeholders.

The Secretariat responsibilities include:

Acting as the institutional focal point for the Alliance,

- Provides management and administrative support to activities of the Alliance
- Facilitates access to technical support to national AMICAALL programmes
- Encourages and facilitates partnerships aimed at expanding local capacity to managed scaled up responses to HIV/AIDS

To date local government associations in 13 countries have joined the Alliance and are actively engaged in undertaking activities aimed at enhancing local government responses to HIV/AIDS.

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## ANNEX IV

### UN-AMICAALL PARTNERSHIP PROGRAMME – UN APP

The UN-AMICAALL Partnership Programme was set up in April 2001 in consultation with the Alliance Coordinating Committee and with support from UN partners. It is run by a small Geneva-based staff and supported by a team of associates around the world.

The main focus areas of the Partnership Programme are:

- Advocacy and promotion of partnerships in support of decentralized responses to HIV/AIDS
- Targeted capacity development to enhance effective management of decentralized and multisectoral action on HIV/AIDS at the local level
- Resource mobilization
- Documentation and sharing of lessons learned
- Institutional support for the Alliance Secretariat

The Partnership Programme works in collaboration with a range of partners:

- UNAIDS and cosponsors—such as UNDP and World Bank
- Bilateral development agencies—such as those in the US, Netherlands, Germany
- Nongovernmental Organizations – such as STOP AIDS NOW!
- Foundations—such as the Africa Capacity Building Foundation and the OPEC Development Fund
- Private sector—such as PricewaterhouseCoopers (PwC)
- Local government organizations—such as United Cities and Local Government (UCLG), the US Conference of Mayors, Locally Elected Officials against AIDS (France)
- City to City cooperation—cities in Canada, France, Netherlands and USA

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