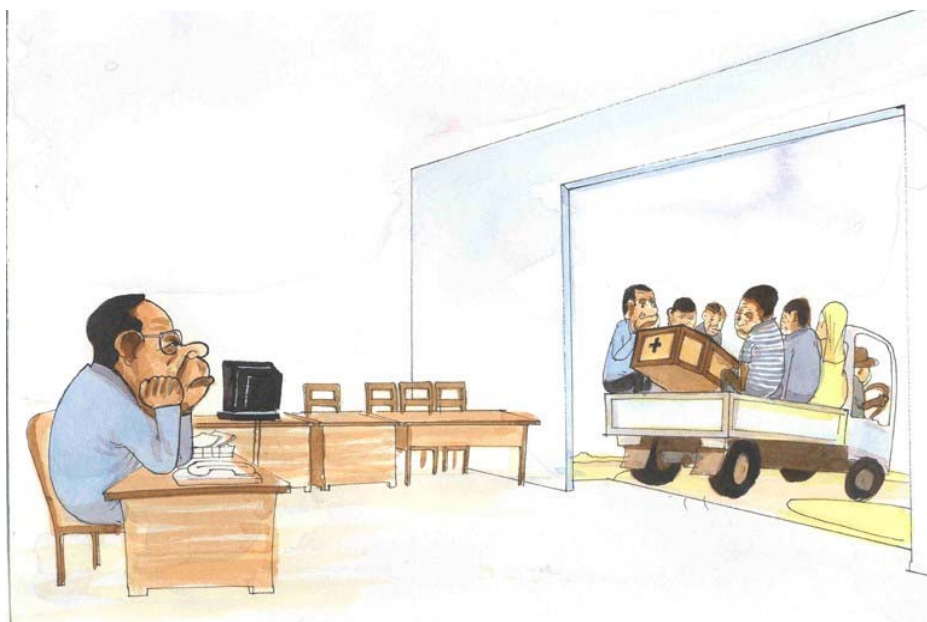


Prowling Lions and Sleeping Dogs: The Challenge of Mainstreaming HIV/AIDS in Organisations



*A dog sitting by a warm place does not move
despite warnings of approaching lion*
Malawian Proverb

Many civil society organisations throughout sub-Saharan Africa are being profoundly affected by HIV/AIDS. Just last week I was talking to a manager who had lost 6 of his 14 staff to AIDS. This has impacted on the organisation in several different ways: quality of work has slipped and other more indirect effects have cost this particular CSO \$23,000 in the last year alone. In short, performance has plummeted, donors were becoming somewhat exasperated and staff morale had also suffered. The manager related: *“My morale went to zero. When everyone was sick I said ‘let’s do this, let’s do that’ and ... nothing. I felt very low”*. Yet despite suffering for many years, this CSO is only just beginning to think through how it might respond to HIV/AIDS within the organisation. The rising direct and indirect costs of HIV makes mainstreaming HIV/AIDS in development organisations perhaps the biggest capacity building challenge facing most CSOs in sub-Saharan Africa today.

With approximately three million people in the region dying each year, the economic and social costs of HIV/AIDS are escalating. In many places this is slowing progress towards the accomplishment of the Millennium Development Goals and has led HIV/AIDS specialists to warn that: ‘Development will become virtually impossible in an era of HIV/AIDS’ (Barnett and Whiteside 2002). It has become common to talk of the need for HIV/AIDS mainstreaming, but this has been frequently interpreted as requiring only minor adjustments to programmes. But HIV/AIDS is also having a major impact internally on the organisation, as CSO staff themselves become both infected or are indirectly affected. Rising medical, funeral and pension costs combined with the loss of staff and management time due to sickness, care of the ill and funerals means that most CSOs are struggling with problems of increasing overheads in addition to declining performance.

The director of one CSO poses a very common dilemma for managers:

“One of my most experienced fieldworkers has asked me to let her work mornings only. Having endured the trauma of watching her three young children die in the last four years, her husband is now critically sick in hospital and she now desperately needs to look after him. Our terms and conditions limit compassionate leave to five days, but she will need to care for him much longer than that. But if I give her more the organisation will suffer and it will set a precedent ...”

How much does HIV/AIDS cost CSOs?

Recent pilot research undertaken by INTRAC in Malawi indicates that of those CSOs interviewed many are facing rising staff costs of more than 12% per annum as a result of HIV/AIDS. According to this study the loss of staff and management time is even more costly with HIV/AIDS issues alone taking up more than 12.5% of staff time. This means that the performance and impact of CSOs is seriously declining. The evidence suggests that other countries, such as Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe, are likely to be even worse affected given their significantly higher HIV-infection rates.

What is even more alarming about these figures is the comparatively limited response from CSOs to this urgent issue. Many CSOs and their donors have failed to apply HIV/AIDS mainstreaming thinking to their organisations and thereby fail to build organisational resilience to the impact of the disease. Instead, it has been the profit-driven commercial sector that has led the way in developing a workplace response to HIV/AIDS.

How can HIV/AIDS be mainstreamed in organisations?

Mainstreaming is undoubtedly a complex process, but in the specific context of HIV/AIDS, it is essential for organisational survival. HIV/AIDS can be mainstreamed in CSOs through a number of interventions including:

Staff Awareness Programmes:

Staff awareness needs to be raised in such a way to reduce their susceptibility to infection and enable them to cope should they become infected. Staff education can include basic information on HIV transmission, progression from HIV to AIDS; treatment; legal rights of people living with HIV and discrimination and can help enhance counselling skills.

Organisational Staff Policies:

A second mechanism is to develop HIV/AIDS or Critical Illness/Health policies covering issues such as human resource management, welfare and insurance policies, availability of condoms, access to antiretroviral (ARV) treatment and sick leave and recruitment.

Human Resource Planning Strategies

Organisations need to devise long term strategies to mitigate against the impact of HIV/AIDS. This may involve extra-staffing at certain levels or multi-training staff in order that people can cover for each other when necessary.

Financial Budgeting and Monitoring

The effects of HIV/AIDS and the implementation of policies to manage the impacts will inevitably raise costs for CSOs. CSOs need to alter their budgets to take into account these extra costs, otherwise money will be re-directed from other budget lines or policies/programmes will not be implemented.

Wider Interventions

Mainstreaming HIV/AIDS in organisations is a complex process and requires an organisation-wide response addressing cultural issues, power imbalances inherent in particular forms of decision-making, gender relations and within this issues of sexual harassment. Shifts towards more open and gender-sensitive decision-making processes may help reduce the stigma of HIV/AIDS and make a CSO more resilient to its impacts. This presents major challenges for both providers of capacity building support and for donors.

Challenges for capacity building providers

Capacity builders need to: (a) Ensure the mainstreaming of HIV/AIDS thinking in their own organisations; (b) Develop their competencies to support clients in HIV/AIDS mainstreaming; (c) Take an organisational development approach to their HIV/AIDS mainstreaming work. To achieve this, capacity-building practitioners will need to adapt both the content of their services and their methods of delivery.

Challenges for donors?

While some international NGOs and donors have been at the forefront in assisting partners to become aware of and respond to the challenges of HIV/AIDS, others have lagged behind. To remain effective, donors need to consider making some significant strategic adjustments, including:

- Deciding to continue working in contexts of very high HIV/AIDS prevalence will imply that donors will have to accept the higher 'overhead' costs and reduced outputs that this necessarily entails and adjust their plans and budgets accordingly;
- Focusing more on CSOs organisational capacity, rather than simply on CSO programmes. If CSOs do not develop an organisational resilience then they will not meet programme deliveries and targets.
- Developing clear guidelines for support to partners, including providing necessary funds for implementing an HIV/AIDS workplace response, which will mean more investment, perhaps in fewer partners, over longer time periods;
- Ensuring the development of a costed internal response to the threat of HIV/AIDS is a conditionality for funding of partners;
- Making partners more aware of the organisational costs of HIV/AIDS through dialogue, field visits, and dissemination of information;
- Sponsoring HIV/AIDS mainstreaming workshops for partners, and funding consultancies on workplace responses;
- Strengthening skills in HIV/AIDS mainstreaming among local providers of capacity building services;
- Funding research, workshops, publications and dissemination of good practice regarding organisational responses to HIV/AIDS.

Ways Forward

There are no easy ways to build organisational resilience to HIV/AIDS, but there is an urgent need to find practical ways forward. INTRAC is prioritising learning in this field as part of its Praxis programme, and is supporting the documentation of emerging experiences and discussion of appropriate responses. To this end it has produced the following documents. These can all be downloaded from www.intrac.org/pages/praxisseries_publications.html

Praxis Paper 4, *Building Organisational Resilience to HIV/AIDS*, Rick James. March 2005.
Praxis Note 10, *The Crushing Impact of HIV/AIDS on Leadership in Malawi*, Rick James, April 2005.
Praxis Note 11, *Capacity Building in an AIDS-Affected Health Care Institution*, Hans Rode, April 2005.
Praxis Note 12, *Robbed of Dorothy: The Painful Realities of HIV/AIDS in an Organisation*, Betsy Mboizi (CDRN) with Rick James, June 2005.
Praxis Note 13, *Building Capacity to Mainstream HIV/AIDS Internally*, Rick James and CABUNGO, July 2005.

References

Barnett, T. and Whiteside, A. (2002) *AIDS in the Twenty-First Century: Disease and Globalization*, Palgrave Macmillan