

# **Towards HIV/AIDS Internal Mainstreaming in Farmers**

**Organizations:**

**The Case of Uganda National Farmers Federation**



**A Research Project submitted**

**To**

**Van Hall Larenstein University of Applied Sciences in**

**partial fulfilment of Master of Management of**

**Development- Rural Development and AIDS (RDA)**

**By**

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## **DEDICATION**

To my dear wife Shirley, whose tolerance, understanding and support enabled this thesis to be written. May God continue to bless her.

## ACKNOWLEDGEMENTS

First of all, I would like to thank the Lord God Almighty, whose mercies saw me all through my studies and during compilation of this work.

A very special thanks to my course coordinator and academic supervisor, madam Koos Kingma, for her constructive criticism and extensive comments during the preparation of the publication to enhance its quality, for her professional advice, encouragement and timely feed back wherever required. Your stimulating critical discussions helped me all the time of research, without them it would not have been possible for me to accomplish the task. You made yourself available despite the heavy teaching workload and schedule. Through you, I learnt to believe in my work and myself. For all this and more, I am highly indebted to you. To Loeis Wetterman, for professionally shaping and preparing me for the task of compiling this work. I appreciate your working style which promotes self-confidence and professionalism. Thank you for teaching me the value of hard work and having 'no department of time wastage'. Dr. Mercel Put, thank you for de-mystifying research methods and approaches.

I am grateful to Agriterra for the financial and moral support, without which, this work would not have been produced. Cees Van Rij, Mascha Middlebeg and Michiel Bourgondien, thank you for giving me a 'home' and for your personal support in ensuring that everything went well during my studies and stay in Netherlands. To Management and staff of UNFFE, who accepted to sacrifice their time to fill in for me, during the period I was away working on this publication. Special gratitude to Hon. Chebet Maikut and Hon. Frank Tumwebaze, for your unselfishness in supporting me to take up the challenge that has resulted into this publication.

I am also grateful to staff of UNFFE, Mbarara DFA, Mpigi DFA, UOSPA, NUCAFE, Gulu DFA, HORTEXA and Mbale DFA for providing me with useful data while compiling this work.

It was spiritually rewarding to be in the company of the cherished colleagues from Wageningen Students Chaplaincy, ICF-International and the Amazing Grace Parish. I am obliged to Rev. Josine van der Horst and Pastor Farai who were of great help spiritually. You gave me a unique experience in the Netherlands which I will never forget. I was extremely fortunate to have the company and support of other special friends from Uganda and East African Community, to whom I am truly grateful. I want to thank them for all their help, support, interest and the valuable time we had together.

More appreciation to my family and the Kampala fellowship group for keeping me in your prayers that made a lot of difference.

My deep sense of gratitude and loving thanks to my wife, Shirley. Being apart for one year pursuing this course shortly after our wedding was not easy. But your patience, understanding and love made my dream come true. You are a real part of my achievement. You endured my absence and less attention because of my studies. Thank you for your understanding.

It is not easy to mention everyone here but I appreciate and thank all who directly or indirectly helped me in the completion of this work. May Almighty God reward you abundantly.

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## ACRONYMS

ACP	AIDS Control Programme
AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ARV	Anti Retro Viral
ART	Anti Retro Viral Therapy
ASPS II	Agricultural Sector Programme Support II
BCC	Behaviour Change Campaign
CBO	Community Based Organizations
CHAI	Community HIV/AIDS Initiative
CSOs	Civil Society Organisations
DFA	District Farmers Association
ELF	Extension Link Farmer
FOs	Farmers Organizations
GTAM	Global Fund for Tuberculosis, AIDS and Malaria
HDR	Human Development Report
HIV	Human Immune-Deficiency Virus
IEC	Information, Education and Communication
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MOH	Ministry of Health
NGO	Non-Governmental Organization
NUCAFE	National Union of Coffee Agribusinesses and Farm Enterprises
OVC	Orphans and Vulnerable Children
STD	Sexually Transmitted Diseases
TASO	The AIDS Support Organization
UAC	Uganda AIDS Commission
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFFE	Uganda National Farmers Federation
USA	United States of America
USAID	United States of America International Development

## ABSTRACT

This research project set out to identify the challenges that Farmers Organisations face in internal mainstreaming of HIV/AIDS in Uganda, taking the case of Uganda National Farmers Federation. The study set to explore the challenges faced by Farmers Organisations and their views on what needs to be done to scale up their activities for internal mainstreaming.

The study focussed on UNFFE Secretariat and its member organisations, both commodity-oriented and general purpose district-based organisations. It also considered those operating in high prevalence regions and those operating in moderate prevalent regions. These organisations were purposively selected, given the nature of data required. Respondents included staff members of the selected organisations, both men and women. In total, 24 respondents were interviewed, 16 of whom were men and 8 were women.

The main research findings were that:

Most of the respondents felt that the main challenge faced by Farmers Organisations in internal mainstreaming of HIV/AIDS is limited financial resources for implementing the required activities.

Donors supporting the activities of Farmers Organisations were also singled out by majority of respondents as an obstacle to internal mainstreaming of HIV/AIDS. Donors were accused of turning a blind eye to internal mainstreaming activities in Farmers Organisations, giving priority to activities that address poverty reduction directly among the farmers, and to a less extent, external mainstreaming activities.

The lack of clear understanding of the meaning of internal mainstreaming of HIV/AIDS among the staff and board members also presented a challenge. Most respondents felt that they were doing some form of internal mainstreaming when in the actual sense they were either implementing external mainstreaming activities or integrating HIV/AIDS activities in their work.

The lack of technical capacity amongst Farmers Organisations was also noted to be a big challenge in handling HIV/AIDS mainstreaming issues generally. While the staff were given some form of training in HIV/AIDS awareness, none of them had got training in HIV/AIDS mainstreaming.

The very limited evidence that is available in the organisations to guide HIV prevention policies and activities is yet a major limitation towards internal mainstreaming of HIV/AIDS. One organisation had had 2 cases of deaths due to AIDS and one staff was sick, while the rest were not aware whether or not they had some staff infected by HIV. Evidence is a pre-requisite for actions to follow after there is recognition of the need to act.

UNFFE Secretariat was also singled out as not to have done enough to provide guidance and build capacity of its member organisations in internal mainstreaming of

HIV/AIDS. UNFFE Secretariat did not help its members to formulate HIV/AIDS policies or mobilise financial resources for internal mainstreaming of HIV/AIDS.

A number of recommendations were formulated to:

- Creating HIV/AIDS mainstreaming awareness so that organisations can implement most of the activities with the little financial resources available;
- Awareness creation on the importance and meaning of internal mainstreaming of HIV/AIDS in an organisation;
- Developing HIV/AIDS workplace policies to guide the implementation of HIV/AIDS internal mainstreaming;
- Building FOs' technical capacity in HIV/AIDS mainstreaming;
- Increasing donors' support for internal mainstreaming of HIV/AIDS amongst Farmers Organisations; and
- More involvement of UNFFE Secretariat in building capacity of its member Farmers organisations in HIV/AIDS internal mainstreaming.

# CHAPTER 1

## 1.0 Introduction

This work is an end-thesis research for the Master of Management of Development Program, specialization, Rural Development and HIV/AIDS, at Van Hall Larenstein University of Applied Sciences, part of Wageningen University and Research Center.

Chapter one introduces the topic under study, namely: *“Towards HIV/AIDS Internal Mainstreaming in Farmers Organisations: The case of Uganda National Farmers Federation.”*

It gives the introduction, background of the organisation under study (UNFFE), the background of the study, statement of the problem, the objectives of the study and the main research questions. It also gives significance of the study and definition of concepts.

Key terms: organisational effectiveness, HIV/AIDS, mainstreaming and farmers organisations.

## 1.1 Background to the Study

### 1.1.1 Uganda National Farmers Federation (UNFFE)

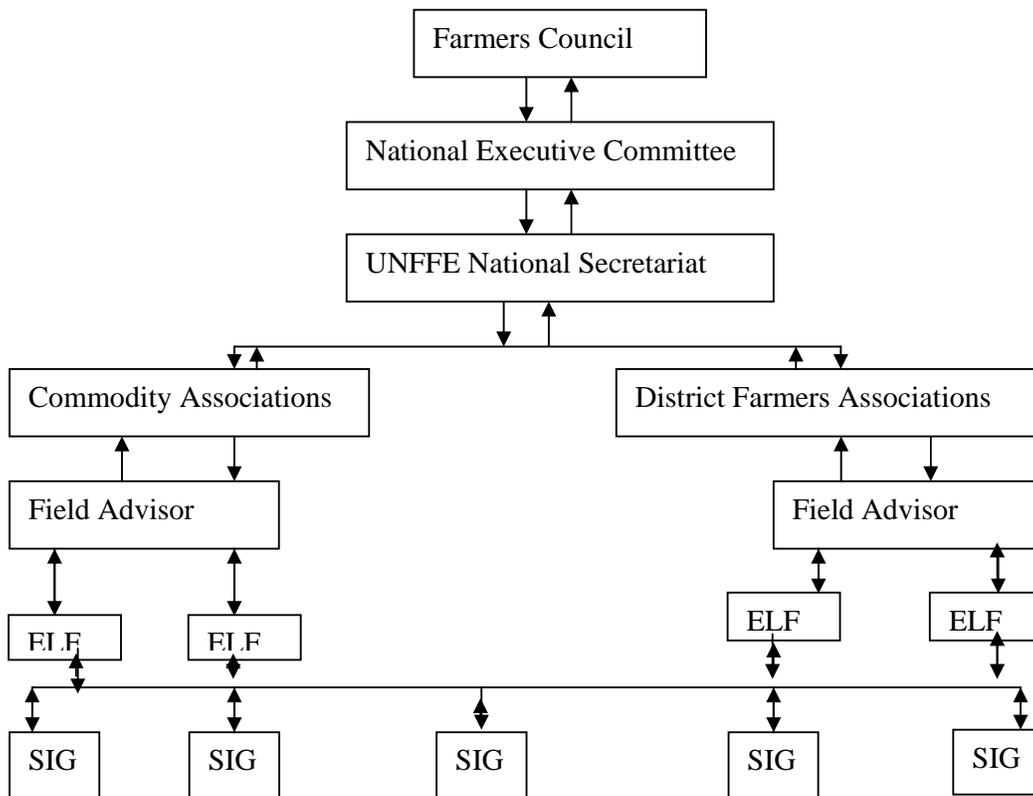
Uganda National Farmers Federation (UNFFE) is an umbrella, not-for-profit, non-governmental organization that promotes the development interests of Ugandan farmers. It was founded by farmers from all over Uganda whose overriding objective was to mobilize the farming community into one independent farmer organization. The Federation comprises of 71 farmers organizations which consist of District farmers organizations (DFAs), Commodity Associations and other Agri-business related Associations, which operate at national and district levels. The total household membership is over 500,000 farm households.



Source: UNFFE Profile Hand Book, 2007.

Figure 1.1: UNFFE Farmers Organisations membership

**Note:** The rest of the new districts on the geo-political map are still being served by their mother districts as UNFFE assists them to build capacity to become independent District Farmer Organisations.



**Key:** ELF- Extension Link Farmers SIG- Special Interest Groups

**Source:** UNFFE Brochure

**Figure 1.2: Organisational structure of UNFFE**

Figure 1.2 above illustrates the structure of UNFFE from National Secretariat to individual farmer level. The arrows indicate a two-way flow of information; from national secretariat to individual farmer level and the reverse. This kind of structure makes UNFFE one of the most effective national grassroots-based organizations in the country in the delivery of services because it allows decision-making to come from farmers themselves. It also brings farmers together into groups and links them to various levels for service delivery. Likewise, this structure puts UNFFE in a good position to coordinate and guide her member organisations on issues related to HIV/AIDS in the farming sector as will be later seen in the preceding chapters.

### 1.1.2 HIV/AIDS Epidemic in Uganda

In Uganda, HIV/AIDS was first identified and referred to as “slim disease”. It was first identified among businessmen who used to trade in Tanzania on the shores of Lake Victoria. This took place over 20 years ago (1982) when the country was at the height of political and economic turmoil. In 1986 the government declared HIV/AIDS

a national disaster and came up with a comprehensive program to combat it. (Uganda AIDS Commission, 2004).

Ever since the HIV/AIDS scourge invaded Uganda, farmers have been among the most adversely affected category of society. The vulnerability of farmers to the impacts of AIDS has been and still is partly due to a number of factors such as: expensive Anti Retroviral drugs (ARVs) since poverty is rampant in most parts of the country; ignorance about the nutritive value of some foods in HIV/AIDS management; ignorance and superstition; lack of off-farm income generating activities to raise extra income and unfocussed rural farmers' insensitive Information, Education Communication (IEC) and Behavioural Change Campaigns (BCC) (UNFFE HIV/AIDS Supervision Report, 2005).

The impacts of AIDS have been felt at different levels and dimensions. At house hold and community levels, the effects have had many facets: illness, physical and psychological pain and suffering, health care and costs, income loss, reduced household productivity, deaths, funeral costs, mourning and grief, increased poverty, increased vulnerability of women, growth in the number of orphans, the social dislocation of those who survive, and the ultimate disappearance of households (Kelly, 2001). At organisational level, AIDS impacts have negatively affected service delivery due to various reasons such as, staff absenteeism and reduced staff morale.

For the agricultural sector, the overall impact of the epidemic has been deepening rural poverty, reduced ability of rural households to produce sufficient and nutritious foods, weakening of rural institutions to deliver services as well as the undermining of government and NGOs initiatives and agricultural policies in terms of their effectiveness.

Currently, the HIV/AIDS prevalence in Uganda stands at 6.2% with the highest prevalence in rural areas, where agriculture is the main stay and a source of food and income. Agricultural production has been shown to decrease by 37-61% in developing countries, in general. It has been observed in some parts of Uganda that there is a shift from high to low labour-intensive farming systems and a decline in production of cash crops (Uganda AIDS Commission).

In 1990, the Uganda government adopted a multi-stakeholder approach in addressing HIV/AIDS epidemic. At the same time, there was a growing recognition on the part of the government that HIV/AIDS impacts transcended the sphere of public health and required the involvement of all spheres of public life in the country, comprising the public, civil society, NGOs, communities and individuals (Karuhanga, 2008).

Despite the government adoption of a multi-stakeholder approach in addressing the HIV/AIDS epidemic, farmers organizations have not been keen to participate. According to Uganda's Country AIDS Policy Analysis Project (2003), by September 2003, there were about 2,500 NGOs working on HIV/AIDS in Uganda. Key NGOs at national level included The AIDS Support Organization (TASO), National Community of Women Living with HIV/AIDS, National Guidance and Empowerment Network of People Living with HIV/AIDS in Uganda, AIDS Information Centre (AIC), Hospice Uganda, Uganda Network of AIDS Service Organizations, National Forum of PWHAs Networks in Uganda, Uganda Youth Anti-AIDS Association, and Uganda Women's Effort to Save Children. No farmers organisations are mentioned on the list, which shows that their activities related to HIV/AIDS are limited.

Major activities of the above-mentioned NGOs have included community awareness raising of HIV/AIDS, provision of VCT services, orphan support and home based

care, as well as psychological support. In 2003, civil society provided about 80 percent of VCT and 90 percent of post-test counselling and care, almost all support and care to orphans and vulnerable children, as well as home based care services.

Specific activities targeting the agricultural sector have included: provision of agricultural extension services and training, provision of improved seeds (mainly maize, beans and vegetables) and other planting materials, provision of livestock, food aid, and to a limited extent, financial support in form of grants and credit.

It should be noted, however, that the above mentioned activities targeting farmers are not the core business of the above-listed NGOs, but a primary core business of farmers organizations. These should have been addressed by farmers organisations if they were actively addressing HIV/AIDS-related issues. In addition, the above scenario means that, because farmers organisations are not included among the multi-stakeholders, they are not doing much to internally mainstream HIV/AIDS. This brings us to the problem under research.

## **1.2 Research Problem**

This is thus, the rationale for internal mainstreaming of HIV/AIDS. The HIV/AIDS scourge has had serious impacts especially on the human resources and efficiency of government institutions and NGOs such as farmers organizations (FOs) through various ways, including, sickness and absenteeism of staff; morbidity and mortality; loss of highly trained and qualified staff; as well as slow implementation and reduced supervision of the planned activities. Karuhanga (2008) notes that agricultural extension and research agencies have been progressively deprived of experienced people through HIV/AIDS related deaths. The death of experienced professionals presents one of the key challenges for organizations to effectively deliver services to farmers. She further points out that, the productivity of the human resource left behind suffers due to repeated periods of illness that lead to recurrent absences from work, increased workload and reduced morale from the loss of friends and colleagues. There is also increased use of institutional resources to meet AIDS-related costs (for example, medical care, life insurance claims, burial costs, and time spent on burials) of the employees (Leovinson & Gillespie, 2003). The loss of institutional capacity and the expenses involved in coping with staff losses undermines organizational effectiveness in service delivery and the sustainability of sector programs.

### **Internal Mainstreaming within UNFFE**

In 2004, UNFFE took an initiative and obtained financial support from Global Fund for Tuberculosis, AIDS and Malaria (GTAM) which was used to initiate internal mainstreaming of HIV/AIDS among her member FOs. The funds were used to train/sensitise staff of FOs; develop UNFFE HIV/AIDS workplace policy; provide condoms; develop information, education and communication materials among other things. Other activities covered were under external mainstreaming.

The evaluation report of this initiative indicates that, most of the FOs did not embrace the initiative mainly because the staff did not feel that it is their mandate to address HIV/AIDS issues. They tended to redirect it to the Health workers, and did not realise that it was impacting on farmers and the organisation itself. Evidence from Uganda Country AIDS Policy Analysis Project (2003) indicates that FOs have not been proactive in developing strategies for their staff to reduce susceptibility<sup>1</sup> to HIV and

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<sup>1</sup> Susceptibility in this thesis refers to the likelihood of HIV infection.

vulnerability<sup>2</sup> to the impacts of AIDS. While FOs have not been keen in taking deliberate effort towards addressing this situation, it is negatively impacting on their delivery of services to the farmers. Therefore, *UNFFE is concerned about how to strengthen internal mainstreaming of HIV/AIDS among her member FOs in order to improve their organisational effectiveness.*

It is on this basis, therefore, that the research set to find out the reasons for the low rate/number of farmers organisations getting engaged in HIV/AIDS internal mainstreaming and to explore opportunities through which they can reduce the susceptibility of staff to HIV infection and vulnerability to the impacts of AIDS.

### **1.3 Objective**

*To recommend strategies for developing effective internal mainstreaming policies that will provide a mechanism within which farmers organisations can address organisational challenges paused by HIV/AIDS.*

### **1.4 Main Research Question**

To achieve the above objective, the study was guided by the following main research question:

*What are the challenges UNFFE member farmers organizations are confronted with regarding internal mainstreaming of HIV/AIDS?*

#### **Sub-questions**

- i. What strategies have farmers organisations put in place so far for internal mainstreaming of HIV/AIDS-related issues?
- ii. Why are UNFFE member FOs not actively engaged in internal mainstreaming of HIV/AIDS-related issues?
- iii. What are the suggestions for Farmers Organizations to improve internal mainstreaming of HIV/AIDS?
- iv. What can be the role of UNFFE in the internal mainstreaming of HIV/AIDS in member Farmers Organizations?

### **1.5 Significance of the Study**

This study is designed to recommend strategies for developing effective internal policy frameworks for internal mainstreaming of HIV/AIDS amongst farmers organisations thereby strengthening their effectiveness in service delivery to the farmers.

The study will also input into a series of internal policy measures meant to augment the role of farmers organisations in the realization of millennium development goal number six: fighting HIV/AIDS, malaria and other diseases through reduction of impact of HIV/AIDS on the economy, by 2015. It will provide an insight into how farmers organisations can help HIV/AIDS infected staff members live productive lives thereby ensuring that the organizational effectiveness in service delivery to members is not eroded by the scourge.

As an umbrella of farmers organisations in Uganda, the active participation of UNFFE and her membership in the management of HIV/AIDS is bound to improve the

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<sup>2</sup> Vulnerability in this thesis refers to the likelihood of AIDS having negative impacts.

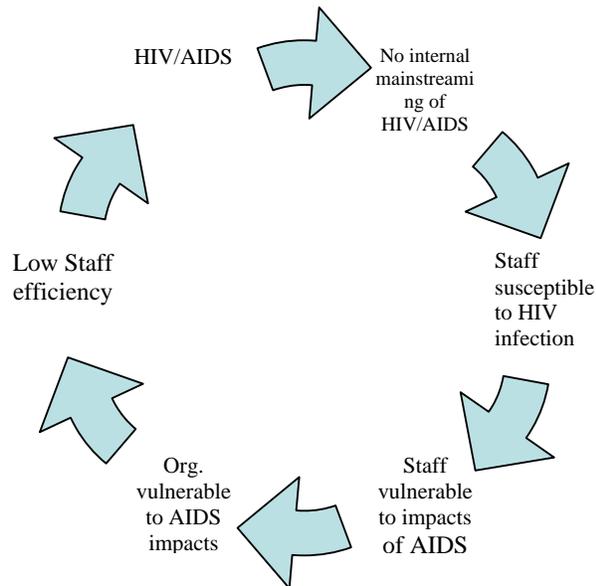
visibility of the farmers organisations in addressing the epidemic and its negative socioeconomic impacts and enhance their lobbying capacities to attract more government support in addressing specific needs of staff members living with HIV.

It will also benefit a whole range of organisations that intend to get involved in HIV/AIDS management to develop relevant internal policy frameworks for their gainful contribution to the fight against HIV/AIDS among their staff members. These range from international, regional and national producer organisations to community based organizations.

The study will also benefit development partners (donors) supporting farmers organizations to understand clearly how the epidemic is affecting their efforts and thus come up with appropriate interventions for helping farmers organizations in taking a more active role in addressing HIV/AIDS-related issues among their staff members.

### 1.6 Definition of Concepts

Based on the preceding theoretical discussion, a model (Figure 1.3) was developed to show the interaction of HIV/AIDS, internal mainstreaming of HIV/AIDS, susceptibility and vulnerability of farmers organisations (FOs) and organisational effectiveness.



**Figure 1.3. Conceptual Framework: The relationship between HIV/AIDS, internal mainstreaming of HIV/AIDS, susceptibility of staff to HIV infection and Vulnerability of the organisation to the impacts of AIDS.**

The figure above shows that when HIV/AIDS strike and there is no internal mainstreaming of HIV/AIDS in an organisation, the staff be highly susceptible to HIV

infection and the organisation highly vulnerable to the impacts of AIDS. The above model guided the research and facilitated the implementation of the study.

### **1.6.1 Mainstreaming**

Mainstreaming of HIV/AIDS, like many other concepts, has been defined differently by various scholars and development workers. For this thesis, it has been defined as a process of analysing how HIV/AIDS impacts on all sectors now and in the future both internally and externally to determine how each sector should respond based on its comparative advantage. Mainstreaming HIV/AIDS externally refers to adapting development and humanitarian program work in order to take into account susceptibility to HIV transmission and vulnerability to the impacts of AIDS (Kate Butcher, 2003). Mainstreaming HIV/AIDS internally, on the other hand, is about changing organisational policy and practice in order to reduce the organisational susceptibility to HIV infection and its vulnerability to the impacts of AIDS. The focus is on HIV/AIDS and the organisation. It has two elements: direct AIDS work with staff, such as HIV prevention and treatment; and modifying the ways in which the organisation functions.

Internal mainstreaming includes AIDS work with staff because an organisation's susceptibility to HIV infection and vulnerability to the impacts of AIDS is largely determined by the level of HIV infection among its employees, and by their means of coping with AIDS. However, internal mainstreaming entails more than this because the way the organisation functions also affects its susceptibility and vulnerability. By modifying how it operates with regard to internal issues such as recruitment, workforce planning, and budgeting strategies, an organisation can improve or protect the way in which it functions in a time of AIDS. Internal mainstreaming aims to ensure that the organisation can continue to operate effectively, despite AIDS, while external mainstreaming is about ensuring that development and humanitarian work is relevant to the challenges presented by AIDS.

Mainstreaming is not concerned with completely changing an organisation's or sector's core functions and responsibilities but instead it is concerned with viewing them from a different perspective, and making alterations as appropriate. It is not about changing all work to serve only AIDS-affected people, nor necessarily ensuring that all projects are accessible to all people affected by AIDS.

Mainstreaming is not a one time activity or event but a process. The urgency to deal with HIV/AIDS in an organisation depends on how severe the epidemic is in each organisation and place of work. One of the underlying assumptions of mainstreaming is that, unless organisations deal with HIV/AIDS, their effectiveness may be eroded and may not be able to achieve their objectives. For service delivery and rural development organisations, the key question for mainstreaming HIV/AIDS is: how does HIV/AIDS affect the organisation and its ability to work effectively against poverty now and in the future?

The main objective of mainstreaming HIV/AIDS is to ensure a more effective policy and programming response to the epidemic.

This study is focussing on internal mainstreaming because it affects the capacity of organisations to deliver services to their beneficiaries/members. Internal mainstreaming should come first so that the staff of the organisation will be in position to handle external mainstreaming. Literature regarding internal mainstreaming was reviewed in the next chapter, which provides an overview of how

organisations deal with internal mainstreaming, challenges and opportunities that exist.

### **1.6.2 Organisational Effectiveness**

The concept of organizational effectiveness used in this study is the one of Barnard (1938), cited in Rollinson et al (2005). He argued that since organizations are brought into existence to achieve some purpose, an effective organization is one that achieves its goals. Rollinson et al (2005) note that, the approach to understanding organizational effectiveness should look at the extent to which an organization satisfies the interests of its internal and external stakeholders. To this end, therefore, the question that looms around is: To what extent do FOs meet the interests of their members in the face of the HIV/AIDS epidemic and its effects on human and financial resources of the organizations?

Organizational effectiveness can be viewed from two dimensions; at the level of the Organization (staff capacity) to deliver the expected services and at the level of beneficiaries to take on what they have been taught. The research focuses on the organisational capacity to deliver services to members in face of HIV/AIDS because of the adverse effects the epidemic has inflicted on the staff and financial resources of rural development organisations.

In the next chapter the study examines the literature explaining how the effectiveness of farmers organisations has been undermined by the impacts of the HIV/AIDS epidemic on their staff, which calls for pro-activeness of FOs in redressing the situation.

### **1.6.3 HIV and AIDS**

According to World Health Organization, HIV is the Human Immune-deficiency Virus while AIDS is the Acquired Immune Deficiency Syndrome. HIV/AIDS has remained the most topical challenge for science and leadership at all levels of government in Uganda. The continued elusion of a cure has drawn multiple stakeholders into a common search for models to inform behavioural changes in ways that will curtail the rapid spread of the epidemic. Likewise, abundant resources have been invested in devising guides for curative and care therapy to those people living with HIV/AIDS.

The HIV/AIDS epidemic has had far reaching effects across all sectors of society, with those in the agricultural sector being especially severe due to the labour-intensive nature of activities in this sector. Seven million agricultural workers are estimated to have died from AIDS since 1985 in Sub-Saharan Africa and FAO (2002) estimates that by 2020 this number will be 16 million.

Thus, in the following chapter, the study reviewed literature concerning the relationship between HIV/AIDS and the Organizational effectiveness of FOs in service delivery, in a bid to strengthen their role and increase participation in fighting the epidemic amongst the staff members.

### **1.6.4 Farmers Organizations**

Farmers organizations (FOs), also known as producer organizations (POs), are non-governmental organizations that are formed and owned by farmers to promote their development interests. FOs are membership-based and their membership varies from one organisation to another, depending on the nature of the organization.

FOs provide various kinds of services to their members, ranging from agricultural extension services to agricultural policy advocacy, marketing to provision of inputs,

information dissemination, provision of credit, and a whole range of other services including cross-cutting issues such as natural resource management and gender, depending on the goals for which they are formed.

## **1.7 Conclusion**

Chapter one introduced the research issues, giving objectives of the research, the research questions, significance and scope of the study and definition of key concepts. Having looked at issues for investigation, the stage is set for the next chapter of literature review.

## CHAPTER 2

### 2.0 Literature Review

#### Introduction

This chapter presents and reviews the contributions of other authors on the subject of HIV/AIDS internal mainstreaming and how it is related to farmers organisations. The literature explores how HIV/AIDS impacts on extension delivery services and how HIV/AIDS internal mainstreaming helps in the mitigation of such impacts.

#### 2.1 Impact of HIV/AIDS on Organizational Effectiveness

Organizational effectiveness can be viewed from two levels: at the level of the organization staff capacity to deliver the expected services and at the level of beneficiaries to take on what they have been taught.

HIV/AIDS affects the institutional fabric serving rural communities (read farmers), making it more difficult to effectively implement various planned activities. The capacity of the organizations to deliver services declines when staff fall sick and die from AIDS-related illnesses. This study focuses on how FOs are addressing these issues through internal mainstreaming of HIV/AIDS.

Agricultural extension and research agencies have been progressively deprived of experienced people through AIDS related deaths. FAO has estimated that in the 27 most affected countries in Africa, 7 million agricultural workers have died from AIDS since 1985, and 16 million more deaths are likely in the next two decades. The death of experienced professionals presents one of the key challenges for organizations to effectively deliver services to farmers (FAO, 2003).

HIV/AIDS has reduced the number of staff working in the agricultural sector especially the field staff, from both government and non-government organizations, and this means that many farmers are left unattended to. Besides, the remaining staff's effective time has also been reduced because of the sick relatives and dependants left behind under their care. The staff are also part of the communities in which they work. So they have to be involved in burials. This also means that no work is done as farmers are away tending to the sick or at funerals.

There is a reduction in the number of working days because of sickness of staff. Some members of staff who have started showing signs fear to go and work because they do not want farmers to know their status (self-stigmatisation).

A study carried out by FAO discusses how HIV/AIDS affects agricultural extension services in Sub-Saharan Africa. It shows how providing extension services can be high risk activity if staff spends long periods in areas that are badly affected by HIV/AIDS and they are practicing unsafe sex. Many extension workers are sick and many more have died. This means that there is fewer staff available. There is also frequent absenteeism to attend funeral. The distress associated with illness and death has seriously weakened morale in many extension organizations. Moreover, agricultural extension staff organizations in Africa have already been badly affected by staff and budget cuts. These difficulties have been made worse by the HIV/AIDS crisis. These challenges and difficulties associated with HIV/AIDS and farming hinder

the extension workers not to deliver timely extension services to the farming community (FAO, 2003).

Apart from the reduced staff numbers which has resulted in even fewer farmers accessing extension services, HIV/AIDS has come with new challenges. Because of poverty, farmers were already finding it difficult to take up new technologies or buy improved seeds and other inputs. HIV/AIDS has resulted in increased impoverishment among those affected. The challenge farmers organizations have is to reach out to such farmers with relevant messages. Besides being sick, the majority of clients are now young orphans with no agricultural knowledge or skills and very old women looking after orphans. This necessitates new approaches and new skills.

These organizational effects need also to be seen in light of the already existing funding and staffing constraints of organisations in the agricultural extension services as well as the very low extension agent/farmer ratio. The consequence of organizational breakdown may lead to a collective and individual inability to deal adequately with the new challenges farmers are facing due to HIV/AIDS. Therefore, FOs need to address the organizational aspects of the epidemic (through internal mainstreaming of HIV/AIDS) in order to be effective in the context of the new challenges to the delivery of services presented by the epidemic. To date, there seems to be limited progress in this area.

The HIV/AIDS epidemic poses a series of challenges for agricultural extension agencies. According to Karuhanga (2008), these, till now have been identified as “technical”, relating to issues like serious pests and disease outbreaks, natural disasters or campaigns to promote certain technologies. She notes however, that, the HIV/AIDS epidemic, over and above existing problems has created a completely new set of complex challenges with which extension agencies have to deal with: a different clientele of extension services, the impact of the epidemic on the extension organization itself, and the very nature of the extension work itself.

At organizational level, the HIV/AIDS epidemic weakens rural institutions in their capacity to deliver services as professional staffs are affected. Barnet and Whiteside (2006) noted that, HIV/AIDS raises costs, reduces the productivity of individual workers and alters the firm’s operating environment through:

- Increased absenteeism, the result of employee ill health or because staff, particularly women, take time off to take care for sick members of their families or because funeral ceremonies are frequent and time-consuming
- Falling productivity: workers whose physical or emotional health is falling will be less productive and unable to carry out more demanding jobs
- Employees who retire on medical grounds or who die have to be replaced and their replacements may be less skilled and experienced
- Recruitment and training of replacement workers incurs costs for the organization.

They noted, however, that at present most organizations are not really aware of the impact that AIDS is having on their operations and benefits. Holden (2004) notes that, unfortunately, because few development organisations or government ministries monitor the indicators of AIDS effects, there is less evidence of the actual extent of the internal impacts of AIDS than one might expect. However, he points out that, various types of impacts are evident:

- Direct costs, referring to the money which the organisation must spend whenever there is a case of HIV/AIDS;

- Indirect costs, referring to the loss of productivity that results from each case of HIV/AIDS, which means that the organisation can achieve less with the same workforce; and
- Systematic costs, referring to the ways in which the organisation suffers from the cumulative effects of impacts from multiple cases of HIV/AIDS.

One of the other critical effects of HIV/AIDS is that the death of adults in prime productive age results in the loss of valuable knowledge and skills. There is an increasing number of households in high-prevalence areas that have experienced the loss of adults with key agricultural skills. In such households, the children are under pressure to meet the household's food needs by engaging in agricultural activities. But these children have limited knowledge of agricultural production and therefore, farming is unlikely to be a viable livelihood activity.

Once the adults have died with the skills they acquired from the services given by the farmers organizations, it erodes the efforts of the later in service delivery, thus, affecting their effectiveness.

In a focus group discussion conducted by Karuhanga (2008) in Masaka district, Uganda, she found out that there was reduced participation of community members in agricultural extension programs and new technologies could not be taken in due to HIV/AIDS. She further found out that there was a decline in agricultural service provision and in the quality of services delivered due to HIV/AIDS-institutional effect.

The above scenario explains how the epidemic is reducing the effectiveness of farmers organizations in the delivery of services to the farmers.

It is also important to note that the agricultural sector remains one of the most poorly funded in Uganda. Therefore, resources and technical capacity to mainstream HIV/AIDS interventions in the agricultural sector remain limited. Besides the limited funding, the lack of commitment among some heads of departments to prioritise HIV/AIDS mainstreaming in their sector programs has been noted as an additional constraint (Karuhanga, 2008).

## **2.2 Uganda's Agriculture Sector Responses to HIV/AIDS**

Karuhanga (2008) notes that, the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) – Uganda - embarked on measures to mainstream HIV/AIDS in 1995, by establishing a coordination unit, appointing of HIV/AIDS focal point officers in all units/agencies under MAAIF and organised awareness creation for them. Several policies and strategies have been put in place by the same ministry, such as the Agricultural Sector Response to HIV/AIDS. Unfortunately, the policy only covers departments and agencies under MAAIF, leaving out NGOs, who are the majority in agricultural extension, out. NGOs are left to formulate their own policies in addressing HIV/AIDS. But for various reasons as explained later, many of these NGOs have not yet developed such policies.

The above notwithstanding, great challenges remain in the effective implementation of these policies and guidelines as well as in the management of resources mobilised for HIV/AIDS control. With regard to policy, Asingwire and Kyomuhendo's (2003) analysis of existing government policies on HIV/AIDS reveals a number of gaps. These range from the lack of comprehensive consideration of all relevant aspects of HIV/AIDS control, to clarity in implementation strategy. Similar concerns were raised during the mid-term review of the HIV/AIDS control programme (UAC, 2003).

### **2.3 Farmers Organisations and the Fight against HIV/AIDS**

Although many studies on HIV/AIDS have been carried out by authors, such as, UNAIDS, FAO, and others, there is a dearth of specific literature on the role of Farmers Organisations in management of HIV/AIDS. Most studies have concentrated on the effects of HIV/AIDS pandemic on production of goods and how it has affected different sexes and age groups (see UNICEF 2000; HIV/AIDS Surveillance Reports, 2002; 2003).

The UNFFE/Global Fund HIV/AIDS supervision report (2005) highlights some of the thematic areas in which FOs have played a role in addressing HIV/AIDS-related issues. They include the following.

1. Strengthening HIV/AIDS IEC/BCC programs. These include development of IEC/BCC materials and messages suitable for farmers; promoting outreach education and literature for farmers living with HIV/AIDS, promoting safer sex behaviour at work place especially in plantation estates and at fish landing sites, promoting safer sex behaviour among orphans and youths living with farmers in rural and hard to reach areas, and training youth/young farmers to become Home-Based Care (HBC) givers.
2. Strengthening STI Case Management. This includes training of youths/young farmers on prevention and management of STI and HIV/AIDS as well as being an outreach community group
3. Strengthening of HIV/AIDS Care services across the continuum. This involves orienting fish mongers about the availability of preventive treatment and correct use of ARVs, sensitization on infection control among agricultural market vendors, training FOs staff to act as Trainers of Trainers for community based organisations in strengthening AIDS care services for patients, families and communities, training of Extension Link Farmers to act as HBC givers of information about HIV/AIDS including ARVs drugs to patients and communities
4. Provision of legal and social protection to orphans and vulnerable children (OVCs) and OVC households. This involves training and sensitization of FOs staff in succession and will making and other legal aspects in order to help OVCs and OVC households.

The issues outline above, however, seem to be a mix of mainstreaming and integration<sup>3</sup> of HIV/AIDS activities. Further, it is apparent that most of the activities that are within the mandate of FOs are not included. Internal mainstreaming is about internal issues within the organisation such as recruitment policies, budgeting strategies, planning for staff prevention to HIV infections and organisational vulnerability to AIDS, among other things.

One key issue is the need for FOs to work beyond traditional agricultural focussed interventions to those that are more holistic and integrated in manner. This also calls for the establishment of linkages or strengthening of existing ones with other organizations providing support to HIV/AIDS-affected staff. These linkages have the potential to provide an environment of experience, sharing and learning on how to deal with the effects of HIV/AIDS as well as facilitate better use of scarce resources.

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<sup>3</sup> The term Integration in this thesis refers to adding a service or activity on the existing ones.

## **2.4 Internal Mainstreaming of HIV/AIDS in Development Organisations (NGOs/CSOs)**

As noted in the previous chapter, internal mainstreaming is concerned with reducing HIV infection on an organisation and the impacts of AIDS on the ways in which organisations function, in an effort to maintain their effectiveness. In essence, the argument for mainstreaming is similar to the argument for taking out insurance: that organisations need to invest in the process of internal mainstreaming of HIV/AIDS in order to avoid or reduce inevitable future problems. The prospects for those organisations which do nothing are potentially very dangerous (Holden, 2004). Besides, there are internal challenges that extension organizations will have to meet if they wish to play a role in the future. It can be argued that agricultural extension will have to be reinvented as a professional practice, that is, it will have to significantly adapt its mission, rationale, mode of operation, management and organizational structures (Cess Leeuwis, 2004).

Within each organisation, the series of effects begin with HIV infection among staff members and among their families. When HIV infection leads to AIDS-related illness, the organization suffers from the periodic absence of the affected staff member, either because the employee is ill or caring for the sick relative. When an HIV-positive staff member becomes unable to work any more, the organisation loses skills, and the investments made in that person. On death, work stops so that colleagues can attend the funeral; several of the organisation's vehicles may be used to transport the mourners and the coffin. Where there are medical and death-benefit insurance schemes, which may also cover employee's family members, the direct costs of treatment, final benefits and burial costs must be met. Then there is the expense of advertising for, and recruiting and training a replacement member of staff.

All of these impacts multiply as more people are affected. Over time, absenteeism and the accelerated turn over of staff lead to lower productivity levels, and recruitment of suitable qualified replacement may become difficult. The unpredictable nature of absenteeism and death may severely strain the organisation's ways of working, while this and the experience of losing colleagues may harm staff morale and motivation (Holden, 2004).

Holden notes, however, that, internal mainstreaming cannot protect the organisation from all of these impacts-some are inevitable if a staff member develops AIDS-it can reduce their severity. Internal mainstreaming helps to reduce susceptibility to HIV infection among staff members, and to help HIV-positive employees to manage their status through positive living. Finally, internal mainstreaming involves doing research to predict and to protect the organisation from any financial problems which may be caused by AIDS. Holden further argues that, there may be some advantages also for organisations which mainstream when others do not. An organisation which has strong and supportive HIV policies and whose managers are coping with the challenges that AIDS presents is likely to be more attractive place to work and better able to recruit and retain qualified staff.

### **2.4.1 Aspects of HIV/AIDS Internal Mainstreaming**

According to James (2005) the key areas of organisational internal mainstreaming are; staff awareness programmes; organisational staff policies; financial budgeting and monitoring and long-term human resource implications. Mullins (2002), also states that specific 'responses that might be seen in an organisation that has

addressed HIV and AIDS in its internal policies and practices include staff awareness, staff health policies, performance management system, budgets and financial planning and human resource work force planning'. The two statements about key areas of organisational response are similar except that an element of performance management system is included in the latter.

Therefore for the purposes of this research and basing on the two statements stated above on key areas of organisational response, an organisation that is competent on HIV/AIDS internal mainstreaming is the one with the following aspects in place;

- Staff awareness programmes;
- organisational staff policies;
- performance management system;
- budgets and financial planning;
- human resource planning.

#### **2.4.1.1 Staff awareness programmes**

Workplace information and education programmes are crucial in the fight against the spread and effects of the epidemic. As stated by James (2005 pp???) 'personal understanding of the issue is a pre-condition for successful efforts to tackle AIDS related problems in the workplace and in programmes'. Therefore, the purpose of the staff awareness programmes is for the staff to understand HIV transmission, risk situation and behaviour and living positively. At the same time ILO (2001) states that an 'effective education programme provides workers with the capacity to protect themselves against HIV infection; help reduce HIV-related anxiety and stigmatization; and significantly contribute towards attitudinal and behavioural change'. These fall in within the broader context of changing the overall organizational culture, partly through attending to individual attitudes and skills (Mullins 2002).

Training is therefore required at all levels within an organisation to ensure that the staff members are aware of the causes of HIV infection, the treatment and prevention methods and to care and support other staff members living with HIV/AIDS. Effective education can thus reduce the susceptibility to HIV and vulnerability to the impacts of AIDS. This may minimize disruption in the workplace and change the negative attitudes, behaviour and practices among staff. It is advisable that such HIV educational programmes take into account the cultural diversity of workers and other factors, such as age, gender, sexual orientation.

Further more, education needs to be an ongoing process, because of the constant developments surrounding the subject and staff turnover that may result into new staff members joining the organisation. As a result, the incoming staff may need to be informed starting from the beginning of the education program whilst the existing staff that would have received the message need to be constantly reminded so as to reinforce the messages at the same time updated with the latest information. According to James and Mullins (2004) two elements of a basic staff awareness programme might include:

- regular monthly staff meetings of 30–60 minutes on specific topics of interest identified by staff, perhaps supported by specialists from outside the organisation;
- provision of information in the office, in the form of pamphlets, posters, and articles.

A broad range of themes and some topics can be discussed as suggested by the staff and management. However common topics include:

- basic information on HIV transmission and progression from HIV to AIDS;
- introduction to organisational staff policy on HIV;
- overview of common opportunistic illnesses and basic treatment;
- overview of anti-retroviral treatment;
- living positively with HIV/AIDS;
- discrimination and legal rights of people living with HIV;
- drawing up a will;
- use of condoms;
- counselling skills;
- programme work on AIDS.
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#### **2.4.1.2 Organisational Staff Policies**

According to ILO (2002), it is at the level of work place that many issues concerning HIV/AIDS emerge that affect the organisation and the workforce. It is thus where policies and actions for non- discrimination, care and support for staff affected by HIV/AIDS are developed. For most organisations having a workplace policy on HIV/AIDS or revising an existing one to include HIV/AIDS is the key part of internal mainstreaming. The HIV/AIDS work place policy provides a framework for an organisation to reduce the susceptibility to HIV infection and the vulnerability to the impacts of AIDS amongst its staff. Therefore the development and implementation of the HIV/AIDS workplace policy is one of the most effective and important action an organisation can embark on the fight against HIV/AIDS.

In most instances, the HIV/AIDS workplace policy is developed after an organisational situational analysis to understand the current situation. The research seeks to determine the extent to which HIV/AIDS is affecting the organisation and to determine the need of changing the existing personnel policies. The research also identifies the level of awareness amongst the staff, the services and other opportunities that readily available within the work place or in the macro environment.

According to Holden (2003), the workplace policy may specifically concern HIV/AIDS issues or more generally it may concern chronic and terminal diseases including HIV/AIDS, which may be a more holistic and less stigmatizing approach. On the other hand Rau (2002) states that the 'HIV/AIDS policies aim to cover human resource management, welfare and insurance policies and address the increased need for sick leave and recruitment'. In other instances staff health policies may need to expand to cover the costs of HIV/AIDS treatment such as the Anti Retroviral Therapy (ART) after assessing the costs incurred. However this poses a challenge to most organisations on who should be covered for ART and when the support ceases given the higher costs of the medication.

In the HIV/AIDS workplace policy, the obligations and responsibilities of the organisation are outlined. James (2005) suggests that the policies have to developed in such a way that individual responsibility is not undermined, be guided by good practice and fit within the framework of the national policy and regulation with particular labour law. Furthermore, the ILO Code of Practice on HIV/AIDS and the World of Work suggests that workplace policies be agreed between the management and workers representatives to avoid some misunderstandings. It also crucial that the discussions leading to the adoption a work place policy on HIV/AIDS should take place in a collaborative spirit of compromise and mutual understanding.

A good HIV/AIDS workplace policy does not guarantee that the organisation is immune from the impacts of HIV/AIDS. The policy must not be “on paper” but should be implemented and the organisation should fulfil its obligations as stated and outlined on the policy. Moreover, the management should make efforts to ensure that the staff members are aware of the contents, their rights and responsibilities. Above all, Holden (2003) emphasizes that ‘careful follow up is needed, to identify where problems exists and how they might be mitigated’.

#### **2.4.1.3 Performance management system**

Performance management system defines how the staff members will interact with each other and how the work that they do will support the HIV/AIDS mainstreaming goals of the organization. It includes issues like; job descriptions objectives and reporting that reflect HIV/AIDS issues; staff supervision whereby there are clear lines of supervision and supervisors should understand their role; work planning and performance review provides information to staff about job duties and level of performance; and training of supervisors with regard to HIV/AIDS issues so that they have better understanding of HIV/AIDS. This helps them to be able to deal with subordinates in relation to HIV/AIDS (Eley & Ketungule 2003).

The success of HIV/AIDS internal mainstreaming process depends on the motivation, dedication and commitment of all the staff. The purpose of the performance management system within the organisation is therefore for the staff to be made aware of organisational commitment to HIV/AIDS issues and assessed on their understanding of the issues. Job should reflect HIV/AIDS related aspects of the job.

Holden (2004) states that the commitment of senior managers is a critical factor as it will help secure resources for mainstreaming by allocating or reallocating the existing resources for HIV/AIDS mainstreaming process. Furthermore the senior management can provide guidance and support to the HIV/AIDS focal person within the organisation. However for the staff to be motivated to deal with HIV/AIDS related issues they need to firstly understand HIV/AIDS as a development issue and its link with their work. More so, there is a need for the staff to possess basic facts and figures on HIV/AIDS and awareness of the global, national and local dimensions of HIV/AIDS (Onipede & Dorlöchter-Sulser 2005).

#### **2.4.1.4 Human resource planning**

Organisations have to assume that some people will fall ill even where there are good efforts to minimise new infection and illness through awareness raising and support, guided by a good policy (James & Mullins 2004). Human resource planning is thus of paramount importance in safeguarding the organisations against the likely impacts of the epidemic on its staff. The organisations therefore require planning strategically how they will staff their programmes to mitigate the impact of HIV/AIDS not just today but in future (James 2005). The plan can take into consideration how particular posts are more vulnerable to the impacts of HIV/AIDS. A job analysis is therefore essential to achieve this. Once vulnerable posts are identified, a plan has to be set to ensure that such posts are not affected by the epidemic. Some solutions can be through employing more than one person to do those specific jobs. However this maybe demanding to smaller organisations thus another possibility is for organisation to embark on tasking or training staff to perform more than one duty that is in the domain of the organisation. This will ensure that the organisational work is not hampered when one of the staff gets sick or infected as there will be other people in a position to perform the similar duties.

On the other hand, the human resource plan should also put into cognisance the likely impact of HIV/AIDS on to the leadership since anyone can contract HIV including the organisational management. If there is no plan to look at the leadership, organisation will come to a halt especially in organisations where only one person makes overall decision for the whole organisations. The plan therefore has to make a provision of the alternative leadership to lessen the responsibilities and dependence of the organisation on a sole source of leadership and support (James 2005).

Also the changes brought by the epidemic result into a necessity to make some structural adjustments within the organisation. The human resource plan also needs to make provision of posts to look at HIV/AIDS issues only. Care should be taken to avoid assigning someone to look at the issues whilst he or she has many other responsibilities that will compromise on executing HIV/AIDS related duties.

Other implications arise when some staff are required to undertake significant travel away from home, or to live in a separate location from their partner or family. Separation and travel have made these staff members more vulnerable to contracting HIV.

#### **2.4.1.5 Budgeting and financial planning**

Finding resources to fund the HIV/AIDS activities within the organisation and having in place a budget line and code in the organisation's accounting system are good indicators of an organisation's commitment to implementation of HIV/AIDS mainstreaming process. Organisations should make every effort to establish a budget for HIV/AIDS activities but should mind that many interventions can be put in place at a little or no cost. UNAIDS, the World Bank and UNDP (2005) also emphasize that it is crucial not to wait for additional funding before taking some steps as many first steps can be at no costs. These steps can include collecting documents, organizing internal teams and meetings. Budgets should address HIV/AIDS in terms of internal workplace (staff illness, health and life insurance, temporary cover for absent employees, etc). Cost implications should also be projected over 5 to 10 years.

#### **2.4.2 Factors Affecting HIV/AIDS Internal Mainstreaming**

Whereas the concept of HIV/AIDS mainstreaming is relatively new, many development organisations have in the recent past vigorously embarked on implementing it, although it is still understood differently. Isolated success cases have been documented in Sub-Saharan Africa, notwithstanding some challenges.

According to UNAIDS; GTZ et al (2002), mainstreaming HIV/AIDS requires necessary commitment of appropriate human and financial resources to realistically undertake mainstreaming efforts at all levels. Mainstreaming is also about funding flows. Karuhanga (2008) noted that the agricultural sector remains one of the most poorly funded in Uganda. Therefore, resources and technical capacity to mainstream HIV/AIDS interventions in the agricultural sector remain limited.

Mainstreaming in the Ministry of Labour and Home Affairs, Botswana, which has 13 departments became problematic even when the policy was approved. Each department has its unique mandate and core business into which HIV/AIDS had to be mainstreamed. Funding arrangements were to be addressed through the provision of a budget line for HIV/AIDS for each of the departments to ensure implementation of the plans. Where this process proved cumbersome and funds were needed quickly, each department could finance some activities from existing budget lines, particularly that for staff training.

James Rick (2005), from his experience in working with local NGOs in Malawi in HIV/AIDS mainstreaming also alludes to the need for financial resources. He notes that most organisations indicated that their responses to HIV/AIDS policies are seen to have financial and material implications beyond the capacities of the organisations. For example, IEC materials, home based care kits for staff, ARVs, and even nutrition at the work place cost extra money. Organisations were concerned with how to administer such support in a sustainable way.

Further, mainstreaming requires commitment to partnerships and building positive relations amongst the various sectors. This is necessary to tap on the available human resources required in mainstreaming.

CABUNGO, an organisational development NGO working in Malawi, was involved in training local NGOs and CSOs in Malawi on HIV/AIDS and gender mainstreaming. From their evaluation reports, a number of insights to successful mainstreaming can be drawn.

Training to raise awareness of the organisations for HIV/AIDS mainstreaming is an important first step. Eight months after CABUNGO provided training to local NGOs, 50% of the organisations trained had conducted staff awareness sessions; 25-30% had instituted a focal person for HIV/AIDS; 25% included HIV/AIDS in their strategic plans and systems and procedures to guide practice; 17% were offering support to members of staff through access to ARVs and change of roles. Two organisations had started on the process of developing policies on HIV/AIDS and one had completed it. One organisation was undergoing a thorough constitutional review and was awaiting Board ratification before reviewing conditions of service in the light of HIV/AIDS. James Rick (2005). Thus, for an organisation to implement internal mainstreaming of HIV/AIDS, it is prudent that the management and staff are aware of the importance of mainstreaming. Where such awareness is limited, training is vital to raise it.

Another lesson from CABUNGO experience is that, it requires that staff develops the requisite knowledge and skills to be able to implement HIV/AIDS mainstreaming policy. Many of the participating organisations found that they did not have staff to deal with its effects at organisational and also project level. They felt there was need for capacity building for staff in order to undertake their work effectively. Yet at the same time, this is complicated by organisations experiencing high rates of staff turnover. Some of the members of staff who attended the training workshops provided by CABUNGO had already moved to a different organisation within six months after the course.

Che (2005) in a study conducted in Cameroon found out that a very limited number of agricultural extension workers has been involved in the mitigation of HIV/AIDS impacts and for a short time because they lack the necessary skills, lack the time to incorporate HIV/AIDS issues into their work, lack adequate finances, and because they find it difficult to discuss freely about sex issues. Agricultural extension workers are trained strictly for agricultural extension service delivery which makes it difficult for them to mainstream HIV/AIDS-related issues in their work places. This calls for organizations and institutions to train their extension workers in basic skill on HIV/AIDS mainstreaming.

According to James Rick (2005), the CABUNGO experience also shows that an organisational response to HIV/AIDS mainstreaming needs to be driven through by the leadership if it is to be implemented. He noted however that, senior management

did not attend training workshops, and while they were briefed about the proceedings of the workshop, this was rarely sufficient to motivate action from the leadership. Lack of leadership commitment hampered progress of many organisations in implementing internal mainstreaming of HIV/AIDS activities. Besides the limited funding, the lack of commitment among some heads of departments to prioritise HIV/AIDS mainstreaming in their sector programs has been noted as an additional constraint in internal mainstreaming of HIV/AIDS in Uganda (Karuhanga, 2008). Leadership is needed to drive through a non-urgent agenda. Leaders need to take a process approach of not just ensuring the policy is written, but also ensuring the resources are raised to implement, monitor and evaluate.

Further, the CABUNGO experience shows that even if HIV/AIDS mainstreaming is prioritised at an organisational level, it is still a very sensitive issue at a personal level, touching deeply entrenched cultural norms and values. Staff members from some organisations feel that talking openly about sexual behaviour amongst work colleagues is taboo and in many organisations there was not sufficient openness to share emotive stories about HIV/AIDS. For those organisations which started the process of policy development, some found staff very reluctant to entrust their colleagues with confidentiality. An organisation has to have a particularly open culture for such issues to be discussed.

James Rick (2005) in the CABUNGO report notes that one major inhibiting factor to internal mainstreaming is that, most organisations were still not fully aware of the imperative to internally mainstream HIV/AIDS. While the importance of the issues for the organisation could be appreciated intellectually, the urgency was not appreciated, particularly when compared with the overwhelming priority of ensuring the organisation's short-term financial survival. This meant that most organisations were too busy with the implementation of project activities to prioritise working on internal issues concerning HIV/AIDS. Further, project activities generated vital income, whereas responding internally to HIV/AIDS increased overhead costs.

From the CABUNGO experience, NGOs identified an 'organisational stigma' of being affected by HIV/AIDS—they did not want to reveal to donors that their performance might suffer as a result and perhaps jeopardise future support. There is an incentive therefore, to deny the organisational impact of HIV/AIDS. This denial is partly because donors are perceived to be only interested in funding work that has a direct impact on poverty in the communities. This is complicated by donors who are perceived to show a blind eye to issues affecting the welfare of the individual outside the office. NGOs therefore fear that responding to HIV/AIDS will considerably increase overheads beyond the limited budgets of most NGOs and that it will be inherently unattractive to result-oriented donors.

According to Kate Butcher (2003), there is lack of quantitative evidence which links HIV/AIDS with macroeconomic growth and with poverty in general. This lack of data undermines the arguments for increased resource allocation to mainstreaming HIV/AIDS. Lack of knowledge about real costs of HIV/AIDS renders it impossible to budget effectively to address them. James Rick (2005) notes that, NGOs in Malawi have no way of knowing the actual costs of HIV/AIDS to their organisations, and until an NGO experiences one of their own staff getting sick, HIV/AIDS remains abstract, with the costs largely hidden. Neither do NGOs have much idea of the costs of developing and implementing an appropriate internal response.

Holden (2004) noted that internal mainstreaming seems irrelevant to organisations where HIV rates are very low. It is very hard to motivate people to respond in advance if they see HIV/AIDS as a distant threat whose impacts are as yet generally

invisible. The idea of internal mainstreaming will be resisted if they consider the additional demands to be unrealistic and unnecessary. Further, if funding is closely limited to specific sectors, and AIDS is seen as a health issue, then 'unrelated' activities such as agriculture, may not qualify for funds for AIDS-related expenditure.

While it is argued that internal mainstreaming of HIV/AIDS makes sense of all organisations, particularly in highly affected countries, Holden (2004) argues that it is likely to be more challenging for small organisations, due to a combination of two factors: For an organisation with a small number of staff, it is hard to predict if and when AIDS may have impact. Even where HIV prevalence is high, such an organisation might enjoy many years without any employees falling ill. He noted however, that conversely, such a small organisation might lose a significant proportion of its workforce in a single year. Secondly, small organisations typically have fewer resources on which to draw, and so are more vulnerable to the impacts of AIDS, such as loss of workers to absenteeism and increased health care and funeral costs. He notes that, the situation for many small organisations is similar to that of poor households: those with poor resources are most vulnerable to AIDS impacts and most likely to be badly affected by it.

Finally, organisational system may also affect mainstreaming in a way. Holden (2004) argues that if an organisation plans only a few years ahead, it may lack the long term perspective that is needed to consider and act upon the future impacts of AIDS.

### **Conclusion**

From the literature reviewed, it can be seen that most studies have concentrated on showing the effects of HIV/AIDS and challenges faced in HIV/AIDS internal mainstreaming amongst farmers organisations. Other studies emphasize the main aspects of HIV/AIDS internal mainstreaming that organisations need to deal with. The gaps that remain are how farmers organisations can sustainably implement internal mainstreaming activities.

## CHAPTER 3: METHODOLOGY

### 3.0 Introduction

This chapter highlights the methods and tools for data collection, sample size as well as techniques for data analysis. The ethical considerations, expected limitations and delimitations are also spelt out.

### 3.1 Data Collection Methods

The research used qualitative method and was based on empirical data, literature and documents. Qualitative methods enabled the researcher to focus on people's lived realities by emphasizing their perceptions and experiences to reduce the risk of making false assumptions about life.

In-depth interviews were used simultaneously with direct observations at every stage in the research. Interviews were conducted with the technical persons from the selected organizations. Prior to the data collection, the pre-test of tools (interview guide) to establish their appropriateness was done. Data was collected through case studies using interviews.

### 3.2 Scope of Study

The study covered UNFFE Secretariat, four District Farmers Associations (general purpose): Mbarara District Farmers Association (moderate HIV prevalent region), Mbale District Farmers Association (low HIV prevalence), Gulu District Farmers Association (high HIV prevalence area) and Mpigi District Farmers Association (high HIV prevalent area) and two Commodity Associations: National Union of Coffee and Agribusiness Farm Enterprises (NUCAFE), Horticultural Exporters Association (HORTEXA) and Uganda Oil Seed Producers Association (UOSPA-operating in high HIV prevalent region), all of which are member organizations of UNFFE.

**Category 1:** The first category of respondents was from UNFFE Secretariat. Two senior members of staff who have been involved in the development and implementation of HIV/AIDS related activities within the Organization since 2003 were interviewed as key informants. Interviews addressed issues related to: support provided by UNFFE to develop capacities of her member FOs to develop strategies and challenges faced, approaches to address staff HIV/AIDS-related issues, challenges and opportunities that exist for FOs to play a more significant role in internal mainstreaming of HIV/AIDS, and the possibility of lobbying government to address specific needs of FOs staff members infected and affected by HIV/AIDS.

**Category 2:** The second category of respondents was from UNFFE member organizations. Seven member organisations were purposively selected, four of which were commodity-specific District Farmers Associations (DFAs) and three general-purpose farmers organizations. The two categories of FOs have different operations and management, membership composition, geographical coverage and resource bases. Further, four of the selected organisations (UOSPA, NUCAFE, Gulu and Mpigi) operate in regions with high HIV/AIDS prevalence, while the other three (Mbale, Mbarara and HORTEXA) operate in areas with moderate HIV prevalence. Interviews addressed issues related to whether they have formulated and implemented strategies to mainstream HIV/AIDS internally, what challenges deter them from fully addressing staff HIV/AIDS-related issues, support they expect from

UNFFE towards internal mainstreaming and the existing opportunities for them to play a more significant role to address needs of staff members infected and affected by HIV/AIDS.

### **3.3 Sample Size**

The study employed purposive selection for the respondents depending on the data required. Because of the specific nature of the data that was required, purposive sample was utilised. Within the sets of organizations selected, a total of 8 organisations were selected and 24 key informants were interviewed and observations were made. 3 informants were purposively selected from each organisation in order to compare their responses and determine the validity of the data obtained

### **3.4 Data Analysis**

Data collected was analysed using 12-box model analysis tool of Oxfam Novib. This helped to categorise the various factors that stand on the way for FOs in their attempt to mainstream HIV/AIDS. The central issues analysed include: challenges that deter Farmers Organizations from internal mainstreaming HIV/AIDS, measures put in place to address issues of staff related to HIV/AIDS, how best FOs can reposition themselves to mainstream HIV/AIDS and the role of UNFFE in internal mainstreaming of HIV/AIDS amongst its member FOs. The empirical data was then triangulated and compared with the literature reviewed to draw conclusions.

### **3.5 Ethical Considerations**

In order to ensure ethical practice in this research, all the data gathered was treated with the confidentiality it deserved. Permission from those interviewed was sought before the exercise.

### **3.6 Limitations and Delimitations**

Due to limited time, some of the would-be key informants from some regions of the country, like West Nile and South-Eastern regions were left out. This means that data collected left out representation from such regions which probably would have made a difference. Efforts were however made to dig deeper for data from the organisations covered to fill in for those left out so as to produce standard piece of work.

Another limitation was inadequate funding to facilitate the research given that there was no budget support from the University/sponsors. The researcher used the meagre savings he had made to accomplish the task.

## CHAPTER 4: PRESENTATION AND DISCUSSION OF FINDINGS

### Introduction

This chapter presents the findings from the 24 key informants interviewed from 8 organisations including UNFFE Secretariat. The key informants included Executive Officers/Directors/Coordinators, senior members of staff and officers responsible for HIV/AIDS activities where there was any. The chapter synthesizes the findings in relation to the objective of the study and interprets the role and challenges faced by farmers organisations in internal mainstreaming of HIV/AIDS. A summary of the 8 organisations covered by this research is shown in the table below.

**Table 4.1: Categories of UNFFE member organisations covered by the research**

Type of Organisation	HIV prevalence in area of operation	
	High prevalence area	Medium prevalence area
General purpose organisations	Mpigi DFA, Gulu DFA	Mbale DFA, Mbarara DFA
Commodity-oriented organisations	UOSPA, HORTEXA	NUCAFE

**Source: This research (Primary)**

The table above shows the nature of organisations that were covered by the research in terms of whether they are commodity-oriented or general purpose organisations. UNFFE secretariat is not included among them because it is not considered a separate organisation. The table also shows the level of HIV prevalence in the areas where these organisations operate.

It was important to compare the four categories of FOs and find out if their differences influence their interventions in dealing with HIV/AIDS related issues, internally, for two reasons: commodity-specific FOs deal mainly with commercial/market-oriented farmers, thus have more financial resources compared to DFAs whose membership is mainly of small-scale subsistence farmers.

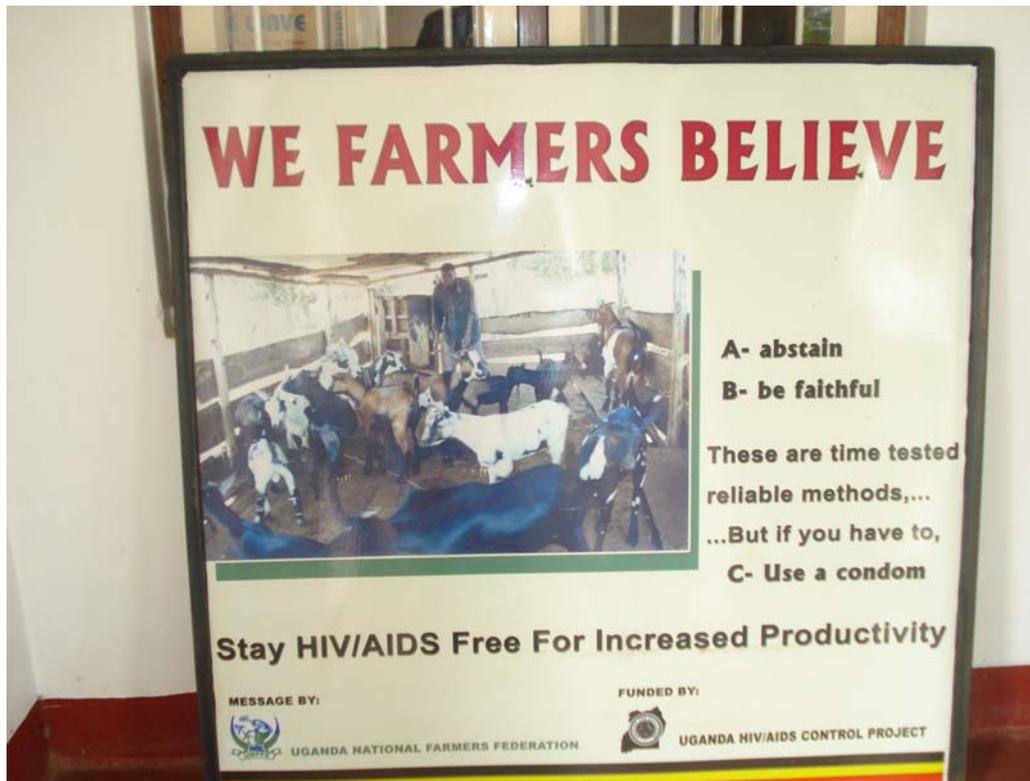
Mbarara, Mpigi, Mbale and Gulu DFAs are general purpose farmers organisations, covering one district each. Compared to commodity-oriented organisations, general purpose organisations have smaller geographical coverage and less membership.

UOSPA, HORTEXA and NUCAFE are all commodity-oriented farmers organisations. They operate in regions covering 10-24 districts, thus, they have bigger membership compared to District based general purpose organisations.

Further, UOSPA operates in Northern and North Eastern regions which have a high HIV prevalence (9%), while HORTEXA operates in the districts along the shores of Lake Victoria and the surrounding areas, where HIV prevalence is also high (7%). NUCAFE on the other hand operates in an area with medium HIV prevalence (5-5.2%), mainly in western and central regions.

#### 4.1 Activities by farmers organizations in internal mainstreaming of HIV/AIDS.

Interviews held with UNFFE officials revealed that HIV/AIDS mainstreaming came to the agenda out of recognition of the devastating impact it has on farmers and the FOs. It was noted that the farming sector is among the most vulnerable sectors due to limited access to services, information and education. Further, the informants from UNFFE noted that, it was realised that while other sectors of the economy had attracted government attention, the farming sector had not, and this was attributed to illiteracy, ignorance and poverty. No one was targeting farmers and their organisations. Thus, UNFFE came in to develop interventions especially to increase awareness and prevent the spread.



**Figure 4.1: A billboard developed by UNFFE for HIV/AIDS awareness creation amongst farmers, 2004.**

Informants from UNFFE further revealed that there is already a felt impact of HIV/AIDS on the effectiveness of some FOs, evidenced by late submission of activity reports to UNFFE and reduced supervision of farmer groups. Apac DFA lost a key staff and accordingly, the organisation has never recovered from that loss. Since his death, there has been remarkable decline in submission of activity reports and reduction in activities in the organisation.

Although not many FOs have lost staff to AIDS, it has been noticed that there is decline in service delivery in some organisations such as Mukono, Ntungamo, Apac and Tororo DFAs because of the death of staff and ELFs. Activity reports from all these organisations indicate reduced visits to farmers, attendance of planning workshops, representation at the district and submission of activity reports. Thus, there has been negative impact on the effectiveness of the organisations. In Kayunga district, the local authorities were concerned about the going down of the extension

service delivery because the organisation and the local government were losing skilled staff. Informants from UNFFE noted that staff gets infected mostly when they are in the field;

*'When officers are in villages, they are big people and are bound to get engaged in unsafe sex.'*

From the above information, it is clear that staff from FOs are at high risk of being susceptible to HIV and the FOs are vulnerable to the impacts of AIDS due to loss of their staff members. For commodity-oriented organisations, the staff susceptibility is high because they operate far from their homes, necessitating them to stay in villages where they work. This puts them in a risky environment where they are likely to get involved in risky situations such as having multiple partners. This puts the organisations to high vulnerability to impacts of AIDS.

For general purpose organisations, since the staff operate close to their homes and offices, they are likely to be less susceptible to HIV infection. This also makes their organisations less vulnerable to the impacts of AIDS.

It is prudent therefore, that commodity-oriented organisations act fast to reduce susceptibility of their staff to HIV infection and also increase their resilience to AIDS lest their effectiveness is negatively affected.

From the interviews with the informants from UNFFE, it was noted that in attempt to promote HIV/AIDS internal mainstreaming among its member FOs, UNFFE trained all the staff, right from the national Secretariat to sub-county level on the basics of HIV/AIDS at the place of work and provided them with IEC materials and condoms. A country side sensitization was done targeting staff, board members and ELFs. The training also covered issues of HIV prevention, infection and mitigation of impacts of AIDS. While these interventions by UNFFE are vital, it is clear that they do not clearly address institutional strengthening of its member organisations to be able to deal with internal mainstreaming of HIV/AIDS. The training does not seem to have prepared FOs to develop HIV/AIDS workplace policies that would cater for HIV/AIDS issues such as sick leave and provision of support to affected staff, among other things. Further, the training was a one time event. Staff need refresher trainings on HIV/AIDS management in order for the organisation to be able to effectively mainstream HIV/AIDS.

Informants from UNFFE further revealed that, in an effort to support its member FOs in addressing internal mainstreaming of HIV/AIDS, the FOs were trained on accessing funds from Community HIV/AIDS Initiative<sup>4</sup> (CHAI) which were readily available at the district level. These funds would be used to cater for families of staff that are affected by HIV/AIDS. They were also advised to approach other funding agencies such as UAC for financial support. However, without building their capacity in HIV/AIDS mainstreaming, accessing funds alone could not help to redress the situation. Indeed, respondents from 4 general purpose organisations indicated that they received such training and accessed funds from CHAI but the funds were spend on activities such as condom distribution to farmers, training of ELFs as home-based care givers and training of youths as peer educators, other than on internal mainstreaming. No activity was implemented under internal mainstreaming.

Despite the above scenario, data from all the informants revealed that none of the UNFFE member FOs covered by this research had deliberately started HIV/AIDS

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<sup>4</sup> Community HIV/AIDS Initiative (CHAI) is a government project providing grant funds for AIDS orphan's education and income generating activities for widows or people fostering orphans.

internal mainstreaming. The table below illustrates the HIV/AIDS internal mainstreaming activities and services so far implemented by FOs. The organisations were selected on basis of whether they are commodity-oriented or general purpose, and whether they operate in high or middle prevalence areas.

**Table 4.2: Some Internal mainstreaming aspects covered by UNFFE member FOs**

<b>Internal Mainstreaming aspects in place</b>	<b>Number of organisations (N=8)</b>
Staff sensitisation/training on HIV prevention and transmission	6
Provision of Condoms	4
Provision of ARVs	0
Support for VCT services	0
HIV/AIDS Policy	1
Staff sick leave	5

**Source: Field research (Primary)**

The table above shows some of the major aspects of HIV/AIDS internal mainstreaming, some of which have been addressed by FOs. It is apparent from the table that while the majority of the organisations (6) have sensitised their staff on HIV infection and prevention, none of them provides ARVs to the staff living with HIV/AIDS, including those that have got sick staff members, nor did any of the organisations support their staff members to access VCT services. This was attributed to lack of coordinated activities and budget to support internal mainstreaming of HIV/AIDS.

The table above also shows that most of the aspects of HIV/AIDS internal mainstreaming are not yet on the agenda of FOs. Aspects such as organisational staff policies; performance management system; budgets and financial planning; human resource planning are missing, yet they are very essential in internal mainstreaming of HIV/AIDS.

Of the 6 organisations that have trained their staff members in HIV infection and prevention, majority (5) are DFAs and only one is a commodity organisation. ILO (2001) states that an 'effective education programme provides workers with the capacity to protect themselves against HIV infection; help reduce HIV-related anxiety and stigmatization; and significantly contribute towards attitudinal and behavioural change'. These fall in within the broader context of changing the overall organizational culture, partly through attending to individual attitudes and skills (Mullins 2002).

Further, all the four organisations providing condoms to their staff are DFAs. It is worthy noting however, that the training and condoms are in most cases provided fortnightly due to limited financial resources to sustain these services. It can be adduced from these revelations that internal mainstreaming of HIV/AIDS has not been taken as seriously as it deserves. Commodity-oriented organisations seem to be lagging behind in internal mainstreaming of HIV/AIDS. This could be mainly attributed to the lack of prioritisation of HIV/AIDS within the organisations, partly because most of the organisations have not had any of their staff members getting infected with HIV or dying to AIDS. It can also be due to the fact that commodity-oriented organisations are mainly interested in ensuring that their member farmers make a profit, since they are market-oriented.

For the 4 general purpose organisations that have initiated some activities on internal mainstreaming of HIV/AIDS, it was revealed that it was UNFFE that put it on their agenda. One commodity-oriented organisations pointed out that HIV/AIDS were put on agenda by the farmers. This explains why this particular organisation was mainstreaming externally but not internally. The above information also explains why these organisations are not giving priority to internal mainstreaming since the HIV/AIDS issues were initiated by UNFFE and not themselves.

Mpigi and Gulu DFAs are general purpose district farmers associations operating in central northern Uganda respectively. Both of these organisations have field staff and Extension Link Farmers who provide extension services to the farmers. Both of them operate in high prevalence areas which puts the staff at high risk of getting infected with HIV and the organisation to vulnerability to the impacts of AIDS.

However, it was revealed that these organisations are actively involved in external mainstreaming of HIV/AIDS through raising awareness amongst their member farmers on the spread and prevention of HIV and encouraging them to go for VCT at the expense of their staff. Despite the high HIV prevalence in the areas in which they operate, no activities have been developed by the organisations for internal mainstreaming of HIV/AIDS. The organisations have not attended to staff issues with regard to supporting those infected with or affected by HIV/AIDS. The staff are only provided with condoms at office which are provided by DANIDA's Agricultural Sector Programme Support (ASPS II) and UNFFE Secretariat. Priority setting seems to be a major challenge in this respect, whereby, priority is given to the farmers rather than the staff when it comes to addressing HIV/AIDS issues. This puts these organisations at high risk of susceptibility to HIV and high risk of vulnerability to the impacts of AIDS.



**Figure 4.2: Box of condoms in a rest room at UNFFE Offices, July 2008.**

The photograph above was taken in one of the rest rooms at UNFFE Secretariat offices. Similar scenario was also observed in some FOs. Condoms were provided to staff both at UNFFE and in member DFAs as a means towards prevention to HIV

infection. This was one of the main internal mainstreaming activities being implemented by most of the FOs.

Mbarara and Mbale DFAs are also general purpose farmers association operating in western and Eastern Uganda respectively. The organisations operate in medium prevalent area. Mbarara has lost three staff members to AIDS while one is sick.

For internal mainstreaming, staff received basic training on HIV/AIDS with support from UNFFE. Through support from ASPS II and UNFFE Secretariat, the organisations are availing condoms to the staff by putting them in toilets in the offices. Through staff meetings, HIV/AIDS issues are also discussed openly to continuously raise awareness on prevention, counselling and testing and how to live positively with HIV/AIDS. There is no clear strategy put in place for internal mainstreaming of HIV/AIDS and no specific efforts to assist staff infected with or affected by HIV/AIDS in both organisations. Without deliberate effort to address internal mainstreaming of HIV/AIDS, these organisations will most likely be more vulnerable to the impacts of AIDS thus affecting their effectiveness in service delivery to their members (farmers).

For NUCAFE and HORTEXA-commodity-oriented FOs, HIV/AIDS has not yet come on agenda, be it internally or externally. HORTEXA operates in the districts around Lake Victoria region, while NUCAFE operates in central, western and eastern regions, covering 24 districts. Most of its operations are located in medium HIV prevalent areas, with exception of the few districts in the Northern part of the country where the prevalence is high due to a 20-year old conflict. The organisation has staff at the national Secretariat in Kampala and in the field. The field staff live in their work stations where they interact with farmers on a daily basis. NUCAFE has only managed to include HIV/AIDS eternal mainstreaming program on the strategic plan, pending implementation. Even then, it does not specify what specific activities it will address.

Both HORTEXA and NUCAFE have not attempted to address issues relating to HIV/AIDS. This again points to the conclusion that unless something is done in terms of internal mainstreaming of HIV/AIDS, these organisations will be highly vulnerable to the impacts of AIDS because their staff are highly susceptible to HIV infection. Although they have not yet felt the impacts of AIDS on the organisation, it is most likely that the situation will change in the near future, unless they reposition themselves and start mainstreaming HIV/AIDS internally.

UOSPA, just like NUCAFE and HORTEXA, is a commodity specific organisation of oil seed producers. It operates in the Eastern and North-Eastern parts of Uganda, where HIV prevalence is the highest in the country (9%). The organisation has most of its staff living and working in the field with the farmers. This makes the organisation highly susceptible to HIV, given the high prevalence in the area of operation. However, respondents revealed that the organisation has there is not involved in internal mainstreaming of HIV/AIDS. For external mainstreaming, some activities have been started on including promotion of nutrition, awareness raising and encouraging farmers to go for VCT. The organisation hopes to start on internal mainstreaming when one of its employees now undergoing training on HIV mainstreaming returns. There is no assistance offered to staff infected with or affected by HIV/AIDS. These revelations make one to think that given the high prevalence in the region where the organisation operates, the field staff is highly susceptible to HIV infection which will most likely put the organisation to high vulnerability to the impacts of AIDS in the near future.

It is evident from the above that majority of both commodity-specific organisations with a regional outlook (3) and the district based general purpose organisations (3) do not have HIV/AIDS internal mainstreaming programs. This means that the geographical size of the organisation may not play an important role in determining putting in place internal mainstreaming programs. However, it should be noted that much as the two categories of organisations vary in geographical size, the number of staff does not vary significantly.

The cases discussed above show similarities with regard to efforts towards internal mainstreaming of HIV/AIDS. The differential HIV prevalence in the regions where FOs are operating as well as differences in the form of FOs do not seem to have a bearing on whether the organisation puts in place strategies for internal mainstreaming of HIV/AIDS or not. Further, the differences in the geographical coverage (size) of the organisations do not determine whether the organisation puts in place strategies for internal mainstreaming.

According to informants from UNFFE, there have not been efforts for FOs for internal mainstreaming because it is assumed that the staff members are okay due to lack of evidence. According to one senior staff, it is a weakness that staff is ignored. He adds thus;

*'Don't be surprised that even if you go to the Ministry of Health, you will find that staff is not targeted'.*

Secondly, it was further revealed that, the lack of focus on the staff is because staff members are few in number. Indeed all the organisations covered by this research have small numbers of staff, ranging from 7 to 12. Literature also agrees with this suggestion. Holden (2004) notes that for an organisation with a small number of staff, it is hard to predict if and when AIDS may have an impact. Even where HIV prevalence is high, such an organisation might enjoy many years without any employees falling ill. He notes however, that conversely, such a small organisation might lose a significant proportion of its workforce in a single year. Holden's argument could provide an insight into the lack of internal mainstreaming programs amongst these organisations and the likely consequences to the organisations in the near future.

## **Policies and actions**

It was found out from the study that majority of FOs do not have HIV/AIDS policies, including those organisations that were doing some form of HIV/AIDS mainstreaming, either external or internal. In one of the general purpose organisations, it was found out that management and staff verbally agreed to address HIV/AIDS external mainstreaming issues among the farmers, although there was no policy in place, while in another one, a draft HIV/AIDS workplace policy has been formulated, but still was yet to be finalised and adapted. For commodity-oriented organisations, it was found out that in only one organisation HIV/AIDS is only mentioned in the strategic plan as a cross-cutting issue, just like gender and environment. Only UNFFE Secretariat has a workplace policy on HIV/AIDS although it is not fully implemented. However, the UNFFE workplace policy and the draft workplace policy for one of its members did not involve staff and particularly those living with HIV/AIDS during its formulation. Further, both policies are silent about the care and support towards staff living with HIV/AIDS and families of staff affected by HIV/AIDS and gender issues. Therefore, they can be said to be inadequate and may need to be reviewed.

**Table 4.3: FOs with HIV/AIDS Policy**

HIV/AIDS Policies	Number of Organisations (N=8)
General HIV/AIDS Policy	0
HIV/AIDS Workplace Policy	2

**Source: Field research (Primary)**

It is apparent from the above table, that at most only two organisations had a workplace policy on HIV/AIDS or a draft, although they did not have a general HIV/AIDS policy which is essential in guiding implementation of HIV/AIDS program in the organisation. It is worthy noting that none of the commodity organisations had an HIV/AIDS Policy; neither did any of the organisations operating in high prevalence areas.

HIV/AIDS policies are necessary to guide implementation of activities. The lack of HIV/AIDS policy in the organisation creates a vacuum for developing and implementing HIV/AIDS programs within an organisation. It is also clear that both the organisations operating in high HIV prevalence and those in low HIV prevalence regions have no HIV/AIDS policy and no internal mainstreaming of HIV/AIDS programs. This revelation makes one to think that the HIV prevalence in the area where an organisation is operating may not be a major factor for an organisation to put in place internal mainstreaming of HIV/AIDS program. This contradicts the literature which suggests that HIV prevalence rate determines whether the organisation mainstreams HIV/AIDS or not. Holden (2004) noted that mainstreaming seems irrelevant to organisations where HIV rates are very low. It is very hard to motivate people to respond in advance if they see HIV/AIDS as a distant threat whose impacts are as yet generally invisible.

## 4.2 Challenges for FOs in internal mainstreaming of HIV/AIDS

From the interviews with staff of UNFFE Secretariat and UNFFE member organisations, it became clear that FOs are faced with serious challenges that deter them from internal mainstreaming of HIV/AIDS. UNFFE Secretariat itself has challenges in trying to support its member FOs in addressing HIV/AIDS internal mainstreaming issues, while the member FOs also have their internal challenges. The challenges are categorised and analysed using the 12-boxes model analysis.

It is worthy noting that, the interviews revealed that UNFFE Secretariat itself has challenges in trying to support its member FOs in addressing HIV/AIDS internal mainstreaming issues. The challenges faced by UNFFE combined with internal challenges of its member organisations have had serious setbacks for HIV/AIDS internal mainstreaming among FOs as shown in the findings that follow. The table below summarises the major challenges as revealed from the interviews with the respondents.

**Table 4.4: Factors limiting HIV/AIDS mainstreaming amongst FOs and their frequency mentioned by FOs (N=8)**

	Frequency of answers
Lack of trained staff	8
Sensitivity of HIV/AIDS issues	3
Limited funds	8

Donors attitude	8
Lack of government support	2

**Source: Field research (Primary)**

The table shows some of the factors that create challenges for internal mainstreaming of HIV/AIDS amongst FOs. The major challenges pointed out by informants were limited staff capacity, limited funds and lack of support to internal mainstreaming issues by the donors. The details of the challenges from the interviews conducted are presented and analysed below, using the 12-box model of analysis.

### **Budgeting**

It was revealed that the biggest challenge of UNFFE Secretariat is lack of continuity in supporting FOs due to limited funding. Attitude change among the staff cannot be a one time event, it requires follow up. It was noted that the funds for HIV/AIDS activities received from Global Fund and UAC were limited and were released to UNFFE once. Following the suspension of Global Fund project in Uganda in 2005, UNFFE and its member organisations suffered the consequences also. Although the suspension has been lifted, it has taken long to start releasing the funds again. Further, FOs are asking for condoms to provide to the staff and to the farmers after training them, but it is a challenge to ensure provision of such materials continuously without sustainable funding to the HIV/AIDS program.

Again, UNFFE has a challenge of inability to mobilise necessary financial resources to support all her member FOs in implementation of HIV/AIDS internal mainstreaming. The limited financial resources were attributed to the fact that, UNFFE programs are donor funded and other than Global Fund, donors were not yet interested in supporting HIV/AIDS programs in the farming sector. UNFFE has not been able to mobilise necessary financial resources to support all her member FOs in implementation of HIV/AIDS internal mainstreaming. The limited financial resources were attributed to the fact that, UNFFE programs are donor funded and other than Global Fund, donors were not interested in supporting HIV/AIDS programs in the farming sector. However, internal mainstreaming of HIV/AIDS in an organisation may not require more additional funds. Certain aspects such as leave for the infected/affected staff, favourable working environment, employment policies may not require additional funds. However, certain activities under internal mainstreaming, such as, staff leave; recruitment policies etc do not require extra finances to implement them. That UNFFE Secretariat has not helped its member organisations to address such issues is an indication that either the concept of internal mainstreaming is not well understood or there is lack of commitment to address it.

For all the general purpose and the commodity-oriented organisations, the lack funds to carry out HIV/AIDS internal mainstreaming has been pointed out as the major challenge by majority of respondents (20) from all of these organisations. The little funds the organisations received from Global Fund through UNFFE for HIV/AIDS activities were limited, specific for AIDS work and coming in irregularly. Other than condom distribution to the staff, these organisations do not provide any other assistance to the staff due to lack of funds.

The situation is aggravated by the high demand for HIV/AIDS services by the farmers who are then given priority for the little available resources, at the expense of the staff. Many farmers are coming forward for services as a result of increased awareness created by the organisation but the funds do not permit meeting all their demands. Responses also show that, the main challenge faced by all the FOs covered by this research, both DFAs and commodity organisations, is limited

financial resources to implement internal mainstreaming of HIV/AIDS programs. Literature reviewed also attests to this fact that lack of finances curtails efforts towards HIV/AIDS mainstreaming. According to UNAIDS; GTZ et al (2002), mainstreaming HIV/AIDS requires necessary commitment of appropriate financial resources to realistically undertake mainstreaming efforts. From his experience working with local NGOs in Malawi in HIV/AIDS mainstreaming, James Rick (2005) notes that most organisations indicated that their responses to HIV/AIDS internal mainstreaming are seen to have financial and material implications beyond the capacities of the organisations. Organisations were concerned with how to administer such support in a sustainable way.

However, internal mainstreaming of HIV/AIDS in an organisation may not require more additional funds. Certain aspects such as leave for the infected/affected staff, favourable working environment, employment policies may not require a lot of additional funds. Given that these organisations have not addressed such issues is an indication that either the concept of internal mainstreaming is not well understood or there is lack of commitment to address it.

The findings further revealed that none of the organisations, both commodity specific and DFAs operating either in high prevalence or low prevalence area, was including a budget item for HIV/AIDS internal mainstreaming to be financed from internally generated funds. Although financials resources mobilised internally are limited, allocating a small percentage to HIV/AIDS internal mainstreaming to activities that do not require a lot of resources would prove the commitment of the organisations. This revelation puts the clarity of HIV/AIDS internal mainstreaming activities by the staff, management and board into question. It also casts doubt on how much effort is put in mobilising resources specifically for HIV/AIDS activities in the organisations.

Related to the above, informants from all the 4 DFAs and the 3 commodity-oriented FOs revealed that, most donors supporting FOs do not have budget lines for supporting HIV/AIDS-related activities amongst FOs and they do not seem to appreciate the importance of FOs addressing HIV/AIDS-related issues. Out of the 24 respondents interviewed, 17 pointed out that donors have little knowledge on how HIV/AIDS impacts on the work of FOs and that is why they do not fund HIV/AIDS-related activities amongst FOs.

According to the informants, each donor has specific interest and it would only be by luck or coincidence that they will support and fund HIV/AIDS activities in FOs. This makes it difficult to raise necessary funds for HIV/AIDS mainstreaming. For all these FOs, this is a major set back in mainstreaming of HIV/AIDS since over 90% of their budget is financed by donors. It has been revealed that in both DFAs and commodity FOs programs are donor-funded and that donors are not interested in financing HIV/AIDS activities of the FOs.

This also contributes to limited financial resources to implement internal mainstreaming of HIV/AIDS programs. This puts donors in the lime light for their failure to recognise HIV/AIDS as a development issue affecting the effectiveness of FOs.

It was also revealed that some of the potential donors have specific aspects of HIV/AIDS they are interested in which are not within the mandate of FOs. One of the organisations revealed that it was not going to accept more funds from Global Fund through UNFFE Secretariat because of the rigidity in terms of activities to be carried out, designed by the Global Fund itself. This shows how dependency on donors influences the choice of HIV/AIDS activities amongst organisations.

### **Team work and Partnerships**

Although all the 5 general purpose organisations have developed some form of collaboration with other institutions and agencies, the collaboration has not focussed at addressing internal mainstreaming. One DFA collaborates with the local council authorities who reinforce the mobilisation efforts and with Health centres whose personnel are instrumental in providing VCT services and ARVs to the farmers. On the other hand Health Centre IVs have adapted the organisation's ELF's who were trained by UNFFE, and are being used in distribution of ARVs to PLWHA in the community. The collaboration has not focussed on internal mainstreaming issues of the organisation, though. The rest of the DFAs collaborate with the district health personnel and the district leaders in trainings and mobilisation of farmers for sensitisation on HIV/AIDS issues.

On the other hand, it was found out from the discussions during the interviews that half of the commodity –oriented organisations (2) have not established relevant partnerships with organisations and government agencies working in the field of HIV/AIDS. This would have probably have filled the capacity gaps. This means that both commodity-oriented and general purpose organisations are likely to continue facing challenges in internal mainstreaming of HIV/AIDS, given that both categories of organisations have limited technical capacity to deal with mainstreaming issues. Mainstreaming requires commitment to partnerships and building positive relationships amongst the various sectors. This is necessary to tap on the available human and financial resources required in mainstreaming HIV/AIDS. On the other hand, the organisations having some form of collaboration still do not seem to have utilised that collaboration to address internal mainstreaming issues. Collaboration with government institutions/agencies and with international and other local NGOs, particularly those with the required technical and financial resources for mainstreaming HIV/AIDS, is vital.

It was also revealed that there have not been any efforts by FOs other than UNFFE Secretariat, to lobby government and draw its attention towards addressing HIV/AIDS internal mainstreaming issues. The government has HIV/AIDS agencies in the districts countrywide where the organisations operate that would probably support them in internal mainstreaming of HIV/AIDS. Through lobby and advocacy, FOs would be able to attract government attention to provide services which FOs are not able to provide, such as, provision of ARVs to the sick staff, bringing VCT services near to the communities, provision of condoms and others.

### **Responsibilities, procedures and systems**

It was also revealed that none of the organisations had an HIV/AIDS desk with a focal point person, except UNFFE Secretariat. Some of the respondents (9) noted that, lack of focal point person for HIV/AIDS to coordinate and give direction is also a challenge towards internal mainstreaming of HIV/AIDS in the organisation. Although 9 respondents are not the majority (out of 24), a focal point person can be instrumental in coordinating internal mainstreaming activities involved and ensuring that all staff members play their part. That none of the organisations has a focal point person may indicate that the mainstreaming activities amongst FOs will continue to lack priority and guidance.

### **Various influences on policies and actions**

It was found out that the management and board members of all the 8 organisations are supportive to HIV/AIDS activities, although their support is mainly towards external mainstreaming. The external mainstreaming activities being carried out were fully approved by the board and the members are interested in monitoring those

activities. This was supported by responses from the interviews with UNFFE officials. They noted that both at national and district levels, management and boards are concerned about the impact of HIV/AIDS on both the effectiveness of FOs and the farmers because it affects food security and incomes. As such, they are committed and support efforts to address HIV/AIDS in the farming sector. For instance, it was revealed that during the implementation of HIV/AIDS activities under the Global Fund project, board members from all UNFFE DFA member organisations were actively involved in the implementation of the activities (for external mainstreaming) and in building partnerships with district authorities.

#### **Case 4.1. Mbarara DFA: Support of management/Board to internal mainstreaming of HIV/AIDS**

Management and Board are very supportive to HIV/AIDS issues. The Chairman of the Board works with The AIDS Support Organisation (TASO) as a counsellor, while the other members, according to the Coordinator, must have been affected by HIV/AIDS in one way or another. The Board members are actually more concerned about staff HIV/AIDS issues than the staff itself, to the extent that the former suggested that staff could save shillings 2,000/= each per month and put it in a pool to support any staff member that gets infected with or affected by HIV. But still there is no internal mainstreaming of HIV/AIDS.

It is clear though, from the findings that most of these activities were outside internal mainstreaming which is an indication that it has not taken root. UNFFE secretariat is concerned that this commitment does not seem to have trickled down to address internal mainstreaming among its member organisations.

#### **Staff Capacity and responsibilities**

It was also noted from the interviews that UNFFE Secretariat lacks the necessary expertise to provide the required knowledge and skills to its members on how to deal with HIV/AIDS mainstreaming. UNFFE has only one skilled personnel on HIV/AIDS mainstreaming. Thus, FOs have no fall back for technical backstopping while implementing internal mainstreaming activities. The 71 member organisations can not only rely on one technical person from the Secretariat. This means that UNFFE Secretariat itself has not built its capacity to strengthen its member organisations, and unless it is addressed, there will continue to be a vacuum. Thus, the role of UNFFE is to fuel the mainstreaming processes in the member organisations.

All informants (24) from both the commodity-specific and general purpose organisations noted that staff were trained in basic HIV/AIDS issues such as infection, treatment and counselling, but not on how to deal with HIV/AIDS mainstreaming. Further more, education needs to be an ongoing process, because of the constant developments surrounding the subject and staff turnover that may result into new staff members joining the organisation. As a result, the incoming staff may need to be informed starting from the beginning of the education program whilst the existing staff that would have received the message need to be constantly reminded so as to reinforce the messages at the same time updated with the latest information (James and Mullins 2004). However, according to informants, for the Fos staff, the training was received was a one time event. This creates an information vacuum on how to deal with HIV/AIDS at the place of work.

Further, as noted earlier, it was revealed that FOs have no HIV/AIDS focal point persons. Literature shows that a focal point person is vital in HIV/AIDS internal mainstreaming. One of the first steps that many government sectors take in starting

to mainstream HIV/AIDS is to establish focal person who have the responsibility of acting as a catalyst to mainstream HIV/AIDS activities within their department and/or sector (Eley & Ketungule 2003). The lack of HIV/AIDS focal point persons amongst FOs means that no one within the organisation takes the initiative to ensure that each staff does their part in HIV/AIDS mainstreaming.

From the above findings, it is clear that there is no internal capacity for internal mainstreaming of HIV/AIDS in all these organisations. Technical capacity to mainstream HIV/AIDS in the FOs remains limited. From literature, the CABUNGO experience in mainstreaming HIV/AIDS amongst local NGOs in Malawi agrees with the need for technical capacity. James Rick (2005) reports that one lesson from CABUNGO experience is that, it requires that staff develops the requisite knowledge and skills to be able to implement HIV/AIDS mainstreaming policy. Che (2005) also found out in a study in Cameroon that a very limited number of agricultural extension workers has been involved in the mitigation of AIDS impacts because they lack the necessary skills. Therefore, it is evident that without necessary technical capacity is a major challenge in HIV/AIDS internal mainstreaming of organisations.

Discussions during the interviews also indicated that there is a general assumption amongst some organisations (4) that 'staff members are okay'. As such, little attention is given to internal mainstreaming of HIV/AIDS. This explains why out of the 8 organisations studied all, but one, have been involved in some form of external mainstreaming and integration of HIV/AIDS activities amongst their members (farmers), yet their efforts towards internal mainstreaming have been minimal. This assumption subjects such organisations to high susceptibility to HIV and high vulnerability to the impacts of AIDS. It also shows how much organisations are pre-occupied with activities for the benefit of their clients or members forgetting that once the staff gets affected by HIV/AIDS, the organisational effectiveness in service delivery will be affected negatively.

Another challenge that came out clearly was that health centres are far which makes accessibility to services including ARVs and counselling by the staff a challenge because such services are based in major towns. 6 informants from organisations operating in Northern and North-Eastern regions noted that their staff in the field work long distances from health centres, thus, they would not be able to access health-related services. For the field staff of organisations that operate in remote areas such as Adjuman, Pader, and Moroto, it is extremely difficult to access health centres for VCT and other services required. Although 4 respondents revealed that the long distances to health centres are prohibitive to accessing services such as VCT and ART, all the FOs this research covered have their offices located in big towns with health centres providing services to PLWHA. The long distances to health centres could only be applicable to field staff and organisations located in remote areas of the country.

### **Beliefs and attitudes**

The findings further reveal that in some of organisations (3), both in high prevalence and low prevalence areas, the staff are not free at discussing HIV/AIDS issues even when management provides opportunity to discuss such issues. Much as the staff from the rest of the organisations is supportive to addressing HIV/AIDS-related issues, they are not very free to discuss such issues. One informant pointed out thus;

*'It is one thing to have a workplace policy on HIV/AIDS but it is another to freely talk about HIV/AIDS'.*

This was attributed to the stigma that still surrounds HIV/AIDS. It becomes extremely difficult for an organisation to start on internal mainstreaming of such a sensitive issue like HIV/AIDS if the staff is not free to talk about it because internal

mainstreaming requires staff with open minds towards discussing HIV/AIDS issues so that they can help the affected/infected colleagues. Literature from CABUNGO HIV/AIDS mainstreaming in Malawi agrees with this finding as a limitation towards internal mainstreaming. CABUNGO experience shows that even if HIV/AIDS mainstreaming is prioritised at an organisational level, some organisations found staff very reluctant to entrust their colleagues with confidentiality and this failed the implementation of mainstreaming policy. For successful implementation of HIV/AIDS internal mainstreaming, an organisation has to have a particularly open culture for such issues to be discussed.

Another issue that was revealed from the interviews by most of the informants (16) was that HIV/AIDS was still viewed as a Health issue requiring medical interventions. It was clear that the respondents were mixing up AIDS work with development work, thus making it difficult to understand their mandate as development organisations. That explains the reluctance of FOs in addressing internal mainstreaming issues that do not require medical attention. Without acknowledgement of HIV/AIDS as a development issue by the FOs, they will continue to be reluctant in internal mainstreaming of HIV/AIDS, thus putting the staff at high risk of susceptibility to HIV infection and the organisations to high risk of vulnerability to the impacts of AIDS. However, it was found out that all of these commodity-specific organisations have not attempted to lobby government and its agencies and other AIDS organisations for support to address HIV/AIDS internal mainstreaming. The collaboration has been in training of staff on basic information about HIV/AIDS and on external mainstreaming by promoting nutrition among the affected households and provision of VCT and ARVs.

#### **Dominant norms and values of the organisation**

While the respondents do not mention directly that their organisations were not fully aware of the imperative for internal mainstreaming of HIV/AIDS, it is apparent that in the actual sense they did not. During the interviews, most of the informants took HIV/AIDS external mainstreaming activities and integration of HIV/AIDS activities to mean internal mainstreaming of HIV/AIDS. This means that there is lack of clear understanding of what internal mainstreaming of HIV/AIDS means and entails.

Of all the organisations covered by this research, only two (2) had not started on some form of external mainstreaming of HIV/AIDS, and these were commodity organisations. The rest were implementing some activities either themselves directly or in collaboration with other organisations and they felt they were implementing internal mainstreaming activities. It is prudent for an organisation to have a clear understanding of the meaning of internal mainstreaming of HIV/AIDS in order to design appropriate programs and activities.

### **4.3 Suggestions from Farmers Organizations to improve internal mainstreaming of HIV/AIDS**

According to the informants from mainly general purpose organisations, for FOs to help their staff members who are infected with or affected by HIV and AIDS, they need to provide them with the following services.

For the staff infected with HIV:

- Counselling is needed for them to live a positive life. They need to be advised and helped to access counselling services.
- Provision of ARVs or advance such a staff member some money to buy ARVs;
- Avoid stigmatising the staff living with HIV;
- Allow the staff members to continue working as long as they can deliver;
- Provision of condoms;
- Facilitation for transport so that they do not strain the body;
- Encourage regular testing so that they are informed about their status;
- Allow sick leave; and
- Support them to access nutritious food.

For the affected staff:

- Counselling;
- Financial support to provide ARVs for their sick family members;
- Allow them to take leave to take care of their sick family members and to take them to hospital; and
- Provision of transport to take their sick family members to the hospital.

Although the above issues portray very ambitious programs, it may not be realistic for FOs to implement all the suggested activities given that some of them are beyond capacity of FOs. The support pointed out above has a lot of implications on the part of the FOs if they have to implement such activities as the following responses indicate.

Majority of informants (18) from all the FOs (8) covered by this research noted the need for increased funding of HIV/AIDS activities among the FOs as a crucial aspect towards internal mainstreaming of HIV/AIDS. HIV/AIDS program should be given more attention by management of FOs. Currently it lags behind others. However, 6 respondents did not feel that financial resources alone could make a difference. Budgeting for HIV/AIDS internal mainstreaming needs to be given priority by management of FOs because it is essential in the implementation of the activities.

The suggestions from respondents from all organisations for implementing HIV/AIDS internal mainstreaming activities clearly show that substantial amounts of resources needed are sourced from external partners, the donors. This means that FOs need to work more to find external partners who could support their internal mainstreaming activities. This, however, is complicated by donors who are perceived to show a blind eye to issues affecting the welfare of the individual outside the office. The heavy reliance on donors means that internal mainstreaming activities may not be sustainable, unless FOs start allocating budget from internally generated resources.

Another suggestion that came out clearly for improving internal mainstreaming of HIV/AIDS is building collaborations and networking with other NGOs and government institutions to address aspects in internal mainstreaming that are beyond the scope/mandate and capacity of FOs, such as health issues. 14 respondents from

both commodity-oriented and general purpose organisations noted that FOs have a limit beyond which they can go in internal mainstreaming of HIV/AIDS. Some aspects require services of organisations that are involved in AIDS work, which is out side the mandate of FOs. Further, some of the services are easily available in government institutions handling HIV/AIDS issues, thus, the need for collaboration. Building partnerships/collaborations is key to tap on the available human and financial resources required in HIV/AIDS mainstreaming. It also helps in sharing of experiences and information.

The findings from most of the organisations (6) further show that training of board members and staff in HIV/AIDS mainstreaming is a pre-requisite towards successful implementation of internal mainstreaming activities. Since mainstreaming involves all the staff of the organisation, it is prudent that they fully understand what it requires of each of them in order to make its implementation successful. In all the organisations covered by this research, both commodity-oriented and general purpose, it was found out that staff were only trained in basics of HIV transmission, prevention and VCT. Literature compiled by Rick (2005) from CABUNGO experience working with NGOs in Malawi also indicates that many organisations that did not have staff that was trained in HIV/AIDS mainstreaming could not successfully implement such activities. They felt there was need for capacity building for staff in order to undertake their work effectively. Looking at what it takes to understand and implement internal mainstreaming activities, capacity building should be considered essential for successful implementation of such activities.

Responses from the interviews from most of the informants (13) in both commodity-oriented and general purpose organisations further indicated that there is also need for more sensitization of staff and board members on the importance of internal mainstreaming because most of them were only supporting external mainstreaming activities. Board members also need to be sensitised more about what mainstreaming of HIV/AIDS means because currently it is being confused with integration work. Such understanding would give the much needed direction and drive to the mainstreaming efforts, thereby reducing staff susceptibility to HIV infection.

The need to have an HIV/AIDS focal point person was also recommended for purposes of coordinating HIV/AIDS mainstreaming activities. However, none of the FOs had such a person in place due to financial constraints. Although an organisation could employ a focal point person primarily to coordinate and specialise in HIV/AIDS activities, with limited resources such responsibility can be added to one of the staff members. This means that the function of HIV/AIDS focal point person is not well understood.

#### **4.4 The role of UNFFE in the internal mainstreaming of HIV/AIDS in member Farmers Organizations**

As an umbrella of farmers organisations in the country, it was apparent from the respondents that there are high expectations from UNFFE Secretariat in supporting of its member organisations in HIV/AIDS mainstreaming.

Responses from the interviews showed that UNFFE is expected to develop HIV/AIDS policies for its member organisations Most of the informants (19) from both commodity-oriented and general purpose organisations pointed out the need for UNFFE to help its member organisations in formulation of HIV/AIDS general policies and workplace polices. Policies are required to guide implementation of program

activities. The findings revealed that out of the 5 organisations, only one had taken steps to draft a policy on HIV/AIDS. Therefore, under its policy guidance program, UNFFE does not seem to have done much in that direction. However, since its member FOs are semi autonomous legal entities, the role of UNFFE in policy formulation is limited to provision of technical expertise and guidance in policy formulation. FOs also have not taken initiative to draw the attention of UNFFE towards facilitating them in policy formulation. Nevertheless, it is prudent for UNFFE to help its member organisations in policy formulation because for any program to be effected there is need for a policy to guide its implementation. That way, FOs will be in position to reduce susceptibility of their staff and increase their resilience to the impacts of AIDS.

It was further expressed by many of the informants (17) that FOs expect UNFFE Secretariat to take lead in sourcing for funds for HIV/AIDS activities of its member organisations. Respondents viewed UNFFE to be best positioned given its national outlook and international partnerships, to source for donors and support from other organisations to support FOs efforts in their HIV/AIDS mainstreaming activities. It was reported that FOs find it very difficult to identify possible funding agencies for their HIV/AIDS programs partly because they are not known. Informants pointed out however, that UNFFE has made attempts to attract some funding although it was limited and could not be enough for all its member organisations. This means that UNFFE Secretariat needs to build capacity of its member organisations in fundraising and link them with potential development partners. However, FOs unless FOs also take initiative to look out for financial support as UNFFE does the same, it might be very challenging for the latter to meet this expectation. This revelation also indicates that FOs are very much pegging HIV/AIDS internal mainstreaming to financial resources, yet they are not easy to mobilise. Unless FOs start mainstreaming activities that do not require more financial resources as they mobilise more, their staff will in a near future be highly susceptible to HIV infection and consequently, the FOs will be vulnerable to the impacts of AIDS which will ultimately affect their organisational effectiveness.

It was also revealed that all organisations (7) expect UNFFE to build their capacities in HIV/AIDS mainstreaming through training of staff and by providing technical expertise for backstopping HIV/AIDS activities of FOs. Most of the informants (21) felt that staff capacity to handle HIV/AIDS mainstreaming issues was very limited and that UNFFE has the mandate to build such capacity. Che (2005) agrees with the above idea and notes that organisations and institutions need to train their extension workers on HIV/AIDS mainstreaming lest it will not be possible to implement mainstreaming activities. When further asked whether FOs have ever asked for such trainings from UNFFE, most of the informants said that they expected such an initiative to come from UNFFE. Nevertheless, it is clear that capacity building for FOs in internal mainstreaming is required for successful mainstreaming of HIV/AIDS. Unless the capacity of FOs in internal mainstreaming is not built, they will not be positioned to plan and implement the necessary activities, thus putting the organisations already affected by HIV/AIDS to a high risk of vulnerability.

Some of informants (7) also noted that UNFFE should articulate more the feelings and needs of farmers, in this case, for internal mainstreaming of HIV/AIDS, through lobby and advocacy. UNFFE is expected to use its position as a national farmers' umbrella organisation to reach out to government ministries and agencies and lobby for the plight of FOs in addressing HIV/AIDS-related issues, including internal mainstreaming. It was noted that UNFFE is expected to lobby for partnerships and collaborations with government agencies such as UAC, AIC and CHAI among others, to support the efforts of FOs towards HIV/AIDS mainstreaming and draw government

attention to farmers and their organisations. This means UNFFE Secretariat is seen not to have done much in its lobby and advocacy programs to address HIV/AIDS issues to the expectations of its members, thus the need to do more. It means also that government has not done much to work with FOs in HIV/AIDS mainstreaming in the farming sector.

#### **4.5 Conclusion**

What can be adduced from the findings and analysis of this study is that the major barriers to HIV/AIDS internal mainstreaming amongst farmers organisations include: limited funds; lack of donors showing blind eye on HIV/AIDS; lack of staff capacity in HIV/AIDS mainstreaming; lack of policy framework and limited understanding of mainstreaming.

On the other hand, it is clear from the findings that there are some positive aspects within FOs that provide opportunity for internal mainstreaming of HIV/AIDS. These include among others, board and staff support; some partnerships have been established; staff in most FOs are open and willing to discuss HIV/AIDS issues and there are some donors that have shown willingness to support FOs in their efforts.

It is also clear that, as an umbrella of farmers organisations in the country, UNFFE could play a more significant role in building capacity of its member organisations to respond effectively to HIV/AIDS internal mainstreaming. Addressing these issues could turn round the situation, leading to development of HIV/AIDS internal mainstreaming policies and programs amongst farmers organisations, and consequently reducing the susceptibility of their staff to HIV infections and the vulnerability of the organisations to the impacts of AIDS. This would ensure that the organisational effectiveness in service delivery is not compromised.

## CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

This chapter draws recommendations and conclusions as per the study findings. The recommendations are derived from the gaps that the study found, and are meant to give insight into how to deal with the identified gaps.

### 5.1 Conclusions

From the study, the main conclusion is that, farmers organisations have not positioned themselves to address HIV/AIDS internal mainstreaming issues mainly because they have limited understanding of what it means and entails. It was noted that respondents from all the organisations covered were mixing up external mainstreaming with internal mainstreaming, and with integration of HIV/AIDS activities. In many cases, informants mentioned activities for HIV/AIDS integration such as provision of condoms to farmers, advising farmers to go for VCT and ART as part of internal mainstreaming. Without a clear understanding of HIV/AIDS internal mainstreaming issues, FOs will hardly address them appropriately. This leaves staff susceptible to HIV infections and the FOs vulnerable to the impacts of AIDS that are most likely negatively affect their effectiveness in service delivery.

Secondly, HIV/AIDS internal mainstreaming activities among FOs have been hindered by donors/development partners because they do not consider issues related to HIV/AIDS mainstreaming among FOs important. Donors have turned a blind eye on internal mainstreaming of HIV/AIDS amongst FOs because they are only interested in activities that address poverty related issues of the farmers, neglecting issues affecting staff who deliver services to the farmers. Subsequent decisions on the course of action to be taken are taken are heavily influenced by the dominant donor ideological context, and pragmatism within that ideological context has defined the eventual HIV/AIDS policy decisions amongst FOs. Thus, donors have a lot of influence in determining HIV/AIDS activities and in agenda setting amongst FOs. Because they have pre-determined activities, FOs find themselves adjusting to suit the requirements of the donors. As such, HIV/AIDS internal mainstreaming activities have tended to be left out since donors give priority to external mainstreaming. The focus is on programmes and beneficiaries/members, not on the organisations, which puts the staff at high risk of being susceptible to HIV infection and vulnerable to the impacts of AIDS.

From the study, it can be deduced also that, FOs do not have the competence required in HIV/AIDS mainstreaming due to lack of technical expertise. The organisations lack trained personnel in HIV/AIDS mainstreaming to give the necessary drive and direction to HIV/AIDS internal mainstreaming, coordination of activities and tracking to ensure successful implementation. It remains a major challenge for the organisation to implement a program (HIV/AIDS internal mainstreaming) when the staff do not know how to go about it.

Further, it can be concluded from the findings that, the lack of awareness of the importance of HIV/AIDS internal mainstreaming by the management/board and staff leads to lack of prioritisation of such activities amongst FOs. The findings revealed that in most FOs, much as the management support implementation of HIV/AIDS activities, external mainstreaming and integration of HIV/AIDS activities have been given priority at the expense of internal mainstreaming. This has been attributed to limited understanding of the need for HIV/AIDS internal mainstreaming; how it impacts on the staff, the organisation and ultimately, on the organisational effectiveness.

It was also clear from the findings that, as an umbrella of farmers' organisations in the country, UNFFE has a major role in building capacity of its member organisations and help them to be able to respond effectively to HIV/AIDS internal mainstreaming. FOs are looking up to UNFFE Secretariat to provide leadership drive, guidance, policy direction and technical assistance in internal mainstreaming of HIV/AIDS. Unless UNFFE takes this initiative, it is not likely that its member FOs will start HIV/AIDS internal mainstreaming in the short run. Yet the field staff of these FOs are operating in an environment that puts them at a risk of HIV infection. This again might negatively impact on organisational effectiveness and service delivery to farmers.

Another conclusion from the findings is that, unless FOs start internal mainstreaming of HIV/AIDS, they are bound to suffer dire consequences of low organisational effectiveness, thus negatively affecting their service delivery to their members-the farmers. Although HIV/AIDS does not seem to have been noticed as a threat to their staff at the moment, once it strikes, the consequences to the organisations are likely to be severe due to the small number of staff they have. The FOs have not yet learnt how to calculate and forecast the costs of HIV/AIDS to the organisations once it strikes.

I conclude that an interplay of diverse factors have contributed to failure of FOs to embark on internal mainstreaming of HIV/AIDS thus creating a high risk and vulnerable environment for many of their staff, and high risk environment for organisational effectiveness in service delivery to their beneficiaries/members. These include external and internal factors as well as socio-economic factors as described in the previous chapter. This study has also shown how in the near future the FOs are likely to be at high risk of susceptibility to HIV and vulnerable to the impacts of AIDS unless something is done to start internal mainstreaming of HIV/AIDS. This understanding is crucial not only for the development of relevant policies and intervention programs, but also for ensuring that the responses are timely and better targeted.

## **5.2 Recommendations**

The following are proposed:

- UNFFE Secretariat should rise up to the challenge and take its rightful position to coordinate and provide guidance and build capacity of its member organisations in HIV/AIDS internal mainstreaming. This will help to ensure that, FOs which are already affected by AIDS will increase their resilience to the impacts of AIDS, while ensuring that those not yet affected will reduce the chances of their staff being infected with HIV.
- There is great need for UNFFE to raise awareness of its member organisations on the importance of HIV/AIDS internal mainstreaming and what it entails. This can be done through training of both the staff and board members. This will help the organisations to start mainstreaming using the limited financial resources available.
- To enhance efficiency and competitiveness in HIV/AIDS internal mainstreaming among its member FOs, UNFFE should build staff capacity in HIV/AIDS mainstreaming through training of the staff of its member organisations. This will also ensure sustainability of HIV/AIDS mainstreaming activities.
- Donors working with farmers organisations should re-think about their policies towards HIV/AIDS activities of FOs, lest their efforts and support to farmers will be watered down by the impacts of AIDS on the FOs they are supporting.

Donors should take part in ensuring the resistance of FOs to AIDS by supporting their internal mainstreaming activities. Donors can support FOs organisational strategy to deal with HIV/AIDS internal mainstreaming by focussing more on FOs organisational capacity, not merely FOs as vehicles for program delivery and by ensuring adequate budgeting for internal mainstreaming of HIV/AIDS costs of partner FOs by making this a condition for funding.

- UNFFE needs to have dialogues with donors and establish the reasons for their lack of support to internal mainstreaming of HIV/AIDS activities of FOs, with a view to lobbying them for more support.
- HIV/AIDS workplace policies should be developed by and for all FOs to guide the implantation of mainstreaming activities. A lot of care should be taken to ensure that the policies developed take into consideration the gender aspects of HIV/AIDS to ensure that they are effective. Through its policy guidance programs, UNFFE needs to take lead and facilitate the formulation of HIV/AIDS policies amongst its member organisations.
- FOs need to re-examine their internal policies and program activities and plan for the future in face of HIV/AIDS. The prospects for organisations which do not mainstream HIV/AIDS internally are potentially very dangerous. Internal mainstreaming of HIV/AIDS will help to reduce the susceptibility of the organisations to HIV and reduce on the impacts of AIDS to the organisation.
- FOs should develop specific and coordinated activities for internal mainstreaming of HIV/AIDS to avoid mixing them up with those for HIV/AIDS integration and external mainstreaming. These activities should ensure that gender aspects are catered for because they take a centre stage in HIV prevention.
- FOs need to designate HIV/AIDS focal point persons from amongst their existing staff, to coordinate, give direction to HIV/AIDS internal mainstreaming. They do not need to hire specialised additional officers to do this, given that they have limited financial resources.
- It is recommended also that FOs work closely with their development partners and other stakeholders to come up with appropriate and effective strategies to overcome the challenges identified in the previous chapter. This is crucial so that each of the stakeholders plays a positive role in mainstreaming of HIV/AIDS. This will create the much needed concerted effort in mobilising the necessary resources, leadership and will in internal mainstreaming of HIV/AIDS amongst FOs.

### **5.3 Conclusion**

It is evident from the above that there exist opportunities for FOs such as UNFFE and its member organisations to work on HIV/AIDS internal mainstreaming despite the several challenges identified in the previous chapter. There is room for FOs to utilise their existing structures and the limited resources they currently have to make a difference. With clear understanding of how to deal with internal mainstreaming, it is possible that they can move a step further from their current position towards HIV/AIDS internal mainstreaming. That way, their organisational effectiveness will not be compromised by the impacts of AIDS.

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## APPENDIX

### Interview Guide

#### 1. UNFFE HIV/AIDS Officer and senior staff

##### Introduction

The interview seeks to investigate the role of Farmers Organisations (FOs) in the internal mainstreaming of HIV/AIDS among their staff members in Uganda. HIV/AIDS is a global pandemic that has affected Uganda in ways that have undermined development. Whereas the role of the government has been applauded for spearheading the fight against HIV/AIDS, that of the farmers organisations remains poorly understood. It is in this respect that the study seeks to examine the role of FOs in internal mainstreaming of HIV/AIDS.

The findings will help in documenting the experience of FOs in internal mainstreaming HIV/AIDS and more so contribute towards the ongoing search for a lasting solution to the socio-economic effects of the pandemic in the farming sector. I therefore appreciate if you volunteer to share your expert knowledge on the experience of UNFFE in the fight against HIV/AIDS. Thank you for your precious time.

##### Questions:

- 1.1 In what capacity are you working in this organization?
- 1.2 For how long have you been working in this organization?
- 1.3 What is the role of UNFFE in the management of HIV/AIDS?
- 1.4 What specific approaches has UNFFE adopted in controlling HIV/AIDS among the staff, both at the Secretariat and among her member FOs?
- 1.5 What is UNFFE HIV/AIDS policy?
- 1.6 Have there been any efforts by UNFFE to support her member FOs in addressing the spread of HIV/AIDS among their staff members?
- 1.7 What challenges has UNFFE faced in supporting FOs in implementing and management of HIV/AIDS related activities?
- 1.8 What suggestions would you make to scale up the efforts?
- 1.9 What suggestions does UNFFE have for strengthening HIV/AIDS activities of their member FOs?
- 1.10 Has UNFFE directly or indirectly worked with other Organizations involved in the fight against AIDS? Fully elaborate how this has happened.
- 1.11 Who would be the appropriate partners that UNFFE can work with to improve on FOs effectiveness in addressing issues of HIV/AIDS positive staff members?
- 1.12 What should UNFFE member FOs help HIV/AIDS infected staff members live more productive lives?
- 1.13 What strategies have been developed by UNFFE to attract government attention towards addressing issues of HIV positive staff among its member organisations?

## 2. FOs Executive Officers/Coordinators and senior staff.

### Questions:

- 1.14 In what capacity are you working in this organization?
- 1.15 For how long have you been working in this organization?
- 1.16 How many members of staff do you have?
- 1.17 Are there any staff members living with HIV/AIDS in your organisation?
- 1.18 What is the role of your organization in the management of HIV/AIDS?
- 1.19 What specific approaches have your organization adopted in controlling HIV/AIDS amongst staff members?
- 1.20 What is the organisation's HIV/AIDS policy?
- 1.21 Have there been any efforts by your organisation in internal mainstreaming of HIV/AIDS?
- 1.22 What kind of support do you give to staff living with HIV/AIDS? Explain
- 1.23 Is there any support you give to staff who have family members living with HIV/AIDS? Please explain.
- 1.24 What challenges has the organisation faced in internal mainstreaming of HIV/AIDS?
- 1.25 What suggestions would you make to scale up the efforts in internal mainstreaming of HIV/AIDS?
- 1.26 Has your organization directly or indirectly worked with other organizations involved in the fight against AIDS? Fully elaborate how this has happened.
- 1.27 Who would be the appropriate partners that the organisation can work with to improve on its effectiveness in internal mainstreaming of HIV/AIDS?
- 1.28 What strategies have been developed by farmers organisations to attract government attention towards addressing issues of HIV positive staff members?