Do We have the Ingredients for Mainstreaming of HIV/AIDS?

The case of REEDS and TOUCH, Andhra Pradesh, India

A Research project Submitted to Larenstein University of Applied Sciences in Partial Fulfilment of the Requirements for the Degree of Master of Development, Specialization Rural Development and HIV/AIDS

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DEDICATION

For 𝒦𝑜𝑜𝑠 𝒦𝑖𝑛𝑔𝑚𝑎
A Guru who led me to the right path

ACKNOWLEDGEMENTS

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
APSACS	Andhra Pradesh State AIDS Control Society
CBO	Community Based Organization
FGD	Focused Group Discussion
HEARD	Health Economics and HIV/AIDS Research Division
HIV	Human Immunodeficiency Virus
IDUs	Intravenous Drug Users
IFPRI	International Food Policy Research Institute
NGO	Non Governmental Organization
OD	Organizational Development
PLWHA	People Living With HIV/AIDS
REEDS	Research in Environment, Education and Development Society
SDC	Swiss Agency for Development and Cooperation
STD	Sexually Transmitted Diseases
TOUCH	The Organization for Unfounded Crisis Humanity
UNAIDS	Joint United Nations Program on HIV/AIDS
VCTC	Voluntary Counselling and Testing Centre
VSO	Voluntary Service Overseas

ABSTRACT

HIV/AIDS is having devastating impact on all sectors of society. It is undermining the outcome of development efforts. Experiences in Sub Saharan Africa show that the epidemic is literally eroding the Non Governmental Organizations (NGOs), whose mandate is rural development. To fight against HIV/AIDS, Mainstreaming of the same is proposed by developmental workers and organizations across all sectors of the society by which the chances of being infected with HIV and the impacts of AIDS on both staff and organization will be decreased.

In India, where HIV prevalence is relatively low, NGOs have not yet focused much on Mainstreaming of HIV/AIDS both within the organization and within their work. Considering the potential increase of HIV prevalence in future, it is understood that NGOs should Mainstream HIV/AIDS to be relevant in the changing environment and to fulfil the arising needs of the target people. Against this backdrop, this research focused on the essential elements that are needed to Mainstream HIV/AIDS in the organizations.

Going through the available literature the researcher came up with some elements that are needed for Mainstreaming and then empirical research was done to know the condition of those essential elements in Research in Environment, Education and Development Society (REEDS) and The Organization for Unfounded Crisis Humanity (TOUCH), Andhra Pradesh, India.

By conducting semi-structured interviewees and using a questionnaire, data was collected and then by analysing and comparing the primary data with the available literature conclusions were drawn. This research revealed that both managements and the staffs have not yet understood the consequences of AIDS on their organization if their staffs are infected with HIV. So that commitment and support from high level managements is lacking. In addition, in some aspects the working environment is not supportive to fight against the epidemic. Moreover, resources such as books, toolkits, experts are scarce apart from experts in HIV/ADIS issues.

Basing on the conclusions some recommendations are proposed, such as organizing trainings to improve the knowledge levels and skills of the staff and approaching donors for funding especially who are positive to fund for workplace responses, establishing committees to develop workplace policies and creating supportive environment to HIV/AIDS issues in the organization to effectively fight against the epidemic.

Key Words: HIV/AIDS, Internal Mainstreaming, Essential Elements, Andhra Pradesh, India, REEDS, TOUCH.

CHAPTER1   INTRODUCTION

1.1 Introduction:

This is the end-thesis of the researcher as part of Master's in Management of Development (MOD) with Rural Development and HIV/AIDS specialization from Van Hall Larenstein University of Applied Sciences, Wageningen, Netherlands.

This research thesis consists of six chapters. The first chapter is Introduction. This chapter sets the ground for the research and gives the overall idea of the thesis. Then second chapter Literature Review follows. In this chapter, it is discussed weather HIV/AIDS is a development issue and essential elements for Internal Mainstreaming of HIV/AIDS. In the third chapter, Methodology, research area, methods and tools are discussed and justified. Fourth chapter, results, talks about the findings of the empirical research. After that, in chapter five, analysis, the results of the empirical research are interpreted, compared and confronted in light of already available literature. Basing on the analysis, some important conclusions are drawn and recommendations are proposed in the sixth chapter that is conclusions and recommendations. Next to that references and appendices follow.

The first chapter "Introduction" gives a holistic idea of the research by briefing about the Background of the Study, Research Problem, Objective, and Relevance of the Study, Main and Sub Research Questions in order.

1.2 Background of the Study

Human Immunodeficiency Virus (HIV) infections that cause to Acquired immune deficiency syndrome (AIDS) are increasing heavily day by day, especially in the developing countries. According to recent estimates of UNAIDS there are 33 million HIV positive people in the world. In the year 2007 itself, 2.7 million people were infected with HIV and two million people died of the same (UNAIDS, 2008). The infection and death rates are undermining the development at both individual and societal level by having profound impact in terms of decreased immunity, increased medical expenses, less working time, low productivity, lack of hope in the future, dying early, causing to orphans and etcetera. "Some believe that the HIV/AIDS epidemic is responsible for slowing the rate of growth of the gross national product of many heavily affected countries and that in some cases, GNP growth could decrease by more than 1 per-centage point for every 10 per cent HIV prevalence" (The Impact of AIDS, 2004). Addressing HIV/AIDS issue is working on prevention and treatment since there is no cure for AIDS. The experiences made it clear that to prevent the spread of virus responses should be from all sectors of the society as the epidemic is a crosscutting issue.

Against this backdrop, the idea of Mainstreaming HIV/AIDS came into existence. Many social scientists felt that to cope up with the challenges of the epidemic HIV/AIDS should be mainstreamed in all sectors which decreases, probably, the spread of the virus, increases the chances of getting treatment, and there by decreases the impact of AIDS. This is further explained in chapter two Literature Review under section 2.2.

The research is carried out in two organizations. One of them is Research in Environment, Education and Development Society (REEDS) as the researcher is

associated with it, and the second one is The Organization for Unfounded Crisis Humanity (TOUCH). This one is selected, as it is partner with REEDS in some projects and working in the same area, Mahabubnagar District, Andhra Pradesh, India. Further explanation for selection of TOUCH is given in section 3.1 of chapter three of this thesis.

1.3 Research Problem

In the era of HIV/AIDS, organizations, whatever their mandate is, must mainstream HIV/AIDS to protect their staff both from the infection of HIV and from the impacts of AIDS. Against this backdrop, both the researcher and Research in Environment, Education and Development Society (REEDS) are interested to know the reasons for what Internal Mainstreaming of HIV//AIDS has not yet taken place in both REEDS and The Organization for Unfounded Crisis Humanity (TOUCH).

1.4 Research Objective

The objective of the proposed study is *to make recommendations that help hastening the process of internal mainstreaming of HIV/AIDS in REEDS and TOUCH organizations by exploring the status/condition of essential factors that influence mainstreaming of HIV/AIDS in those organizations.*

1.5 Relevance of the Study

According to 2008 UNAIDS reports 2.5 million people are currently living with HIV in India. Moreover, the projected estimates of infections in the coming future are frightening. World population Prospects 2002 version states that India's adult HIV prevalence will peak at 1.9% in 2019. Considering India's population by that time, at present 1.12 billion people are there, one can imagine the degree of severity of infection rates. That will have tremendous impact on the development. United Nations Development Program (UNDP) 2006 report says that economic growth in India will slow by almost a percentage point per year because of AIDS by 2019.

Even though the severity of HIV/AIDS is estimated that much in India by 2019, the measures, including Mainstreaming, that are being taken to cope up with the situation are limited comparatively with the other part of the developing world. Many organizations and people have not yet focused on Internal Mainstreaming of HIV/AIDS in organizations. There is an urgent need to start mainstreaming efforts (in the state of Andhra Pradesh, India) (Kalamani, A. 2006). Against this backdrop, this topic was chosen.

1.6 Main and Sub Research Questions

To realize the above stated objective, why internal mainstreaming of HIV/AIDS has not yet taken place in those two organizations is to be explored. As this requires explanatory knowledge, the main question goes as follows:

 Are the essential factors that facilitate HIV/AIDS internal mainstreaming available in both REEDS and TOUCH? If not, what to do to make them available?

Sub Research Questions

1. What are the essential factors for HIV/AIDS internal mainstreaming?
2. How to operationalize those essential factors with tangible indicators?
3. What do the staff at three different levels of the organization say about those indicators in view of their organizational environment?
4. What can be done to create favorable conditions that hasten the process of Internal Mainstreaming in those two organizations?

Questions for semi-structured interviews according to the category of respondents can be found in Appendix 1.

CHAPTER 2   LITERATURE REVIEW

This chapter deals with various issues related to the topic in question. Section 2.1 discusses the reasons behind the idea of Mainstreaming HIV/AIDS in organizations, net to that section 2.2 elaborates what is Mainstreaming and section 2.3 talks about the barriers in the process of Mainstreaming. After that, section 2.4 explores what essential elements should be there in the organization to Mainstreaming takes place and section 2.5 comes up with indicators to measure the condition of essential elements that are discussed under the previous section. Finally, some relevant concepts are defined under section 2.6.

2.1 Why should HIV/AIDS be mainstreamed?

Having understood the impact of HIV/AIDS on various levels; individual, household, community and society, and the consequences of the same social scientists felt that responses to the epidemic should be from all possible aspects. In the beginning and for that matter until some years ago, the focus of the people and organizations that are working on HIV/AIDS had been on medical and behavioral change responses. Now it is obvious that without addressing "the broader factors which contribute to the development of social and economic environments –what we describe as risk environments – in which infectious disease can expand and develop rapidly into an epidemic (Barnett and Whiteside 2002: 73)" it is impossible to reduce the prevalence of HIV.

When HIV/AIDS was seen as a biomedical problem, only a few organizations whose mandate is public health used to work on the issue. Now, however, having seen how this epidemic can have devastating impact, with Sub Saharan experiences, on the society, HIV/AIDS is being treated as a development issue. Topouzis puts it in other words saying that the causes and consequences of the HIV epidemic are almost interconnected with wider challenges of development, such as poverty, food and livelihood insecurity, gender inequality. HIV/AIDS tends to exacerbate those existing development problems through its catalytic effects and systemic impact (The implications of HIV/AIDS for Rural Development Policy and Programming, 1998).

On the contrary, Elizabeth Pisani argues that HIV/AIDS has nothing to do with development and it has to do with only sex and drugs. She poses some questions to support her argument;

> If HIV is spread by "poverty and gender inequality", how come countries that have plenty of both, such as Bangladesh, have virtually no HIV? How come South Africa and Botswana, which have highest female literacy and per capita incomes in Africa, are awash in HIV, while countries that score low on both – such as Guinea, Somalia, Mali and Sierra Leone – have epidemics that are negligible by comparison? Why as well is HIV lowest in the poorest in households, and highest in the richest households?
>
> (The Wisdom of Whores; 2008, 127)

Of course, it is obvious that poverty and gender inequality can not create the virus but they exacerbate the conditions in which the virus can spread from one to the other. Poverty leads to food and nutritional insecurity. "Food, Nutrition and What

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next?" refers Gillespie and explains how this situation increases the susceptibility to HIV.

- Food and nutritional insecurity increases short-term mobility and migration – 'looking for food' places people in risky situations away from home.
- Food and nutritional insecurity exacerbates gender inequality – when there is limited food in the household, women often are the ones who suffer most, leading them to seek food elsewhere.
- In order to survive, hungry people may be forced into high-risk situations, e.g. transactional or commercial sex.
- Food insecurity increases risk of malnutrition, which may increase risk of infection.

(Overseas Development Institute, 2006)

Similarly, gender inequality also aggravates the situation and increases the infection rates. Inequality between men and women limits comparatively women's access to and control of economic assets. "HIV/AIDS and Gender Equality" states that the limited access to and control over economic assets increases women's likelihood for: "1) Inability to negotiate safe sexual practices; 2) likelihood of exchanging sex for money (survival sex); or 3) pressure to stay in a relationship that they perceive to be violent or risky" (World Bank, 2007).

In a country as Bangladesh, prevalence may be low at present even though poverty and gender inequality are plenty, as Pisani quotes these examples to support her argument that poverty and gender inequality have nothing to do with the prevalence of HIV. Nevertheless, once the virus reaches to a sizeable number of people, and then those conditions such as poverty and gender inequality aggravate the situation. Moreover, it does not always mean that having highest female literacy is having decision-making power to female. Many other things like socio-cultural, play their own role in the spread of HIV/AIDS since the basic means of transmission is sex. At the same time, it must be recognized that Elizabeth Pisani posed very important questions that must be considered in the future research.

With the same above-mentioned view, HIV/AIDS is not a development issue; Elizabeth Pisani claims that there is no need of considering HIV/AIDS in all the developmental works. In her own words, "Except in southern and Eastern Africa in most of the rest of the world there are only two issues, really: "sex and AIDS" and "drugs and AIDS" if you don't want to deal with those things then you had better butt out of HIV prevention" (Wisdom of Whores, 2008). By saying so, Pisani made it explicit that, dealing with HIV/AIDS, especially where the prevalence is not as high as it is in Southern and Eastern Africa, is the job of the people and organizations that are working on sex and drugs but not on development. This statement implies that direct interventions are needed instead of mainstreaming in low prevalence settings by targeting high-risk behavior groups, for example promoting condom use among sex workers and setting up needle exchange program for intravenous drug users (IDUs).

Pisani's argument seems taking back the effort of social scientists to more than a decade ago when the focus was only on clinical and behavioural responses. Stillwaggon also disagrees with Pisani's opinion. He states that the researchers in the beginning were slow to attend to the social and economic dimensions of biological susceptibility to HIV, such as the role of malnutrition and parasitic infection,

by focusing only on the virus itself, rather than on how HIV interacts with the host (AIDS and the Ecology of Poverty, 2002).

Similarly, HIV/AIDS Mainstreaming Guide (VSO, 2004) counters Elizabeth Pisani's argument by expressing a concern about concentrating on specific groups – such as sex workers and men who have sex with men – without raising awareness nationally may contribute to stigma and discrimination faced by the groups which are already marginalised within society. It also perpetuates the myth that these groups are very distinct and do not interact with each other or the general population, which is not the case. Further it claims that there is a growing awareness that countries are not so much 'low-HIV prevalence' as 'not yet high-HIV prevalence': given the nature of HIV, it may be years before the rate of infection becomes apparent, particularly in countries where testing is not common and awareness is low.

The above argument applies to India and in particular Andhra Pradesh, the province where this research was done, too. Still the awareness level of people about HIV/AIDS is low in India. According to National Family Health Survey-3 that was done by Ministry of Health and Family Welfare, Government of India, during 2005-2006, 43 per cent of women have never heard of AIDS (National Fact Sheet, India). In addition, going for testing is not common. So that actually there may be more number of HIV positive people than the projected numbers. The percentage of tested positive people among general population in the following statement supports this argument. "The number of people found positive for HIV infection at Voluntary Counselling and Testing Centres (VCTCs) provides another indication of the level of HIV in the state. From April 2004 to March 2005, 15.5 percent of those tested state wide were found to be positive" (APSACS, 2006). So that perceiving an area as a low prevalence one may not be true in real terms and even though that is so, it needs as much priority as we give in high prevalence areas in terms of mainstreaming of HIV/AIDS.

Similarly, Peter Piot, Director of UNAIDS, states that "yet India possesses in ample quantities all the resources needed to achieve universal access to HIV prevention and treatment… defeating AIDS will require a significant intensification of our efforts, in India, just as in the rest of the world"

Those efforts must be in all areas including Non Governmental Organizations (NGOs)/Community Based organizations (CBOs). Otherwise, the impact of HIV/AIDS on those organizations that work for the development of the communities will be devastating since HIV/AIDS is having very significant economic costs to NGOs in both direct and indirect ways. This argument is supported by the results of a study that was conducted by James, R and Katunda, B in 2006. From the pilot study that was done by those two researchers in four Community Based Organizations (CSOs) in Blantyre, Malavi, it is evident that the direct costs (medical and funeral costs, insurance, pensions, re-work and overtime/temporary staff because of staff being infected with HIV of HIV/AIDS) on NGOs amounts to an increase in the staff bill of more than 12.5%, which corresponds to 3.3% of total turnover. In addition, indirectly considerable loss of staff time could be through staff being sick, taking compensate leave to look after sick relatives, being absent from work to attend funerals etc (Counting the Organisational Cost of HIV/AIDS to Civil Society Organisations, 2006)

In addition, Rick James claims that the scale of infection has considerable organizational costs for CSOs in terms of loss of invaluable learning and experience. This places great emotional, financial and time burdens on financially fragile CSOs already operating with scarce resources (Building organizational resilience to HIV/AIDS; 2005). Considering these consequences of HIV/AIDS on NGOs it is

suggested that all the organizations, even though they are in low prevalence settings like India, must mainstream HIV/AIDS to prevent the possible impact in the future. Sue Holden states the same more explicitly,

> Having understood the consequences of HIV/AIDS on organizations in high prevalence areas like Sub-Sahara Africa, measures must be taken in the organizations that work in relatively low prevalence countries also to cope with the future possible impact. It is to encourage mainstreaming of HIV/AIDS but at a lower level of intensity than in a high-prevalence setting, involving engaging in the same processes of mainstreaming externally and internally, with the advantage that organizations would be well prepared when, or if, HIV rates begin to rise.
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> (AIDS on the Agenda; 2004).

So that it is understood that mainstreaming HIV/AIDS is necessary in all areas of development even though it is in low prevalence settings to reduce the spread of virus and impacts of AIDS.

2.2 What is Mainstreaming of HIV/AIDS?

Mainstreaming is a process that enables the organization to strengthen both its staff and target people's *resistance* [1] to HIV and resilience [2] to AIDS. Different organizations and people defined mainstreaming in different ways. Some gave priority to the specific activities that should take place in the process of mainstreaming and others focused broadly on the areas where the actions should take place depending on their nature of work and understanding.

Health Economics and HIV/AIDS Research Division (HEARD) at the University Of Natal, South Africa defines Mainstreaming 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". Here the focus is mainly at sector level but not at the organization level. Besides that, the idea is confined just to analysis of impacts and determination of responses but taking action accordingly is not explicit.

Dan Mullins tried to give broader meaning to Mainstreaming of HIV/AIDS by defining that it involves bringing the issues surrounding the pandemic into all strategic planning, and into day-to-day operations inside an organization, in its programs, and in its relationships with others (Lessons Learned on Mainstreaming, 2002). By doing so, he identified three areas where mainstreaming takes place: in the workplace, in strategy and programming and through links with focused interventions on HIV/AIDS.

Sue Holden went one-step further and defined both external and internal mainstreaming separately. *Mainstreaming AIDS externally* refers to adapting development and humanitarian programme work in order to take into account susceptibility to HIV transmission and vulnerability to the impacts of AIDS. *Mainstreaming AIDS internally* is about changing organisational policy and practice in order to reduce the organisation's susceptibility to HIV infection and its vulnerability to the impacts of AIDS (AIDS on the Agenda, 2003). Here the purposes of both

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[1] It refers to the ability of an individual to avoid the chance of being exposed to the HIV.
[2] It refers to the actions of people to avoid the worst consequences of AIDS.

internal and external mainstreaming are also clarified in the definition itself along with the method.

2.3 What are the bottlenecks for Mainstreaming of HIV/AIDS?

Even though some superficial differences are there among those definitions of Mainstreaming all those organizations and individual researchers place stress on Mainstreaming of HIV/AIDS in NGOs as to decrease its staff's susceptibility[3] to HIV and organization's vulnerability[4] to AIDS. Nevertheless, most of the NGOs that are working at ground level have not adequate knowledge and skills that HIV/AIDS Mainstreaming requires. For them Mainstreaming has become a Catch phrase, with little meaning or understanding attached to its use (Exchange on HIV/AIDS, sexuality and gender, KIT, 2006). In addition, some other barriers hinder the process of HIV/AIDS mainstreaming. Rick James put them as follows,

- Many CSOs are too busy to stop and think about strategic issues. The urgency of immediate questions of survival limits their strategic horizons.
- Many CSOs still lack understanding of HIV/AIDS and are too small to employ specialist staff, or have adequately staffed HR departments
- Sexual behavior is still a "private" subject and developing a policy can be interpreted as making negative assumptions about the sexual behavior of staff.

(Building organizational resilience to HIV/AIDS; 2005)

The same researcher further states that it is very difficult to mainstream HIV/AIDS in an organization where the leaders don't have enough knowledge about HIV and the culture is unsupportive by creating a fear among staff that the management may sack them and employ another one if they are infected with HIV. Lack of financial resources in CSOs and still having a perception that most donors are unwilling to support the internal costs of responding to HIV are also obstacles to the process of Mainstreaming of HIV/AIDS (The Organizational impacts of HIV/AIDS on CSOs in Africa; 2006)

NGOs need to overcome these hindrances to Mainstream HIV/AIDS both internally and externally.

2.4 Essential Elements for Internal Mainstreaming of HIV/AIDS

Swiss Agency for Development and Cooperation (SDC) argues that Mainstreaming of HIV/AIDS first should be started internally since it helps the process of External Mainstreaming by having knowledgeable and skilled staff (Mainstreaming HIV/AIDS in Practice, 2004). Similarly, *HIV/AIDS Mainstreaming Guide* (VSO, 2004) not only supports this idea but also proposes the steps that should take place in order. It suggests that as part of Internal Mainstreaming of HIV/AIDS, sensitization of staff towards HIV/AIDS issues and formulating workplace policy should be done in order. Next to that mainstreaming the programs; as part of External Mainstreaming, through planning, implementation and monitoring and evaluation, which is developed with HIV & AIDS in mind.

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[3] The chance of being exposed to HI Virus and infected with the same after exposure.
[4] It refers to the chances of happening significant impacts at a certain level because of AIDS.

To mainstream HIV/AIDS there should be some preconditions within the organizations that help the process. Strategic plan of Swiss Agency for Development and Cooperation (Mainstreaming HIV/AIDS in Practice; 2004) proposes some essential factors that should be there in an organization that hasten the process of Mainstreaming of HIV/AIDS. For this study, depending on the context of the studied organizations and research area some of the elements that are stated in the SDC toolkit are taken into consideration and adapted.

2.4.1 Adapted Essential Elements of HIV/AIDS Mainstreaming

1) HIV/AIDS has to be understood as a development issue:
All stakeholders involved should be aware of the different dimensions of the global and local HIV/AIDS epidemic and understand it as an important development issue that concerns many sectors.

The researcher felt that the staffs that are working in small NGOs at ground level, as the two organizations in this research, need not necessarily be aware of the different dimensions at global level. In addition, it is not practical too. SDC might have proposed it so, depending on its working area, since it is international organization. Therefore, it is adapted as follows;

All stakeholders involved should be aware of the different dimensions of impacts of HIV/AIDS and understand it as an important development issue that concerns many sectors

2) Commitment and active support of decision-makers:
 Mainstreaming needs to be of everybody's concern. Decision makers within SDC and amongst partner institutions and organisations should take the lead to facilitate a joint commitment of all collaborators and strengthen the mandate of the Focal Person.

It is believed that having a Focal Person for HIV/AIDS means to have started Mainstreaming process to some extent, even though not fully. However, this research concerns about the essential elements that should be there in the organizations before the process actually get started. Therefore, it is adapted as follows;

Mainstreaming needs to be of everybody's concern. Decision makers within the organization and in the partner organizations should take lead.

3) Clearly defined objectives for mainstreaming of HIV/AIDS:
Objectives should be clear and adapted to the context. Defining clear objectives for mainstreaming should ideally be part of a new project/programme, but can also be done if programmes are already running. Having clear objectives for mainstreaming will also help to monitor the approach and evaluate its effect.

This point talks about the decisions to mainstream HIV/AIDS in the organization and the objectives for mainstreaming of the same. That means the management has already taken a decision to mainstream. But the organizations that the present research concerned about have not taken such decision so far. In that case talking about clearly defined objectives of mainstreaming does not make sense. Therefore, this point is not taken into consideration for this research.

4) Knowledgeable, compassionate and skilled staff:

Everyone within the organisation must know how he/she can contribute to fighting HIV/AIDS within the frame of the organisation's policy and field of action and understand how the organisation itself is affected by HIV/AIDS. Team building events and creating an emotional momentum are crucial to win support and enhance commitment. Capacity building on basic knowledge about HIV/AIDS, on how to communicate about these issues and on how to mainstream it into development work is essential.

It is felt that there is no need or literally impossible of every staff member in any organization being passionate to HIV/AIDS issues. Therefore, the word "compassionate" is replaced with "positive attitude". The remaining part is same.

5) Expertise and support is available and made use of:
In many countries local expertise is nowadays available, which can provide locally and culturally adapted support and advice. While it is often easy to identify support for questions related to HIV/AIDS prevention, treatment and care, identifying competent support for mainstreaming strategies is often more challenging.

It is felt that the first part of this element is not that much correct in this context, the area where REEDS and TOUCH work. Therefore, the research focused on weather the local expertise is available or not also apart from other issues of the element.   of Considering the context of the area where the studied organizations work, This element is also taken as it is.

6) Sufficient allocation of resources (financial, human and technical):
 Mainstreaming HIV/AIDS is not cost free and budgets and human resources need to be allocated accordingly. However, experience has shown that a mainstreaming approach needs relatively few financial and material resources. Projects and programmes should increasingly co-finance initiatives and consider budget allocation within the overall planning.

This element is taken exactly as it is.

7) Willingness to learn, reflect and share experiences:
There is a need for consistent documentation, monitoring and evaluation at various stages of policy formulation, project design and implementation and for sharing knowledge and expertise with partner organizations.

Again, this point talks about the documentation, monitoring and evaluation after the mainstreaming process takes place. But in the organizations where the present research was conducted Mainstreaming process has not yet started. Because of that, this element was not considered. However, working with partner organizations is included in the "norms and culture of the organization" element.

Norms and culture of the organization:

 "Norms and culture of the organization" as taken as one of the essential factors even though that is not there in the SDC toolkit. This inclusion is supported by Rick James as he states that HIV/AIDS is requiring the CSOs to go even further and address wider organization development (OD) issues such as the organizational culture, how decisions are made, organizational boundaries with employee "private lives" and gender roles. Such broader issues have a profound influence as to weather an organization becomes resilient to HIV/AIDS (Building organization resilience to HIV/AIDS; 2005).

And this element is defined as; organizational environment should be in such a way where staff can openly discuss about HIV/AIDS, confront gender stereotypes including jokes and comments on female sexuality.

In short, the essential elements that are considered for this research are the following;
1. HIV/AIDS had to be understood as a development issue
2. Commitment and active support of decision makers
3. Knowledge, positive attitude and skilled staff
4. Expertise and support is available and made use of
5. Sufficient allocation of resources (Financial, human and technical)
6. Norms and culture of the organization

2.5 Indicators for Essential Elements

To operationalize those above mentioned essential elements, the researcher came up with the following tangible indicators from the available literature, HIV Mainstreaming Guide (VSO; 2004), Gender Tool Kit sheets developed by SDC and Test your Organization with the 12-Boxes Framework (Oxfam Novib, 2007) and adapted to the context. Before coming up with these tangible indicators, each essential element is conceptually defined how it is perceived in this research. Those definitions can be found in the following section 2.6.

1) Understanding HIV/AIDS as a development issue
Indicators:
Staffs knowledge on how;
1. HIV/AIDS impacts the efficiency of the staff of the organization
2. HIV/AIDS decreases the productivity of the organization and there by hinders the organization from achieving its goals

2) Commitment and active support of decision makers
Indicators:
1. Organizing trainings and providing material regarding HIV/AIDS in the office.
2. taking decisions on HIV/AIDS issues and putting them into practice
3. Sending the staff to attend HIV/AIDS short term or long term courses
4. Including HIV/AIDS elements in policies and programs.

3) Knowledge, positive attitude and skill of the staff
Indicators:
1. Staff's basic knowledge and skills of HIV/AIDS including different susceptibilities of men and women to HIV, considering HIV/AIDS issues in all the projects and attending trainings on the same.
2. Management's opinion about the need of addressing HIV/AIDS at workplace
3. Decision makers support by recruiting People Living With HIV (PLWHA)
4. Staff's readiness to work along with PLWHA
5. Blaming women for HIV infection.

4) Available expertise and support and make use of those
Indicators:

1. Availability of HIV/AIDS professionals and problems in availing their services.

5) Sufficient allocation of resources (Financial, human and technical)
Indicators:
1. Percentage of budget allocated for HIV/AIDS issues
2. Human resources those are competent in HIV/AIDS issues
3. Availability of resources like necessary material like books, tool kits and etc.

6) Norms and Culture of the organization
Indicators:
1. Discussing HIV/AIDS and STDs openly in the organization
2. Jokes and comments about HIV/AIDS and women related issues
3. Addressing the staffs personal problems
4. Equality between men and women in the organization and percentage of women staff in the organization
5. Supportive environment to PLWHA (Stigma and discrimination)
6. Working with partners in HIV/AIDS issues

It is understood that when the above-mentioned essential factors are there in an organization, Mainstreaming process begins almost certainly.

2.6 Definitions of Concepts

Some of the concepts that are used in the research vary slightly from organization to organization in terms of definition. Against this backdrop, the definitions of the concepts, how these concepts will be perceived, are mentioned here to maintain consistency through out the research.

1) Internal Mainstreaming of HIV/AIDS
In this study, stipulate definition for internal mainstreaming of HIV/AIDS is understood to have a workplace policy in the organization that includes education and competence building of staff in relation to HIV/AIDS, prevention of virus spread including distribution of condoms, providing care and treatment to the infected staff by allocating adequate amount of budget.

2.6.1 Operationaliztion of essential elements

Here it is defined how the essential elements of Mainstreaming HIV/ADIS are perceived in this study.

A) Understanding HIV/AIDS as a development issue
In this study, an employee is perceived as having understood HIV/AIDS as a development issue if s/he is aware of how the epidemic decreases the efficiency and effectiveness of the organization.

B) Commitment of decision makers
In this study, the decision maker is understood to show commitment to mainstream HIV/AIDS when the person prioritizes HIV/AIDS while budgeting, organizes lectures or workshops in relation to HIV/AIDS, encourages staff to participate in HIV/AIDS issues and etc.

C) Knowledgeable, compassionate (Positive attitude) and skilled staff
In this study, an employee is understood-
 As knowledgeable if the person knows the basics of HIV/AIDS, understands the gender dimension of HIV/AIDS.
As having positive attitude when the person supports to address HIV/AIDS and Gender related issues in the workplace, ready to work along with HIV positive people without any reservation and etc.
As having skill if the person is trained in how to mainstream HIV/AIDS in the workplace and etc.

D) Norms and Culture of the organisation
In this study, the norms and culture of the organization are understood as supportive when the environment is conducive in the organization to have open discussion between staff and management, among staff, between men and women about HIV/AIDS and other STDs and to confront the Gender stereotypes.

3) Susceptibility to HIV
Susceptibility relates to the chance of an individual becoming infected by HIV. It has two components:
a) The chance of being *exposed* to the virus, which in turn relates to the risk environment and specific situations of risk that the person confronts and the riskiness of her/his behaviours (both of which may be related); and
b) The chance of being *infected* with the virus once exposed. (Levisohn. M; and Gillespie. S; 2003)

4) Resistance to HIV
Resistance is the ability of an individual to avoid infection by HIV, either by escaping exposure or, if exposed, by escaping infection. (Levisohn. M; and Gillespie. S; 2003).
5) Vulnerability to the impact of AIDS
Vulnerability refers to the likelihood of significant impacts occurring at a certain level (e.g., individual, household, community) because of AIDS. (Levisohn. M; and Gillespie. S; 2003).
6) Resilience
Resilience refers in particular to the active responses that enable people to avoid the worst effects of AIDS at different levels or to recover faster to an acceptably normal level. (Levisohn. M; and Gillespie. S; 2003).

CHAPTER 3   METHODOLOGY

This chapter deals with the choices that were made during the research and justification for those choices. First, the study area and studied organizations will be described. Next to that, what research strategy and tools were used, how the respondents were selected, what type of questions were asked to what category of respondents and the reasons for that will be explained.

3.1 Study Area and the Organizations

The research was carried in Research in Environment, Education and Development Society (REEDS) and The Organization for Unfounded Crisis Humanity (TOUCH) that have been working in Mahabubnagar District, Andhra Pradesh, India. The researcher is associated with the REEDS. So that it was selected to hasten the process of Internal Mainstreaming of HIV/AIDS by researching the bottlenecks of the same. And TOUCH was selected as another case as it is partner organization for REEDS. Literature states that Mainstreaming process speeds if it is done along with partners because it gives a scope to share knowledge, skills and experiences. Moreover, it creates some kind of congenial environment among the partners as all of them are striving to reach the same goal. So that, STOP AIDS NOW! goes one step further and states that they commit to advocating good donorship among the wider community of donor agencies, with the aim of increasing the proportion of donors who are willing to support partners' efforts to manage HIV/AIDS (Good Donorship in a Time of AIDS; 2006).

REEDS works in Kodangal, Maddur, Dowlathabad, Damaragidda, Kosgi and Bomraspeta mandals of Mahabubnagar District. And TOUCH works in Kosgi, Narayanpet and Mahabubnagar mandals. Primary mandate of the two organizations is working in the areas of rural development. They are partners in Knowledge Sharing Network that has 23 other organizations as members from the same district. The idea behind this network's inception is to share experiences and to lobby for the projects.

Mahabubnagar District where REEDS and TOUCH work

Source: Survey of India, 2005

Figure 1 State of Andhra Pradesh, India

In addition, REEDS and TOUCH worked together in some projects. TOUCH played crucial role in Women Empowerment, Health, and Sanitation projects that were run by REEDS by extending technical and human resources.

3.2 Research strategy and tools

In order to find answers to the questions that are stated in chapter one of this report, the research strategy consisted of two phases: An initial literature/desk study and empirical research.

To answer the main research question; *Are the essential factors that facilitate HIV/AIDS internal mainstreaming available in both REEDS and TOUCH? If not, what to do to make them available?,* four sub questions were formed. Sub question one and two; *what are the essential elements that hasten the process of HIV/AIDS internal mainstreaming? And How to operationalize those essential elements with tangible indicators?,* are answered through desk study. The essential factors and the indicators for the same are set with the help of available literature. Moreover, the literature was used to set the context for the present research and that helped in defining research problem, some theories and research issue. Some insights were taken into account from the already done research regarding internal mainstreaming of HIV/AIDS.

After the desk study empirical research was carried out to collect the data to answer the third sub question; *what do the staff at three different levels of REEDS and TOUCH say about those indicators in view of their organizational environment?*

The strategy of the empirical research is case study. This strategy was chosen since the third sub question requires exploring the ideas of the staff of REEDS and TOUCH about complex issues like understanding HIV/AIDS as a development issue, expertise and competencies of staff, attitude and support of decision makers, norms and culture of the organization and sufficient allocation of resources. In this study, understanding the elements deeply in REEDS and TOUCH is given more priority rather than breadth of the sample because the objective of the study is focused and confined to only those two organizations. One more reason to choose case study as a strategy for this research is, interpretation of the data plays a crucial role in coming up with conclusions and there by recommendations as the main idea of third sub question is knowing the ideas, opinions and perceptions of the staff rather than just collecting the data on how many respondents are saying what. In addition, it gives scope for participatory observation and there by increases the validity of the results. Moreover, this method gives some sort of flexibility during the research to take necessary actions depending on the arising need. Case study was done by using semi-structured interviews.

Staffs at three different levels are interviewed from both of the organizations. The people who are on the executive board that means who play a key role in decision making are considered as one category, the staff who are at middle level of the organization are treated as another category and field staff are the third one. Staffs from three different levels were chosen as their understanding HIV/AIDS as a development issue, knowledge, interests, needs and level of commitment regarding mainstreaming may vary. Literature confirms that decision makers must have understood the dynamics of the epidemic. Rick James states, that it is clear some leaders do not have enough knowledge about HIV and some are not receptive to new ideas and do not want to initiate new and costly organisational changes (The

Organizational Impacts of HIV/AIDS on CSOs in Africa; 2006). Moreover, it is understood that by contacting those different categories of people in the organizations different perspectives and needs would be taken into consideration that fuels the process of internal mainstreaming.

3.2.1 Research Tools

During the research, two tools of qualitative study were used. One is interviewing; both individual and group interviews (Focused Group Discussions – FGD), and second is observation. The employees who are on the executive board of the organization and the middle level staff were interviewed by using semi structured interview technique with open questions. This tool was chosen as it helps to understand the condition of essential factors of HIV/AIDS internal mainstreaming in the organization in detail by giving open space to the respondent to give his/her response and getting more relevant information/data. This information assists in understanding inter-relations among various essential elements of HIV/AIDS Mainstreaming. In addition, as the data analysis method is qualitative, participatory observation during semi-structured interviews will help in the interpretation of the data. Next to that focused group, discussions were conducted to get the data from the field staff. This tool was chosen for two reasons. One is people may not feel like to talk about certain things such as working with PLWHA etc. individually. However, if it is in the group they generalize their ideas and express them freely in the name of all or some people. In addition, the second reason is, the respondents could not spend much time individually with the researcher since they were supposed to go about their daily activities. So that FGD was chosen as a data collection tool that gives scope to interact with more people at one time.

First, it was planned to have two FGDs; one with male and one with the female staff, from each organization. However, when it comes to practice, only one FGD was organized from each organization because of less number of field staff. Similarly, the idea of having separate discussions with male and female staff was not possible for two reasons. One is there are no female field staffs at all in TOUCH. On the contrary, the second reason, there are only two male field staffs in REEDS. However, it is felt female interacted with the researcher openly even though male and female are in the same group in REEDS.

It is tried to strike a balance between male and female respondents in terms of number. However, sometimes it was not possible in reality; for example, all the three people who were interviewed from the executive board of REEDS are female since 80 per cent among members of the executive board of the organization are female. On the contrary, it was hard to find female among entire staff of TOUCH except one on the executive board. Because of that, all the three middle level staffs that were interviewed from TOUCH and all the four filed staffs that participated in FGD from TOUCH were male. With REEDS, it was different. Two among four interviewed middle level staff were female and five among seven field staff that participated were female. The number of the staff that participated in FGD also did not go as it was planned. It was expected to have each FGD with around 10 to 12 people. However, because of low number of staff it was not possible. So that seven people participated in the FGD from REEDS and only four people were there in FGD with TOUCH. The details of the respondents are given under appendix 5.

The following table gives a quick understanding about the number of respondents interviewed from each organization from each category.

Table 1 Number and category of staffs interviewed from each organization

	REEDS	TOUCH
Members form Executive Board	3	3
Middle level staff	4	3
Field staff	7	4

Different categories of respondents were asked different questions, overall, depending on the nature and role of their job in the organization. However some times same questions were asked to more than one category of respondents for two reasons. One is to crosscheck some data by asking different category of respondents. And the second is to know the different view points, if they are there, of different categories of people on the same issue. However, as it described in the literature review chapter the essential elements of HIV/AIDS internal mainstreaming and indicators to know the condition of those elements in the organization are derived from the available literature. Consequently, the question topics for semi-structured interview are developed from those indicators.

Mainly most of the questions from elements one; understanding HIV/AIDS as a development issue, and five; allocation of resources, were to the respondents from the executive board since it is important to know weather they understood how HIV/AIDS can undermine the organization's work and they allocated reasonable resources to address the epidemic. And questions from the fourth element; experts to deal with HIV/AIDS issues are available, were entirely for these respondents as the question can be answered only by higher level people who try to engage trainers or consultants for the organization. A few questions were there to these respondents from elements two, three and six too.

Middle level staff were asked questions mainly from elements one; understanding HIV/AIDS as a development issue, six; norms and culture of the organization to know weather they understood how HIV/AIDS can undermine the organization's work and the environment in the organization is conducive for discussion and sharing knowledge about HIV/AIDS. Of course, a few questions were there for these respondents also from elements two, three and five. For example, a few questions were asked under element two, commitment and active support of decision makers, to know their commitment to include HIV/AIDS issued while planning a project.

Field staff's main questions were from elements six; norms and culture of the organization, and two; commitment and support of decision makers, to know how far the culture of the organization is supportive to deal with such a taboo issue like sex and how many workshops/meetings/training programs were conducted to the staff regarding HIV/AIDS.

In appendix 1, the details of what questions were asked to what category of respondents under which element can be found.

However all the three category respondents were given a questionnaire to know their knowledge levels about the facts of HIV/AIDS. The questionnaire and the answers of the respondents can be found under appendices 3 and appendix 4 respectively.

After the empirical research, the main findings are presented under chapter four – Results. Detailed responses of the interviewees to the questions are put in tables and added as appendix 2.

During analysis, the collected data is viewed essential element wise. Then data from different category of respondents is compared. Then the findings were critically seen in the light of already available literature to draw conclusions. Basing on those conclusions, recommendations were drawn to improve the condition of every essential element in those two organizations.

Thus, the fourth sub-question, *what can be done to create favorable conditions that hasten the process of Internal Mainstreaming in those two organizations?*, was answered basing on the responses of the interviewees to the third sub-question and formulated as recommendations.

CHAPTER 4   RESULTS

This chapter presents the findings of the empirical research. Responses of the interviewees will be presented indicator wise under corresponding essential element. Some of the important findings are here and to see the detailed findings go to appendix 2. First, the responses of REEDS staff are presented next to that that of the TOUCH staff's.

4.1 Responses of interviewees from REEDS

1) **Element 1: Understanding HIV/AIDS as a development issue**

➢ **INDICATOR ONE:** HIV/AIDS impacts the efficiency of the staff of the organization

   • Three out of three from Executive Board and three out of four from middle level stated that staff's efficiency would decrease if they were infected with HIV.

➢ **INDICATOR TWO:** HIV/AIDS decreases the productivity of the organization and there by hinders the organization from achieving its goals

   • Two out of three from Executive Board and two out of four from middle level remarked that productivity of the organization will not be affected even though some staffs are infected with HIV and there will be no affect on goals as well.

2) **Element 2: Commitment and active support of decision makers**

➢ **INDICATOR ONE:** Organizing trainings and providing material regarding HIV/AIDS in the office.

   • Two out of three from Executive Board and two out of four from middle level noted that they conducted trainings to their staffs regarding HIV/AIDS.

   • Five out of seven told that they received material regarding HIV/AIDS issues in the office. However, two of them remarked that they did not read even though they got them.

➢ **INDICATOR TWO:** Taking decisions on HIV/AIDS issues and putting them into practice

   • Three out of four from middle level noted that they have not taken any decision regarding HIV/AIDS in the office at all.

➢ **INDICATOR THREE:** Sending the staff to attend HIV/AIDS short term or long term courses

   • Three out of three from Executive Board told that they had sent one of their staffs to attend a course on HIV/AIDS issues.

- ➢ **INDICATOR FOUR:** Including HIV/AIDS elements in policies and programs.

  - Two out of three from Executive Board observed that they do not know about the policies much and the remaining one told that they did not include HIV/AIDS issues in policies.

3) Element 3: Knowledge, positive attitude and skill of the staff

- ➢ **INDICATOR ONE:** Staff's basic knowledge and skills of HIV/AIDS including different susceptibilities of men and women to HIV, considering HIV/AIDS issues in all the projects and attending trainings on the same.

  Questionnaire, consisted 18 questions, was given to all the respondents to know their knowledge levels about the facts of HIV/AIDS. The questionnaire, answers and details of the respondents can be found in appendix 3, 4 and 5 respectively.

  - On average, field staff scored 14; middle level staff and Executive Board members scored the same 15.5 and 11.6 respectively.

  - Two out of three from Executive Board, two out of four from middle level and three out of seven from field staff noted that they did not attend any training on HIV/AIDS.

  - All the four respondents from middle level stated that it is not possible to consider HIV/AIDS issues in all the projects.

  - Two out of four from middle level and three out of seven from field staff told that female are more susceptible to HIV.

  - The remaining two from middle level and two out of seven from field staff observed that male and female are equally susceptible to HIV

  - Two from field staff noted male are more susceptible to HIV

- ➢ **INDICATOR TWO:** Management's opinion about the need of addressing HIV/AIDS at workplace

  - All the three respondents from Executive Board felt that there is a need to address HIV/AIDS issues in the workplace too

- ➢ **INDICATOR THREE:** Decision makers support by recruiting People Living With HIV/AIDS (PLWHA)

  - Three out of three from Executive Board and two of four from middle level remarked that they did not recruit HIV positive people. However, the remaining two from middle level observed that they recruited PLWHA as peer educators.

- All the respondents from Executive Board told that they do not have any policy specifically to recruit PLWHA. However, they observed that they would not reject any person because of HIV positive status.

➤ **INDICATOR FOUR:** Staff's readiness to work along with PLWHA
  - Five out of seven, field staff, are ready to work with PLWHA.

➤ **INDICATOR FIVE:** Blaming women for HIV infection.

  - Five out of seven field staff remarked that there is no need of blaming women for the infection, as both are equally responsible. And, the remaining two also expressed the same opinion but the reason for not blaming, according to them, women is most often male are responsible for the infection.

4) Element 4: Available Expertise and Support and Make use of those

➤ **INDICATOR ONE:** Availability of HIV/AIDS professionals and problems in availing their services

  - All the three respondents from Executive Board stated there are no HIV/AIDS experts in and around the area where they work.

5) Element 5: Sufficient allocation of resources (Financial, human and technical)

➤ **INDICATOR ONE:** Percentage of budget allocated for HIV/AIDS issues

  - Two out of three from Executive Board remarked that they did not allocate any amount of budget regarding HIV/AIDS issues and one respondent told that she does not know about budget.

➤ **INDICATOR TWO:** Human resources those are competent in HIV/AIDS issues

  - Two out of three from Executive Board stated that no one in the organization has competencies to train others. In addition, all the three noted that their staff can not consider HIV/AIDS element in all the projects.

➤ **INDICATOR THREE:** Availability of resources like necessary material like books, tool kits etc.

  - Most of the respondents from both Executive Board and Middle level told that only a few books are there. However, there are no toolkits at all.

6) Element 6: Norms and Culture of the organization
➤ **INDICATOR ONE:** Discussing HIV/AIDS and STDs openly in the organization

  - All the respondents from field staff and three out of four from middle level remarked that they talk about HIV/AIDS in the office openly among male and female. Likewise, six out of seven from field staff and three out of four from middle level stated that they talk openly about HIV/AIDS with the management too.

- ➤ **INDICATOR TWO:** Jokes and comments about HIV/AIDS and women related issues

    - The entire respondents from field staff noted that they hardly listen to any jokes or comments regarding either HIV/AIDS or women

- ➤ **INDICATOR THREE:** Addressing the staffs personal problems

    - Seven out of seven from field staff and three out of four from middle level told that their management tries to address their problems at personal level too such as health.

- ➤ **INDICATOR FOUR:** Equality between men and women in the organization and percentage of women staff in the organization

    - The entire interviewees from both field staff and middle level stated that men and women are equal in the organization in terms of all. In addition, 60 percent of the staffs are female.

- ➤ **INDICATOR FIVE:** Supportive environment to PLWHA (Stigma and discrimination)

    - Five out of seven from field staff told that they would disclose in the organization if they are infected with HIV and two told that they would not.

- ➤ **INDICATOR SIX:** Working with partners in HIV/AIDS issues

    - Two out of three from Executive Board noted that they do not have partners to work with in HIV/AIDS issues.

4.2 Responses of interviewees from TOUCH

1) **Element 1: Understanding HIV/AIDS as a development issue**

- ➤ **INDICATOR ONE:** HIV/AIDS impacts the efficiency of the staff of the organization

    - Two out of three from Executive Board and two out of three from middle level stated that staff's efficiency will decrease if they are infected with HIV.

- ➤ **INDICATOR TWO:** HIV/AIDS decreases the productivity of the organization and there by hinders the organization from achieving its goals

    - Two out of three from Executive Board and two out of three from middle level remarked that productivity of the organization would not be affected even though some staffs are infected with HIV and there will be no affect on goals as well.

2) **Element 2: Commitment and active support of decision makers**

- ➤ **INDICATOR ONE:** Organizing trainings and providing material regarding HIV/AIDS in the office.

  - The entire respondents from both Executive Board and middle level stated that they did not conduct trainings to their staffs regarding HIV/AIDS.

  - All the four respondents from field staff noted that they did not receive any kind of material regarding HIV/AIDS in the office.

- ➤ **INDICATOR TWO:** Taking decisions on HIV/AIDS issues and putting them into practice

  - The entire three respondents from middle level noted that they have not taken any decision regarding HIV/AIDS in the office at all.

- ➤ **INDICATOR THREE:** Sending the staff to attend HIV/AIDS short term or long term courses

  - Three out of three from Executive Board told that they had not sent any one of their staffs to attend a course on HIV/AIDS issues.

- ➤ **INDICATOR FOUR:** Including HIV/AIDS elements in policies and programs.

  - All the three respondents from Executive Board told that they did not include HIV/AIDS issues in policies.

3) **Element 3: Knowledge, positive attitude and skill of the staff**

- ➤ **INDICATOR ONE:** Staff's basic knowledge and skills of HIV/AIDS including different susceptibilities of men and women to HIV, considering HIV/AIDS issues in all the projects and attending trainings on the same.

  Questionnaire, consisted 18 questions, was given to all the respondents to know their knowledge levels about the facts of HIV/AIDS. The questionnaire, answers and details of the respondents can be found in appendices 3, 4 and 5 respectively.

  - On average, field staff scored 10; middle level staff and Executive Board members scored the same 15.6.

  - No one among all the seven interviewees from Executive Board and field staff attended any training regarding HIV/AIDS. One out of three from middle level attended training.

  - All the three respondents from middle level stated that it is not possible to consider HIV/AIDS issues in all the projects.

  - Two out of three from middle level and one out of four from field staff told that female are more susceptible to HIV.

- The remaining one from middle level and three out of four from field staff observed that male and female are equally susceptible to HIV

➢ **INDICATOR TWO:** Management's opinion about the need of addressing HIV/AIDS at workplace

- Two out of three respondents from Executive Board felt that there is no need to address HIV/AIDS issues in the workplace.

➢ **INDICATOR THREE:** Decision makers support by recruiting People Living With HIV/AIDS (PLWHA)

- All the three from Executive Board noted that there is no such policy specifically to encourage PLWHA in recruitment. In addition, two of them remarked that they are not ready to recruit HIV positive people.

➢ **INDICATOR FOUR:** Staff's readiness to work along with PLWHA
  o Half of the respondents, total four, from field staff are not ready to work with PLWHA.

➢ **INDICATOR FIVE:** Blaming women for HIV infection.

- Three out of four field staff remarked that there is no need of blaming women for the infection, as both are equally responsible.

4) **Element 4: Available Expertise and Support and Make use of those**

➢ **INDICATOR ONE:** Availability of HIV/AIDS professionals and problems in availing their services

- Two out of three respondents from Executive Board stated there are no HIV/AIDS experts in and around the area where they work. However, one told that they are available and no problems in using their services.

5) **Element 5: Sufficient allocation of resources (Financial, human and technical)**

➢ **INDICATOR ONE:** Percentage of budget allocated for HIV/AIDS issues

- Two out of three from Executive Board remarked that they did not allocate any amount of budget regarding HIV/AIDS issues and one respondent told that they allocated four percent of budget during 2007-2008 to create awareness among target group regarding HIV/AIDS.

➢ **INDICATOR TWO:** Human resources those are competent in HIV/AIDS issues

- Two out of three from Executive Board stated that no one in the organization has competencies to train others regarding HIV/AIDS. In addition, all the three noted that their staff can not consider HIV/AIDS element in all the projects.

➢ **INDICATOR THREE:** Availability of resources like necessary material like books, tool kits etc.

- Most of the respondents from both Executive Board and Middle level told that only a few books are there. However, there are no toolkits at all.

6) Element 6: Norms and Culture of the organization

➢ **INDICATOR ONE:** Discussing HIV/AIDS and STDs openly in the organization

- There are no female staffs at all in the organization. Two out of three from middle level and two out of four from field staff told that they talk openly about HIV/AIDS with the management

➢ **INDICATOR TWO:** Jokes and comments about HIV/AIDS and women related issues

- The entire respondents from field staff noted that they hardly listen to any jokes or comments regarding either HIV/AIDS or women

➢ **INDICATOR THREE:** Addressing the staffs personal problems

- Three out of three from middle level staff and four out of four from field staff told that their management tries to address their problems at personal level too such as health.

➢ **INDICATOR FOUR:** Equality between men and women in the organization and percentage of women staff in the organization

- There are no female staffs at all.

➢ **INDICATOR FIVE:** Supportive environment to PLWHA (Stigma and discrimination)

- Three out of four from field staff remarked that they would not disclose in the organization if they are infected with HIV and two told that they would not.

➢ **INDICATOR SIX:** Working with partners in HIV/AIDS issues

- Two out of three from Executive Board noted that they are part of Knowledge Sharing Network where 25 other organizations are members, but it is not working on HIV/AIDS issues.

CHAPTER 5   ANALYSIS OF RESULTS

Introduction

This chapter deals with the analysis and interpretation of the results of the research. The results will be analysed element wise. Under each essential element of HIV/AIDS mainstreaming, results from three categories of the respondents; decision makers, middle level and field staff, will be brought together and compared. Then those results will be viewed against the literature as described in chapter two, Literature Review. Next to that, a summary will be there at the end of analysis of each element.

5.1 Element one: HIV/AIDS as a development issue

Five out of six respondents from the Executive Boards of the two organizations stated that, staff's efficiency would decrease if they are infected with HIV. However, only three out of six agreed that productivity and goals of the organization would also be affected consequently. It does not mean they are not aware of the link between staff's efficiency and the productivity of the organization and there by its goals. Even though they are aware of it, they felt so as they perceive being infected with HIV is a problem to the staff at personal level but not at the organizational level. It is evident by the remarks, "*being infected with HIV is staff's personal issue. Then how will financial costs increase to the organization? If they can't work properly we will reduce their work load as well as their salary too*", of one of the respondents from TOUCH. Another respondent from the same organization went one-step further and justified his argument how it does not affect organization's goals by saying, "*When they can't work we will recruit someone in their place by removing them*".

From the middle level staff, three out of four from REEDS and two out of three from TOUCH felt that staff's efficiency will decrease if they are infected with HIV. However, only two from REEDS and one from TOUCH stated that decreased efficiency of the staff will lead to low productivity of the organization and there by not reaching the goals. Same explanation applies here too as it is described in the above paragraph. And a notable thing is that there is no difference of perception between members of the Executive Board who take the decisions and middle level staff and between the respondents of REEDS and TOUCH regarding this one.

This finding confirms Rick James' research results as it is explained in chapter 2 under section 2.3 that the conditions in the organization themselves can be a barrier to Mainstream HIV/AIDS internally by creating a fear among staff that the management may sack them and employ another one if they are infected with HIV. In fact, one of the middle level respondents from REEDS expressed the same, "*The officer may sack the infected one".*

However, sacking the employee for the reason being infected with HIV is against to the basic human rights and many international and national guidelines are there that protect the rights of People Living With HIV/AIDS (PLWHA). *International Guidelines on HIV/AIDS and Human Rights* states under guideline 5 that every state should ensure employment security for workers living with HIV until they are no longer able to work, including reasonable alternative working arrangements (UNAIDS; 2006). Besides that, sacking the HIV positive employee creates opposition among donor

community too. Then organization's reputation will be affected. So that it's not wise to go by sacking employees.

It seems that both the members on the executive board and middle level staffs of the two organizations have not understood all these aspects along with direct and indirect costs, as it is referred under section 2.1 of chapter two of this report, on the organization if their staffs are infected with HIV.

5.2 Element two: Commitment and Support

Among decision makers, two respondents out of three from REEDS stated that they conducted some training programmes to their staff regarding HIV and one told that she did not know about such kind of things. On the other hand, none of the three respondents from TOUCH remarked that they organized training to their staff.

With the middle level staff, two out of the four respondents from REEDS observed that they did conduct trainings and two not. The reason behind these contradictory remarks may be, those training programs were organized when REEDS was implementing, until June 2007, a project on HIV/AIDS. After the projects completion such kind of trainings did not take place. Because of that, the staffs that joined the organization after the completion of HIV/AIDS project are not aware of the trainings on HIV/AIDS issues. Sue Holden suggests that this type of problem can be solved by providing ongoing training – repeated sessions for new and old staff (AIDS on the Agenda; 2004). With the TOUCH, all the three middle level respondents also noted that they did not conduct any training in their organization, as they do not have a project on either health or HIV/AIDS. It means that they have not understood up until now properly the importance and need of creating awareness and increasing the skills of the staff on HIV/AIDS issues in general. The underlying meaning of their justification may be, staffs need not to be trained in HIV/AIDS issues if they are not dealing with the target group on those issues. This opinion is strengthening Rick James' observation that CSOs' focus is always on making a difference 'out there' in the lives of communities, not spending time on themselves (The Organizational impacts of HIV/AIDS on CSOs in Africa; 2006).

REEDS sent one of its staff members to do a Masters' course on HIV/AIDS issues and it is not the case with TOUCH. One out of three decision makers from REEDS told that they did not include HIV/AIDS issues in organization's polices and the other two stated that they do not know much about the polices. These last two respondents are beneficiary representatives on the Executive Board and illiterates as most of the beneficiaries are. It is understood that they are not that much involved in taking decisions at higher level and they are not aware of issues like policies and trainings. It is noted so basing on their "don't know" answers to some questions. With TOUCH, all the three respondents from decision makers remarked that HIV/AIDS issues are not included in their policies. It may be the result of not understanding the consequences of HIV/AIDS issues properly as it is seen in the analysis of first essential element under section 5.1 of this chapter. All the three middle level respondents from TOUCH stated that they have not taken any decision regarding HIV/AIDS issues so far and three out of four from REEDS expressed the same. It is again the consequence of not understanding the implications of HIV/AIDS properly and there by lack of commitment to include HIV/AIDS in polices and to get their staff trained.

Among filed staff, five out of seven from REEDS noted that they were given some kind of palm plates and broachers regarding HIV/AIDS. The other two joined the organization after the project on HIV/AIDS is over. However, only three out of five who received that material read them. The other two told that they did not read it because the family members might feel bad if they see while reading such kind of things. Of course, their fear is considerable. Actually, it happened to one of the respondents as her mother asked her, "*Why are you reading such vulgar things?*" while she was reading a broacher on HIV/AIDS. This experience questions the idea of starting Internal Mainstreaming first, as it is quoted under section 2.4 of Literature Review of this report, and then going for External Mainstreaming because both internal and external environments always interact with each other and influence. Here in this example, the mother of the respondent could influence the respondent not to read the information on HIV/AIDS thinking that those things are bad. This experience asks for the consideration of starting both Internal and External Mainstreaming at the same time to make the process smooth. But, there may be some barriers such as resources, skilled staff to do so. If one can overcome those barriers, it is better to start both Internal and External Mainstreaming at the same time.

From TOUCH, all the four respondents from field staff remarked that they did not receive any kind of material in the office regarding HIV/AIDS.

In short, REEDS had conducted trainings to their staff only when it had a project on HIV/AIDS. But literature says that " a one-off training, however well-planned and participatory, will not have a lasting impact and continual follow-up and opportunities for the participants to access further support and reflect on "(Gender, Health and Sector Wide Approaches Resource Pack, 2003). And TOUCH never conducted trainings, neither sent the staff for courses on HIV/AIDS and nor gave the material to their staff on the same. Moreover, neither of the organizations included HIV/AIDS issues in their polices. It says about the lack of commitment of decision makers. The reason behind it could be lack of motivation, as they have not yet really felt the impact of HIV/AIDS near. But having seen the impacts of HIV/AIDS on the organizations in Sub Saharan Africa, the organizations that are working in relatively low prevalence area also should make changes accordingly to cope up with future possible impacts. According to Derek Rollinson, these changes are called "re-orientation[5]" of the organization (Organizational behaviour and analysis; 2005).

5.3 Element Three: Knowledge, Attitude and Skills

To know the knowledge levels of HIV/AIDS of the staff at three different categories a questionnaire was given which consisted of 18 questions. See the appendices 3 and 4 to find questionnaire and the responses of the interviewees. On average, field staff from REEDS and TOUCH scored 14 and 10 respectively. It is because four out of seven from REEDS attended at least one training on HIV/ADIS but from TOUCH, no one attended among the four interviewed ones. Among middle level staff, people from REEDS got, on average, 15.5 and from TOUCH 15.6. There is no much difference between those two groups from two organizations as two out of four from REEDS did not attend the trainings and one out of three from TOUCH neither. Members from the Executive Boards scored 11.6 and 15.6 REEDS and TOUCH respectively. Even though one person from REEDS attended to trainings among all

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[5] A transformational change that occurs in anticipation of drastic changes in an organization's environment (Derek Rollinson, 2005)

the respondents from Executive Boards of the both organizations, its score is a bit lower, on average, than TOUCH, as two of REEDS respondents are illiterates. Those two neither attended the trainings nor read the material in the organization.

However, countable difference is not observed among the respondents in terms of knowledge levels basing on sex and age.

It seems that REEDS also in its trainings concentrated only on the basic facts of HIV/AIDS but not more than that. It is understood so, as all the four middle level respondents from REEDS felt that it is not possible to consider HIV/AIDS issues in all the projects except health and hygiene or a separate project on HIV/AIDS. Similarly, all the three middle level interviewees from TOUCH remarked the same. But, in the process of Mainstreaming it is important to train the staff to consider the different dynamics of the pandemic such as how some activities under the projects increase the susceptibility of the staff to HIV and how the selection criteria of beneficiaries may lead to stigma and discrimination and so on[6].

In addition one of the middle level respondents from TOUCH questioned, *"The project work itself is more than sufficient, then how can we again include AIDS in this?"* This remark confirms the literature on barriers to Internal Mainstreaming of HIV/AIDS. Organizations are in a hurry of completing the projects all the time. Rick James states that many CSOs are too busy to stop and think about strategic issues. The   urgency of immediate questions of survival limits their strategic horizons (Building organizational resilience to HIV/AIDS; 2005). Moreover, some of the staffs feel that they know what is HIV/AIDS mainstreaming and they think, "*Mainstreaming is nothing but 'saying' about HIV/AIDS in all the projects".* That means giving information about HIV/AIDS. However, it is more than just informing people and it is considering HIV/AIDS in every aspect and making changes accordingly.

Among members of Executive Board from REEDS, all the three respondents noted that there is a need to address HIV/AIDS issues in the workplace too. Nevertheless, two out of three respondents from TOUCH felt that there is no need as "*all the staff in the office are educated*". It means all the educated people know about HIV/AIDS. However, in reality it is not the case. Actually, this kind of attitude is a barrier to Mainstreaming as many of the staff feel that they know every thing about HIV/AIDS but not really.   Most of the NGOs that are working at ground level have not adequate knowledge and skills that HIV/AIDS Mainstreaming requires. For them Mainstreaming has become a Catch phrase, with little meaning or understanding attached to its use (Exchange on HIV/AIDS, sexuality and gender, KIT, 2006). Moreover, knowing the facts about HIV/AIDS alone does not bring the change that is required to fight against the epidemic. Positive attitude, commitment and skills are vital and all these things are interconnected. Having proper understanding about the causes and consequences of HIV/AIDS may lead to positive attitude and there by to commitment. Here in TOUCH case, the respondent who told that they would sack the infected person and recruit another one in his/her place, discussed in detail in section 5.1 of the same chapter, remarked that *"trying to address HIV/AIDS issues in the office means something bad is going on in the office".* This example gives the clear picture of relation among various essential elements of HIV/AIDS Mainstreaming.

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[6] For example, if the field staffs are asked to go for field visits continuously for one week they may get involved in some kind of "risky behaviour" (such as having sex with someone who is not their regular partner) that increases their susceptibility to HIV. Like wise, if the target people are selected only from a particular group like lorry drivers or sex workers that may exacerbate stigma that is already attached to those groups.

In either of the organizations, there is no such policy to recruit People Living With HIV/AIDS (PLWHA). Moreover, two of the members from Executive Board of TOUCH told that they would not recruit PLWHA as they can not work properly and will become burden to the organization. The same explanation as it is described in the above paragraph applies here too.

When it comes to the attitude of field staff, basing on their response it is understood that five out of seven from REEDS and two out of four from TOUCH are ready to work along with PLWHA in the office. Relatively in REEDS, positive attitude is there among field staff towards PLWHA. However, that is not the case with TOUCH. Here the job of the organization is not only giving the knowledge about the facts of HIV/AIDS but also, as it is noted in SDC's Mainstreaming HIV/AIDS in Practice Toolkit, creating an emotional momentum among the staff is also important.

In summary, in both of the organizations, staff's knowledge levels about HIV/AIDS are limited, for example, fifty per cent of the total respondents felt that HIV and AIDS are same, not different. And the staff's attitude towards PLWHA is not that much positive in TOUCH. Skills regarding considering HIV/AIDS in all projects need to be improved in both organizations.

5.4 Element Four: Availability of Expertise

Among the members of Executive Board, three out of three from REEDS remarked that there are no HIV/AIDS experts in and around the area where they work. From TOUCH, two out of three interviewees agreed with the same opinion. However, one respondent told that experts are available and there are no problems in availing their services. It is understood that the last respondent expressed that opinion keeping the people who can talk about modes of HIV transmission in mind. That means they can train people in basic facts of HIV/AIDS but not the other aspects of Mainstreaming like developing a workplace policy[7], viewing all the actions of the projects from HIV/AIDS perspective etc. Without this kind of experts, it is not possible to Mainstream HIV/AIDS, as they are needed to train people in those above-mentioned aspects.

5.5 Element Five: Allocation of Resources

Most of the respondents from Executive Boards of the two organizations observed that they did not allocate any amount of money for HIV/AIDS issues; training, books etc, specifically. It seems that their perception is, conducting trainings, buying books should be done if they are implementing a separate project on HIV/AIDS, otherwise no need. In line with this statement, one respondent from TOUCH posed a question, *"as long as we don't have any project on HIV/AIDS, how can we allocate money for those issues?"* Another respondent from the same organization made it clear by saying *"we don't have such commitment"* and continued saying, "*it is difficult to pay the monthly salaries to the staff, and then how can we do all these?"* It explains the scarcity of financial resources in the organizations. At the same time, they feel that if

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[7] An HIV & AIDS Work Place Policy is a written statement that defines an organization's position and practice for preventing the transmission of HIV & Aids as well as handling cases of HIV infection among employees. It provides guidelines on managing employees who are infected and affected by HIV and AIDS (SAfAIDS).

the donors of the projects come to know that the organization is spending money on HIV/AIDS that will not be good. One middle level respondent from REEDS put it in this way, "*donors don't accept to include HIV/AIDS in all projects*". Some organizations may be so. However, there are some international organizations that are extremely positive to fund for workplace responses against HIV/AIDS such as Cordaid, the Humanist Institute for Development Co-operation (Hivos), the Interchurch Organisation for Development Co-operation (ICCO), Oxfam Novib and STOP AIDS NOW (Sue Holden, 2006). What the organizations have to do is, taking initiative. Another one from Executive Board of REEDS stated that, "*there is no need of allocating budget specifically to HIV/AIDS*". The reason behind this statement might be having not understood the consequences of HIV/AIDS on the organization properly and lack of commitment. However, one respondent from REEDS told that they spent four percent of budget to create awareness among the communities regarding HIV/AIDS. Of course again this is another example of the "problem out" there perception.

Two out of three from the Executive Boards of both REEDS and TOUCH noted that there is no one in the organization who can train others in HIV/AIDS issues. However, one from each organization told that their staff could train people. One respondent from REEDS explained it further saying, all the staff who could train others left the organization after the project on HIV/AIDS is over.

Moreover, all the six respondents from both organizations told that their staffs do not consider HIV/AIDS issues in all the projects. In other words, their staffs do not have required skills to do so.

Some of the respondents, both members from Executive Board and middle level, from both organizations told that they have some books on HIV/AIDS and almost equal number of interviewees stated that they do not have any books regarding this. And the remaining respondents observed that they don't know weather they are there or not. Basing on their statements it is understood that even though some books and broachers are there neither of the organization has toolkits on Mainstreaming. The available books are about modes of HIV transmission and other basics. Relatively REEDS has more books than TOUCH. Nevertheless, they are not available to all the staff as they are in the head office. It is evident by one of the respondent's remarks, "*we have some books on HIV/AIDS in the head office*". Of course, some books are there in the field offices too, but not in all the field offices. Another respondent put it in his own words, "*In another field office many books are there but here not*".

In short, the two organizations are not allocating money for HIV/AIDS issues. Moreover, most of their perception is no need at all. In addition, the organizations lack the skilled staff and they do not have adequate books and toolkits on HIV/AIDS and its mainstreaming.

Element Six: Norms and Culture

From REEDS, seven out seven among field staff and three out of four among middle level staff observed that they talk openly among male and female about HIV/AIDS in the organization. However, TOUCH does not have even one female working staff. Basing on their responses it is understood that there is a conducive environment in REEDS where the staff can share ideas and opinions with ease. They interact and discuss with the management too with the same ease. Working for a while on

HIV/AIDS project might have created this kind of environment in the organization, as it was mandatory for them at that time. After a while, they might have accustomed to discussing HIV/AIDS and started taking as a professional issue. Only one middle level person from REEDS noted that they don't discuss with the management about any thing except their present project work. It might be because that respondent joined the organization recently and might not have yet accustomed to culture of the organization. It seems that the knowledge levels about HIV/AIDS and attitude towards PLWHA of the same respondent is not progressive. It is making one thing clear that there is no such mechanism in REEDS to internalize the new staff into the organization's culture. One other filed staff from the same organization who joined after the completion of HIV/AIDS project, not attended to any training on HIV/AIDS, told that, "*We will suggest the infected person not to come to the office as we also may be infected if the mosquitoes bite us after biting on the infected person's wound*".

With the TOUCH, there is no even one female among the working staff except two people among directors who do not work there in the organization. They are directors and have their own jobs out of the organization. One of the middle level respondent's remarks from TOUCH, *"we hide HIV/AIDS books behind the racks in the office fearing the lady directors may see them and read secretly"*, made the organization's culture explicit regarding HIV/AIDS.

All the respondents from both of the organizations felt that they hardly listen to any jokes on either women or HIV/AIDS. That is commendable.

In REEDS, more than 60 percent of the staffs are female and they are as equal as men in terms of salary, designation, duties and so on. One female respondent put it in her words, *"as long as our education and designation are equal with men we are same as they are and sometime even more than them"*. As it is mentioned earlier, there are no female staffs in TOUCH.

When it comes to supportive environment in the organization, it looks REEDS is more supportive than TOUCH. Among field staff from REEDS, five out of seven remarked that they would disclose if they are infected with HIV. One of the respondents noted, "*I believe in my colleagues. They will support me even though I am HIV positive*", which says about the conducive environment in the organization. With TOUCH only one among the four field staff told that he would disclose his positive status if he is infected. One among the remaining staff expressed his opinion saying, "*Others may think that my character is bad if they know that I am infected with HIV as the virus spreads through extra marital relations*". This statement not only says about the low knowledge levels about the facts of HIV/AIDS but also about the kind of environment that is there in the organization. Again, it is another example to understand the relations among various elements. Having low knowledge levels of HIV/AIDS influence the culture of the organization negatively and makes the environment unsupportive to fight against the epidemic.

Two respondents from REEDS Executive Board stated that they do not have any partner to work with. However, two interviewees form TOUCH remarked that they are part of Knowledge Sharing Network that consisted of nearly 25 NGOs in the District where they work. Actually, both REEDS and TOUCH are partners in that network. However, two directors form REEDS and one from TOUCH even do not remember it. It is understood that the Network is now almost inactive. That is one of the reasons why some of the directors even forgot it. Moreover, most of the partners of that Network are not working on HIV/AIDS issues.

In summary, the environment is conducive in REEDS to discuss about HIV/AIDS openly among male, female staffs and they are equal in terms of all, and they talk with management with the same ease about HIV/AIDS. However, in TOUCH there are no female staffs at all. And both of the organizations are not working with partners in HIV/AIDS issues.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

This chapter deals with conclusions and there by recommendations. First conclusions will be drawn element wise basing on the outcome of the previous chapter – Analysis. By coming up the conclusions the first part of Main Research Question, *Are the essential factors that facilitate HIV/AIDS internal mainstreaming available in both REEDS and TOUCH?;* is answered. Next to that, recommendations that answer the second part of Main Research Question, *What to do to make those essential factors available*?; will follow for both REEDS and TOUCH.

6.1 Conclusions

1. **HIV/AIDS has to be understood as a development issue**

    - Both the members of the Executive Boards and middle level staffs from both REEDS and TOUCH have not yet understood well HIV/AIDS as a development issue, in practical terms how it can impact the organization's goals.
    - Both the managements and staffs of the two organizations are not aware of basic rights of People Living With HIV/AIDS (PLWHA).

2. **Commitment and active support of decision makers**

    - Both the organizations have not included HIV/AIDS element in their policies.
    - REEDS organized some training programs to the staff but not on a regular basis. They organized trainings when they were running a project on HIV/AIDS but not later on.
    - Staff who joined REEDS after the completion of HIV/AIDS project never attended any training program
    - REEDS sent one of its staffs to pursue a course on HIV/AIDS and Rural Development
    - TOUCH never organized any training program to the staff.

3. **Knowledge, positive attitude and skilled staff**

    - In general, staff's knowledge levels about the basic facts of HIV/AIDS are limited in both REEDS and TOUCH
    - In the two organizations, staffs do not have the skills to consider HIV/AIDS aspects in all kinds of projects and make changes accordingly.
    - Neither of the organization recruited PLWHA
    - The staffs in both of the organizations, think that one should not blame women for the infection as both are equally responsible.
    - Management in REEDS thinks that there is a need to address HIV/AIDS issues in the workplace too.
    - In REEDS, staffs are ready to work along with PLWHA
    - TOUCH management does not recognize the importance of addressing HIV/AIDS issues in the workplace.

- Staffs are not ready to work along with PLWHA in TOUCH

4. **Expertise and support is available and made use of**

- There are no experts in HIV/AIDS issues in the area where these two organizations work.

5. **Sufficient allocation of resources (Financial, human and technical)**

- Neither of the two organizations allocated budget to address HIV/AIDS issues in the office.
- There are no skilled staffs in both REEDS and TOUCH to train others in HIV/AIDS issues.
- Neither of the organization has adequate books and toolkits on HIV/AIDS mainstreaming.

6. **Norms and culture of the organization**

- Both of the organizations are not working with partners in HIV/AIDS issues.
- Staffs don't comment or play either on women or HIV/AIDS in both of the organizations.
- Managements try to address staffs minor problems at personal level too in both REEDS and TOUCH.
- The environment is conducive in REEDS to have a discussion openly between male and female staff and staff and management about HIV/AIDS issues.
- Men and Women staffs are equal in REEDS in terms of salary, duties, responsibilities and decision making power as long as their designation is same.
- In REEDS, supportive environment is there to address HIV/AIDS issues effectively
- With TOUCH there are no female staff at all
- In TOUCH environment is not that much supportive to deal with HIV/AIDS issues.

6.2 Recommendations

1. Trainings should be organized for both Executive Board members and middle level staffs of the two organizations regarding HIV/AIDS as a development issue including consequences of the epidemic on the organization, developing workplace policy, considering HIV/AIDS issues in all the projects and making changes accordingly, rights of PLWHA apart from basic facts of HIV/AIDS.

2. For field staff, from both REEDS and TOUCH, trainings should be on basic facts of HIV/AIDS, how to communicate these issues to others and rights of PLWHA.

3. For three categories of staffs from both organizations, an emotional momentum should be created during trainings by case studies and video clippings to develop positive attitude towards HIV/AIDS issues and PLWHA.

4. The data on how severely HIV/AIDS affected organizations in Sub Saharan Africa and some concrete examples as case studies should be presented and explained during the trainings to decision makers to make them understand

the importance of addressing the epidemic at workplace and there by to get their commitment to the issue.

5. Regular trainings should be organized in both REEDS and TOUCH to reflect on and update the knowledge, skills of old staff, and to consider the needs of newly recruited ones.

6. Both the organizations should establish committees to develop, after the trainings, workplace policies including not sacking the HIV positive employees as one of the ingredients apart from all the necessary elements to show higher-level commitment and support.

7. As the author is associated with REEDS and is about to finish his Master's from Van Hall Larenstein University of Applied Sciences, specializing in HIV/AIDS and Rural Development, he can conduct training programs for both REEDS and TOUCH staff as a solution to lack of experts in HIV/AIDS issues.

8. A proposal for funding should be developed and sent to donors to have the necessary budget for training needs of both REEDS and TOUCH.

9. Considering the possibilities, the funding proposal should be for donors who are positive to fund trainings and workplace polices regarding HIV/AIDS, like Cordaid, the Humanist Institute for Development Co-operation (Hivos), the Interchurch Organisation for Development Co-operation (ICCO), Oxfam Novib and STOP AIDS NOW! as it is discussed in section 5.5 of chapter 5 in this report.

10. The two organizations should share the experiences on dealing with HIV/AIDS issues and try to put the issues on the agenda of Knowledge Sharing Network where both REEDS and TOUCH are partners. Considering the possibilities, budget to train the staff of all the partner organizations in the network should be included in the funding proposal as working in networks;
    *   Strengthens the lobbying capacity for resources
    *   Gives an opportunity to share knowledge and skills.
    *   Asks other organizations also to pay attention to the issue that leads to over all enabling external environment

11. Both REEDS and TOUCH should give priority in allocating available budget to address HIV/AIDS in the workplace and make available relevant books, data and toolkits to all the staff in all offices.

12. TOUCH should create confidence and trust among the staff by organizing trainings (higher-level management must participate in the trainings) and developing workplace policy etc. Confidence and trust among the staff leades to conducive and supportive environment where people can talk about HIV/AIDS issues openly and feel ease to disclose their positive status if they are infected.

13. REEDS should take up a program to make sure that its members on the Executive Board can read and write to have better understanding on not only HIV/AIDS issues but also on other organizational issues and there by to increase their participation in decision making. As decision makers understanding, participation and commitment are vital in the process of Mainstreaming.

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APPENDIX 1

Question topics for semi-structured interview to the members who are on the Executive Board

Element 1:
1) Do you think that there would be some impact on the organization if some people are infected with HIV in your organization?
2) If so, what will be the consequences in your organization if some people are infected with HIV?
3) How will it affect the organizations efficiency and there by its goals?

Element 2:
4) Did the management send staff to attend some kind of short term or long term courses/trainings regarding HIV/AIDS?
5) How many lectures/meetings/workshops have been organized over the last two years regarding HIV/AIDS?
6) Did you include HIV/AIDS element in organization's policies?

Element 3:
7) To what extent the staffs are knowledgeable about the facts of HIV/AIDS? (Questionnaire is used to answer this question)
8) What do you think about the need of addressing HIV/AIDS issues in the workplace?
9) Did the organization recruit people with HIV?
10) Do you have any policy to recruit HIV infected people?
11) Did any one apply for a job stating their HIV status? And what was your response?

Element 4:
12) Are the professionals of HIV/AIDS available in the area where the organization is working? If so, are their fees affordable to your organization?

Element 5:
13) How much per cent of the budget is allocated to HIV/AIDS issues over the last two years and how much of that was spent in practice?
14) How many of the staffs are competent enough in the organization to train people in HIV/AIDS issues and to include HIV/AIDS elements in the organization's programs?
15) What information is readily available (E.g. reference books, data) in the organization regarding HIV/AIDS?

Element 6:
16) Does the organization have collaboration/partnership with other organizations that are working on HIV/AIDS issues?

Question topics for semi-structured interview to the Middle Level staff

Element 1:
1) Do you think that there would be some impact on the organization if some people are infected with HIV in your organization?
2) If so, what will be the consequences in your organization if some people are infected with HIV?
3) How will it affect the organizations efficiency and there by its goals?

Element 2:
4) Have you organized meetings and/or trainings over the last two years regarding HIV/AIDS? Did you attend to those programs?
5) What decisions have been taken in the organization regarding HIV/AIDS in the last one year and to what extent those decisions are put into action?

Element 3:
6) To what extent are the staff members knowledgeable about the facts of HIV and AIDS?(Questionnaire is used to answer this question)
7) Do you consider HIV/AIDS issues while planning a project, if so, which aspects and how?
8) Who are more susceptible to HIV infection either men or women?
9) Did the organization recruit people with HIV?

Element 5:
10) What information is readily available (E.g. reference books, data) in the organization regarding HIV/AIDS?

Element 6:
11) Can male and female staff and management discuss openly about HIV/AIDS issues in the organization?
12) What are the jokes and comments that you usually listen about HIV/AIDS and women?
13) What is the percentage of male and female field staff?
14) Does the organization address the problems of the staff in their personal lives in relation to HIV/AIDS and gender?
15) Are male and female staffs being treated equally in the organization in terms of designation, salary, duties, responsibilities and decision making?

Question topics for semi-structured interview to the Field Staff

Element 2:
1. What palm plates or broachers or other kind of material did you receive in the organization?

Element 3:
2. How many lectures/workshops on HIV/AIDS have you attended so far in your organization (over the last two years)?
3. To what extent the staffs are knowledgeable about the facts of HIV/AIDS? (Questionnaire is used to answer this question)
4. Who are more susceptible to HIV between male and female?
5. Are you ready to work along with HIV infected people in the organization?
6. What do you say on the statement that women are to be blamed if their men are infected with HIV?

Element 6:
7. Can male and female staff and management discuss openly about HIV/AIDS issues in the organization?
8. Does the organization address the problems of the staff in their personal lives in relation to HIV/AIDS and gender?
9. Are male and female staffs being treated equally in the organization in terms of designation, salary, duties, responsibilities and decision making?
10. If whoever among the staff infected with HIV is there supportive environment in the organization to disclose their status?
11. What kind of jokes or comments do you listen generally at the workplace regarding HIV/AIDS and/or female?

APPENDIX 2

Here the detailed responses of all the interviewees from three categories of the two organizations are presented.

N.A= (Questions) Not Asked
N= Number of Respondents

Element 1: Understanding HIV/AIDS as a development issue

Responses	Members of Executive Board		Middle level staff		Field staff	
	REEDS N=3	TOUCH N=3	REEDS N= 4	TOUCH N=3	REEDS N= 7	TOUCH N=4
Responses for Indicator 1						
It decreases staff's efficiency	3	2	3	2	N.A	N.A
It doesn't decrease staff's efficiency	0	1	1	1	N.A	N.A
Responses for Indicator 2						
Productivity of the organization will be affected	2	1	2	1	N.A	N.A
Productivity of the organization will not be affected	1	2	2	2	N.A	N.A
It affects organization's goals	2	1	2	1	N.A	N.A
It doesn't affect organization's goals	1	2	2	2	N.A	N.A
Local people may pressure the organization to vacate from there	0	0	1	0	N.A	N.A
The officer may sack the infected and other staff also may resign feeling they also may get infected	0	0	1	0	N.A	N.A
We as staff will not have right to say something about AIDS as our staff themselves have already been infected			1		N.A	N.A
We will engage the infected in easy works especially in AIDS work. If we don't have such kind of work we will ask them to go to other orgs. who does that work	0	0	0	1	N.A	N.A

When we come to know that someone among staff infected with HIV, we will discuss how s/he might have been infected and how others may get infected from her/him.	0	0	0	1	N.A	N.A

Element 2 Commitment and active support of decision-makers

Responses	Members of Executive Board		Middle level staff		Field staff	
	REEDS N=3	TOUCH N=3	REEDS N=4	TOUCH N=3	REEDS N=7	TOUCH N=4
Responses for Indicator 1						
We conducted training programs to the staff	2	0	2	0	N.A	N.A
We did not conduct trainings to the staff		3	2	3	N.A	N.A
I don't know about training programs	1	0	0	0	N.A	N.A
Palm plates and broachers are given. But didn't read them fearing it would be bad if family members seen while reading them	N.A	N.A	N.A	N.A	1	0
We didn't get any kind of material regarding HIV/AIDS in the office, but read about it while in the school	N.A	N.A	N.A	N.A	2	4
My mother asked me why are you reading such vulgar things	N.A	N.A	N.A	N.A	1	0
I read the palm plates and broachers completely that are given in the office	N.A	N.A	N.A	N.A	3	0
Responses for Indicator 2						
We haven't taken any decision regarding HIV/AIDS in the organization	N.A	N.A	3	3	N.A	N.A
We resolved to say about HIV/AIDS in every meeting and we are doing so	N.A	N.A	1	0	N.A	N.A
Responses for Indicator 3						
We sent the staff to attend a course on HIV/AIDS.	3	0	N.A	N.A	N.A	N.A
We did not send staff to attend any course on HIV/AIDS	0	3	N.A	N.A	N.A	N.A
Responses for Indicator 4						
We did not include HIV/AIDS issues in organization's policies	1	3	N.A	N.A	N.A	N.A
I don't know about the polices much	2	0	N.A	N.A	N.A	N.A

Element 3 Knowledgeable, Positive attitude and skilled staff

Responses	Members of Executive Board		Middle level staff		Field staff	
	REEDS N=3	TOUCH N=3	REEDS N= 4	TOUCH N=3	REEDS N= 7	TOUCH N=4
Responses for Indicator 1 (Questionnaire is used to answer some part of this indicator)						
One becomes HIV positive when both of the sexual partners' blood groups are same. If their blood groups are different it doesn't effect even though HI virus enters the body.	0	0	1	0	0	0
I attended to some trainings on HIV/AIDS	1	0	2	1	4	0
I attended no training program	2	3	2	2	3	4
It is not possible to consider and include HIV//AIDS issues in all the projects and we don't do so	N.A	N.A	4	3	N.A	N.A
Donors don't accept to include HIV/AIDS in all projects	N.A	N.A	1	0	N.A	N.A
If it's mentioned to say something about AIDS, then we will say. Otherwise, we don't include it.	N.A	N.A	1	0	N.A	N.A
The project work itself more than sufficient, then how can we again include AIDS in this?	N.A	N.A	0	1	N.A	N.A
Mainstreaming is nothing but saying about HIV/AIDS in all the projects	N.A	N.A	1	0	N.A	N.A
Female are more susceptible to HIV	N.A	N.A	2	2	3	1
Male and female are equally susceptible	N.A	N.A	2	1	2	3
Male are more susceptible	N.A	N.A			2	
Responses for Indicator 2						
We need to address HIV/AIDS issue in the office too	3	1	N.A	N.A	N.A	N.A

No need of addressing HIV/AIDS issue in the office particularly	0	2	N.A	N.A	N.A	N.A
Responses for Indicator 3						
We haven't recruited a person living with HIV/AIDS	3	1	2	3	N.A	N.A
Recruited as peer educators	0	0	2	0	N.A	N.A
There is no such policy to recruit PLWHA	3	3	N.A	N.A	N.A	N.A
We will not reject the person because of his/her HIV positive status if someone applies for the job	3	1	N.A	N.A	N.A	N.A
We don't recruit such people	0	2	N.A	N.A	N.A	N.A
No one applied for any job stating their HIV positive status	3	3	N.A	N.A	N.A	N.A
Responses for Indicator 4						
We suggest the infected staff not to come to the office	N.A	N.A	N.A	N.A	1	
Not ready to work along with the HIV infected ones	N.A	N.A	N.A	N.A	2	2
Ready to work along with the HIV infected ones	N.A	N.A	N.A	N.A	5	2
Responses for Indicator 5						
Don't blame female since both male and female are equally responsible	N.A	N.A	N.A	N.A	5	3
Don't blame female since male are responsible	N.A	N.A	N.A	N.A	2	
Female are responsible as HIV spreads mainly through extra marital relations	N.A	N.A	N.A	N.A		1

Element 4 Expertise and support is available and made use of

Responses	Members of Executive Board		Middle level staff		Field staff	
	REEDS N=3	TOUCH N=3	REEDS N= 4	TOUCH N=3	REEDS N= 7	TOUCH N=4
Responses for Indicator 1						
There are no HIV/AIDS experts in the area where we work	3	2	N.A	N.A	N.A	N.A
They are available and no problem in using their services	0	1	N.A	N.A	N.A	N.A

Element 5 Sufficient allocation of resources (financial, human and technical)

Responses	Members of Executive Board		Middle level staff		Field staff	
	REEDS N=3	TOUCH N=3	REEDS N= 4	TOUCH N=3	REEDS N= 7	TOUCH N=4
Responses for Indicator 1						
We did not allocate any budget specifically for HIV/AIDS issues.	2	2	N.A	N.A	N.A	N.A
I don't know weather budget is allocated to HIV/AIDS issues or not	1	0	N.A	N.A	N.A	N.A
We allocated and spent 4% of the budget for HIV/AIDS issues during 2007-2008	0	1	N.A	N.A	N.A	N.A
Responses for Indicator 2						
Our staff can train people in HIV/AIDS issues (awareness, counselling, prevention measures)	1	1	N.A	N.A	N.A	N.A
No one in the organization can train others regarding HIV/AIDS	2	2	N.A	N.A	N.A	N.A
Do not include HIV/AIDS element in all the projects	3	3	N.A	N.A	N.A	N.A
Responses for Indicator 3						
There are some books and material but not tool kits	1	1	1	2	N.A	N.A
No books or other kind of material available now	2	2	1	1	N.A	N.A
We have some books on HIV/AIDS in the head office	0	0	1	0	N.A	N.A
In another field office many books are there	0	0	1	0	N.A	N.A

Element 6 Norms and Culture of the organization

Responses	Members of Executive Board		Middle level staff		Field staff	
	REEDS N=3	TOUCH N=3	REEDS N= 4	TOUCH N=3	REEDS N= 7	TOUCH N=4
Responses for Indicator 1						
Male and female talk openly about HIV/AIDS	N.A	N.A	3	0	7	0
Talk openly with male only, not with female	N.A	N.A	1	0	0	0
Discuss openly only among male, not with female. Of course we don't have female working staff	N.A	N.A	0	3	0	4
Staff discuss with the management openly	N.A	N.A	3	2	6	2
We don't discuss other things like AIDS with the management except project issues.	N.A	N.A	1	1	0	0
With the management we can't discuss openly having a fear of being judged badly	N.A	N.A	0	0	1	2
Responses to Indicator 3						
Organization tries to solve problems of the staff at personal level too	N.A	N.A	3	3	7	4
I don't think so. What can we talk about personal problems in the org?	N.A	N.A	1	0	0	0
Responses to Indicator 4						
Male and female are equal in terms of all	N.A	N.A	4	0	7	0
We don't have female staff in our project, but if they are there we would be equal	N.A	N.A	0	3	0	4
More than 60% staff are female	N.A	N.A	4	0	N.A	N.A
There is no even one female among working staff	N.A	N.A	0	3	N.A	N.A
Responses for Indicator 5						
Can't disclose my positive status in the office	N.A	N.A	N.A	N.A	2	3

I will disclose my positive status	N.A	N.A	N.A	N.A	5	1
Responses for Indicator 6						
I don't know about the partner organizations	1	0	N.A	N.A	N.A	N.A
We don't have any partner to work with regarding HIV/AIDS	2	1	N.A	N.A	N.A	N.A
We are part of Knowledge sharing network	0	2	N.A	N.A	N.A	N.A

APPENDIX 3
QUESTIONNAIRE

Male/Female

Age:---------

Designation;------------------

Please read the below statements and indicate with the symbols weather they are right (√) or wrong (X) to you.

1. HIV and AIDS are same. There is no difference between those two.   ☐

2. HIV, causes AIDS, transmits through shake hand.   ☐

3. If one does not use condom in sex, HIV may spread from one to another.   ☐

4. Pregnant women can transmit HIV to her unborn child.   ☐

5. A person can be infected with HIV even though s/he uses new and clean needles
    while donating blood.   ☐

6. While sharing latrines with HIV infected people the virus may enter into your body.   ☐

7. HIV can transmit from one to another while kissing.   ☐

8. HIV can be found in sweat and tears of an AIDS person too.   ☐

9. HIV will be infected to the women who go for commercial sex, but not to the men   ☐
    who go to those women for buying sex.   ☐

10. One should not touch the HIV infected person   ☐

11. Sharing swimming pool and utensils with HIV infected person is dangerous.   ☐

12. HIV can not be infected to the people who are strong and healthy.   ☐

13. By looking at one, we can say weather that person is infected or not.   ☐

14. To protect from HIV one condom can be used any number of times during sex   ☐

15. Having many sexual partners decreases the possibility of sexual infections.   ☐

16. While HIV infected person is coughing in the office, it is dangerous to sit along   ☐
    with him and work.

17. Young children can not be infected with HIV.   ☐

18. HIV/AIDS is a problem only to a few who behaves badly.   ☐

APPENDIX 4

	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	R14	R15	R16	R17	R18	R19	R20	R21	R22	R23	R24
Q1	NO	YES	YES	YES	NO	YES	YES	NO	YES	NO	NO	NO	YES	NO	YES	YES	YES	YES	NO	NO	YES	YES	YES	YES
Q2	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO
Q3	YES	YES	YES	YES	YES	NO	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Q4	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Q5	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	YES	NO	YES	NO	NO	NO	NO	YES	NO	YES	YES
Q6	NO	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO
Q7	NO	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	NO	NO	YES	NO	NO	NO
Q8	NO	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES
Q9	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO
Q10	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO
Q11	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	YES	NO	YES	YES	YES	YES	YES
Q12	NO	YES	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	NO	NO	YES	NO	NO	NO	YES	YES	YES
Q13	NO	YES	YES	NO	NO	NO	NO	NO	YES	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO	YES	YES	NO	NO	NO
Q14	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
Q15	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	YES	YES	YES	NO	YES	NO
Q16	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO
Q17	NO	YES	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	YES	NO	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES
Q18	NO	YES	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	YES	YES	NO	NO	YES	NO	NO	YES	NO	YES	YES

Index:
R = Respondent
Q = Question

APPENDIX 5

Table 3 Details of the respondents that were interviewed during the research field work

Respondents	Sex	Age	Designation	Organization
R1	F	42	Director	REEDS
R2	F	50	Director	REEDS
R3	F	40	Director	REEDS
R4	M	37	Executive Director	TOUCH
R5	F	33	Secretary	TOUCH
R6	M	50	Treasurer	TOUCH
R7	F	47	Coordinator	REEDS
R8	F	27	Coordinator	REEDS
R9	M	22	Agriculturist	REEDS
R10	M	30	Community mobilizer	REEDS
R11	M	23	Agriculturist	TOUCH
R12	M	32	Coordinator	TOUCH
R13	M	30	Agriculturist	TOUCH
R14	F	19	Organizer	REEDS
R15	F	20	Organizer	REEDS
R16	M	19	Mechanic	REEDS
R17	M	30	Mechanic	REEDS
R18	F	19	Organizer	REEDS
R19	F	20	Organizer	REEDS
R20	F	20	Organizer	REEDS
R21	M	18	Village coordinator	TOUCH
R22	M	19	Village coordinator	TOUCH
R23	M	36	Village coordinator	TOUCH
R24	M	34	Village coordinator	TOUCH

Index:
R = Respondent
F = Female
M = Male

Note: Respondents;
    From 1 to 6 members on the Executive Boards
    From 7 to 13 are middle levels staff and
    From 14 to 24 are field staffs.