

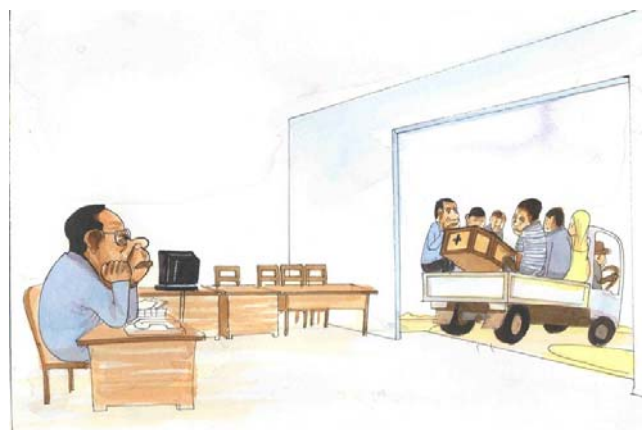
HIV-POSITIVE SUPPORT FOR PARTNERS

The survival of many civil society organisations throughout sub-Saharan Africa is threatened by HIV/AIDS, but few are taking it seriously. Rick James, author of a new report on AIDS in the workplace concludes that HIV costs development agencies considerably more money to do significantly less work. What are the implications for international NGOs supporting partners in Africa?

Last week I was talking to an NGO manager who had seen six of his 14 staff die from AIDS. When two senior engineering staff died within a month of each other, he lost more than 30 years' priceless experience. Their work in their last six months was so poor that it had to be re-done, costing an extra \$9,000. Untrained new staff caused considerable damage to drilling equipment. Repair bills amounted to over \$14,000. Performance has plummeted, donors are exasperated and staff depressed. The manager related: 'My morale went to zero. When everyone was sick I said, "Let's do this, let's do that" and ... nothing happened. I felt very low.' Yet despite suffering for many years, this organisation is only just beginning to think through how it might respond to HIV/AIDS internally. They have no HIV workplace policy and AIDS is rarely discussed openly in the office.

HIV is the biggest capacity building challenge in sub-Saharan Africa today according to recent research.¹ Working in contexts of high HIV-prevalence will cost donors more money for less output. But few are counting the organisational cost. International NGOs are rightly emphasising integrating HIV/AIDS into development programmes; they are largely ignoring the impact on their implementing partners.

¹ Rick James et al (2006) 'The Impact of HIV/AIDS on CSOs in Africa', Oxford: INTRAC.



Are you aware how HIV/AIDS is affecting your partners?

Counting the Costs of HIV/AIDS

Research undertaken in Malawi, Uganda and Tanzania in 2005 revealed that at least one staff member had died of AIDS in more than 60% of responding CSOs. More than 70% believed some of their staff were HIV positive. HIV/AIDS leads to rising medical, funeral and pension costs for CSOs. Having staff infected by HIV and affected by AIDS in the extended family also leads to a loss in productivity. There is increasing absenteeism due to sickness, care of the ill and funerals. For example, in Malawi, staff estimate they spend more than 14 working days per year attending funerals. Scarce management time is being diverted to dealing with HIV/AIDS issues. CSOs are silently struggling with concurrent problems of increasing overheads and declining performance. The research estimated that HIV was currently increasing staff bills by 7% per year and reducing staff time at work by 10% per year.

And these countries have much lower HIV prevalence rates than Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. ILO predictions are that the impact of HIV/AIDS will get worse in most sub-Saharan African countries. The survival of many CSOs – including some of your partners – may be at stake.

Are your partners immune from HIV/AIDS?

On hearing the findings of the report, one major bi-lateral donor said, 'We have been so stupid. We have prioritised HIV/AIDS, but never thought

about the impact on the organisations we work with. If we think through the implications it will change the whole way we work.' As Peter Piot, the Executive Director of UNAIDS said: 'We must rewrite the rules... not simply do more or do it better. I now believe we have to act differently as well. An exceptional threat demands exceptional actions.' (2003)

How will HIV/AIDS affect how you operate?

Exceptional donor actions

While some international NGOs, particularly members of STOP AIDS NOW! in the Netherlands, have been at the forefront in assisting partners, most others have lagged behind. They have been little more than 'concerned bystanders'. To remain relevant in the region, donors need to develop HIV-positive partnerships by:

- Focusing more on organisational capacity, rather than simply on development projects. If development organisations are not resilient then they will not meet programme deliveries and targets.
- Accepting the higher 'overhead' costs and reduced outputs that working in contexts of high HIV prevalence entails. This means adjusting predicted results and budgets.
- Integrating a workplace HIV/AIDS response into grant appraisal, monitoring and evaluation processes;
- Developing clear guidelines for support to partners, including how much they will contribute to implementation of a workplace response.
- Catalysing partner response to HIV/AIDS through dialogue, field visits, and dissemination of information.
- Sponsoring HIV/AIDS capacity building processes, such as training, workshops, consultancies and exchanges for partners.
- Strengthening skills in HIV/AIDS mainstreaming among local providers of capacity building services.
- Funding research, workshops, publications and dissemination of good practice regarding organisational responses to HIV/AIDS.
- Exploring collaborative ventures with local insurance companies and health providers.

To achieve this will require international NGOs to integrate HIV/AIDS into their partnership strategies in sub-Saharan Africa. They will need to develop their own staff competence to engage with these issues.

Re-writing the rules

Talking to the manager mentioned earlier, I felt he was unburdening himself for the first time. He had not had the chance to tell his painful story before. His colleagues and his organisation were in denial. His experience shows that working in areas of high HIV/AIDS will be costly and demanding. These stories are common, yet rarely heard.

The survival of such development organisations is at stake. There is an urgent need to find practical ways forward at both a local and also a policy level. Aid policy must adjust to an AIDS-infected world. The rules urgently need to be re-written. We cannot plead ignorance.

Can you afford to ignore this challenge?

Further Information:

INTRAC is assisting international NGOs and African capacity building providers mainstream HIV/AIDS into their organisational partnerships through training, consultancy, research, and writing. We are supporting the documentation of emerging experiences by publishing a number of Praxis papers, which can be downloaded from <http://www.intrac.org/wiki/pmwiki.php/HIV/AIDSAndCapacityBuilding>

Bibliography

- Barnett, T. and Whiteside, A. (2002) *AIDS in the Twenty-First Century: Disease and Globalization*, Palgrave Macmillan
- Piot, P. (2003) 'AIDS the need for an exceptional response to an unprecedented crisis' A Presidential Fellows Lecture, Washington Nov 20, 2003