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ontrac

viewpoint

HIV and AIDS in the workplace

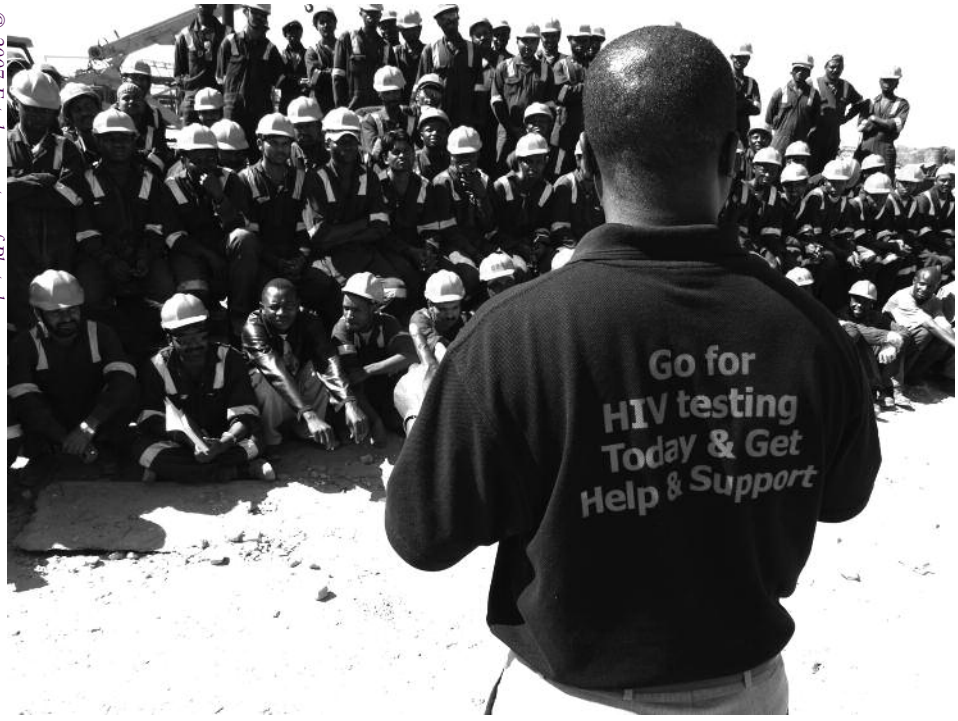
I nearly panicked. Which one of the emaciated patients was my friend and colleague Timothy? A thin smile and limp gesture from one of the beds eventually gave it away. This was my first real encounter with AIDS. Ten years on, what have we learnt about the personal and organisational costs of HIV and AIDS?

We know it costs civil society organisations (CSOs) more money to do less work in contexts of high HIV prevalence. We know denial remains a popular tactic. We know there are increasing resources and good practice experiences in responding to HIV in the workplace to learn from. We know that addressing HIV challenges CSOs at the deep level of their values and culture. And we believe that if CSOs have the courage to address HIV in the workplace, the changes will benefit the whole organisation.

Tearing heart-strings and purse-strings

When Timothy started to get sick he was increasingly off work. He began to let people down. His work was barely completed or just left undone. His medical bills, paid by his employer, mounted. Eventually he was hospitalised and died. His employer paid for the funeral, but his young family were still left without a source of support.

Such stories, like that of Mateyu on page 3, are all too familiar in many parts of Africa. They tug at the heart-strings, but they also tear the purse-strings. Almost no one in sub-Saharan Africa has remained untouched by the HIV and AIDS. Most have relatives and friends who are HIV-positive or who have died of AIDS. Staff and leaders of CSOs are not immune and their organisations are therefore affected.



Miners in Chingola, Zambia, receive HIV/AIDS counselling at work.

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viewpoint

In this issue:

We look at HIV and AIDS in the workplace, building on INTRAC's work in this area over the last three years. Rick James, who has been leading this work, firstly sets out an overview of what we have learnt about the personal and organisational impacts of HIV and AIDS.

Leonard Satali then provides a powerful personal testimony of the impact of HIV and AIDS, a story that is all too familiar in many parts of Africa, whilst Joyce Mataya from Malawi gives an example of the growing network of African consultants skilled in facilitating CSOs to develop workplace responses.

Syed Saud Akhtar puts forward a compelling argument for the need to take action on HIV and AIDS in the workplace, even in low prevalence countries such as India. And finally, Yvette Fleming and Esther van der Zweep from Dutch organisation STOP AIDS NOW! outline some of the ways that international NGOs can engage with HIV in the workplace.

HIV budgets and performance are affected by rising medical, funeral and pension costs. Having staff infected with HIV and affected by AIDS in the extended family decreases productivity. There is increasing absenteeism due to sickness, care of the ill and funerals. Scarce management time is diverted to dealing with HIV/AIDS issues. Not surprisingly, some badly affected CSOs display the symptoms of clinical depression.

According to recent research (available at www.intrac.org/resources_database.php?id=350), HIV is the biggest capacity building challenge in sub-Saharan Africa today[1]. In this research, CSOs in Malawi, Uganda and Tanzania revealed that 60% of CSOs had lost at least one staff member to AIDS. More than 70% believed some of their staff were HIV-positive. They estimated that HIV was currently increasing staff bills by 7% per year and reducing staff time at work by 10% per year.

Given these shocking statistics it is surprising that HIV and AIDS in the workplace is still rarely acknowledged, let alone addressed. It seldom features in CSO proposals or reports. Few European donors (outside of the Netherlands, CARE and Oxfam) have a coherent strategy to deal with such an important external threat. On a closer look, however, we find powerful personal and organisational incentives to avoid the issue and externalise the problem.

Denial or survival

For many CSOs in high prevalence countries, HIV was simply too hopeless to contemplate, particularly before ARTs (anti-retroviral therapy) became more accessible. But even now, CSOs do not want to acknowledge HIV in their own workplaces. With aid funds tightening and measureable results paramount, CSOs are all-too-aware that only the fittest will survive. Denial appears the most sensible fundraising tactic. As a result, the costs of HIV remain invisible, paid from other budget lines, disguised in disappointing performance.

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

And yet when donors and CSOs together acknowledge the threat caused by HIV in the workplace, there are many positive ways forward to build organisational resilience to the disease.

Practical progress

There has been considerable work in encouraging CSOs to develop policies that set out how they will address HIV and AIDS in the workplace. Usually policies will cover prevention measures as well as guidelines for care and treatment of staff. If the policy is developed in a participatory and inclusive way, the very process of discussion can have an impact on behaviour. There are many useful resources to help in this field (see the panel on page 7).

HIV shines a harsh light on our rhetoric of management and partnership. It reveals contradictions between our stated values and our actions.

But there is a danger that a workplace response to HIV is reduced to simply having a policy. Research undertaken last year in Africa published as 'Who needs an HIV policy?' (www.intrac.org/pages/PraxisNote46.html) showed that CSOs, particularly smaller ones, may be responding to HIV but without formal documentation. Staff may be undertaking a wide variety of prevention, treatment, care and support activities with their colleagues. It is important to acknowledge and support these informal coping mechanisms.

There is a developing network of African consultants skilled in facilitating CSOs to develop workplace responses, as the article on 'Cultivating a community of practice' by Joyce Mataya shows (see page 4).

There are also many ways for international NGO donors to engage with HIV in the workplace, as the article by Yvette Fleming and Esther van der Zweep illustrates. INTRAC and STOP AIDS NOW! recently published a booklet describing many of them, 'HIV in the workplace: 20 ways to help partners' (www.intrac.org/resources_database.php?id=365). STOP AIDS NOW! have also produced 'Good donorship guidelines' (www.stopaidsnow.org/documents/Good%20Donorship%20in%20a%20time%20of%20AIDS_ENG.pdf).

Life out of death?

Working in contexts of HIV prevalence, there is simply no excuse to be a casual onlooker as CSOs suffer from the consequences of HIV and AIDS. 'We did not know' is no longer plausible; 'We have too much else to do' is just poor management; 'We are only following donor guidelines' is weak. But even in low prevalence contexts where HIV is less of an issue, we may still need to take prophylactic action, as the article 'Why bother with HIV in a low prevalence country?' by Syed Saud Akhtar demonstrates.

HIV shines a harsh light on our rhetoric of management and partnership. It reveals contradictions between our stated values and our actions. We talk easily about open decision-making and gender sensitive cultures, but stigma and harassment continue. We talk easily about trusting partnerships, but have one rule for international staff and another for local partners. HIV shows that we all fail to live up to our stated standards.

Although it is difficult to acknowledge our inconsistencies, only by doing so can we open up ourselves to real change. If we do challenge our underlying attitudes and adjust our behaviour to address HIV in the workplace, we find that we are also addressing core issues that have constrained us in other areas. Our cultures and decision-making become more developmental and inclusive. Mainstreaming issues such as gender and the environment becomes easier. The rhetoric of empowering leadership and partnerships becomes more of a reality.

There is a lot we must learn from HIV in the workplace. If we do learn and change, then perhaps the deaths of the millions like Timothy will not be so futile. HIV amongst colleagues brings home the problems of development. Let's ensure that we and our colleagues are part of the solutions.

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What would Mateyu say?

My brother Mateyu died in 2007 at just 35 years old. He was younger than me. I write still surrounded by a dark cloud of grief. What a wasted life! So young; so talented; so much potential. All squandered. I cannot escape the uncomfortable questions. They won't let me go.

What could have been done to prevent this tragedy? What could I have done differently? Could his friends have done more? What about his colleagues and his employers? He at least listened to his employers. He did what they told him in his profession. Surely if his workplace had been more aware about the dangers of HIV and more active in responding, his death might have been averted… I'll never know. But his death has convinced me of the need for all workplaces, whether NGO, private sector or public sector, to take HIV and AIDS much more seriously than they do.

Living like a king

In his late 20s, Mateyu became a government school teacher and went to work in the rural areas, responding to the demand for more teachers to supply free primary education. He had not received formal teaching training before, but was trained on-the-job and at college during holidays.

Mateyu's first posting was to a school inside "baobab woodland". Although his salary was below US$15 per month, he was still able to live a king. He was one of the few who could buy chickens. As a bachelor he could afford *kachasu* (locally distilled gin) from first day of the month to the last. He also had many friends – both men and women, particularly in the 'drinking points' of the village. What was his workplace saying about the threat of HIV and AIDS? Was this not the time for a workplace programme?

Alarm bells

By 2002, Mateyu was already getting sick. At one time he became mentally disturbed. I asked the District Education Office to transfer him to a school close to me, so I could monitor him. Unfortunately such favours were against policy. Instead he was posted to another village on the outskirts of the city.

Initially things looked up. Mateyu found his feet in the village quickly. He soon became a local hero again. While his health appeared to improve, his behaviour did not. He drank heavily. He started seeing a woman whose husband had just died after a 'long illness'. Soon, he too began to get sick again. His skin became patchy. He wore a hat to cover the boils on his head. He did not want flies to keep following him. He treated himself with medicines sold on the streets. He put on more and more clothes. He wore big jackets to disguise the shape of his wasting body. What were his employers doing?

Denial

In 2005, I finally persuaded Mateyu to come to the doctor with me. They bluntly told him: "Your skin condition is probably related to HIV. You need to be tested". Mateyu refused, saying: "No, I am not ready". He knew about HIV and AIDS from messages on posters, radios and even from health officers. But he knew his right to privacy. He began to avoid me. He cut off his friends and family – but not his fellow teachers. He still worked alongside them. What were his colleagues saying? Would things have been different if his colleagues had spoken to him?

Languishing alone

When Mateyu went for in-service training, I visited him one weekend. But on arriving at the campus, I could not find him. Eventually I persuaded one trainee to take me to his room. After minutes of relentless knocking, Mateyu unlocked the door. The curtains were drawn; lights were off. Mateyu had been languishing alone in bed for days. After much persuasion, Mateyu agreed to go with me to the hospital. We needed permission from the principal and boarding master. I found that both knew of Mateyu's condition, but had done nothing since it was close to exams. After receiving treatment, Mateyu rallied enough to return to college, completed his course with difficulties and went back to teach in the school.

Limited and late

When visiting Mateyu a few months later I found him very sick once more. I was told the head teacher could not help at all. His colleagues simply said to visit the village *sing'anga* (witch doctor). Some HIV workplace programme that was. There was nothing I could do. He refused to leave. When I next came back I found him locked in a hut by his woman friend, who had gone to work in the fields and was worried about thieves. I managed to leave with him this time and took him to hospital. But despite the treatment, three months later, on 1 April 2007, he died.

His employers provided the coffin. The head teacher attended the funeral. These were the only visible signs of their entire workplace response to HIV. Pathetically limited and late.

What would Mateyu say?

I often wonder, if Mateyu was to live again and advised on HIV in the workplace, what would he say? What would he say to his employers? What would he say to yours? What would he say to me? What would he say to you?

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Following a workshop on HIV/AIDS transmission and management, community members wait for HIV testing outside a clinic in Nairobi, Kenya.

Cultivating a community of practice

HIV and AIDS challenge personal, family, community and organisational life. They have affected capacity building needs and altered the way capacity building should be provided in much of Africa. HIV has therefore considerably changed the context for capacity builders in Africa. We must learn and adapt to this new context. With HIV and the workplace, there are few experts. We are all learners. This article describes one way we have sought to encourage this learning – cultivating a 'community of practice' of individuals and institutions providing internal HIV mainstreaming services to CSOs in Africa.

Why the learning community?

Helping NGOs address HIV in the workplace is a relatively new issue. HIV specialists have realised they had to learn more about organisational issues; organisation development specialists had to learn about the health aspects of HIV. Few capacity builders brought experience from both disciplines. Until now there have not been deliberate efforts and fora for capacity building practitioners to learn and share experiences about good practices in HIV and AIDS responses. This learning community therefore provides space for practitioners to reflect on their practice, share experiences, and learn new tools for dealing with HIV and AIDS.

How it works

There are nearly 40 active members of the learning community, with more than 60 signed up. Regular emails from the facilitator keep members informed of learning activities. Learning takes place and is shared in three main ways:

1. Action learning – practitioner reflections on their capacity building experiences, written up in the form of short notes of around four to six pages (INTRAC's Praxis Notes)
2. Applied research – members undertake short applied research projects on priority issues, which are then analysed and published
3. Annual meetings – to share questions, challenges and first-hand experiences.

CORDAID and ICCO from the Netherlands have initially provided generous and far-sighted support to this initiative.

What we have achieved?

So far the learning community has already produced seven Praxis Notes – distilling practical learning from practitioner experience (see www.intrac.org/pages/praxis_notes.html). We have conducted applied research on 'Informal responses to HIV and AIDS in workplace' in Nigeria, Kenya and Malawi. The first international meeting of practitioners took place in Nairobi in November 2008 with 20 participants from 10 countries including Kenya, Tanzania, Uganda, Ethiopia, Ghana, Nigeria, Malawi, South Africa, Namibia, Zimbabwe and the UK. We look forward to developing this group and strengthening our mutual learning in 2009.

What challenges have we faced?

Learning does not come cheap. It takes time and therefore money. There is always more that could be done beyond the current support from ICCO and CORDAID, especially as the group develops in size. Some of the activities need more adequate support to effectively reach out to the members. We believe that while virtual learning through email and the internet is an important resource, it is no substitute for face-to-face gatherings (which are the most costly way of facilitating learning).

We also know that learning is not easy for busy people. Learning is important, but rarely urgent. The coordinators have to invest considerable time to retain and develop the energy of the group.

We are aware that the current membership still does not include participants from many of the worst HIV-affected countries. We are striving to identify and reach out to capacity building providers in these places. Also by using only English to communicate this has restricted participation from Francophone countries in Africa.

What have we learnt?

We have learnt that communities of practice benefit from:

1. Energetic and regular communication from the hub
2. Member engagement through action learning and applied research activities
3. Face-to-face meetings supported by email communication. These face-to-face meetings are helped by ensuring open space, and not cramming too many activities and topics into the meeting programme
4. Ensuring that the group focuses on practical issues that affect the day-to-day work of members
5. Documented products that are visible signs of learning and which allow that learning to be shared outside of the core group.

Please join in!

We are therefore inviting other capacity building providers who may not work in HIV and AIDS mainstreaming to join this network. For all those interested in joining this network, please contact me at the email address below.

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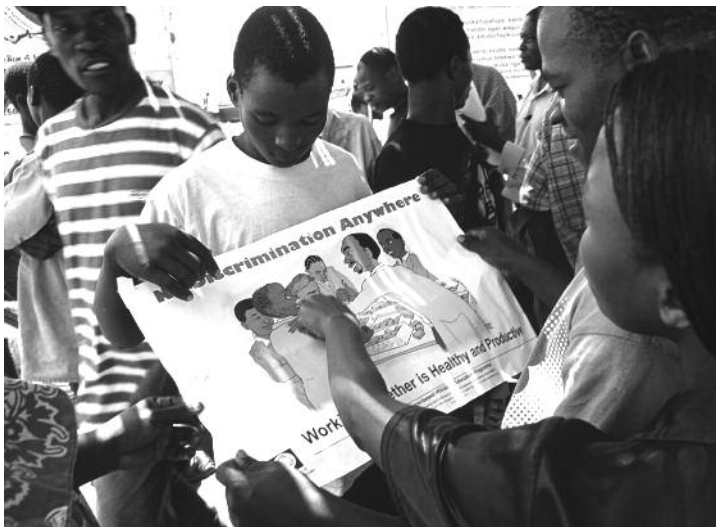

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STOP AIDS NOW! in the workplace

Workplace policies on HIV and AIDS do make a difference. They help maintain the performance, effectiveness and sustainability of the organisation. Evidence shows the positive effects are worth much more than the extra costs involved. While international NGOs, like many multinationals, acknowledge the need for workplace policies on HIV and AIDS, many organisations – in particular local NGOs - still do not have workplace policies. STOP AIDS NOW! aims to change this by supporting local NGOs to develop and implement workplace policies, and motivating other donors to do the same.

Good donorship

STOP AIDS NOW! has developed practical resources to help both international and local NGOs address HIV in the workplace. The 'Good Donorship in a Time of AIDS' guidelines present clearly stated principles and commitments from the Dutch donors that are members of STOP AIDS NOW!. This includes financial and other support that will be available to our local partners. By being clear and precise, both local NGOs and donor staff knows what support is offered, why, and with what limits. Although the guidelines are primarily written for funding partners, they have also proved to be a useful tool to motivate other donors to take on the issue of managing HIV in the workplace.

In addition to the guidelines the tool 'What's it likely to cost?' was designed to help local NGO staff to set up a budget for a workplace policy.

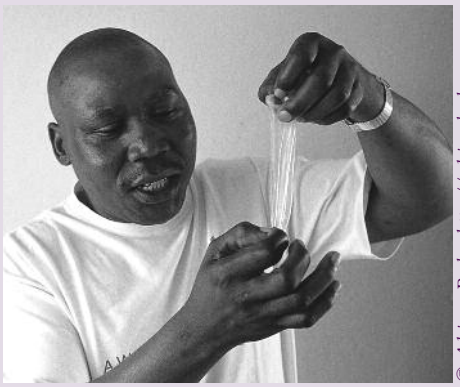
For international NGOs that would like to take the issue on but simply do not know how we have worked together with INTRAC and documented some good examples of responses to HIV and AIDS in the workplace. 'HIV in the Workplace: 20 ways for INGOs to help partners' is a short booklet which describes ways in which to:

1. Open up dialogue
2. Support capacity building
3. Integrate HIV into grant management
4. Support sector-wide strategic responses
5. Develop your own workplace policies

The booklet presents illustrative examples, and web links to more information.

Supporting local partners

Through the STOP AIDS NOW! 'Managing HIV and AIDS in the workplace' project, we aim to support our local partners to reduce the impact that HIV and AIDS has on their work. So far our work has focussed on Uganda, Ethiopia and India. The project stimulates and supports local partners over a period of three years in the development and implementation of a comprehensive HIV and AIDS workplace policy. This workplace policy also includes a stigma reduction strategy. More details of the STOP AIDS NOW! approach is given in the article on 'Why bother with HIV in a low prevalence country? (see next page). An applied research component incorporated within the project has already shown both qualitative and quantitative changes that the project has brought about.



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"Having a critical look into the whole HIV/AIDS issue in the workplace gave management and board an insight into the multitude of the problem. This made them much more aware and responsive than they were in the past."

"At the moment two staff have disclosed that they are HIV positive. This is mainly because they are sure of the organisation's support as a result of the policy obligations like treatment, care and support. If an organisation doesn't have such a policy in place staff will always hide because they see no benefit in disclosing, rather a risk of being stigmatised and discriminated."

As the text box below illustrates, the project has achieved measurable results across the organisation, the wider programme, and the individuals involved.

Effect on organisations

- 93% of NGOs reported more trust and openness between different levels of staff
- 60% of NGOs have condoms available for staff
- 63% of NGOs have promoted voluntary counselling and testing (VCT) through organising VCT days, and facilitate access to antiretroviral drugs (ARVs)

Effect on programmes

The study demonstrated that participatory development and implementation of a workplace policy has motivated NGOs which do not have health or AIDS as their (core) business, to start talking about HIV and AIDS with their 'beneficiaries' more often. Some organisations now try to mainstream HIV and AIDS in all their programmes.

Effect on individuals

- 62% of NGOs reported stigma reduction within the workplace
- 64% of staff feel there is more openness to talk about HIV and AIDS with their fellow workers
- Almost all staff – 88% – are now confident they would not lose their job if they were HIV-positive.
- 46% of staff members discuss the information they get in the workplace with their family and friends – so stigma reduction in the community may also take place.

Would you like to see these changes in your own organisation? Or in your partners?

Visit our website for a wide range of downloadable resources on HIV and AIDS in the workplace, including all those mentioned in this article: www.stopaidsnow.org/downloads

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Why bother with HIV and AIDS in a low prevalence country?

"I thought it was enough just to inform our staff about HIV and AIDS" said one NGO director in South India. He went on: "After today's discussion, I now realise half of their salaries are going on ART medicine".

We frequently think of HIV as merely a problem in high prevalence African countries. This is not the case. By 2005 there were already over 8.3 million people living with HIV in Asia alone. Although countries may currently have low prevalence, the absolute numbers can be large. India for example has just 0.36 per cent HIV prevalence, but this translates into 2.5 million HIV-positive people.

Low prevalence contexts can cause complacency. But they also offer the opportunity to address HIV early. This reduces the likelihood that localised epidemics will become generalised. Addressing HIV in low prevalence contexts earlier rather than later saves time, money and above all, human lives.

STOP AIDS NOW! workplace programme

The STOP AIDS NOW! project is working in both low and high prevalence settings. The project started in 2006 in Uganda and reaches 76 NGOs. In 2007, it expanded to work in India with 45 NGOs. In 2008 activities continued in Ethiopia and are now reaching 35 NGOs. It supports NGOs in developing and implementing workplace HIV and AIDS policies. The main focus is access to treatment. It emphasises donors acknowledging the possibility of partners experiencing increased expenses and decreased productivity due to HIV and AIDS.

The approach in South India

STOP AIDS NOW! SIP (South India Project) took a participatory approach to developing workplace policies. We started with sensitisation amongst staff; undertaking risk and susceptibility analysis of the organisation. Staff were consulted about how support for HIV should be organised. Framework policies were drafted in a democratic way.

Ownership of the project rests with the NGO partners through a steering committee selected by the 45 partners. The committee plans, implements and evaluates the project with the program coordinator and his team. To strengthen implementation through maximising learning, there is also an applied research component.

STOP AIDS NOW! SIP facilitated the capacity building by organising workshops, trainings and knowledge sharing sessions for NGO partners. The project started the process with basics of HIV and AIDS. Since 30 per cent of partners are not doing direct AIDS work, STOP AIDS NOW! SIP ensured that each partner was at the same level of understanding. The project arranged a 'buy-in' consultation with NGO directors to outline proposed activities. This was followed by a baseline survey which showed that HIV and AIDS in the NGO workplaces need to be urgently addressed. A series of workshops enhanced the capacities of partners on policy development. Some partners translated their draft policies into local languages to ensure better reach and understanding by the staff. The board-approved policies were amalgamated into existing organisational policies.

A poster in an exhibition held on World AIDS Day 2005 in Ujjain district of Madhya Pradesh state, India.

Achievements and challenges

NGOs in India, Uganda and Ethiopia developed workplace policies on HIV and AIDS – with some of them utilising the additional four per cent of the payroll money committed by their donors in the Netherlands for internal mainstreaming of HIV. In all three countries NGOs state that mainstreaming becomes a reality through continuous support. The applied research shows reduced stigma and discrimination among staff, and greater openness and enthusiasm to discuss HIV within the workplace. NGOs engage staff in more and more discussions, thus breaking the prevailing culture of silence.

Financial constraints in implementing policy are a universal challenge for NGOs. Providing care and treatment can be particularly costly as staff, from remote areas, have to travel quite a lot before reaching the nearest ART facility. But low cost models and intra project linking reduces the cost of implementation to a great extent. Partners are encouraged to link their staff to these facilities provided by the government free of cost in India.

The keys to success – ownership, participation and time

Ownership by management and staff is crucial. Involving all staff levels during policy development and implementation helps bind missing links and creates more ownership. Working on comparative advantages is a cost effective way. Workplace policy helps initiate dialogue and openness within staff. It helps if

capacity development is treated as 'learning by doing' instead of 'learning by seeing'. We have learnt that we need to allow a reasonable time to use the new knowledge gained from training events. Rushing and providing back-to-back trainings yield little. Customised support through field visits to the organisation and cross organisational learning help partners to deal with the realities of policy development.

HIV and AIDS should be addressed while they are still low prevalence. Why wait until it is too late?

For more information on the projects and documents please visit www.stopaidsnow.org

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Useful material on HIV and AIDS in the workplace is available from:

STOP AIDS NOW!:
www.stopaidsnow.org

ILO:
www.ilo.org/public/english/protection/trav/aids/index.htm

SAfAIDS:
www.safaids.net

PSO:
http://pso.nl/en/knowledgecenter/weblinks.asp?dossier=10

SMARTWork:
www.smartwork.org

Pharmaccess:
www.pharmaccess.org

INTRAC publications on HIV/AIDS – available to download

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HIV in the Workplace: 20 ways for INGOs to help partners (2009). By INTRAC and STOP AIDS NOW! www.intrac.org/resources_database.php?id=365

Praxis Note 46: **'Who Needs an HIV Policy? Informal workplace responses to HIV in Nigerian, Kenyan and Malawian CSOs'**. By Rick James and Bunmi Dipo-Salami, Leonard Satali and Everlyne Nairesiae (2009) www.intrac.org/pages/PraxisNote46.html

Praxis Note 45: **'Responding to HIV in the Workplace: The Successes and Challenges of Working Through an HIV Focal Person'**. By Doreen Kwarimpa-Atim, CDRN, Uganda (2008) www.intrac.org/resources_database.php?id=363

Praxis Note 44: **'Customised Family Day Events: Promoting HIV Counselling and Testing in the Workplace and Beyond'**. By Spencer Birungi, STOP AIDS NOW! Uganda (2008) www.intrac.org/resources_database.php?id=362

Praxis Note 43: **'Seeing with perspective: Using 'insider- outsider' dynamics to reflect on the civil society response to HIV/AIDS'**. By INTRAC/Roel Snelder and Russell Kerkhoven (2008) www.intrac.org/resources_database.php?id=357

Praxis Note 42: **'Experts in HIV Content and OD Process: Facilitating workplace policy response to HIV/AIDS'**. By INTRAC/Ngoni Chibukire, SAfAIDS (2008) www.intrac.org/resources_database.php?id=356

Praxis Note 41: **'Catalysing workplace responses to HIV/AIDS: Using a risk analysis tool in Ethiopia'**. By Alem Ezezew. IIRR (2008) www.intrac.org/pages/PraxisNote41.html

Praxis Note 38 '**Denial, fear and fatigue: The emotional blocks to addressing HIV/AIDS in the workplace'**. By Project Empower (2008) www.intrac.org/pages/PraxisNote38.html

Praxis Note 24 '**Mentoring Leaders of HIV/AIDS Community Based Organisations**'. By Camilla Symes (2006) www.intrac.org/resources_database.php?id=351

Praxis Note 23 '**HIV/AIDS in South East Asia: The impact on organisations and development**'. By Mark Shepherd and Robert Baldwin (2006) www.intrac.org/resources_database.php?id=270

Praxis Note 12 '**Robbed of Dorothy! The Painful Realities of HIV/AIDS in an Organisation**'. By Betsy Mboizi and Rick James (2005) www.intrac.org/resources_database.php?id=171

Praxis Note 10 '**The Crushing Impact of HIV/AIDS on Leadership in Malawi**'. By Rick James (2005) www.intrac.org/resources_database.php?id=169

Praxis Paper 13 '**The Organisational Impacts of HIV/AIDS on CSOs in Africa Regional Research Study**'. By Rick James et al. (2006) www.intrac.org/resources_database.php?id=350

Praxis Paper 4 '**Building Organisational Resilience to HIV/AIDS: Implications for Capacity Building**'. By Rick James, (2005) www.intrac.org/resources_database.php?id=89

INTRAC training

For more information on the courses below, and our full list of courses for 2009-10, please visit **www.intrac.org/training.php** or email **training@intrac.org**

Organisational Development

22-26 June 2009
Duration: 5 days
Location: Oxford (Residential)
Price: £1250

A current concern and priority for managers and senior practitioners in civil society organisations is how to develop the capacity of their organisations and of their partner organisations. This course is designed for those with some experience of organisational capacity building and who wish to explore organisational development as a planned learning process aimed at improving organisational performance and self-awareness. The course will enable you to design and facilitate organisational change processes.

Advanced Monitoring and Evaluation

6-10 July 2009
Duration: 5 days
Location: Oxford (Residential)
Price: £1250

This course will explore M&E in more depth. You will learn how to develop a cost-effective monitoring and evaluation system; a system that can generate sufficient quality of data, and enough information to provide a development agency with a reliable understanding of the outputs, outcomes and impacts of development initiatives.

Advocacy and Policy Influencing

20-24 July 2009
Duration: 5 days
Location: Oxford (Residential)
Price: £1250

This popular and successful course gives participants a thorough understanding of how to influence the policy making process in their own context. You will learn skills to help you formulate and plan effective advocacy strategies. Enhance your ability to lobby decision makers, and gain confidence in the ways in which you relate to them – give new life to your advocacy work!

Introduction to Partner Capacity Building

3-7 August 2009
Duration: 5 days
Location: Oxford (Residential)
Price: £1250

This course is for people who are relatively new to capacity building in a partnership and development context. The course will help you to understand capacity building occurring at different levels in the context of inter-organisational partnerships and social partnerships. The course focus will be on organisational assessments, the process of planning for change, and on practical aspects of organisational development approaches to implement change.

You will be introduced to important tools at each step of the capacity building process; these tools will be supported by relevant models and theory.

Training tailored to your organisation

INTRAC can deliver training which is tailored to suit your organisation's specific needs and can be run where and when suits you.

These courses can cover the topics of any of our open training courses, and also topics within our thematic framework. Recent examples include training programmes on civil society capacity building, and effective governance and leadership; workshops on accountability and learning; and advocacy training. One recent participant commented that:

> **"The trainer was fantastic. She was very interested in my learning and helped build my confidence. The most useful part of the course was the overall explanation of M&E theory and application to real world situations and to my specific programs."**

The courses can be any length or design that your organisation needs.

To find out more or to discuss your organisation's training requirements, email **Paula Haddock, Training Manager,** at **phaddock@intrac.org** or call **+44 (0)1865 263055**.

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