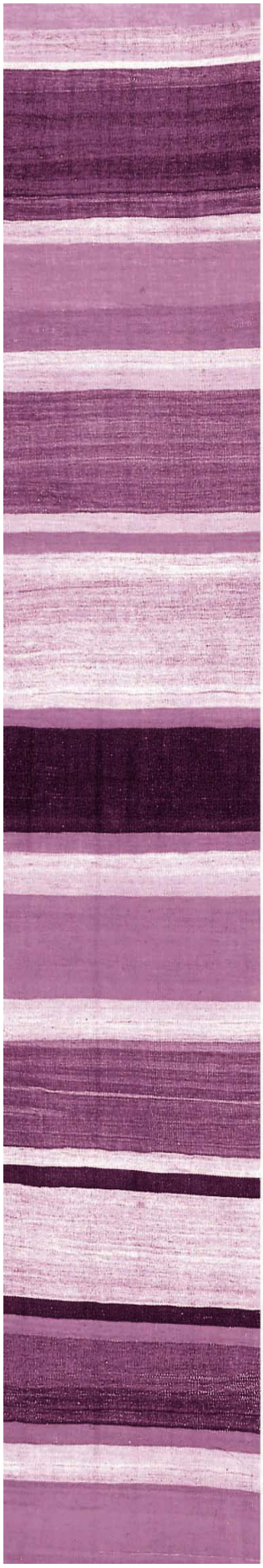

PraxisNote No. 13

Building Capacity to Mainstream HIV/AIDS Internally:

Reflecting on CABUNGO's Experience with NGOs in Malawi

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Introduction

The annual death toll from HIV/AIDS now exceeds 3 million people – this is akin to the destruction of a tsunami every single month. In Malawi the rate of HIV prevalence in adults is almost one in four people (23%), and life expectancy has dropped below 39 years. This is having a profound impact on development in Malawi, undermining any hope of significant progress towards the Millennium Development Goals.

Any organisation working in such a context will be affected. Immunity does not yet exist. Civil society organisations (CSOs) in Malawi are suffering from a wide variety of debilitating symptoms of HIV. They see programme performance declining and costs rising as they struggle with:

- increased staff absences from work (either through being sick or having to look after sick family members);
- reduced performance from staff even when at work (through being sick or distracted);
- increasing medical bills; rising payouts for funerals;
- the death of key staff members and even in some cases the organisation's founder.

Every one of CABUNGO's[1] clients has a story to tell. One NGO has 300 houses at its project site which no-one will live in because the previous occupants died of HIV-related diseases, and people fear they may get sick if they occupy the house of the dead. Another NGO has lost three trustees due to HIV/AIDS-related illnesses; and in another very common scenario, the NGO director's son and daughter-in-law have just died, leaving him two grandchildren to take care of in addition to his workload.

Yet surprisingly most CSOs in Malawi are still turning a blind eye to the impact of HIV/AIDS in their own organisation. They are concentrating on mainstreaming HIV/AIDS in their programmes with beneficiaries and are thus externalising the problem as something 'out there'. This is partly because, although individual staff are highly aware of HIV/AIDS issues, the internal impact on their own organisation is not very visible yet. The

[1] CABUNGO is a Malawian NGO which provides organisation development consultancy services to CSOs. Joyce Mataya, Brenda Katundu, Sam Mkandawire and Leonard Satali provided verbal reflections for this document. Leonard wrote most of the reports.

costs are often hidden in terms of absences from work, increased administration or transport costs, staff and management time, phone calls, or time spent learning about HIV from the internet for a relative at home. Most CSOs do not yet fully appreciate the extent of what mainstreaming HIV/AIDS in their organisation means. We believe that if the programming side of an organisation is going to be effective, it is critical for an organisation to put its own house in order and mainstream HIV/AIDS internally.

The CABUNGO Mainstreaming Initiative

In 2003, we decided that CABUNGO needed to do something about HIV and also about gender mainstreaming. One staff member noted that '*we were meeting with clients and you see them with sick staff. I felt that if no-one else is doing anything I should start.*' From our experience with clients we were: '*becoming frustrated with working with HIV-specialist NGOs who were not doing anything on HIV internally.*' This seemed almost hypocritical to us, and clearly conflicted with their organisational values. Some staff had been inspired by some short training and articles from INTRAC looking at the implications of HIV/AIDS for capacity building providers in Africa. Furthermore, we were receiving requests from NGOs for strategic planning that specifically mentioned that they wanted to address HIV issues in the process.

But we knew that HIV/AIDS could not be addressed in isolation. Gender issues are inextricably linked with HIV. As one senior staff member said: '*We wanted to address HIV and gender together, because although gender had been around for some time, the coming of HIV had exacerbated gender issues as women were especially vulnerable'.* Some of our clients admitted that they needed to do more on gender than simply equal opportunity recruitment, and were asking us to help. We observed that much of the gender work with NGOs to date had concentrated on training and failed to bring about the hoped for organisational change. As supposed specialists in organisational development and change we felt challenged to make a difference. In the words of our director: '*We asked ourselves, how can we as OD people influence that?*'

We felt well-placed to address cross-cutting organisational issues, but we also accepted that we did not have the appropriate knowledge and skills to be able to assist clients adequately. Consequently we designed a two-stage capacity building process, initially building CABUNGO's *own* capacity to mainstream HIV/AIDS and gender in our organisation and OD services, and secondly delivering mainstreaming training to local CSOs. We approached Oxfam for support to cover the $20,000 cost of the initiative.

Fortunately our approach coincided with discussions within Oxfam about how local organisations needed to own and define gender and HIV themselves before they would ever really mainstream them. Oxfam saw the strategic potential of our initiative because gender and HIV were being addressed in the context of organisation-wide change, rather than according to the traditional piecemeal approach. They had the foresight to accept that in a context with very few HIV/AIDS capacity building providers, it was important to help CABUNGO learn and reflect on these issues in order for us to be able assist others effectively.

The Capacity Building Process

In late 2003, CABUNGO hired two external facilitators to provide a tailor-made one-week training course, initially in gender and later for HIV/AIDS. The

purpose was for us to sort ourselves out first and learn how to help others do the same. Then in Marh 2004, we trained 35 people from 23 different CSOs for three days in three different locations (Blantyre: 13 participants from 8 organisations; Lilongwe: 6 participants from 6 organisations; Mzuzu 16 participants from 9 organisations).

We consulted about what should be covered during the workshop and later with the participants, prior to the training. The whole workshop was designed to be a dynamic learning experience, exploratory in nature, on the understanding that people had knowledge already that needed to be respected. Group discussions were complemented with plenary sessions, role-plays and in some cases lectures.

One of the key aims was to get participants to develop for themselves the criteria for the ideal organisation with HIV/AIDS and gender mainstreamed, and then rate their own organisation against that self-defined benchmark (see box).

Characteristics of an Ideal NGO with HIV/AIDS and Gender Mainstreamed:

- Institutional HIV/AIDS and gender policy exists.
- Ensuring HIV/AIDS and gender responsive planning at all levels: institution and community.
- Promoting appropriate education and awareness for both men and women to address HIV/AIDS and gender specific concerns.
- Promoting an integrated approach to development planning to ensure that HIV/AIDS and gender issues are adequately addressed in development programmes.
- Promoting and carrying out HIV/AIDS and gender oriented research in order to identify HIV/AIDS and gender concerns.
- Establishing HIV/AIDS and gender sensitive/responsive indicators for monitoring and evaluation of programmes.
- Advocating for HIV/AIDS impact elimination/ reduction and gender equity at all levels.
- Collecting, compiling, utilising and disseminating HIV/AIDS data that is disaggregated by gender.
- The organisation has the capacity in terms of resources, skills and competencies to deal with HIV/AIDS and gender.
- Networks with other organisations at grass-roots and national levels

Source: HIV/AIDS and Gender Mainstreaming Report Mzuzu, CABUNGO

The Impact on CABUNGO as Capacity Building Provider

Since starting this process we believe CABUNGO has changed considerably, but we are aware we have not 'arrived' and have a long way still to go. We think our mainstreaming has improved by:

- reviewing our purpose and strategy to incorporate a statement encapsulating our commitment to mainstreaming HIV and gender.
- equipping our staff to mainstream HIV/AIDS and gender issues in their OD work with clients. By being conscious on a personal level we are better able to take HIV and gender into strategic planning processes. As one senior OD practitioner said: '*In the past I would go to the organisation and do strategic planning if that was what was asked for. Now I make a conscious and deliberate move to find out what they are doing about gender and HIV. I push people beyond their easy answers of 'we have mainstreamed' to ask: How? Why? What challenges are there? I ask about the existence of the policy, but I do not leave it*

there – I push about the implementation of the policy.'

- analysing each training and consultancy service we offer to identify what needs to be done differently to mainstream HIV/AIDS and gender. In consequence, we revised our tools to make them gender and HIV/AIDS sensitive.
- drafting our own HIV/AIDS and gender policy.
- opening up discussion of HIV/AIDS and gender issues within CABUNGO, primarily though the monthly social gatherings.

These informal events have proved to be a very powerful way of approaching sensitive subjects and have even led to the security guards asking that their wives be part of such discussions – putting an end to the nocturnal visitations to the premises from other women. Arguably this impact has been greater than the more formal policy development process and did not require significant resourcing. According to staff members: '*When we talk as an OD team we are up-to-date with the issues and the language*'. This openness and understanding has led to better management of holidays taken to care for relatives.

The Challenges for CABUNGO

We know we are still far from reaching the desired destination. A number of important factors have constrained our mainstreaming process. As a local NGO with very little donor funding, which has recently become independent, our main focus has been on our own quite precarious survival. As one staff member reflects: '*Last year we were just trying to stay afloat. We compromised on time to sit down and think about our own organisation*.' Another relates: '*Our focus is on earning money to sustain the organisation. We are therefore very client-oriented and would move internal staff meetings to adapt to the needs of clients. HIV/AIDS and gender have not been prioritised over issues of immediate organisational survival*'. This illustrates a major issue for the internal mainstreaming of HIV/AIDS – that developing a response is never as urgent as other activities – until a staff member gets sick, by which time any response is much more personalised, emotional and complicated: '*The problem is that there is not an immediate need yet, but by the time it hits us it may be too late*'.

The development of the HIV/AIDS and Gender Policy at CABUNGO has been particularly affected by our failure to prioritise. The policy is still at the stage of lofty, altruistic principles. As one staff member comments: '*We have a draft, but we are missing the detail of how it will be implemented. How many talks? What will happen if a spouse gets sick? What if someone wants an HIV test? It is still quite theoretical and unspecific. It does not yet relate to me as a person*.' As with any diverse organisation, there are ongoing internal debates about the appropriate practical implications of the policy – for example whether we should emphasise the importance of behaviour change or simply put condoms in the toilets. Despite the progress there is still a degree of stigma, whereby gender and HIV/AIDS issues are not discussed in the completely open way we hoped for. We also know that although the staff social gatherings are very powerful, they do not occur as frequently as they might.

This experience reinforces for us the importance of leadership to drive through a non-urgent agenda. Leaders need to take a process approach of not just ensuring the policy document is written, but also ensuring the resources are raised to implement, monitor and evaluate it.

So what difference did it make to Local NGOs?

Eight months after the training we visited most of the 23 organisations who had participated, in order to find out what progress had been made by each organisation, to identify the challenges being faced and further support needed. The impact of the short three-day training on local NGOs has been both exciting and disappointing. While some have made significant steps in internally mainstreaming HIV/AIDS and gender issues, others have not, for reasons which will be explored later.

The most common mainstreaming activity was **staff awareness** sessions. About 50% of the organisations we trained and visited had conducted such sessions on either gender or HIV/AIDS or both. Examples included:

- contracting MACRO (Malawi AIDS Counselling Resource Organisation) to facilitate HIV/AIDS awareness for staff
- training own staff members in HIV/AIDS
- holding a series of in-house workshops on HIV/AIDS and gender
- holding an awareness meeting for staff and spouses
- conducting general counselling for staff
- encouraging staff to have regular VCT sessions

Linked to staff awareness, a number of organisations have promoted **IEC** (information education communication) **materials for staff** including:

- finalising a manual on malnutrition and HIV/AIDS in Tumbuka for staff at all levels and beneficiaries
- procuring a set of videotapes specifically to be used for staff

Of the organisations visited, 25–33% had instituted a **focal person** responsible either for HIV/AIDS or gender or both, though their authority and mandate are not always clear. In some cases the focal person is taking on HIV/AIDS and gender as a new post while for others it is an additional responsibility to an existing post. Examples include:

- appointing focal person responsible for gender and HIV/AIDS
- having a PLWA (people living with AIDS) officer based in Lilongwe for HIV/AIDS issues
- appointing staff counsellors

Structural shifts have also been made, such as increasing the participation and membership of women at trustee level and appointing female programme managers in workplaces.

Twenty-five per cent of the organisations visited explicitly included HIV/AIDS and gender in their **strategic plans and systems** and procedures to guide practice.

- One client was already reviewing its strategy, so the gender and HIV/AIDS mainstreaming exercise has been a major input into the process
- Another started developing a strategic plan that has taken on board HIV/AIDS and gender as cross cutting issues
- Another has started an HIV/AIDS Stigma project with a human resource perspective

About 17% of the visited organisations are already offering support to members of staff through **access to ARVs and change of roles**. The reality, however, is that this is expensive to sustain and complex to administer. One NGO has a staff member who is chronically ill and

has been hospitalised a number of times. They relate:

We offered leave days for the person to rest, but he kept turning up at the office, even though he was too sick to work. We eventually realised that the person, despite being very weak, was better off being at the office where he could access a better meal than at home. Yet at the office he is almost bed-ridden, adversely affecting the morale and performance of other members of staff.

On **policy development**, only about two or three organisations had started the process of developing policies on HIV and/or gender and only one had completed it.

Another organisation was undergoing a thorough constitutional review, so the workshop helped with input on gender and HIV/AIDS. The constitution was awaiting Board ratification before reviewing conditions of service in the light of HIV/AIDS and gender.

Factors Inhibiting NGO Mainstreaming

Local NGOs highlighted a wide variety of factors that had inhibited them from responding more fully to the issues of HIV/AIDS and gender.

Most fundamentally, many CSOs were still **not fully aware of the imperative** to respond to HIV/AIDS and gender. While the importance of the issues for the organisation could be appreciated intellectually (and emotionally when thinking about extended family), the urgency was not appreciated, particularly when compared with the overwhelming priority of ensuring the organisation's short-term financial survival. This meant that most CSOs were **too busy** with the implementation of a wide variety of project activities to prioritise working on internal issues concerning HIV/AIDS (and still less gender).

Logical frameworks and workplans focused on external activities with beneficiaries, rather than internal mainstreaming work. Project activities generated vital income, whereas responding internally to gender and HIV increased overhead costs. In addition, NGOs identified an '**organisational stigma**' of being affected by HIV/AIDS – they did not want to reveal to donors that their performance might suffer as a result and perhaps jeopardise future support. There is an incentive therefore to deny the organisational impact of HIV.

This denial is partly because NGOs have **no way of knowing the actual costs** of HIV/AIDS to their organisation (let alone the even less tangible costs of gender inequalities). Until an NGO experiences one of their own staff getting sick, HIV/AIDS remains abstract, with the costs largely hidden. Neither do NGOs have much idea of the costs of developing and implementing an appropriate internal response. They perceive (a perception reinforced over many years) that donors are only interested in funding work that has a direct impact on poverty in the communities. They **fear that responding to HIV will considerably increase overheads** beyond the limited budgets of most NGOs and that it will be inherently unattractive to results-oriented donors.

Are Free ARVs Going to Help?

Even having free ARVs does not change much. '*My relative tested positively in the main hospital, but in order to get ARVs she has to go back to the hospital near her home, but she is weak and sick. In the end my husband drove her all the way there and they spent the whole day in the hospital, just to get medicine for one month*'.

The **organisational denial** also partly stems from the workplace being seen as a safe haven, insulated from the increasing demands of sick family and friends. Because most NGOs in Malawi are struggling for their own survival, living hand-to-mouth at subsistence level, the threat that one of their key staff may be infected and get sick is **too overwhelming to contemplate**. If it occurred it would be catastrophic.

The respondents also highlighted that an organisational response to HIV/AIDS and gender needs to be **driven through by the leadership** if it is to be implemented. Despite our attempts to attract senior management to the workshops, many who attended were from regional offices (whereas policy is developed and implemented at a national level). While management was briefed on the proceedings of the workshop, this was rarely sufficient to motivate action from an already over-burdened leadership.

Even if HIV/AIDS and gender are prioritised at an organisational level then they are still both **very sensitive issues on a personal level**, touching deeply entrenched cultural norms and values. Many respondents still feel that talking openly about sexual behaviour amongst work colleagues is taboo and in many organisations there was not sufficient openness to share emotive stories about HIV/AIDS. An organisation has to have a particularly **open culture** for such issues to be discussed. For those organisations which started the process of policy development, some found staff very reluctant to entrust their colleagues with **confidentiality**.

Prioritising HIV/AIDS and gender benefits from having an animator or champion within the organisation to drive it through. It also requires that they develop the requisite knowledge and skills to be able to implement a policy. Many of the participating organisations found that they **did not have staff with sufficient knowledge** about the HIV/AIDS pandemic and how to deal with its effects at organisational and also project level. They felt there was a significant need for capacity building for staff in order to undertake their work effectively. Yet at the same time, this is complicated by CSOs experiencing high rates of **staff turnover**. Some of the members of staff who attended the CABUNGO workshops had already moved to a different organisation within six months of the course.

As has been mentioned before, responding internally to HIV/AIDS requires financial resources. Most organisations highlighted that their response to HIV/AIDS and gender had been **constrained by a lack of these resources**. Implementing HIV/AIDS policies is seen to have financial and material implications beyond the capacities of the organisations. For example, IEC materials, home-based care kits for staff, ARVs, and even nutrition at the workplace cost extra money. Organisations were concerned with how to administer such support to staff in a sustainable way.

This is complicated by **donors who are perceived to show a blind eye** to issues affecting the welfare of the individual outside the office. As one respondent noted: *'Most NGOs' work is done as contractors working for donors, who sometimes do not appreciate the needs of the employees in their roles that expose them to HIV issues and gender inequalities. Most donors are not ready to finance interventions that relate to the welfare of the workers outside the workplace. It is therefore difficult to launch an HIV/AIDS and gender equality programme because of the inadequate finances'*. In stark contrast, donors are extremely keen to get partners to start new HIV/AIDS specific projects with

beneficiaries. In a context of high resource dependence and financial vulnerability, many local NGOs are compromising their original mission and strategy in order to survive.

Lessons for Donors

One of the obvious lessons from this experience is that despite the erupting need, there are not many good facilitators with specialist knowledge of HIV/AIDS and gender issues in Malawi (and probably even internationally). It shows that ongoing enlightened **donor support for developing the supply of local capacity building providers** to be able to assist NGOs to mainstream HIV/AIDS is essential.

Donors may be able to counter the organisational denial of HIV/AIDS by placing internal mainstreaming of HIV/AIDS onto partners' agendas and providing ongoing support for its implementation. Donors have no qualms about making *external* mainstreaming of HIV/AIDS a **funding conditionality** – the same can be done for *internal* mainstreaming. Donor support for internal mainstreaming, however, needs to be more than simply one-off support for training or policy development. Developing a strategic organisational response has significant budgetary implications for partners, which need to be addressed with **long-term support**.
For local NGOs this means that they need to be **more up-front with donors** and engage them in discussions earlier rather than later. Even if HIV/AIDS is not an urgent organisational issue at the moment, it is likely to be so soon. Many donors in Europe are increasingly committed in theory to providing appropriate support to partners working in contexts of high HIV/AIDS prevalence, but do not know how they should do this in the absence of specific requests from partners.

Lessons for Capacity Building

Our experience of capacity building again emphasises that **top leadership** has to be engaged in some way. This does not necessarily mean that Directors are always the target for training (in Malawi, CSO Directors are often expected to be in a variety of workshops concurrently), but their commitment needs to be raised (through lunch-time meetings for example). Careful planning is necessary to ensure that participants have the authority and mandate to promote change in the organisation. This may involve phoning or visiting participants beforehand to see if the organisation is really committed and whether they have a felt need.

In getting organisations to mainstream HIV/AIDS internally it is important first and foremost to **create awareness of the need** for such a response. There is a need to provide information about the estimated costs for organisations of doing nothing, as well as the costs of developing and implementing HIV/AIDS policies for example.

Our experience highlighted the need to **awaken peoples' will to respond** before any real action would take place. We learnt the value of **personalising issues**. In order to get people beyond the theoretical, we used a number of exercises to get people to realise and discuss how they are affected personally rather than leaving the discussion at a general level. Getting PLWAs (People Living With AIDS) to share personal experience was a powerful tool to engage people's emotions as well as intellect. When people link their organisation with how they are being personally affected at home, they are more likely to have the motivation to develop an organisational response.

Action plans should be realistic. Where organisations had changed it was often because it was relatively easy to piggy-back onto something similar, such as CABUNGO's informal staff gatherings. Actions should **start with those that do not require extra resources**. As one respondent noted: *'If you really think HIV/AIDS is an issue you do not have to wait for a donor to save a few lives'.*

In developing HIV/AIDS or health policies, CSOs should first ensure that people understand the need. Many of the CSOs in this case study tried to develop policies even before people were committed. They need to question – how does a policy bring about the changes that we hope for? CSOs should beware of trying to put things into policies that do not fit the resources of the organisation. CSOs should aim for simple, **realistic policies** that do not need much extra resourcing (national policies may be too ambitious to follow in resource-poor settings). Practical and pragmatic policies that fit the NGO's resource base may be more effective than politically correct wish-lists – but they do need to be in line with national labour law. These policies must be applied to specific contexts and not left at the level of vague principles. A clear statement and process to ensure confidentiality should exist. The value of linking HIV/AIDS and gender in policy development was highlighted as many of the issues are inter-related. HIV/AIDS policies therefore ought also to cover issues such as sexual harassment.

We learnt about the need to integrate internal mainstreaming of HIV/AIDS and gender into **existing workplans and budgets**, as otherwise they will remain at the level of good intentions. The value of making some structural changes such as creating focal people to provide leadership and commitment from staff was highlighted.

Such introductory training as we provided was only a start and must be **followed up**. NGO staff are highly mobile and awareness-raising should be a continuous process. Furthermore, while we were able to raise the issues at a strategic level, the CSOs now need practical hands-on support from HIV/AIDS specialists if they are to go further in the technical nitty-gritty of developing and implementing policies. Oxfam are bringing in HIV/AIDS workplace policy specialists for the next step.

Capacity building requires **networking and collaboration between providers.** We cannot address these issues in isolation. Although the overall supply of good quality capacity building support is limited, some of these gaps can be mitigated by organisations working together. For example we experienced the value of working together when one client lent us video tapes and training materials for our workshops. In another example we saw how one NGO provided staff training on VCT to another NGO.

Finally, we learnt that much of the work on mainstreaming HIV/AIDS over the next ten years will be at the relatively mundane and increasingly obvious level of developing an internal organisational response. There are many good reasons why NGOs are slow to respond to the impact of HIV/AIDS on their own organisations. Enlightened and strategic support from donors and capacity building providers will be needed over a considerable period if local NGOs are really to develop an organisational resilience to HIV/AIDS, as Praxis Paper 4[2] exhorts.

[2] 'Building Organisational Resilience to HIV/AIDS' by Rick James, 2005, Praxis Paper 4, available to download from the Praxis area of INTRAC's website (www.intrac.org).