

The German Approach to HIV Mainstreaming

A publication in the German Health Practice Collection



Acronyms and Abbreviations

AWiSA	AIDS Workplace Programs in Southern Africa	SAfAIDS	Southern Africa HIV & AIDS Information Dissemination Service
BMZ	Germany's Federal Ministry for Economic Cooperation and Development	SIMHA	Special Initiative Mainstreaming HIV and AIDS in German Development Cooperation
CBO	Community-based Organization	UNAIDS	United Nations Programme on HIV/AIDS
CU	Commercial Utility	UNDP	United Nations Development Programme
DED	German Development Service (now GIZ)	WHO	World Health Organization
DTF	Devolution Trust Fund		
FBO	Faith-based Organization		
GDC	German Development Cooperation		
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit ¹		
GTZ	German Technical Cooperation (now GIZ)		
InWEnt	Capacity Building International (now GIZ)		
KfW	KfW Development Bank		
M&E	Monitoring and Evaluation		
NGO	Non-Governmental Organization		
NWASCO	National Water Supply and Sanitation Council		
ODA	Official Development Assistance		

¹The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH was formed on 1 January 2011. It brings together the long-standing expertise of the Deutscher Entwicklungsdienst (DED) gGmbH (German development service), the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH (German technical cooperation) and InWEnt – Capacity Building International, Germany.

The German Approach to HIV Mainstreaming

Effective development work in a time of HIV

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Acknowledgements

This contribution to the German Health Practice Collection updates an earlier edition, published in May 2008, which was prepared as part of the former German HIV Practice Collection. Since that time, German Development Cooperation (GDC)² has undertaken an intensive assessment of its experience with HIV mainstreaming and has incorporated lessons learned from its successes and limitations into a refined approach which will be taken forward into a new decade. This publication describes the development of the German approach to HIV mainstreaming from its beginnings in 2002 up to the endorsement and implementation of GDC's new, harmonized approach to its work.

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² GDC includes the Federal Ministry for Economic Cooperation and Development (BMZ) and its implementing organizations Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and Entwicklungsbank (KfW).

German Health Practice Collection

Objective

In 2004, experts working for German Development Cooperation (GDC) and its international and country-level partners around the world launched the German HIV Practice Collection and, in 2010, expanded it into the German Health Practice Collection (GHPC). From the start, the objective has been to share good practices and lessons learnt from BMZ-supported initiatives in health and social protection. The process of defining good practice, documenting it and learning from its peer review is as important as the resulting publications.

Process

Managers of GDC-supported initiatives propose promising ones to the Managing Editor of the GHPC at ghpc@giz.de. An editorial board of health experts representing GDC organizations at their head offices and in partner countries select those they deem most worthy of write-up for publication. Professional writers then visit selected programme or project sites and work closely with the national, local and GDC partners primarily responsible for developing and implementing the programmes or projects.

Independent, international peer-reviewers with relevant expertise then assess whether the documented approach represents 'good or promising practice', based on eight criteria:

- Effectiveness
- Transferability
- Participatory and empowering approach
- Gender awareness
- Quality of monitoring and evaluation
- Innovation

- Comparative cost-effectiveness
- Sustainability

Only approaches meeting most of the criteria are approved for publication.

Publications

All publications in the GHPC describe approaches in enough detail to allow for their replication or adaptation in different contexts. Written in plain language, they aim to appeal to a wide range of readers and not only specialists. They direct readers to more detailed and technical resources, including tools for practitioners. Available in full long versions and summarized short versions, they can be read online, downloaded or ordered in hard copy.

Get involved

Do you know of promising practices? If so, we are always keen to hear from colleagues who are responding to challenges in the fields of health and social protection. You can go to our website to find, rate and comment on all of our existing publications, and also to learn about future publications now being proposed or in process of write-up and peer review. Our website can be found at www.german-practice-collection.org. For more information, please contact the Managing Editor at ghpc@giz.de.

Executive Summary

Over the past quarter century as the devastating impacts of the global HIV epidemic have become apparent, many different strategies have been pursued to respond to the disease, particularly in sub-Saharan Africa where HIV prevalence rates are highest. This publication is concerned with one of these strategies – HIV mainstreaming – which can be employed by organizations whose ongoing development work is affected by the consequences of a severe HIV epidemic.

The mainstreaming approach, which emerged in the late 1990s, sees HIV as a cross-cutting issue which threatens to undermine the progress being made in a range of development sectors. According to this view, HIV can and should be taken into account on a regular basis as part of existing development work in sectors as diverse as agriculture, education and governance reform. To mainstream HIV is to embark upon a process of analysing the risks and impacts of HIV within an organization and in its core services and then introducing adaptations, where necessary, to ensure that the organization can continue to operate effectively in a world changed by HIV.

In February 2001, Germany's Federal Ministry for Economic Cooperation and Development (BMZ) set HIV mainstreaming as policy for all of German Development Cooperation's (GDC's) implementing organizations.³ Since then, Germany's technical and financial cooperation agencies have supported 'internal mainstreaming' – by establishing HIV workplace programmes for their employees and their families in low- and middle-income countries – and 'external mainstreaming' – by mainstreaming HIV into most of their projects and programmes in

sub-Saharan Africa in order to ensure these development efforts achieve their intended goals, in spite of a pronounced HIV epidemic, and do not inadvertently contribute to the further spread of HIV.

Over the past four years, GDC has assessed its approach to HIV mainstreaming and learned from the successes and challenges experienced to date. In late 2010, the Working Group HIV/AIDS of the BMZ's Thematic Team on Health endorsed a new guidance note which clarified the aims and objectives of HIV mainstreaming, the distinction between external mainstreaming and other types of HIV responses, and the roles and responsibilities of GDC personnel in the implementation, monitoring and evaluation of mainstreaming.

This edition of the German Health Practice Collection shares a decade of accumulated insights and learnings about HIV mainstreaming with a broader audience. It summarizes the evolution of this 'promising practice' within German Development Cooperation and describes the new, harmonized approach being taken forward since early 2011 by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and KfW Development Bank (KfW).

³ Until 2010, GDC included BMZ, KfW, DED, GTZ and InWEnt. On 1 January 2011 GIZ was formed. It brings together the long-standing expertise of DED, GTZ and InWEnt.

HIV mainstreaming: A strategy for effective development work in a time of AIDS

An ordinary epidemic emerges, spreads, peaks, declines, and ends within a matter of months. As early as 1987, it was clear that the HIV epidemic was no ordinary epidemic. Not only did it not follow this standard pattern, but HIV infection frequently remained asymptomatic for years. Its main mode of transmission was sexual activity – which is often surrounded by secrecy, taboo, legal prohibition and punishment – and it was having its heaviest impacts by far in some of the world’s poorest countries. Throughout the 1990s, young and middle-aged people – including many women of reproductive age – were becoming infected in growing numbers, especially in sub-Saharan Africa.

The epidemic was initially regarded as a health problem: there was great scientific interest in identifying the virus that caused AIDS and in searching for a vaccine or cure. Ministries of Health led the early response to HIV, setting up sentinel surveillance sites to track the spread of the epidemic and undertaking biomedical measures such as screening blood supplies for safety. Before long, however, it was apparent that the epidemic was a long-term challenge which demanded a broader and different type of response.

Rising death rates underscored the epidemic’s devastating impact across many sectors of the economy: teachers, health workers, agricultural workers and manual labourers, public sector employees, army and police personnel, and many other categories of economically productive individuals were infected and affected by HIV. A growing number of orphans and widespread fear, discrimination and stigma directed towards people living with HIV were reminders of the threats facing the social fabric of countries with high HIV prevalence rates.

The wide-ranging effects of the epidemic pointed to long-term economic and social consequences for

countries which were least able to afford them: HIV proved to be most potent in settings which were struggling with under-development. Poverty, gender inequality, malnutrition, food insecurity, poor health, unemployment, and inadequate sanitation are among the factors which make people more susceptible to HIV infection and which, in turn, exacerbate the consequences of infection. To those working in the development sector, it became apparent that HIV was much more than a health challenge: it was a cross-cutting developmental issue which threatened to alter the course of long-standing efforts to reduce poverty, particularly in Eastern and Southern Africa.

Over the past 25 years, many different strategies have been pursued to prevent the spread of HIV, to care for and treat those infected, and to mitigate the effects of the epidemic within societies around the world. This publication is concerned with one of these strategies – HIV mainstreaming – the process of adapting an organization’s policies, internal practices and core work to adjust to a world changed by AIDS. The technical and financial assistance agencies which implement development cooperation programmes on behalf of the German government have been mainstreaming HIV into their core work since 2001 and, in doing so, have amassed a wealth of experience about the strengths and limitations of the HIV mainstreaming approach.

This issue of the German Health Practice Collection provides an overview of German experience with mainstreaming, from the earliest stages of the strategy a decade ago to the refined approach which was adopted in late 2010/ early 2011. It seeks to share with a broader audience the lessons learned by German Development Cooperation (GDC) in pursuing a challenging, but important strategy in the fight against HIV.

Responding to an ‘exceptional’ epidemic: multisectoralism, AIDS work, and mainstreaming

With the growth and intensification of the HIV epidemic came a proliferation of strategies and approaches for responding to it. The early, health sector-driven response – characterized by the work of the World Health Organization (WHO) at a global level and individual ministries of health at country level – was gradually replaced by a multisectoral one, premised on the notion that HIV was ‘everybody’s business’ and that stakeholders working at multiple levels, across sectors, all had a role to play. HIV came to be seen as an ‘exceptional’ crisis which demanded an exceptional response.

Promoted by the United Nations Development Programme (UNDP) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), the concept of multisectoralism soon became an organizing principle for the institutions which led the fight against HIV internationally and in individual countries. Starting in the mid-1990s national AIDS strategies increasingly endorsed this approach, and in subsequent years both public sector institutions and non-state actors were enlisted in the response to HIV (Gavian et al., 2006). Government ministries were tasked with establishing HIV workplace programmes for their employees, focused on education and awareness campaigns, condom distribution, and the promotion of voluntary HIV testing. As part of decentralization strategies underway in many countries, AIDS committees and task forces were created at regional, district and sometimes ward levels to bring HIV prevention and care activities to the grassroots. At the same time, thousands of non-governmental organizations (NGOs), community-based organizations (CBOs) and faith-based organizations (FBOs) became involved in HIV-related activities ranging from awareness-raising to the creation of support

groups for people living with HIV, home-based care networks and community initiatives for orphans and vulnerable children. Trade unions, educational institutions, the media, and private sector companies also played a part in extending awareness about HIV to many areas of society.

While the term lacks a precise definition, multisectoral responses to HIV are generally understood to be those which employ a mix of health and non-health based interventions, planned and carried out by a range of institutions, in an effort to reduce the spread of HIV and minimize its impacts (Gavian et al., 2006). Such approaches take the problem of HIV as their starting point, and consider ways to address it through specific, often stand-alone projects, programmes and interventions implemented in a variety of settings. Given their exclusive focus on preventing HIV, caring for those affected by the epidemic and mitigating its impacts, these types of activities have sometimes been termed ‘AIDS work’ (Holden, 2003). Many multisectoral responses to HIV have sought to integrate AIDS work into other existing areas of activity, linking it to the regular functions of organizations such as government line ministries, humanitarian relief agencies, private companies, schools and religious institutions.

The mainstreaming concept

Although the term is often used interchangeably with ‘multisectoralism,’ HIV mainstreaming represents a different way of thinking about HIV. It is an approach that sees HIV as a development issue which can and should be taken into account on a regular basis as part of all ongoing development work (Holden, 2003). Its starting point is not HIV itself, but existing development efforts – e.g. governance reform, improving the transportation infrastructure, strengthening basic education, and expanding access to water and sanitation – being undertaken in the context of the HIV epidemic. To mainstream HIV

is to embark upon a process of analysing the risks and impacts of HIV within an organization and in its core services and then introducing adaptations, where necessary, to ensure that the organization can continue to operate effectively in spite of HIV.

Mainstreaming sees HIV as a development issue which should be taken into account regularly as part of ongoing development work.

HIV mainstreaming is generally understood to comprise two elements:

- Internal mainstreaming is about how HIV affects an organization, its policies and practices, and its internal operations, such as recruitment, planning, and budgeting. It refers to actions which can be taken inside an organization to lessen the impact of HIV upon the health and well-being of its workforce and, by extension, on the organization's operations and sustainability.
- External mainstreaming is about how the changing context brought about by HIV affects an organization's core programmes and services. It refers to adaptations made to an organization's ongoing work to protect itself against the effects of the epidemic (e.g. the loss and sickness-related absenteeism of many teachers to which programmes in the education sector have had to adapt). External mainstreaming is also about averting any inadvertent contributions a development programme might make to the spread of HIV (e.g. when schools or roads are being built and workers spend extended periods away from their families and may engage in casual sex at their place of work).

Internal and external mainstreaming represent indirect responses to HIV. Unlike AIDS work, main-

streaming does not concentrate directly on HIV, but rather on optimizing organizational processes in settings heavily affected by the HIV epidemic. In this sense, HIV mainstreaming takes a 'wider perspective of development work in a time of AIDS' (Holden, 2003) and, as such, is an important complement to activities and interventions which are focused exclusively on HIV.

The distinction between multisectoralism and external mainstreaming is a subtle, but important one. External HIV mainstreaming is not about initiating AIDS work (Holden, 2003), but about adapting whole programmes or projects so they do what they can to mitigate the negative impacts that HIV can have on them and to ensure that they, in turn, do not contribute to the spread of HIV and its impacts.

In practice it is not always easy to distinguish between these two strategies, as some of the experiences recounted in the remainder of this publication will show. Certain approaches can be difficult to categorize and boundary lines become blurry. However, as stated earlier, at its essence, HIV mainstreaming is about doing development work differently in a world changed by HIV.



After HIV was mainstreamed into the water sector programme in Cameroon, crew members at water sites began to promote HIV prevention and testing in all the villages where they work.

HIV mainstreaming in German Development Cooperation

The history of Germany's commitment to HIV mainstreaming

German Development Cooperation's implementing organizations – Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)⁴ and KfW Development Bank (KfW) – carry out technical and financial cooperation programmes on behalf of the German government in more than 50 partner countries around the world. More than 20,000 employees, development workers, local and international experts and volunteers work under its auspices, approximately 70% of whom are citizens of the countries in which the particular programmes and projects take place. GDC has an especially strong presence in sub-Saharan Africa, where 20 of Germany's partner countries are located.

Throughout the course of the 1990s as HIV infection rates rose, followed by large numbers of HIV-related illnesses and deaths, the effects of the epidemic were felt directly by GDC employees working in some of the most affected countries in Eastern and Southern Africa. While those employees working in health programmes may have been the first to recognize the dimensions of the threat, colleagues in other sectors soon followed: the risks and impacts of the epidemic were obvious to see, at both a personal and programmatic level. Increasingly, local GDC staff members fell ill and died, and lost family members, relatives or close friends, often without acknowledging their illness. Absenteeism from the workplace increased too, as staff missed work to attend funerals, care for sick family members, or seek medical care. The same happened in partner organizations, from the ministerial to the local level: the implementation of certain GDC-supported

programmes was affected as partner organizations, struggling under their own HIV burdens, could not fully deliver on planned activities.

The fact that HIV mainstreaming is now a well-established German policy is in part the result of a bottom-up process in which 'HIV champions' emerged within German-supported projects and programmes at the front lines of the epidemic in sub-Saharan Africa. Country Directors and Programme and Project Managers in this region turned to their head offices for support as they grappled with the consequences of the HIV epidemic for their development work in priority areas. Their first concern was for their own employees and their families, who were in need of HIV prevention, care, treatment and support. However, it was clear to GDC personnel working at country level that these employees and their families were vulnerable to HIV because they lived and worked in communities that were equally vulnerable. The 'internal' and 'external' dimensions of the epidemic's consequences were already apparent.

In February 2001, the Federal Ministry for Economic Cooperation and Development asked the GDC implementing organizations to use all opportunities to address the causes and consequences of HIV in their projects and programmes in countries heavily burdened by HIV, especially in sub-Saharan Africa. To coordinate and guide this new approach, it launched the Special Initiative Mainstreaming HIV and AIDS in German Development Cooperation (SIMHA) and established a SIMHA Secretariat. HIV mainstreaming became a core element of the BMZ's Policy Paper on HIV (BMZ, 2004) and AIDS and the Government HIV and AIDS Strategy (BMGS, 2005).

⁴The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH was formed on 1 January 2011. It brings together the long-standing expertise of the Deutscher Entwicklungsdienst (DED) gGmbH (German development service), the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH (German technical cooperation) and InWEnt – Capacity Building International, Germany. For further information, go to www.giz.de.

In the years that followed, this political commitment to HIV mainstreaming became institutionalized in practice. GDC's four implementing organizations at the time – German Development Service (DED), German Technical Cooperation Agency (GTZ), Capacity Building International (InWEnt) and the German Development Bank (KfW) – established structures and processes in support of HIV mainstreaming, each in their own manner, in low- and middle-income countries in collaboration with UNAIDS and GDC's many country-level partners. These included both workplace programmes for their own employees and activities linked to projects and programmes conducted with partner organizations. Mainstreaming experiences and lessons learned at national and sectoral levels began to be shared at annual network meetings for Anglophone and Francophone countries, through written resources and publications, and via an HIV mainstreaming internet platform at www.ms-hiv-gdc.org. Each organization monitored its own HIV mainstreaming efforts.

In early 2007, the BMZ HIV Task Team took over from the SIMHA Secretariat. Between 2008 and 2010 the Task Team assessed GDC's progress on HIV mainstreaming through, amongst other monitoring efforts, a comprehensive evaluation of the outputs and outcomes of German contributions to HIV mainstreaming in two partner countries. On its basis, the team drew lessons from mainstreaming's successes and limitations and considered how GDC might strengthen or otherwise change its policies and practices. In November 2010, it endorsed a new guidance note which clarified the aims and objectives of HIV mainstreaming, the distinction between external mainstreaming and other types

of HIV responses, and the roles and responsibilities of GDC managers and HIV mainstreaming personnel in the implementation, monitoring and evaluation of mainstreaming. This new approach is currently being taken forward in a harmonized way by the new technical cooperation agency, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)⁵, and the financial cooperation agency, the KfW Development Bank.

GDC's approach to mainstreaming

German Development Cooperation understands mainstreaming as an organizational development process through which organizations modify their workplaces, systematically review the significance of HIV for their attainment of project and programme goals, and, in cases of identified risks and impacts, adapt their programmes and advisory services, across sectors, to the challenges posed by HIV.

GDC understands mainstreaming as an organizational development process through which organizations modify the way they work to address challenges posed by HIV.

Once the reviews and adaptations have been undertaken, HIV has been brought into the 'mainstream' of the organization, project or programme and the mainstreaming process is complete. However, given constant changes in the epidemiological situation, this organizational development process should be repeated on a periodic basis.

⁵ Following the creation of GIZ, the organization-specific mainstreaming policies of the former DED, GTZ and InWEnt have been under review, with the aim of adapting them to the evolving structures and operations of the new organization.

In keeping with the mainstreaming concept described in the previous section, German Development Cooperation believes that effective and sustainable mainstreaming by any organization is supported by two strong pillars:

Internal mainstreaming

The first pillar is internal mainstreaming, with a comprehensive workplace programme that provides HIV prevention, care, treatment and support to the employees of GDC implementing organizations and their families. The goal of internal mainstreaming is to increase employees' knowledge about HIV risks and ways to protect themselves against infection, to provide access to means of protection, and to ensure that GDC workplaces are free of HIV-related stigma and discrimination.

In GDC's experience, internal mainstreaming is important for two reasons. First, in order to build credibility as an advocate for HIV mainstreaming, an organization must put its own house in order and demonstrate that it cares for the health and welfare of its own employees. Mainstreaming is generally most effective when those involved in the process have internalized the significance of the HIV epidemic – moving beyond an abstract understanding of HIV's risks and impacts, and grasping its meaning in a more direct and personal way. This awareness begins at home, with actions aimed at protecting the well-being of colleagues and their families.

Second, a well-developed workplace programme provides an organization's employees with some of the insights, skills and understandings necessary to examine their core work through an HIV lens and to embark upon a process of external main-

streaming. Although effective external mainstreaming often requires guidance and support from HIV experts, it must be taken forward by programme personnel who have reviewed their own work from the perspective of HIV risks and effects. Internal mainstreaming is therefore a good entry point to external mainstreaming.

Internal mainstreaming is mandatory within German Development Cooperation, meaning that HIV workplace programmes are set up, run, monitored and evaluated for employees of GDC implementing organizations at all levels and within all divisions, at both head offices and in partner countries. The personnel departments of GDC's implementing organizations are responsible for internal mainstreaming and HIV workplace programmes are financed through personnel budgets. GDC mainstreaming personnel⁶ support the personnel departments with technical assistance where necessary, for example in designing HIV prevention and awareness sessions and coordinating World AIDS Day activities.

External mainstreaming

The second pillar is external mainstreaming, which aims to mitigate against the potential impacts of HIV on the attainment of GDC project or programme goals and to ensure that the projects and programmes themselves do not inadvertently contribute to the spread of HIV. External mainstreaming into GDC's programmes and advisory services is based on the findings of systematic programme reviews. However, such is the scope of the epidemic's impact in high HIV prevalence countries that external mainstreaming is considered 'virtually mandatory' for GDC projects and programmes in partner countries in sub-Saharan

⁶ In technical cooperation, mainstreaming personnel include HIV Focal Points and Mainstreaming Advisors. In financial cooperation, it includes the KfW HIV Focal Point as well as consultants and HIV prevention experts from financial cooperation projects.

Africa with generalized HIV epidemics (i.e. with a prevalence rate of 1% or higher).

External mainstreaming involves three steps: First, project or programme leaders, team leaders, or project managers are responsible for undertaking a systematic review within each project or programme to assess, in consultation with partners, three core questions:

1. Could HIV impact upon the attainment of project or programme goals?
2. Could the project or programme inadvertently contribute to spreading HIV?
3. Could the project or programme, within its existing mandate, contribute to the given sector's HIV response?

These reviews occur when a new project or programme is being developed, but also form a part of periodic progress reviews (in technical cooperation) or mid-term reviews (in financial cooperation). GDC mainstreaming personnel provide guidance to programme teams on conducting the review. Because external mainstreaming concerns German-supported projects and programmes, the reviews occur in consultation with country-level partner organizations in order to take into account their perspectives and to align with the policies and HIV-related responses already in place in the sector.

Second, programme teams, with support from mainstreaming personnel,⁷ consider the findings of the review and their implications. In cases where the first and second questions point to realistic risks, the core work of the project or programme is adapted to mitigate against these risks. Adaptations can include modifications to planned or on-going interventions or the addition of new HIV-related

programme services or an HIV component to the programme.

When mainstreaming personnel and programme teams consider the findings from the review, they also take into account possible contributions that the existing work could make to the HIV response underway in the sector. Project and programme staff introduce any changes resulting from the review when a new project or programme, or a follow-up phase, begins. They become responsible for integrating these changes into their core work.



As a result of HIV mainstreaming in an education programme, a mothers' association taught mothers and daughters to talk to each other about pregnancy, sexually transmitted diseases and HIV infection.

Third, project and programme teams, advised by mainstreaming personnel, ensure that HIV-related adaptations and additions are reflected in the indicators and monitoring and evaluation (M&E) systems which they use for tracking their regular work.

⁷ in the case of technical cooperation

Once these three steps have been undertaken, HIV has been brought into the main programme stream. Periodic reviews, including in conjunction with scheduled progress reviews, provide opportunities to assess whether the adaptations which have been introduced are still suitable responses given possible changes in the risks posed by the epidemic.

In undertaking the mainstreaming review and introducing adaptations to project or programme concepts, managers of GIZ projects may make use of the so-called '3% authorization.' In order to support the external mainstreaming process, BMZ has authorized that up to 3% of technical cooperation budgets in sub-Saharan Africa may be devoted to costs related to external mainstreaming. These resources are not intended, however, to cover expenses related to additional outputs or programme components which may be required as a result of the mainstreaming reviews. In instances where new activities are proposed, these require additional resources which need to be incorporated into budgets through normal project and programme appraisal cycles.



In an informal settlement near Ndola, Zambia, where a new water project is being launched, two women perform a role play about HIV risk and prevention measures.

How mainstreaming works in practice

Internal mainstreaming, in GDC workplaces

In line with the International Labour Organization's Code of Practice on HIV/AIDS and the World of Work (ILO, 2001), the HIV workplace programmes administered by GDC implementing organizations have typically had three main elements:

- Raising awareness and knowledge about HIV, how it is transmitted and how it can be prevented;
- Ensuring access to supplies and services for prevention, counselling and testing, treatment and support; and
- Minimizing stigma and discrimination against people known or believed to be HIV-positive.

In each country, HIV workplace programmes are tailored to fit the unique circumstances found within the country. National staff employed by KfW and GIZ are particularly involved in the design and delivery of HIV workplace programmes, given their first-hand experience of the countries' cultural traditions, social attitudes and norms. Common components of HIV workplace programmes at country level include:

- Regular awareness and sensitization events about HIV, including commemorations of World AIDS Day every December;
- The availability of free condoms on a discrete and confidential basis in all workplaces;
- The provision of opportunities for HIV counselling and testing;
- Agreements with clinics, hospitals, pharmacies and NGOs to provide HIV-related services, supplies and informational materials;
- Agreements with insurance providers to provide HIV-related insurance, either as part of or separate from the main health insurance package; and
- Arrangements to ensure affordable medicines (including antiretroviral medicines and post-exposure prophylaxis) and other supplies in a timely manner.



Employees of the former-GTZ gather for a commemoration of World AIDS Day, an event which is marked annually in many countries as part of the HIV Workplace Programme.

HIV workplace programmes are the responsibility of each country office, with mainstreaming personnel advising the country offices on their implementation. In many countries, cooperative arrangements are in place between the former technical cooperation implementing agencies and the financial cooperation agency, KfW, to combine workplace activities. In a number of countries, for example, joint commemorations of World AIDS Day are held involving employees from GIZ, KfW and the German Embassy. Periodic workplace events organized by GIZ frequently include the staff of KfW country offices, which are much smaller in size.

As internal mainstreaming within GDC enters its second decade, many country teams are exploring ways to broaden the scope of their workplace programmes beyond an exclusive focus on HIV. Offices in Ghana, Kenya and Mozambique, for example, have initiated health and well-being programmes for employees which address issues such as stress management, chronic diseases (e.g. diabetes, hypertension), smoking and alcohol consumption, nutrition and obesity, and gender-based violence, as well as HIV (see p. 22 for a detailed description). These extended workplace programmes are being welcomed by employees who appreciate

the attention paid to a wider set of health issues. When HIV testing is included alongside a range of other preventive and diagnostic screenings, it increases the likelihood that people will feel comfortable undergoing a test. Thus far, experience from the implementation of extended workplace programmes shows promising results, and the country teams which are at the forefront of these efforts are helping to pave the way for a GIZ-wide approach to extended workplace programmes.

External mainstreaming, in GDC services and programmes

Financial cooperation

In absolute terms, Germany (along with France, Japan, United Kingdom and United States) is one of the world's five biggest donors of Official Development Assistance (ODA). In 2010, its net distribution of ODA came to more than US\$12.7 billion and accounted for 10% of all ODA distributed that year by members of the Development Assistance Committee of the Organization for Economic Cooperation and Development, the world's largest donor nations (OECD, 2011). Roughly 70% of Germany's ODA takes the form of financial assistance (OECD, 2007). When the financing is for social, health or environmental purposes, that assistance takes the form of grants rather than loans.

In the health sector, GDC contributes directly to the HIV response by financing investments in health infrastructure and in interventions specifically designed to promote and support sexual and reproductive health and respond to HIV. The main focus of GDC's financing for HIV-specific interventions is on programmes that support the social marketing of condoms and behaviour change communications. GDC currently finances such programmes in 26 countries located in Africa, Asia, the Caribbean and Central America.



When HIV was mainstreamed into a programme to strengthen local government, village councils developed AIDS action plans to support community projects, such as gardens associated with home-based care centres.

In July 2006, KfW issued a new set of policies for mainstreaming HIV into financial cooperation and then, in August 2006, agreed with the African Development Bank, Asian Development Bank, UK Department for International Development, Japan Bank for International Cooperation, and the World Bank on a joint initiative to require that there be HIV-related components in any infrastructure projects they finance, whether in the transport, energy, water or other sectors (KfW, 2006; AfDB et al., 2006).

Since that time, KfW's approach to external mainstreaming has required that an appraisal be undertaken during the preparation of all new projects in countries with generalized HIV epidemics. The appraisal must consider and answer the three 'mainstreaming questions,' described above, in order to determine (1) whether HIV poses a risk to the attainment of project goals, (2) whether the project itself could further the spread of HIV, and (3) whether there are contributions to HIV response which could be made under the auspices of the proposed project.

In countries where the epidemic is not generalized, but concentrated among certain groups at high risk of infection (e.g., truckers and others whose jobs take them away from their usual homes for extended periods, commercial sex workers, injecting drug users), German Development Cooperation requires similar appraisals only if the project might affect such groups or be affected by them. An example might be a proposed project where construction crews will live in camps and may frequent bars in nearby villages where sex workers and injecting drugs are readily available.

It is the responsibility of KfW programme managers in different sectors to ensure that these appraisals take place and that appropriate adaptations are agreed with project partners and introduced into new projects. Costs related to HIV mainstreaming are covered through the project budgets and the HIV-related adaptations are implemented by the partners themselves. The measures undertaken are usually aimed at HIV prevention and typically include:

- Clauses in construction contracts specifying that contractors have to ensure that their employees, construction workers and other relevant groups (e.g., people living near project construction sites) will be provided with HIV information, education and condoms;
- HIV workplace programmes; and
- Separate contracts with HIV-service organizations covering assistance with the development and delivery of information and education events for programme personnel and target groups (such as communities affected by infrastructure development activities), HIV workplace programmes, or the provision of condoms.

Since 2008, KfW has worked to strengthen its external mainstreaming by promoting the mainstreaming concept and processes more systematically

among its sector teams, programme managers and mission leaders. Mainstreaming has been integrated as a standard element into guidelines and manuals on project preparation and appraisals and the findings from internal assessments of mainstreaming work are regularly fed back into organizational processes through presentations and briefings with sector personnel responsible for taking the mainstreaming approach down to country level.

Technical cooperation

The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) currently has 25 offices in sub-Saharan Africa, including in 10 of the 15 countries in which the national HIV prevalence rate exceeds 5% among adults 15-49 years old (UNAIDS, 2010). It is also present in many other countries in the region with generalized HIV epidemics (prevalence greater than 1%). Through these country offices GIZ implements technical cooperation projects and programmes across a range of sectors, including democracy, civil society and public administration; water and sanitation; sustainable economic development; food security and agriculture; health, family planning and HIV; environmental protection; and education.

The heavy burden of HIV in these countries affects the various areas of development cooperation in different ways and each sector has needed to develop its own response to HIV, based on the severity and nature of the epidemic in the area and on its specific effects. Since HIV mainstreaming became GDC policy in 2001, programme teams across sectors have evolved mainstreaming approaches which align with existing national and sector-level efforts to combat the epidemic and which reflect the expressed needs and priorities of GIZ partner organizations.

Given the heterogeneity of the epidemic across the

region and the different impacts across sectors, this has meant, in practice, that a wide range of approaches to mainstreaming have been undertaken. Moreover, each of the organizations implementing technical cooperation projects on behalf of the German government developed distinctive orientations to their mainstreaming work. This section provides a look at how external mainstreaming has been approached in technical cooperation organizations and at the accumulated learnings which are now reflected in GIZ's current approach to external mainstreaming.

The implementation of external mainstreaming: 2001-2009

The early years of external mainstreaming in technical cooperation were characterized by a diverse portfolio of mainstreaming activities. These ranged from adaptations of core programme work – such as integrating attention to HIV into a new curriculum for trainee teachers being developed through an education programme – to HIV-related services provided to partner organizations, such as support for HIV workplace programmes and HIV awareness activities.

HIV mainstreaming is something that almost any organization working in any sector can do at comparatively low cost.

The German approach to mainstreaming is grounded in the belief that HIV mainstreaming is something that almost any organization working in any sector can do at comparatively low cost. This is because mainstreaming makes use of financial and human resources, structures and processes already in place to achieve non-HIV-related aims in all sectors of development cooperation.

To adapt existing work in order to achieve HIV-related aims usually does not require large additional budgets, but it is also not cost-free. Mainstreaming requires expert support and, in the early years of HIV mainstreaming, each implementing organization put in place systems, structures and personnel to support the mainstreaming process.

The former GTZ, for example, placed HIV Focal Points in each country office who, in addition to supporting the workplace programme, advised programme managers on how to assess and, where necessary, address HIV-related risks and impacts on their core work. All former GTZ projects and programmes in sub-Saharan Africa were required to undertake such assessments, ideally when new programmes were being planned, so that – where necessary – mitigation measures could be included in the programme concept and budget.



Following workshops supported by a rural development programme, provincial authorities introduced AIDS action plans to support local initiatives such as one in South Africa which supports orphans and vulnerable children.

The former DED assigned Mainstreaming Advisors to support internal mainstreaming in its workplaces and promote HIV workplace programmes in partner organizations, adapting the model developed by the AIDS Workplace Programs in Southern Africa (AWiSA) initiative. Mainstreaming Advisors also supported partner organizations in their sectoral mainstreaming work. DED development workers placed in partner organizations were asked to spend 5% of their working hours on HIV-related activities and, in preparation, received one and a half days of HIV training before their assignments began.

InWEnt, which had no permanent staff in low- and middle-income countries, supported the training components of mainstreaming by other GDC organizations. As a training and capacity building organization, it maintained information and training toolkits on HIV mainstreaming, which were used by its own trainers and for raising awareness about HIV, its causes and consequences and related issues, such as gender inequality, sexual exploitation and violence, human rights violations, and stigmatization and discrimination against people living with HIV and those at high risk of infection. Along with DED, InWEnt also developed and implemented the AWiSA programme, which supported HIV workplace programmes in small- and medium-sized enterprises.

Each organization had its own arrangements for covering mainstreaming-related costs. The former GTZ encouraged Country Directors and Programme Managers to take advantage of the previously mentioned '3% authorization' clause, negotiated by the BMZ in its bilateral government arrangements for technical cooperation in sub-Saharan Africa. In the former DED, external mainstreaming

was supported through the contributions of its Development Workers in high HIV prevalence countries, as well as through dedicated HIV mainstreaming budgets allocated to country offices.

Even before the creation of GIZ in 2011, GDC implementing organizations were already working together closely to deliver German development assistance in a harmonized manner. The area of HIV mainstreaming was no exception and, in many countries, processes were put in place to facilitate the joint planning and oversight of external mainstreaming, either at a programme level or nationally. Examples of this included the appointment of Joint HIV Focal Points, who coordinated mainstreaming efforts across implementing organizations and represented GDC at various HIV-related national-level fora and working groups, and the development of 'joint approach' framework agreements which clarified the respective roles and contributions of each implementing organization within a broader approach to mainstreaming.

During 2009-2010 an independent evaluation was undertaken of GDC's external mainstreaming work⁸ in Malawi and Zambia, two high prevalence countries in sub-Saharan Africa (Birdsall, 2010). The evaluation documented and examined a wide range of external mainstreaming work being undertaken in each country, evaluating results at both the output and outcome level (for more on the evaluation findings, see p. 28). Among the main findings related to the implementation of external mainstreaming were the following:

- German technical cooperation organizations had developed a set of systems and structures to operationalize the political commitment to HIV mainstreaming and a large amount of external mainstreaming work was underway;

⁸ The evaluation only looked at the mainstreaming work of the technical cooperation agencies DED and GTZ.

- External mainstreaming activities covered a wide range of approaches falling along a continuum between adaptations of core development work and the addition of specific HIV outputs and components to projects and programmes across all sectors;
- Some of the approaches being supported under the auspices of HIV mainstreaming were difficult to distinguish from AIDS work: they involved stand-alone activities integrated into existing programmes and services and ideally required dedicated personnel and resources which went beyond that which could be provided within a mainstreaming framework;
- GDC managers, programme leaders and programme staff were generally committed to the HIV mainstreaming concept, but there was not a common understanding of what external mainstreaming ‘is’ and what it seeks to achieve. The boundary between mainstreaming and multisectoral responses to HIV was viewed differently by different people; and
- Practical responsibility for HIV mainstreaming rested largely on the shoulders of mainstreaming personnel. Parallel mainstreaming structures had evolved which linked to programmes, but were not embedded in programme teams and processes.

The evaluation process helped to crystallize an already emergent understanding that GDC’s HIV mainstreaming to date had made great strides and achieved important results, but that it could also benefit from a process of clarification and consolidation. In 2010 staff from all four implementing organizations asked their head offices and the BMZ for clear guidance on the scope and limits of external mainstreaming, including its goals, the processes involved, and the division of roles and responsibilities between GDC programme teams and mainstreaming personnel.

External mainstreaming enters a new phase

After assessing its initial experience with HIV mainstreaming, German Development Cooperation undertook a process of clarifying its mainstreaming strategy in relation to other types of contributions to the global response to HIV. In November 2010 the HIV/AIDS Working Group of the BMZ Health Theme Group endorsed a new guidance note which sets forth the German approach to HIV mainstreaming (GDC, 2010).

The guidance note reaffirms GDC’s understanding of internal and external mainstreaming as the two pillars of its mainstreaming strategy. However it introduces a new formulation in describing each of these as organizational development processes whose goal is to bring HIV into the mainstream of an organization’s operations and ongoing work. In doing so, the guidance note underscores that HIV mainstreaming is not, first and foremost, about designing and running HIV-related activities, but rather about optimizing existing practices to reflect the risks and impacts posed by the HIV epidemic.

► The Guidance Note “How German Development Cooperation mainstreams HIV” is available at:

www.ms-hiv-gdc.org/wp-content/uploads/2011/02/GDC-MS-HIV-guidance-note_25Jan2011.pdf

One of the most important shifts in GDC’s thinking about HIV mainstreaming relates to the positioning of external mainstreaming within a broader portfolio of options for responding to HIV. A lesson learned through the external evaluation and subsequent reflection is that HIV mainstreaming cannot, on its own, provide the necessary support to partners’ multisectoral HIV responses at sectoral or national level: doing this often requires additional HIV-related outputs or programme components,

and sometimes it may require setting up an entire HIV programme. Mainstreaming is best regarded as one strategy among many, including stand-alone programme components, sector-specific AIDS work and multisectoral HIV programmes. As an organizational development process, mainstreaming – and the structured reviews and analyses which it entails – provides a rigorous starting point for identifying the HIV-related needs and opportunities facing specific programme areas. In some cases, this will lead to decisions to include additional outputs (for example, HIV services provided to partner organizations) or programme components, which need to be included in formal offers to the BMZ, commissioned and budgeted accordingly.

The guidance note also clarifies the roles and responsibilities for implementing and monitoring and evaluating external mainstreaming. According to the current understanding, project and programme leaders are responsible for undertaking the three steps of the external mainstreaming process; the role of mainstreaming personnel is to advise programme managers, coordinators and their teams on each of these steps. Implementation of any adaptations which emerge from the mainstreaming review is the responsibility of programme teams, who must incorporate these changes into their core work.

Understanding the link between HIV mainstreaming and other forms of GDC support for HIV

Since the emergence of the HIV epidemic, German Development Cooperation has pursued a multi-faceted response to HIV. For example, in partner countries where health is an agreed priority area for German support and where the prevalence of HIV is high, GDC-supported health programmes have components specifically designed to promote and support sexual and reproductive health and respond to HIV. This is the case in countries such as Cameroon, South Africa and Tanzania.

Some GDC-supported programmes in the areas of government decentralization, rural development, vocational training and basic education often also have components specifically designed, budgeted and staffed to contribute to the HIV responses underway at sector level. And in select countries, such as Madagascar, Mozambique, Namibia and South Africa, GDC has supported comprehensive stand-alone programmes aimed at achieving multi-sectoral responses to HIV.

With its expertise in responding to HIV in different sectors, and with its multilevel approach to development cooperation, German Development Cooperation is in a strong position to provide different forms of support to partner country responses to HIV. HIV mainstreaming is one of several approaches being utilized: where sufficient support is provided, HIV mainstreaming can add value to work in any sector of development in a country with a generalized epidemic. However, it cannot and should not replace fully funded and staffed programmes, or programme components, which provide financial and technical support to sectors' or countries' multisectoral responses to HIV.

As HIV mainstreaming enters its second decade in GDC implementing organizations, the challenge is to strengthen the effectiveness of the approach by undertaking high quality systematic reviews and programme adaptations, and to ensure the greatest possible synergies between mainstreaming and other GDC contributions to the fight against HIV.

Making it happen on the ground: GDC's external mainstreaming experience

HIV mainstreaming was established as German policy following years of growing concern from country managers, project and programme managers working at the frontlines of the HIV epidemic. Particularly in the early years, 'HIV champions' within GDC implementing organizations were important engines of the mainstreaming approach. However, at both country level and headquarters, a number of people remained sceptical about mainstreaming for some time. The early years of the 'mainstreaming era' were characterized by a mix of enthusiasm and scepticism among directors, managers and programme personnel working outside the health sector.

The idea that a response to HIV should be mainstreamed into a programme or project not designed to address health issues is by no means obvious. Promoting the idea has required years of systematic effort to explain what HIV mainstreaming means and to demonstrate that it works and does not place unreasonable demands on budgets or personnel. An accumulation of evidence, gathered through case studies and monitoring and evaluation, has been critical. This has helped 'sell' mainstreaming within GDC and among Germany's partners in development and, also, helped identify which mainstreaming measures work best in different sectors of development.

The HIV mainstreaming concept now enjoys wide support; in practice, however, mainstreaming remains a work in progress.

As HIV mainstreaming enters its second decade in GDC implementing organizations, the concept now enjoys widespread support. In practice, however, mainstreaming remains a work in progress. GDC organizations are now working to optimize their approach to mainstreaming by building skills

and experience in conducting programme reviews through an HIV lens, by balancing the advisory role of GDC mainstreaming personnel and the implementation role of programme teams, and by expanding the evidence base about mainstreaming approaches through systematic monitoring and evaluation.

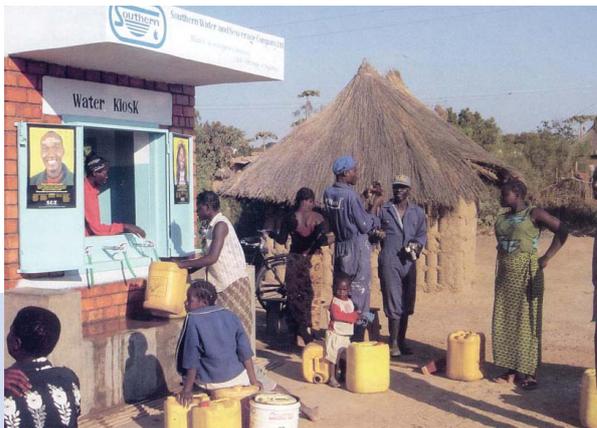
This section highlights examples of sector-specific responses to HIV which have resulted from programme-level mainstreaming processes and describes an innovative GDC workplace programme which has emerged out of an internal mainstreaming process in one partner country. More examples, as well as resource materials for HIV mainstreaming in various sectors of development cooperation, can be found on German Development Cooperation's HIV Mainstreaming portal at www.ms-hiv-gdc.org/giz-sector-priority-areas/

Mainstreaming HIV into the water sector in Zambia

Nothing is more essential to health than having access to reliable supplies of clean water, especially for people living with HIV. Globally more than 850 million people do not have access to safe water, and 2.6 billion do not have adequate access to sanitation services (UNDPI, 2010). For these reasons, Germany's bilateral arrangements with partner countries in sub-Saharan often call for programmes aimed at the sustainable development of water and sanitation services.

In Zambia, Germany's cooperation in the water sector aims to improve access to safe and reliable water and basic sanitation services, especially for the poor in urban areas. One of the key areas of cooperation is the capacity development of Commercial Water Utilities (CUs), which are responsible for the provision of water services, supporting them to become economically sustainable.

The HIV epidemic poses a threat to the viability of Commercial Utilities. The companies are staffed by employees with specialist training (e.g. technical and engineering backgrounds), whose skills and expertise are difficult to replace in the case of illness, death or early retirement. Because many CU staff spend time working away from home on water project sites, there are particular risks of HIV transmission inherent in the nature of the work. Water company employees are vulnerable to HIV infection, and are also in a position to spread HIV to others if they engage in risky sexual behaviour.



Women and girls visit water kiosks every day in Zambia's urban neighbourhoods. With support from GDC, commercial water companies use the kiosks as opportunities to disseminate HIV-related information and supplies.

In addition to potentially affecting the workforces of commercial water companies, HIV may also affect the ability of water and sanitation service users to access and pay for services. For commercial water utilities to function as viable institutions within the water sector framework in Zambia, they require a client base that is able to pay for services and to play a role at community level in supporting and maintaining water and sanitation system investments.

In Zambia GDC's implementing organizations – KfW and the former DED, GTZ and InWent (now GIZ) – have collaborated over a period of years to

mainstream HIV into their work with the National Water Supply and Sanitation Council (NWASCO), which regulates the water sector, and with Commercial Utilities. They have:

- supported the implementation of HIV workplace programmes in three Commercial Utilities, the National Water Supply and Sanitation Council, and the Devolution Trust Fund (DTF), which is the arm of NWASCO that supports the extension of water and sanitation services to the urban poor;
- provided technical and financial support to these same organizations to mainstream HIV into their own core work, for example, by using water kiosks run by CUs to disseminate HIV information and distribute condoms in the community; by conveying information about HIV and other diseases via drama performances held at water kiosks; and by providing health education on malaria, sexually transmitted diseases and HIV to crews drilling new wells in rural areas; and
- worked with the Devolution Trust Fund to mainstream HIV into the standard operating procedures it follows when opening up a new water project. This includes incorporating questions about HIV into the baseline survey which is administered to households in all new water sites; adapting the DTF water project toolkit to include an expanded module on HIV; integrating sessions on HIV into the community sensitization process for the water project; training a group of community focal persons to deliver information about HIV, health and hygiene as part of these sessions; training new water kiosk vendors about HIV; and establishing an HIV committee, composed of community members, to work alongside the project task force led by the CU.

The external evaluation of HIV mainstreaming in German-supported technical cooperation in Zam-

bia identified clear results from these mainstreaming investments in the water sector programme. For example, employees at one of the Commercial Utilities with an active HIV workplace programme – the Southern Water and Sewerage Company – were twice as likely to have tested for HIV and to know their HIV status as the population at large. They demonstrated high levels of correct knowledge about HIV and knew where they could access key HIV-related services. Absenteeism at the company had declined since the establishment of the workplace programme – a result attributed by management and human resource personnel to the programme – and both management and employees believed that the programme had helped to reduce stigma and discrimination in the company.

An evaluation of the results generated by mainstreaming HIV into the Devolution Trust Fund’s procedures for new water sites found that residents of an informal settlement where the approach was piloted had increased awareness about HIV and knowledge of where to access HIV-related services and sought HIV-related services (i.e. voluntary testing and counselling, prevention of mother-to-child-transmission, and antiretroviral therapy) at the local clinic in greater numbers. A number of residents openly disclosed their HIV-positive status, an indication that stigma and discrimination in the community were on the decline.

Support for partner organizations’ workplace programmes: AIDS Workplace Programmes in Southern Africa (AWiSA)

AIDS Workplace Programmes in Southern Africa (AWiSA) was established in 2003 as a joint initiative of the former DED and InWent and is currently implemented, in cooperation with national partner organizations, in Malawi, Mozambique, South Africa and Zambia. The programme aims to support private companies to address HIV in a strategic way

through the implementation of comprehensive, customized HIV prevention and health promotion programmes in the workplace. AWiSA’s workplace programme model is clearly structured and straightforward to enact: there are five core pillars to a workplace programme – coordination, information and education, health management, policy development and monitoring – and specific guidance and tools are provided on how to operationalize each of these elements in practice.

While AWiSA has traditionally focused on small- and medium-sized enterprises, its workplace programme model has been extended to other types of organizations which have limited capacity to establish and manage workplace programmes on their own. In a number of countries, the AWiSA programme has been an important resource for GDC implementing organizations, which have worked with AWiSA advisors to provide support to partner organizations’ HIV workplace programmes where these services have formed part of the approach to external mainstreaming.



AWiSA’s approach to working with small- and medium-sized enterprises – including training of peer educators – has been adapted by GDC implementing organizations and used to support partner organizations’ HIV workplace programmes.

Focal point persons from GDC partner organizations in the public and non-governmental sectors – including educational institutions, local government authorities, commercial water utilities, civil society organizations and health care facilities – have participated in AWiSA training events, round table discussions and refresher courses which have allowed them to establish or strengthen existing HIV workplace programmes in their own organizations. Following the trainings, GDC organizations provide additional support to partners' workplace programmes to varying degrees across sectors: for example, through follow-up visits, technical support in the development of workplans and workplace policies, the provision of condoms and information materials, lists of resource persons and service providers and, in selected cases, financial resources to implement workplace activities.

In 2011, the AWiSA Network was launched as a knowledge hub and community of practice for groups and individuals interested in HIV and the world of work in sub-Saharan Africa. The network, which runs in parallel to the AWiSA programme and is implemented by GIZ in partnership with SAFAIDS, provides a platform for sharing information, experiences and tools among organizations with HIV workplace programmes. The AWiSA Network website (www.awisa-network.net) helps to facilitate partnerships between organizations and individuals interested in minimizing the impact of HIV in the workplace.

Mainstreaming in GDC workplaces: the expanded workplace programme in Ghana

Good health is only one component of a person's overall wellbeing: financial security, a clean and safe environment, and a positive atmosphere at the workplace are also important elements. German

Development Cooperation in Ghana has embarked upon an innovative approach to supporting the overall wellbeing of its 160 employees plus their families, recently broadening its long-standing HIV Workplace Programme into a Comprehensive Health and Social Protection Programme as a forerunner to the ultimate goal of an Employee Wellbeing Programme which will encompass social protection, health and safety, and environmental management.

HIV mainstreaming began in Ghana in 2003. By 2008, the German Development Cooperation implementing organizations in the country were closely coordinating their HIV mainstreaming work with the help of a Joint Focal Point, focal persons in each programme, and regular meetings to align their efforts. A workplace policy covering HIV and TB formed the basis for the workplace programme and a Memorandum of Understanding was developed between the former GTZ, DED and KfW which allowed the participation of the former DED and KfW employees in GTZ-run workplace activities. Staff from across GDC would participate together in joint activities including commemorations of World AIDS Day, each December, featuring drama performances, the distribution of information about HIV prevention, care and treatment, and opportunities to undergo HIV testing.

As in many countries, the GDC team in Ghana began to recognize that the standard HIV workplace programme model had certain built-in limitations: employee attendance at HIV-related talks was stagnant, and the uptake of testing and other services was not increasing. Paying exclusive attention to HIV seemed to generate diminishing returns. Employees felt they had enough information about HIV and there was little incentive to attend workplace programme events since nothing new was being offered.

The response of the team in Ghana was to re-think the HIV workplace programme and to broaden its scope to go beyond an exclusive focus on HIV. As part of the new Employee Wellbeing Programme, a Preventive Health Package was made available to all staff and their family members in May 2010. The Preventive Health Package includes a set of comprehensive health screenings which can be accessed on a voluntary and confidential basis through designated health providers near each of the GDC offices in the country. The package includes periodic screenings for HIV, TB, meningitis, hypertension, Hepatitis B, and certain common cancers. Blood screenings (e.g., for glucose levels and liver and kidney function) and a general health check (e.g., eyes, ears, heart, lungs) are also included in the package.



Through GDC's expanded workplace programme in Ghana, employees and their family members are entitled to regular health screenings – including, but not limited to HIV testing – on a voluntary and confidential basis.

By the end of the first year of the new scheme, 50% of GDC employees had accessed the Preventive Health Package – a significantly higher level of uptake than in the former HIV workplace programme. In some GDC programmes, the participation rate

was over 85%. Mainstreaming personnel attribute this in part to the commitment of focal persons at programme level who are actively promoting the programme and answering employees' questions about how the scheme works.

The workplace is a good setting for addressing a range of chronic and preventable diseases – including, but not limited to HIV.

Activities undertaken under the social protection component include joint GDC information sessions on retirement preparedness, which cover both financial preparation for retirement and healthy aging issues.

Beginning in September 2011, GDC mainstreaming personnel undertook a detailed study of employee knowledge, attitudes and practices on a range of issues related to health and wellbeing. The results of this study will act as a baseline for tracking the results of the expanded workplace programme, as well as for a cost benefit analysis of the programme. Already, however, the expanded workplace programme has demonstrated that the workplace is a good setting for addressing a range of chronic and preventable diseases – including, but not limited to HIV – as well as social protection issues, and that the broader the focus of the programme, the more likely employees are to participate.

Monitoring, evaluating and sharing

For all of GDC's implementing organizations, HIV mainstreaming has been a gradual, learn-as-you-go process. Over the past decade, they have been steadily improving their monitoring and evaluation and reporting procedures, moving from an early focus on process and output monitoring to a greater emphasis on identifying outcomes and results.

This section describes the approaches taken to the monitoring and evaluation of HIV mainstreaming, the results which have been identified, and the methods which have been used to share learnings about HIV mainstreaming both within GDC and with external partners.

Tracking the consolidation of an approach

In the years following the introduction of HIV mainstreaming as German Development Cooperation policy, individual organizations' monitoring and evaluation efforts focused heavily on documenting the ways in which HIV mainstreaming was being integrated into internal systems and processes, as well as into programmes. Each implementing organization established its own M&E system which allowed it to monitor progress in consolidating HIV mainstreaming in practice.

The former GTZ, for example, began asking all of its Country Directors and HIV Focal Points in sub-Saharan Africa to file Annual Mainstreaming Inventories reporting on the costs and results of mainstreaming HIV into GTZ-supported projects and programmes. Analyses of the aggregated results of these inventories allowed GTZ to track the extent to which HIV was reflected in the management tools of country offices (in terms of staff appraisals, team goals and quality assurance systems) and in project and programme proposals. In later years, the inventories were also used to assess the extent of cooperation between GDC's technical and financial cooperation agencies in the area of HIV mainstreaming.

Methods such as the annual inventories also revealed the types of mainstreaming responses which were most commonly supported at country level. For the former GTZ, these included advocacy, awareness raising and prevention for partners and target groups; promotion and support of partners' HIV workplace programmes; adjustments to meet the needs of HIV-affected households (e.g., for secure supplies of nutritious food); and support for mainstreaming HIV into routine planning and decision-making cycles of various levels and divisions of government.

Early Milestones in HIV Mainstreaming

- By 2007, 75% of all Germany's bilateral agreements with sub-Saharan Africa addressed HIV and called for a multisectoral response to it.
- By 2007, 40% of all GTZ-supported programme and project proposals included HIV-related interventions at the level of objectives, indicators or description of outputs.
- Another 50% of programmes and projects (which did not cover HIV in their proposals) had undertaken to mainstream HIV in their own work and to support partner mainstreaming.
- By 2007, GDC organizations providing technical and financial assistance were collaborating in 71% of all countries where they were present together.

Source: Annual Inventories

GDC organizations also undertook periodic evaluations of their HIV mainstreaming work to explore successes and challenges at the level of implementation. In 2006-2007, the former DED commissioned a consultant to evaluate its mainstreaming policies and practices in 12 countries in sub-Saharan Africa (DED, 2007). Through a survey of Country Directors, Programme Coordinators, AIDS Advisors, and Development Workers and field visits to Kenya and Uganda, the review found unanimous support for HIV mainstreaming among DED personnel and partner organizations and a consensus that the structures and processes being used for mainstreaming were appropriate and sufficient. The evaluation did reveal, however, that the financial resources available for mainstreaming were too modest and that Development Workers did not have enough professional support, with the result that mainstreaming efforts were not reaching their full potential. This evaluation generated a number of recommendations, including the need for separate budgets for HIV mainstreaming in each country, the development of country-specific action plans for mainstreaming, and greater professional support for non-HIV specialists.

Identifying results

By 2008, when the BMZ Theme Group began its review of GDC's approach to HIV mainstreaming, one of the main questions which needed to be answered was whether mainstreaming was yielding results at the level of outcomes. While existing M&E systems had provided a lot of information about the 'what' and 'how' of mainstreaming, there was little evidence to answer the 'so what?' question.

In order to tackle this question, a consultant was commissioned to lead an independent evaluation of the external mainstreaming work being undertaken in two high HIV prevalence countries in sub-Saharan

Africa, Malawi and Zambia (Birdsall, 2010). The evaluation was structured at three levels: mapping the types of mainstreaming interventions being supported in the main priority areas in each country (output level), assessing the views of GDC partner organizations on the relevance and usefulness of this support (use of output level), and investigating the results generated by a sample of mainstreaming interventions in each country (outcome level).

In addition to the findings pertaining to the implementation of HIV mainstreaming, which were discussed earlier, the evaluation reached the following conclusions about the potential of HIV mainstreaming as a strategy for ensuring that development programmes are able to achieve their stated objectives, even against the backdrop of a severe HIV epidemic:

- When implemented under the right circumstances, HIV mainstreaming at programme level can generate results in line with its stated objective. Mainstreaming approaches supported by GDC have demonstrated results in areas such as reduced absenteeism in partner organizations, individual behaviour change to minimize the risk of HIV infection, a lessening of HIV-related stigma and discrimination in workplaces and at community level, and improved institutional responses to HIV within organizations;
- HIV mainstreaming approaches which support interventions in partner organizations are most effective when they are planned with and owned by the partners. In other words, a strong commitment from partner organizations is a pre-requisite for success;
- Multi-level approaches to mainstreaming which combine political support for mainstreaming at the national or sectoral level (e.g. ministries or oversight bodies) with a practical commitment to mainstreaming at a decentralized level (e.g. partner organizations) are particularly promising; and

- Mainstreaming approaches implemented on a continuous basis over a long period of time (i.e. several years) are more likely to yield the desired results than short-term or one-off interventions.

A revised approach to monitoring and evaluation

The external evaluation described above demonstrated the need for GDC implementing organizations to develop a more rigorous approach to monitoring and evaluating their mainstreaming approaches. The new guidance note on HIV mainstreaming in German Development Cooperation, issued in late 2010, took up this challenge and set forth a framework for monitoring and evaluating external mainstreaming.

The new approach designates four process indicators which should be monitored in all sub-Saharan African countries with generalized epidemics. These are:

- All German-supported projects and programmes have been reviewed in relation to the three mainstreaming questions, described earlier in this report;
- HIV-related risks to projects or programmes which have been identified in the review have been operationalized and explained in a plausible way on the basis of existing studies or other available data;
- Where HIV risks to projects or programmes have been identified, their core work and – if applicable, their results chains – have been adapted accordingly; and
- Where projects' or programmes' core work and – if applicable, their results chains – have been modified to address HIV-related risks, monitoring and evaluation systems have been adapted accordingly.

In addition, in high HIV prevalence countries, an external consultant should be appointed to conduct a cross-cutting evaluation at least every four years to monitor results at the level of outcomes. This evaluation should consider whether all German-supported projects or programmes for which HIV-related risks were identified are mitigating against these.

In GIZ, country directors are responsible for ensuring that this cross-cutting evaluation takes place at least every four years, as well as for the completion of annual mainstreaming inventories, prepared by mainstreaming personnel on the basis of information provided by programme teams. In KfW, the competence center health conducts periodic reviews of HIV mainstreaming through desk reviews and project manager surveys. This is done every two years for countries with generalized epidemics (considering the four process indicators) and every four years for high HIV prevalence countries (cross-cutting evaluation).

Sharing experiences and lessons

Over the years German Development Cooperation has used a range of approaches to document and share its mainstreaming approaches more widely. These have included:

- The publication of sector-specific guidance notes for each of the BMZ's priority areas (www.ms-hiv-gdc.org/giz-sector-priority-areas). These fact sheets describe the ways in which the HIV epidemic can impact upon development goals in a given sector and provide examples of mainstreaming adaptations which have been taken up by German Development Cooperation organizations;
- Four editions of the German HIV Practice Collection, now the German Health Practice Collection (www.german-practice-collection.org/en/successful-programmes/hiv). Three of these

publications profiled specific HIV mainstreaming approaches, including in the vocational training sector in Botswana (GTZ, 2005), in decentralization and rural development work in Lesotho, Tanzania and South Africa's Mpumalanga Province (GTZ, 2006a), and in primary education in Francophone Africa (GTZ, 2006b). The fourth publication is this document, which describes the history and experience of mainstreaming in GDC;

- An internet platform – Mainstreaming HIV in German Development Cooperation (www.ms-hiv-gdc.org) – which is accessible to GDC staff, partner organizations and other interested parties for sharing information about the mainstreaming done in German technical and financial cooperation. The platform has sections devoted to different sectors (e.g., water management) and to each of GDC's partner countries in sub-Saharan Africa; and
- Annual HIV mainstreaming network meetings in sub-Saharan Africa which bring together mainstreaming personnel from German technical and financial cooperation agencies. Held since 2005, these meetings became GDC-wide events in 2008, allowing the development of a joint German approach to mainstreaming and facilitating practical cooperation between the different implementing agencies at country level. In 2010 network members from lower HIV prevalence countries (less than 4% national prevalence) formed their own HIV working group, responding to the distinctive evolution of the HIV epidemic in West Africa (where prevalence rates have remained lower than in Eastern and Southern Africa).

Lessons learnt from GDC's experience

Get your own house in order

Any organization engaged in development cooperation should aspire to become a model of good practice in its own workplaces, providing the full range of HIV-related services to its employees and their families and a supportive environment where gender equality, non-discrimination, non-stigmatization and assured confidentiality are the rule. In the course of working out how to become such a model in any particular country or locality, an organization gains the knowledge, experience and insights it needs to advise other organizations on their own internal or external responses to HIV. It also earns the moral authority to become a strong advocate for HIV-related action by other organizations. Without having to say so, it conveys the clear message, 'We practice what we teach.'

Aim for three basic objectives

Organizations that normally work outside the health sector are best able to respond to the HIV epidemic by doing what they can within their sectoral mandate to:

- Safeguard the achievements of their core development work by adapting their existing programmes in response to HIV-related risks;
- Ensure that nothing they are doing is inadvertently contributing to the spread of HIV and its impacts (e.g., failing to offer HIV prevention services to workers who spend time away from home); and
- Finding ways, in the course of their regular work, to contribute to the HIV response already underway in the given sector, taking care to agree these contributions with partner organizations to ensure alignment.

Be realistic about what mainstreaming can and cannot do

The boundary between external mainstreaming and 'AIDS work' is an elastic one: care should be taken not to overstretch the mainstreaming concept.

Mainstreaming is one of several tools which can be used to address the effects of the HIV epidemic, and it is important to think strategically about how and when to use HIV mainstreaming as opposed to other complementary approaches, such as sector-specific AIDS work or support for multisectoral HIV programmes. It took years of trial-and-error and reflection for German Development Cooperation to reach its current understanding of HIV mainstreaming as an organizational development process which seeks to bring a concern for HIV into the core of an organization. Sometimes, as a result of this process, HIV mainstreaming ends up acting as a gateway for the addition of new project or programme outputs or components to existing development work. Once these changes or modifications have become embedded in programmes, however, the mainstreaming process is complete and responsibility for taking forward the adapted work lies with project and programme teams. GDC has learned from experience that the boundary between external mainstreaming and 'AIDS work' is an elastic one and that care needs to be taken not to overstretch the mainstreaming concept to take on activities better suited to other programmatic tools.

Adopt a shared approach

In the early years of GDC mainstreaming, it was not fully apparent to employees in the individual implementing organizations that the mainstreaming

approach would benefit strongly from a harmonization of policies, coordination of activities or pooling of resources. GDC implementing organizations and their employees had varying degrees of involvement (and sometimes none at all) in each other's programmes and projects, which often take place in widely different sectors (e.g., education and forestry) and locations. Mainstreaming was pursued independently in each organization and, as a consequence, the mainstreaming concept was not interpreted in the same way across organizations. Over time, experience showed that mainstreaming was far more effective when individual organizations collaborated with each other and their partners in government, civil society and the private sector. This led to the creation of a shared German approach and the development of detailed operational definition of mainstreaming, now endorsed across German Development Cooperation.



GDC has supported efforts to mainstream HIV into the vocational training system in Botswana. Here, a delegation from the Botswana Training Authority participates in a World AIDS Day parade.

Be committed to evidence-based mainstreaming

It is sometimes said that mainstreaming HIV is not 'rocket science,' but effective HIV mainstreaming does require guidance and support from experi-

enced experts who can ensure that HIV-related programme adaptations are informed by good evidence and achieve results. Many of the most popular HIV-related interventions, for example, are not sufficiently targeted at at-risk populations, or do not address specific risk behaviours, and therefore have a minimal impact on the spread of HIV and the mitigation of its consequences. To avoid this pitfall, mainstreaming approaches should be informed by a careful analysis of credible research studies and up-to-date epidemiological data which provide a detailed picture of the state of the HIV epidemic in a certain geographical area, for a particular population group, or in relation to a given development sector. Within GDC, the systematic reviews of projects and programmes for HIV-related risks and impacts should be undertaken with reference to this type of evidence base.

Those working in GDC-supported programmes and projects outside of the health sector realize that they are not, themselves, experienced HIV professionals who know the epidemic in the particular country or locality where they are working, who know what interventions work and who know how to make them work. It is therefore essential that they have access to sufficient support from such professionals to ensure that their HIV-related work is evidence-based and results-driven. GDC mainstreaming personnel are available to provide guidance on both the mainstreaming reviews and the modification of monitoring and evaluation systems to reflect mainstreaming goals. And in countries where there are health programmes and/or multi-sectoral AIDS programmes, these can act as additional resources for colleagues working outside the health sector.

Monitor your mainstreaming work

For many years the monitoring and evaluation of HIV mainstreaming within German Development Cooperation was largely limited to processes and outputs. There was good reason for this: the task of operationalizing the political commitment to mainstreaming was a complex one and it took several years for mainstreaming to penetrate into the internal systems, processes and management tools used to guide Germany's development cooperation efforts. Early on, GDC mainstreaming personnel at country level and at the head offices were also focused on documenting the types of mainstreaming work being undertaken, the resources being expended, and the presence or absence of cooperation between individual GDC organizations in the area of mainstreaming. However the fact that mainstreaming was not systematically monitored beyond output level meant that, for a long time, there was little evidence about the overall effectiveness of the approach, nor about the specific promise of various methods and tools. As German Development Cooperation enters into its second decade of HIV mainstreaming, it has acknowledged the need to be much more systematic in its approach to monitoring and evaluating mainstreaming. The new guidance note on the German approach to mainstreaming designates a set of indicators which should be used to track its progress and clarifies monitoring roles and responsibilities.

Share experiences, lessons and tools

Organizations can learn from each others' successes and failures, not just from their own, and this is essential if duplication and waste are to be avoided. HIV mainstreaming is still a comparatively new endeavour for GDC and many others. They have now developed a good understanding of the challenges facing them, and of the successes and limitations of their mainstreaming work, and have a better sense of which of the methods and tools they have been employing have been working best. There continues to be an urgent need for more sharing of mainstreaming experiences, lessons and results in a variety of formats and forums. GDC's implementing organizations and country teams do this sharing with each other through their internet platform on HIV mainstreaming at www.ms-hiv-gdc.org and their Network Meetings in sub-Saharan Africa. And they do it with their many partners in development through documentation of promising examples of GDC mainstreaming, followed by peer review and publication of additions, such as this one, to the German Health Practice Collection at www.german-practice-collection.org.

There continues to be a need for more sharing of mainstreaming experiences, lessons and results in a variety of formats and forums.

Peer Review

To be included in the German Health Practice Collection, a project or programme must demonstrate that it comes close to meeting most if not all of eight criteria that would make it effective, transferable, participatory and empowering, gender aware, well monitored and evaluated, innovative, comparatively cost effective, and sustainable.

The editorial board of the former German HIV Practice Collection and two external reviewers have concluded that the German approach to HIV mainstreaming qualifies for the collection as a 'promising practice,' but noted, at the time of the review in 2008, that it required greater focus and clarity, and further strengthening, before it could be called 'good practice.' It was believed that, to qualify as good practice, Germany's approach to mainstreaming HIV would have to show results in terms of outcomes and that it would require more support by qualified and experienced HIV professionals to ensure that it is always evidence-informed and results-driven.

Over the past four years, GDC has undertaken a comprehensive assessment of its approach to HIV mainstreaming, including a rigorous results-based evaluation of external mainstreaming in two countries. This evaluation demonstrated that, under the right circumstances, HIV mainstreaming is able to produce its intended results in terms of, for example, increased knowledge, changes in behaviour, increased uptake of testing and treatment, and reduced absenteeism in workplaces. This is particularly likely to be the case when HIV mainstreaming is strongly embedded in GDC programme structures and processes, and can draw upon dedicated personnel and resources; when approaches are co-designed and owned with partner organizations; and when mainstreaming efforts are built up gradually over a long period of time, allowing ample time for assessment, reflection and learning from experience.

Recent efforts to refocus and clarify the German approach to mainstreaming in policy and practice have culminated in the endorsement of a new guidance note which provides a harmonized framework for HIV mainstreaming within German Development Cooperation in the years to come. This framework places much greater emphasis on evidence-based mainstreaming approaches – by requiring systematic project and programme assessments conducted through an HIV lens – and on the monitoring and evaluation of any project or programme adaptations introduced as part of the HIV mainstreaming process.

The guidance note further clarifies that the role of HIV mainstreaming personnel is to provide expert guidance to programme teams working outside the health sector in conducting systematic reviews, in identifying appropriate adaptations where necessary, and in integrating these into their monitoring and evaluation plans. This will help to ensure that non-health personnel within GDC have access to the support and expertise necessary to realize their responsibility to mainstream HIV into their core work.

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