Self-Assessment Checklist: Mainstreaming HIV

The Code of Good Practice for NGOs Responding to HIV/AIDS (the 'Code') defines mainstreaming as a learning process that requires NGOs to understand:

- how HIV changes the context for their programming and affects the nature of their work;
- whether and how programmes reduce or inadvertently increase HIV vulnerability, and;
- how specific programmes can respond to vulnerability to HIV and its impacts, given the particular expertise of NGOs.

A project is seen to have successfully mainstreamed HIV if it reaches its core business objectives without increasing people's vulnerability towards HIV, as well as:

- removes barriers and enables people living with HIV (PLHIV) and affected people to participate in and derive benefits from project activities;
- minimizes the potential risk of HIV transmission and the impacts of HIV on beneficiary groups, staff and volunteers;
- enables or facilitates linkages to appropriate HIV services;
- builds the capacity for analysis and intervention at all levels;
- generates and uses evidence to improve our own work and influence the policy and practice environment in which we work.¹

The Code identifies seven key principles on mainstreaming HIV:

- We review our development and humanitarian programmes to assess their relevance to reducing vulnerability to HIV infection and addressing the consequences of HIV.
- We work in partnerships to maximize the access of people living with HIV (PLHIV) and affected communities to an integrated range of programmes to meet their needs.
- We design or adapt development programmes to reduce vulnerability to HIV infection and meet the needs of PLHIV and affected communities.
- We ensure that our humanitarian programmes reduce vulnerability to HIV infection and address the needs of PLHIV and affected communities.
- Our programmes for orphans and vulnerable children affected by HIV are child-centred, family- and community-focused and rights-based.
- We advocate for an environment that supports effective mainstreaming of HIV.
- We advocate for an enabling environment that addresses the underlying causes of vulnerability to HIV.

This self-assessment checklist will help you assess the degree to which your organisation is successfully implementing these principles. The questions are designed to be thinking points/guidelines to help you identify areas that are already at a 'good practice' level, and areas that need to be developed and strengthened.

1. As identified in the CARE SWARMU Mainstreaming Workshop Report, April 2007.

1

This checklist was developed by CARE USA.

Self-Assessment Checklist: Mainstreaming HIV

Self-Assessment Instructions

This checklist should be completed by a group of three to five staff members who are involved with the mainstreaming HIV process at your organisation.

Please indicate your answer marking the appropriate box.

- Y Yes, we undertake this work/activity
- I Insufficient, in preparation, or being considered
- N No, we've not yet tackled this work/activity
- **NR** Not relevant to our work

Because mainstreaming is a cross-cutting issue and requires the application of some clear principles in different development sectors, we have provided specific examples of how those principles are applied in several settings.

There is no formalized scoring process for this assessment. Instead, we suggest that you look at the questions that you answered 'no' or 'insufficient' to, and then select areas that are most relevant for your organisation to improve upon in the short-term.

Action Plan

We challenge you to use this tool to identify areas that your organisation needs to strengthen in order to reach a 'good practice' level, and then develop a brief Action Plan that highlights examples of HOW you will improve your mainstreaming HIV activities over the next year. You can use the Action Plan template provided at the end of this module or create your own.

There are eight Key Questions highlighted in the checklist in red. These questions address fundamental issues that you need to consider first when assessing your organisation's efforts to mainstream HIV. As you develop your Action Plan, keep these questions in mind and if you have answered 'no' to any of them, this would be a good starting point for improving your programmes.

How to save the Action Plan:

Complete the self-assessment module and Action Plan electronically, save the file and submit it to the Code Secretariat by email. The Secretariat will credit all NGOs that submit Action Plans as 'Implementing' NGOs and full signatories of the Code. After the period of six months, we will ask you to measure your progress against your Action Plan.

the Code

The Code of Good Practice for NGOs Responding to HIV/AIDS (the 'Code') was created by a broad consortium of NGOs to provide a shared vision of good practice to which NGOs can commit and be held accountable.

The Code outlines principles and practices that are informed by evidence and underscore successful NGO responses to HIV. It identifies a series of areas that are key to HIV programming and articulates fundamental principles that should be applied to HIV programmes in each of these areas.

These principles are aspirational, setting out examples of good practice that NGOs can work towards over time.

For more information on the Code, go to www.hivcode.org

Checklist



Please indicate your answer by marking the appropriate box.

- Y Yes, we undertake this work/ activity
- Insufficient, in preparation, or being considered
- **N** No, we've not yet tackled this work/activity
- **NR** Not relevant to our work

General / Organisational

Effective mainstreaming requires an organisation-wide understanding of HIV and commitment to the principles of mainstreaming. This section will help you determine whether your organisation / programme / project is taking the necessary steps to mainstream HIV into your work.

 Have all staff members been trained on and have a good understanding of HIV, gender and non-discrimination?
2. Does your organisation have an HIV workplace policy?
3. Do all staff members understand that sexual harassment in the workplace is unacceptable?
4. Does your organisation have systems in place to assess HIV risk and vulnerability internally within the organisation?
5. Does your organisation have systems in place to assess HIV risk and vulnerability externally within your programmes?
6. Have your organisation's existing monitoring and evaluation (M&E) plans been adapted to capture information about the community's response to HIV?
7. Are changes in community or individual vulnerability to HIV tracked over time?
8. Has your organisation/programme/project assessed the wider effects of HIV and analysed its impact on social systems, human capital, infrastructure, environment and other community assets?



If you answered YES

to fewer than 5 of the above, consider greater mobilisation and learning within the organisation to ensure that mainstreaming becomes a more integral part of the way you work.

Checklist

B

Risk

This section will help you understand whether your programmes minimise the risk of HIV transmission, create no inadvertent risks, and help protect people from HIV. Please note that this section should be completed for each sector that you are working in. 1. Have interventions been modified to reduce the risks of HIV transmission for project beneficiaries/participants (for example, holding meetings before nightfall)? 2. Have services and facilities been designed to reduce the physical risks for women and girls? For example: • Do strategies exist to ensure that your organisation's projects/ $\bigcirc \mathbf{Y} \bigcirc \mathbf{I}$ activities do not expose women and girls to risk of HIV infection/ sexual violence? • Do strategies exist to ensure that educational environments do not expose students to HIV infection, including implementation of policies and procedures for the prevention of sexual exploitation? • Are latrines and toilets placed appropriately to reduce risk of sexual $\bigcirc \mathbf{Y} \bigcirc \mathbf{I}$ $\bigcirc N \bigcirc NR$ violence for women and girls? • Is lighting adequate at night? ○ Y ○ I **NR**) N $\bigcirc \mathbf{Y} \bigcirc \mathbf{I}$ 3. Do programmes examine and minimize the potential risk of HIV transmission faced by staff and volunteers (for example, ensuring that women do not travel alone when going into the field)? 4. Do programmes examine potential interactions and power dynamics between project staff, volunteers, and beneficiaries that might increase risk of HIV transmission for any of those parties? 5. Does your organisation provide free and accessible condoms in the workplace?



Checklist

Actions needed to support Section B:

If you answered YES

to fewer than 5 of the above, consider a more in-depth assessment of potential risk factors and identify appropriate modifications in your programmes that enable objectives to be met without inadvertently creating the risk of HIV transmission.

Checklist

C

Access and Relevance

This section will help you assess whether your organisation's programmes are accessible and meaningful to all people, including PLHIV. Again, you should complete this section or each sector that you work in.

1. Does your organisation partner with women, young people, men who have sex with men, sex workers, drug users and members of other key populations in meaningful and sustained ways (for example, involvement in project design, consideration given to the types of groups formed, their meeting times and places, key messages and behaviours encouraged by project staff, etc)?
2. Does your organisation partner with PLHIV (including women and girls) in meaningful and sustained ways to ensure that your programmes are meeting their needs?
3. Does your organisation regularly review its services to ensure they are offered in a non-discriminatory manner and a stigma-free environment?
4. Have measures been taken to ensure that PLHIV and affected households benefit from projects and activities?
5. Has your organisation adapted work norms (including time and place of meetings) to enhance the participation of key populations, PLHIV and affected households?
6. Has your organisation adopted measures to ensure that the project does not increase stigma towards PLHIV, sex workers, men who have sex with men, drug users and other marginalised people (for example, have you considered the types of support groups formed, meeting times and places, key messages and behaviours encouraged by project staff, etc.)?
7. Have vulnerable individuals been targeted, regardless of their HIV status, paying attention to female-, child- and elderly-headed households, families supporting orphans and vulnerable children (OVC) and families caring for chronically ill people?
8. Are facilities and services designed to address the vulnerability of children, especially girls and female-headed households, PLHIV and/or those with chronic health conditions?
9. Have you considered how your organisation may best enable or facilitate linkages to appropriate HIV and AIDS services?



Checklist

Actions needed to support Section C:

If you answered YES

to fewer than 5 of the above, consider working with PLHIV and focus groups to more accurately determine needs and possible barriers to access so that interventions can be modified to enable greater participation and benefit of PLHIV and other vulnerable groups.

Checklist

C.1 Sectoral Questions on Access and Relevance The topics and questions below include ways that your organisation might ensure that benefits are accessible to or derived by people vulnerable to or affected by HIV. Please assess only those that are relevant, given your organisation's core work. In clinics: Have referral procedures been reviewed and updated so that they $\bigcirc \mathbf{Y} \bigcirc \mathbf{I}$ $\bigcirc N \bigcirc NR$ 1. include HIV-related referrals? 2. Are clients who test positive for HIV given referrals for HIV-related $\bigcirc \mathbf{Y} \bigcirc \mathbf{I}$ $\bigcirc N \bigcirc NR$ services? Is there a system for tracking and uptake and the sustained engagement with HIV-related services? 3. In sexual and reproductive health programming: $\bigcirc \mathbf{Y} \bigcirc \mathbf{I}$ $\bigcirc N \bigcirc NR$ • Is confidential voluntary counselling and testing (VCT) available and routinely offered, with referrals and access to other HIV services? Ν () NR • Are pregnant women routinely offered or referred to VCT and prevention of mother-to-child transmission (PMTCT)? () N • Are services for treating and preventing sexually transmitted infections (STI) available?) NR • Are there referral links between STI services and VCT services?)Υ ()Ι () NR • Are clients referred to reliable, available and appropriate HIV services? () N Peer Educators: 4. Are PLHIV (including women and young people, sex workers, men who $\bigcirc \mathbf{Y} \bigcirc \mathbf{I}$ $\bigcirc N \bigcirc NR$ have sex with men and drug users) recruited as peer educators? $\bigcirc \mathbf{Y} \bigcirc \mathbf{I}$ 5. Are peer educators given comprehensive training on HIV and AIDS, and $\bigcirc N \bigcirc NR$ gender issues? Savings and Credit: 6. Do savings and loan projects have flexibility and allow for breaks within $\bigcirc \mathbf{Y} \bigcirc \mathbf{I}$ $\bigcirc N \bigcirc NR$ the savings and credit cycle while retaining membership? Have interventions been designed so that people excluded from credit $\bigcirc \mathbf{Y} \bigcirc \mathbf{I}$ 7. $\bigcirc N \bigcirc NR$ schemes (because they are too economically vulnerable) can save money and, in time, gain access to the credit facilities of the microfinancing scheme? $\bigcirc Y \bigcirc I \bigcirc N \bigcirc NR$ 8. Does your organisation have any micro-financing schemes directed specifically to widows with children?

9

Checklist

		Water and Sanitation:	
		9. Are PLHIV and women's groups involved in the promotion of point-of- use safe water treatments?	
		10. Are safe water strategies and education in all clinic- and community- based HIV programmes ensured, including home-based care of PLHIV?	
○ Y ○ I ○ N		11. Is stigma reduction sensitisation conducted to ensure that all PLHIV and marginalised people are able to access water points without encountering discrimination?	
		Food and Agriculture:	
		12. Has special consideration been given to ensure that food aid or other services provided to vulnerable households does not increase stigma?	
○ Y ○ I ○ N		13. Does food support accurately reflect the dietary and nutritional needs of PLHIV, including adequate intakes of energy, protein and micronutrients essential to cope with HIV and fighting opportunistic infections?	
○ Y ○ I ○ N		14. Have appropriate diversification of crop production and preservation methods been promoted, including the introduction of new technologies that match the labour and nutrition needs of affected households?	
○ Y ○ I ○ N		15. Are interventions modified to enable PLHIV to engage in productive activities close to water points or the home?	
○ Y ○ I ○ N		16. Does the organisation ensure that women and girls, PLHIV and affected communities have access to appropriate credit, tools and knowledge, such as the transfer of customary and institutional knowledge about agricultural practices and skills across generations?	
○ Y ○ I ○ N		17. Has the organisation adapted food rations based on the needs of project beneficiaries?	
○ Y ○ I ○ N		18. Does your organisation ensure that women have access to food and agricultural assistance?	

Checklist

Humanitarian Relief/Emergency Response:
19. Does your organisation maintain strict adherence to the implementation and monitoring of guidelines to protect beneficiary groups from sexual exploitation?
20. Is accommodation and other support provided in a way that protects women and girls from sexual abuse?
21. Is appropriate HIV-related care provided for all PLHIV in emergency situations?
22. Does your organisation provide or link PLHIV to appropriate treatment and prevention services, including antiretroviral medication and/or PMTCT programmes?
Education Programming:
23. Do "life skills" curricula include age-appropriate sessions on HIV and AIDS, and focus on building the necessary self-confidence and skills of learners to negotiate safe relationships?
24. Are teachers and school administrators trained and supported in identifying and approaching children (or teachers) at risk or who may be ill, and referring them to appropriate services?
25. Are teachers and school administrators trained and supported in creating stigma-free school environments?
26. Are provisions made to support learners who have significant school absences (for example, running extra sessions, finding study partners, etc)?

Actions needed to support Section C.1:

Checklist

D

Impact Mitigation

This section is designed to help you assess whether the design of your organisation's programmes will help to ease the burden of individuals and families affected by HIV.

OY OI ON (NR 1.	Does your organisation support the capacity of individuals, households and communities to be resilient in the event of ill health (for example, incorporating strategies such as building-up assets and investing in family and community relationships)?
	NR 2.	Does your organisation help to facilitate the transfer of traditional and institutional knowledge across generations?
	NR 3.	Do your organisation's programmes address stigma and discrimination, as well as potential violence, exploitation, and abuse of sex workers, men who have sex with men, drug users and PLHIV?
	NR 4.	Do projects enhance or positively impact traditional and existing coping mechanisms and strategies in the context of HIV?
	NR 5.	Have rules been introduced to protect the savings and assets of married women and/or children, which may otherwise be acquired by relatives in the event of spousal or parental death?
OY OI ON (NR 6.	Does your organisation recognise that families and communities are the primary social safety net for OVC and therefore strengthening these community based responses should be a priority?
OY OI ON (NR 7.	Are leaders engaged in responding to the needs of OVC and developing means of participation and benefits for child-headed or skipped- generation households?
OY OI ON (NR 8.	Does your organisation acknowledge the impact of HIV and AIDS on women, and design programmes in a way that recognises these constraints and needs?
OY OI ON (NR 9.	Has the capacity of families and communities to protect and care for OVC been strengthened by provision of economic, material and psychosocial support and development of life skills of children, parents and carers?
	NR 10.	Are household members enabled to take on responsibility for, or take over, loans or project membership if the original member becomes ill or dies?

Checklist

	OVC:
	11. Do your organisation's programmes provide support for parents living with HIV to fulfil their parenting role, including succession planning for children?
	12. Do programmes enable OVC to access services, including birth registration, schooling, health and nutrition services, sexual and reproductive health services, safe water and sanitation, protection from exploitation, violence and abuse, and psychosocial support?
	13. Do programmes build the capacity of children and young people to meet their own needs through access to quality education, protection from exploitation, psychosocial support, and developing the skills to care for themselves?
Actions needed to support Section D:	

If you answered YES

to fewer than 8 of the above, consider deeper investigation into the effects of AIDS on caregivers and surviving household members, and identify possible modifications to your interventions.

Checklist



Advocacy

This section is designed to help you assess whether your organisation has incorporated HIV and related issues into your advocacy work.

 Do all advocacy activities involve members of project beneficiaries young people, women and men, sex workers, men who have sex with men, drug users and PLHIV?
2. Does your organisation engage in community consultations about HIV and its impact?
3. Does your organisation participate in national and local HIV and AIDS forums/committees?
4. Has your organisation built partnerships with governments, donors, the public sector and the full range of NGOs to coordinate your responses to HIV?
5. Does the organisation generate and use evidence from the field to identify policy/programmatic barriers to enabling PLHIV, sex workers, men who have sex with men, transgender people and drug users to lead full and dignified lives and influence policy/implementation change to reduce these barriers?
6. Does the organisation advocate for the review and reform of laws and policies to ensure:
 gender equity for women in accessing credit and income-generating activities and property ownership?
universal birth registration?
 protection of the inheritance rights of widows and orphans?
 protection of access to land, natural resources, services and credit for PLHIV and affected communities?
 protection of children against neglect and abuse (physical, sexual and emotional)?

Checklist

• prohibition of exploitative and harmful child labour?
 availability and accessibility of social welfare support?
• regulation of institutional facilities caring for children?
• community-based care as soon as practicable?
• access to education for both girls and boys, especially for girls?
 appropriate placement and guardianship of children who lack adequate adult care?
 a comprehensive approach to HIV, including access to nutritionally appropriate food for PLHIV
• appropriate budgeting for the needs of PLHIV in different line ministries (e.g. Agriculture, Education, etc)
• protection of women and children against violence by men?
• protection of women and children from sexual exploitation?
 freedom of choice in sexual identity and behaviour?
• protection of sex workers?
harm reduction for drug users?

Actions needed to support Section E:



In completing this self-assessment checklist, you are likely to have identified some areas that are in need of improvement and some that are already at a 'good practice' level.

Please complete the Action Plan table on the next page and highlight examples of how

you will improve your organisation's work on Mainstreaming HIV over the next six months, thinking first about the Key Questions below. If you answer 'no' to any of these eight questions, it would be important for you to start here in improving your work!

Key Questions

- Have all staff members been trained on and have a good understanding of HIV, gender and non-discrimination?
- 2. Does your organisation have systems in place to assess HIV risk and vulnerability internally within the organisation?
- 3. Does your organisation have systems in place to assess HIV risk and vulnerability externally within your programmes?
- 4. Does your organisation meaningfully involve PLHIV in the development of programmes and services to ensure that their needs are considered within the context of your core work?

- 5. Have services and facilities been designed to reduce the physical risks for women and girls?
- 6. Do programmes examine and minimize the potential risk of HIV transmission faced by staff and volunteers?
- 7. Have measures been taken to ensure that PLHIV and affected households benefit from projects and activities?
- Have you considered how you may best enable or facilitate linkages to appropriate HIV and AIDS services?

Please remember to save your completed action plan and email it to
info@hivcode.org or send it to PO Box 372, 1211 Geneva 19, Switzerland.

Name of Organisation	Contact Person	Email Address
Signed		Date



Action Plan: Mainstreaming HIV

Expected Outcomes (What do we want to achieve?)	Key Activities (What do we need to do?)	Action Points (What kind of support do we need to do it?)	Resources (What kind of support do we need to do it?)	Timeframe (When will we do it?)