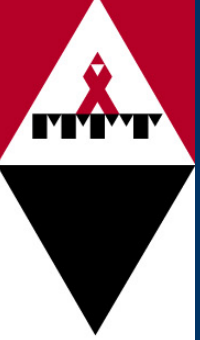


MAINSTREAMING HIV/AIDS INTO MINISTRY, DEPARTMENT AND AGENCY PLANS (& PROGRAMMES)


MOBILE TASK TEAM
ON THE IMPACT OF HIV/AIDS ON EDUCATION

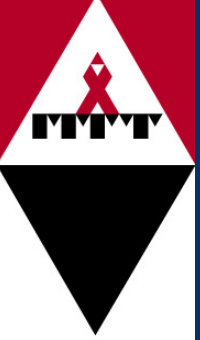
Rose Smart

Mobile Task Team

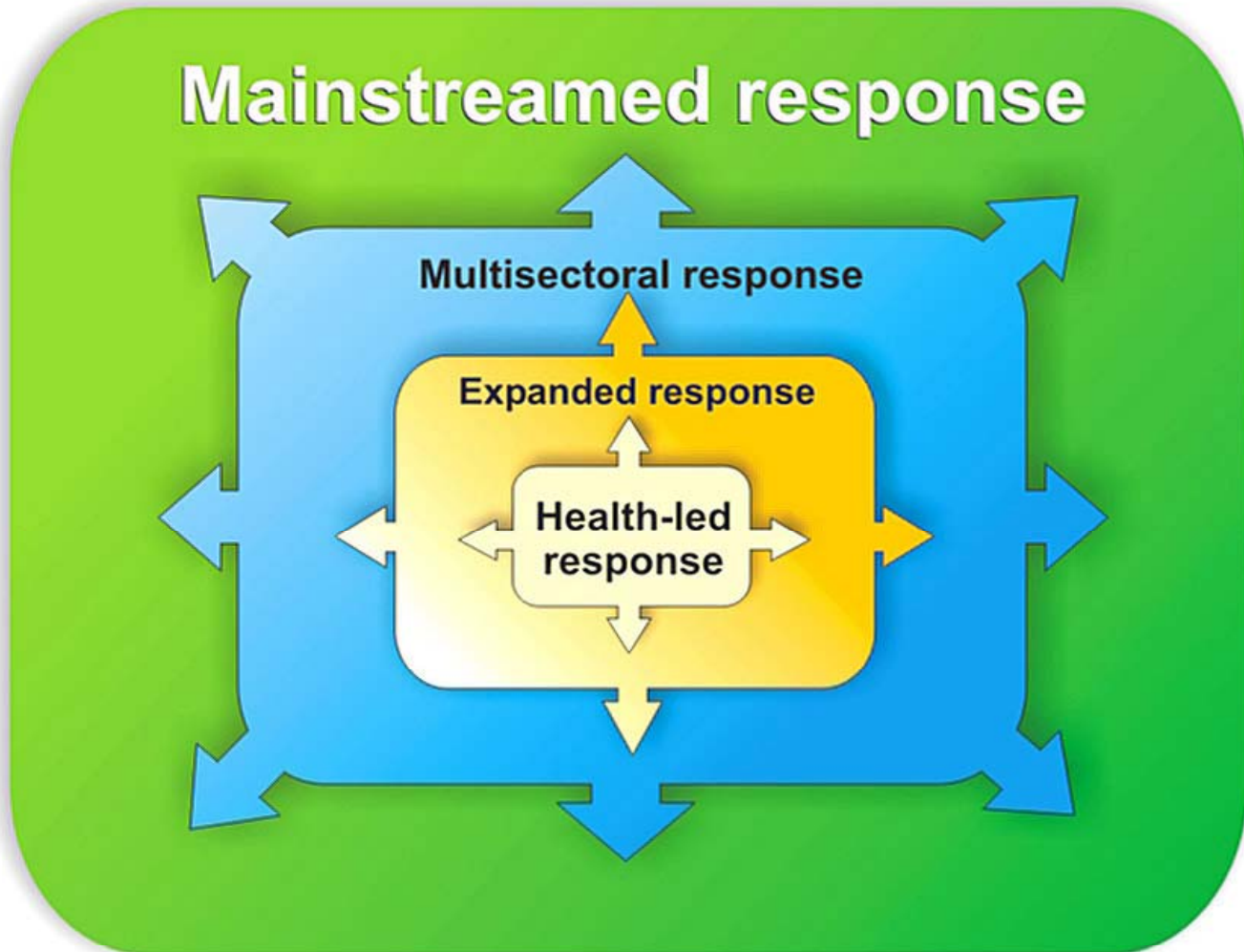


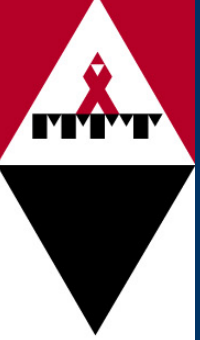
OVERVIEW

- Evolution to a mainstreamed response to HIV/AIDS.
- What is mainstreaming?
- Common barriers to mainstreaming.
- Examples of sectoral mainstreaming.
- Critical elements of mainstreaming.
- Mobilising and capacitating role players.
- Asking the right questions.
- Points about implementation and M&E.



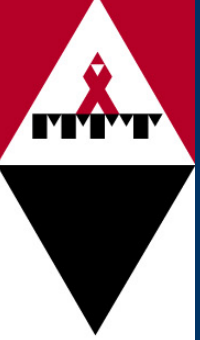
Evolution to a mainstreamed response to HIV/AIDS





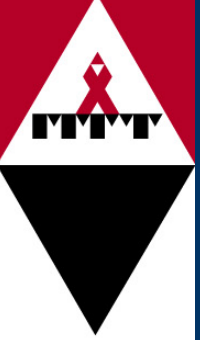
What is mainstreaming?

Mainstreaming HIV/AIDS means *all sectors determining (i) how the spread of HIV is caused or contributed to by their sector; (ii) how the epidemic is likely to affect their sector's goals, objectives and programmes; and (iii) where their sector has a comparative advantage to respond – to limit the spread of HIV and to mitigate the impact of the epidemic.*



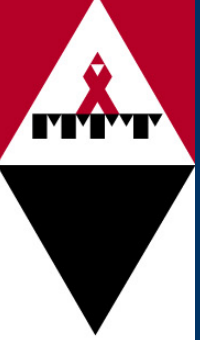
What it is not!

- It is NOT simply providing support for a Health Ministry's programme.
- It is NOT trying to take over specialist health-related functions.
- It is NOT changing core functions and responsibilities (instead it is viewing them from a different perspective).
- It is NOT business as usual – some things must change.



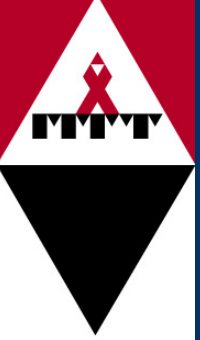
What are common barriers to mainstreaming?

- Lack of knowledge of HIV/AIDS.
- Denial in face of the enormity of the epidemic.
- Limited capacity, particularly human resources.
- Reluctance to take on unfunded mandates.
- No processes to identify comparative advantages.
- HIV/AIDS not included as a KPA.
- HIV/AIDS not identified as a strategic priority.
- Need for political/public leadership.
- Other competing development issues.



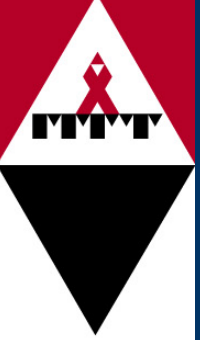
Examples of sectoral activities into which HIV/AIDS has been mainstreamed

- Training agricultural extension officers to include HIV/AIDS education in their meetings with farmers and community groups, and requiring the extension officers to report on their HIV/AIDS activities in their reports.
- Modifying agricultural implements and practices to ensure that they are appropriate for children and the elderly.



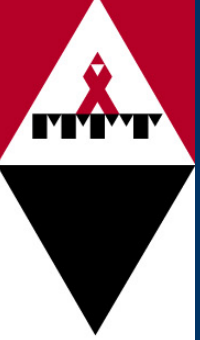
Examples of sectoral activities into which HIV/AIDS has been mainstreamed ...continued

- Ministries of Manpower and Youth ensuring that employment creation projects accommodate the special needs of children and youth who are orphaned.
- Mining companies that enter into partnership with local HBC providers, supplying technical assistance and financial support, to ensure that repatriated mine workers who return home after being medically boarded receive care and support.



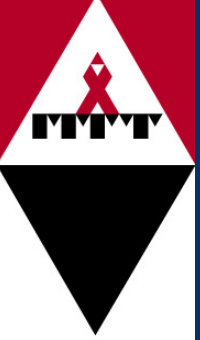
Examples of sectoral activities into which HIV/AIDS has been mainstreamed ...continued

- A private sector company reviewing its marketing strategies to the youth, to take account of the increasing numbers of HIV/AIDS affected children.
- Development planners mapping their development projects, identifying high risk situations (for HIV transmission), and then planning interventions to address this, as part of their development projects.



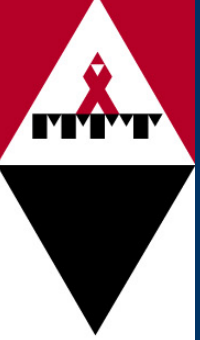
Examples of sectoral activities into which HIV/AIDS has been mainstreamed....continued

- A contractor sub-contracting an NGO to plan and implement HIV/AIDS education programmes for their workers and their sexual partners during a construction project.
- Tender documents that require evidence of HIV/AIDS workplace policies.
- Teachers and social workers working together to identify and support orphans and vulnerable children.



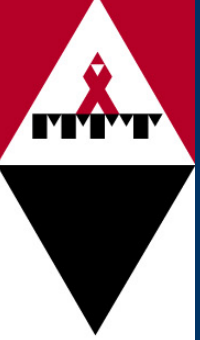
Critical elements of mainstreaming I

- It is a process – not an event, or series of events.
- It requires an understanding of complex issues.
- It challenges creativity in unique ways.
- It works best when the starting point is understanding HIV/AIDS at a personal level.
- It needs partnerships, sometimes new, non-traditional partnerships.
- It demands careful role clarification.



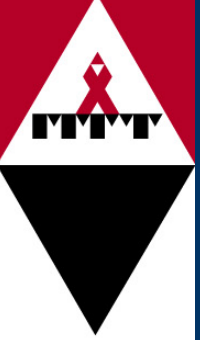
Critical elements of mainstreaming II

- Advocacy skills are needed to lobby for support.
- Consultation, initial and on-going is a fundamental requirement → ownership.
- It should be based on information, some of which might be new, some of which may be a new look at existing data.
- It is important to ask the correct questions and then use the information acquired.
- It may require research.



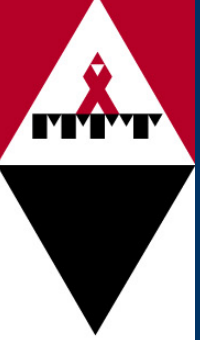
Example from ESKOM Internal – HR mainstreaming

- Impact study, 1995 & 1999 – cost of HIV/AIDS will be R200m p.a.
- Study of H.R. trends
 - 2 x no. of deaths in service: 7 per 1 000 p.a.
 - 1998: 50% of ill-health retirements due to AIDS.
- Skills plan
 - multi-skilling and re-training;
 - bursary programme tripled for tertiary training.



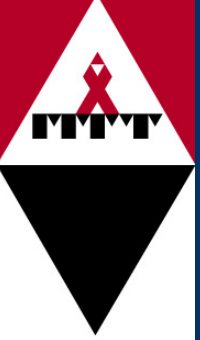
Critical elements of mainstreaming III

- It must address both internal (workplace) and external aspects of an organisation's functioning.
- The use of tools at various stages is helpful.
- Early successes are invaluable in sustaining momentum and motivation.
- Development and poverty reduction are natural starting points – particularly when an identified development priority will also contribute to HIV/AIDS targets.



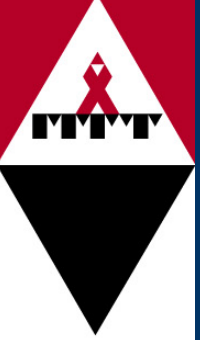
Example: Constitutional objects of Local Government (RSA)

- To provide democratic and accountable government for local communities
- To ensure the provision of services to communities in a sustainable manner
- To promote social and economic development
- To promote a safe and healthy environment
- To encourage the involvement of communities and community organisations in the matters of local government



Critical elements of mainstreaming IV

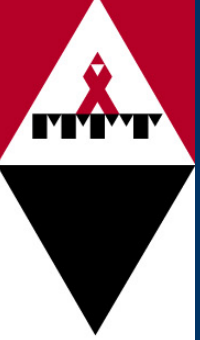
- Methodologies, such as mapping and targeting are useful to focus on priority areas, available services, vulnerable groups and high risk situations.
- Monitoring and evaluation are necessary but present real challenges – there are no “ready-made” mainstreaming indicators.



The process for role players I – experiences from Nigeria & Ghana

Step One: HIV/AIDS

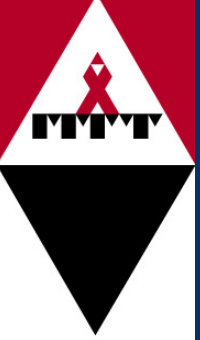
- Arriving at common understandings of HIV/AIDS & development.
- Internalising the goals & strategies of the National HIV/AIDS Strategic Plan.
- Understanding the Provincial/State/District AIDS Programme priorities, responses & available resources.



The process for role players II

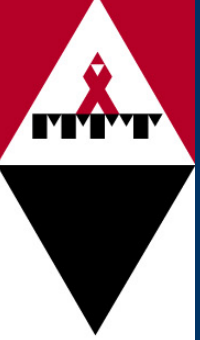
Step Two: Sectoral functions

- Defining core functions & priorities.
- Identifying those that are development functions.
- Conducting an HIV/AIDS situation analysis.
- Conducting an HIV/AIDS response analysis.
- Analysing partners (stakeholder analysis).



Planning

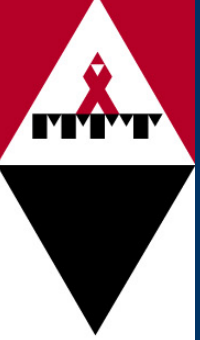
An effective multisectoral, mainstreamed response to the HIV/AIDS epidemic must be situated in a joint understanding by all role-players of the problem. This implies a consultative planning process.



The process for role players III

Step Three: Defining a model internal response

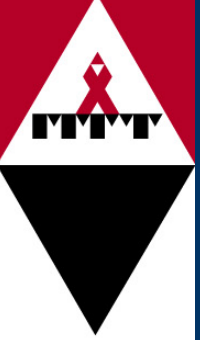
- Co-ordination and management strategies.
- HIV/AIDS policy.
- Workplace programme (prevention).
- Workplace programme (treatment, care & support).
- Community participation/outreach.



The process for role players – IV

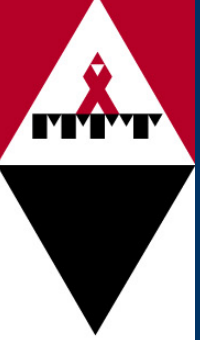
Step Four: Defining a model external response

- Building on existing sectoral HIV/AIDS activities.
- Adding strategies that are linked to sectoral development functions.
- Identifying new opportunities linked to National Strategic Plan priorities.
- Agreeing on criteria for testing for relevance, technical soundness, affordability and acceptability.



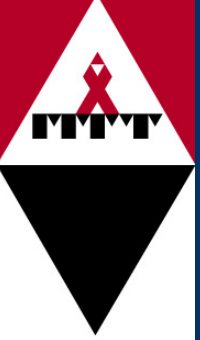
Generic questions I

- What laws, policies and regulations govern the sector?
- Can any aspects of these either limit or facilitate effective HIV/AIDS responses?
- What are the sector's development targets?
- What, if any, is the interrelationship of any of these to HIV/AIDS targets?
- Who are the sector's employees, customers/clients, beneficiaries, partners?
- Are there any features of these groups that make them more or less vulnerable to HIV infection?



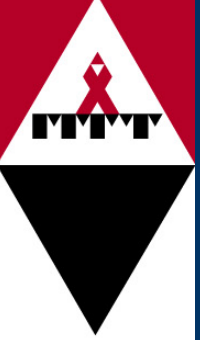
Generic questions II

- Are there any factors – geographical, environmental, social, economic, cultural – that, related to the sector's operations, may influence the spread of HIV?
- What data are routinely collected for planning and monitoring sectoral responses?
- Are these data that can describe the scope or impact of the HIV/AIDS epidemic?
- Are there additional data needed to create a “picture” of the epidemic in the sector – now and in the future?



Generic questions III

- Are there any operations that are particularly vulnerable to the impact of HIV/AIDS and why?
- What skills are needed by the sector and its key partners to plan, implement and monitor a mainstreamed response to HIV/AIDS?
- What are the current monitoring systems?
- Can these be used or adapted to monitor a mainstreamed response?

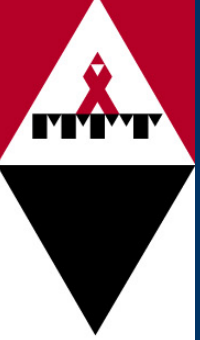


Sectoral questions I

Local Government and Housing:

Q: How do household survival strategies change as a result of the epidemic?

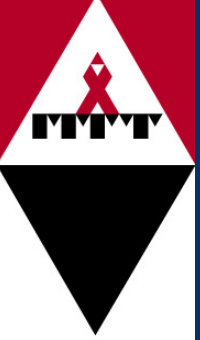
Q: What will the impact of HIV/AIDS be on the ability of households to pay for services?



Sectoral questions II

Welfare:

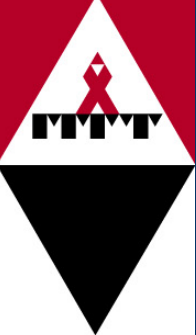
- Q: Are the traditional child care systems equipped to support the increasing number of orphans, and, if not, what other support is necessary?
- Q: Are there sufficient trained social workers to cope with the demands generated by the epidemic?
- Q: Are existing funds and social services reaching those who are most needy?
- Q: How does stigma limit the effectiveness of support to HIV/AIDS affected households?



Sectoral questions III

Housing:

- Q: Are housing plans and targets being developed with due consideration of the impact of HIV/AIDS?
- Q: Are there buildings that are vacant, or unused at certain times that could be used for HIV/AIDS related activities?
- Q: What design modifications should be considered to accommodate infected and affected people?



Sectoral questions IV

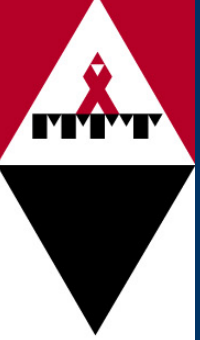
Agriculture:

Q: Are there any labour intensive agricultural processes? If yes, to what extent is substitution between labour intensive food crops and less labour intensive crops possible?

Q: Are food surpluses adequate or low?

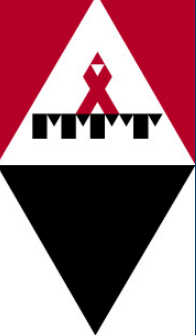
Q: Are there opportunities for off-farm income?

Q: What are the implications if resources for farm equipment and pesticides are redirected to health care?



Implementation

- We can learn mainstreaming lessons from gender, human rights and environmental mainstreaming experiences.
- Implementation must occur internally, as well as externally.
- Celebrate successes.
- Never underestimate the challenge of sustainability.
- Report on activities and processes.



Monitoring and evaluation

- Use monitoring mechanisms that already exist, but beware of HIV/AIDS “getting lost”.
- Remember that lots of indicators require a base-line measure to be meaningful.
- Don’t choose indicators that will set you up for failure!