Mainstreaming of Gender and HIV/AIDS – Synopsis of the Ethiopian experience

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**ETHIOPIA - Profile & HIV status**

- **FULL NAME:** Federal Democratic Republic of Ethiopia (Regional states and 2 city Administrations)

- **AREA:** 1.13 million sq km (437,794 sq miles)

- **CAPITAL:** Addis Ababa

- **POPULATION:** 83.1 million (UN, 2007)

- **LIFE EXPECTANCY:** 52 years (men), 54 years (women) (UN)

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HIV/AIDS information for the year 2007

- **Adult prevalence:**
  - (Total 2.1%, Urban 7.7%, Rural 0.9%)

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<thead>
<tr>
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<th>%</th>
<th>numbers</th>
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<tbody>
<tr>
<td>Total</td>
<td>2.1</td>
<td>977,384</td>
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<tr>
<td>Male</td>
<td>1.7</td>
<td>399,376</td>
</tr>
<tr>
<td>Female</td>
<td>2.6</td>
<td>578,018</td>
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- **AIDS incidence** .28%
- **AIDS death** 71,902
- **AIDS Orphans** 898,350
Ethiopian Government Response (Chronology)

- The first evidence of HIV infection: 1984
- The first two AIDS cases were reported to Ministry of Health: 1986
- Surveillance in Ethiopia started in 1989/1982
Ethiopian Government Response

- National Task Force (NTF) was established in 1985 (After first HIV case had been evidenced in 1984)

- Comprehensive HIV/AIDS policy was developed in 1998

- National HIV/AIDS Prevention And Control Council was established in 2000

- National HIV/AIDS Prevention & Control Secretariat was Established to coordinate & facilitate MSR against HIV/AIDS in 2000

- National Strategic Framework was developed for 5 years, (2001-2005)
### Priority Intervention Areas (in the strategic framework)

<table>
<thead>
<tr>
<th>IEC / BCC</th>
<th>Condom Promotion &amp; Distribution</th>
<th>VCT</th>
<th>STI</th>
<th>Blood Safety</th>
<th>Universal Precaution</th>
<th>PMTCT</th>
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<tr>
<td>Care &amp; Support</td>
<td>Legislation &amp; Human Right</td>
<td>Research &amp; Surveillance</td>
<td>Capacity Building</td>
<td>Mainstreaming</td>
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Basic Contents of the SPM (2004-08)

1. Vision:
   To see Ethiopia where by HIV/AIDS is not a development problem

2. Mission:
   • Reduce the spread of HIV
     (Reduce new infection)
   • Reduce the socio economic impact of infected and affected people.

3. Guiding Principles:
   • Multi-Sectoralism
   • Ownership/Empowerment
   • Shared sense of urgency
   • Gender Sensitivity
   • Together with PLWHA
   • Result Oriented
   • Best use of resources

4. Strategic Issues:
   • Capacity Building
   • Community mobilization and empowerment
   • Integration with health programs
   • LEADERSHIP AND MAINSTREAMING
   • Coordination and networking
   • Focusing on especial target group

5. Strategic Objectives:
   • Major Intervention areas

6. Targets:
   • Targets by health facility level and other sector

7. Costs

8. Major Activities areas by sectors indicated
Government Response

Developed myriads of guidelines in different thematic areas including:

(Refer to The Ethiopian Resource Center website or www.hapco.gov.et)

- Federal level mainstreaming guide for sectors
- Another guide as part of the overall social mobilization implementation strategy
  (in English as well as local languages)
- Regions also have adapted their own guide on mainstreaming
- A hand book for HIV/AIDS mainstreaming for a scaled – up multisectoral response (This hand book is the first of its kind and the tools are exceptionally helpful in facilitating HIV/AIDS mainstreaming issues, workshops, trainings etc.
- The tools are adapted from different disciplines to suit for HIV/AIDS issues and includes the following:


**Government Response (the handbook)**

i. **Basic Epidemiology and its significance for mainstreaming**: This tool aids in applying mainstreaming interventions in each stage of the virus’s development.

ii. **Systems thinking**: is a conceptual tool used to clarify patterns of interactions between and within systems and to allow understand and modify these interactions more effectively. With respect to the HIV/AIDS epidemic, this tool enables to review holistically the complexity of the problems caused by HIV/AIDS, and allows to propose solutions which are complex and interrelated.

iii. **Rapid assessment for measuring HIV/AIDS impacts**: This is a tool used for estimating the impact of the epidemic that involves the retrospective assessment to what extent morbidities and mortalities related to HIV/AIDS exist in a sector; and forecasting to what extent HIV/AIDS will cause morbidity and mortality in the sector, using certain assumptions.

iv. **Cross – Impact analysis**: It is a matrix and is a systems tool that enables us to explore how sectors/entities interact in the context of increasing HIV/AIDS related mortality and morbidity, and how this influences the entire system’s capacity to deliver on its mandate. It will enable us identify which sectors/entities are more vulnerable than others and at the same time assist in identifying on which sectors/entities one should focus to change the situation.
v. **Demand and Supply model:** This tool shows how changes in the quantity and pattern of demand by beneficiaries as a result of HIV/AIDS changes the delivery and supply capacities of sector or institution, and how a change in the capacity of an institution or sector will, in turn, disturb the quantity and pattern of services received by the beneficiary/client.

vi. **SWOT and PEST analysis:** This tool is an effective tool for identifying the internal and external factors that impact a sector’s function within an environment of HIV/AIDS. It helps understand an external environment so organizations use their internal strength and existing opportunities to plan for successful mainstreaming of HIV/AIDS responses.

vii. **Gender analysis:** This tool reviews gender-based vulnerabilities to HIV/AIDS and inform sectors/actors about gender analysis as a tool for generating data related to gender issues which is used for planning of gender sensitive HIV/AIDS mainstreaming interventions.

viii. **Framework for Change in HIV/AIDS mainstreaming:** This tool deals with why change is needed to bring about an AIDS competent society, and emphasizes the steps required to bring about and maintain a change in HIV/AIDS mainstreaming using Kotter’s Framework for Change concept.
Rationale for mainstreaming

- There is a recognition that HIV/AIDS is a development issue and affects every individual, community, sector, etc and everyone should participate in the response.

- There is also a realisation that HIV/AIDS is an epidemic with no obvious solution (cure).

- Our response to HIV/AIDS needs to be more than direct AIDS work and integration.

- Hence, Mainstreaming may be the most appropriate response in preventing and controlling the epidemic.
There are various definitions proposed by various agencies which are almost similar or complementary and I would like to present which we mostly use and find it easier to explain: This definition depicts the bidirectional impacts of HIV and development

- **At a Conceptual level**---is bringing Gender and HIV/AIDS to the center of the development agenda.

- **Operational level**--- is responding to two basic questions:
  (a). What is the impact of AIDS on development?
  And determine what policies, strategies and actions we need to put in place to minimize this impact?
  (b). What are the positive and negative impacts of the implementation of development policies, strategies in the region on the spread of HIV in the community?
  And determine what policies, strategies and actions should be put in place to enhance the positive impacts and minimize the negative impacts?
Concepts and definitions…

- **AIDS work:**
  Is the direct implementation of the prevention, care and support and impact mitigation activities on a stand alone basis.

- **Integration:**
  Involves the direct implementation of the prevention, care and support and impact mitigation activities in conjunction but in parallel with other development activities.
Mainstreaming activities in sectors

- Developed Federal Civil Servants workplace HIV/AIDS directive, (policy) which serves for all government offices under civil service commission at the federal level

- So far 72 sector ministries/agencies have started implementing mainstreaming at federal level. (between 2007-2010, 2135 enterprises will have a workplace policy /program)

- Have designated focal points

- Are collecting AIDS fund which is 0.5% of their monthly salary every month.

- The government also has committed up to 2% of their annual budget for their HIV/ AIDS program, in addition to what sectors access from MAP II and other sources.

- In some sectors considering external mainstreaming has been a requirement for a project to be approved (Road sector)
Mainstreaming activities in sectors....

- The mainstreaming activity started immediately after MAP I fund from the World Bank arrived.

- Hence, they have an experience of implementing mainstreaming since 8-10 year (but most are in stage 2 and 3). (a case study of sectors in Addis Ababa city administration will be presented in preceding slides).

- They have started workplace dialogue organizing themselves in peers.

- In some regions (SNNPR and Dire Dawa city administration) don’t approve any sectoral budget unless it has mainstreamed gender and HIV/AIDS.

- The workplace intervention focuses not only on the staff but it enfolds staff families, and the beneficiary communities.
Mainstreaming activities in the private organizations

The private enterprises have organized themselves under – Chamber of Commerce, Confederation of Ethiopian Thread Union (CETU), Ethiopian Employers Federation (EEF), Ethiopian Business Coalition against HIV/AIDS (EBCA), etc

- They are by far ahead of the government sectors in mainstreaming
- CETU has implemented mainstreaming in its 150 enterprises comprising 196,000 employees and their families.

- All enterprises have their own workplace policies
- Have trained peer promoters and community councilors to reach staff and families

- Have organized youth centers and clubs as a result of HIV/AIDS response.
- Have carried out situation analysis and impact assessment in their enterprises.
.... in the private organizations

- They support the affected family members through vocational trainings and IGAs specially for the youth.

- Have managed to hire focal persons in every enterprise on a permanent basis.

- Some enterprises (e.g. MEDROC) were able to avail all support services including ART before the government announced a free universal access to ART.

- They have their own AIDS Fund raised from the employees and mostly is used to nutritional support for ART adherence.
Mainstreaming activities in the Community Based Organizations (CBOs)

- We consider all NGOs, FBOs, PLWHA organizations, community level civil society organizations as CBOs. There are thousands of these organizations spread all over the country. They are the grassroots level implementers of mainstreaming and are effective.

- More than 200 NGOs have their own policies and are mainstreaming gender and HIV/AIDS in their development activities.

- Most NGO’s in addition to the internal mainstreaming they undertake, they have geared almost their development (food security, WATSAN, natural resources management, small scale irrigation, saving and credit, construction, money management etc) activities in line with gender and HIV/AIDS mainstreaming. (e.g ERSHA, GOAL, CIDA, GTZ, Concern, PCI, etc)

- All FBOs have HIV/AIDS policies, programs and are mainstreaming in their developmental and spiritual services.
Iddirs, which are community organization that are mainly formed for burial activities at the death of their members, have now reviewed their bylaws to make AIDS competent.

Iddirs have started supporting members before death, and extend their care and support for a diseased families specially orphans and widows.

Communities raise AIDS Bank (grain) which is contributed in kind, particularly during harvest seasons and is given to affected members of the community (Amhara, SNNPR)

Communities also provide support in a form of labor such ploughing, weeding harvesting etc.

In some communities HIV/AIDS is mainstreamed even in they cultural practices to reduce susceptibility ( The Gurage tribe/ethnic group has made testing before marriage, mandatory)
Addis Ababa HIV/AIDS Prevention and Control Office (AA HAPCO)

Assessment of Sector HIV/AIDS Mainstreaming Status
Introduction

ADDIS ABABA

- The city stretches from 1800 to 3200 meters above sea level, with a population of nearly 3.5 - 4.0 million and with an annual growth rate of 2.9%.
- Youth age group (15-24) and productive age group (15-49) population accounts 52%, 24% and 64.5% of the total population respectively.
- HIV/AIDS prevalence rate is 12.4%.
- Estimated number of PLWHAs is 250000.
- Estimated Number of PLWHAs that need rapid care and support is 47000.
Cont.

- Number of orphans due to the virus is estimated to be 73000 of which 27000 of them are double orphan.

- A.A City Administration has three administrational structure level:
  - city administration level-with Mayer office and eight bureaus as cabinet members and more than 25 sector offices under the bureaus
  - kefle ketema level (10K.K)-with chief executive and five main offices as member of executive bodies
  - Keble level (99k) - center of development and direct participation as well as a station for community service.
Assessment objective

The main objective are:

- To identify sectors that effectively implement mainstreaming
- To advocate or promote selected best practices to sector offices and other related organizations
- To give award for those who are relatively successful in meeting the best practice evaluation indicators
- To identify HIV/AIDS Prevention and Control practices that are best related to community mobilization and so on
Assessment methodology and Indicators

Combinations of data collection and analysis methodologies have been used.

The following 12 indicators are used to guide the evaluation:

1. Leadership or management Commitment
2. Conduction of impact assessment and risk analysis
3. Inclusion of HIV/AIDS issues in the strategic plan of the sector
4. Presence of influential task force
Cont.

5. Presence of workplace policy
6. Implementation of workplace and target group interventions
7. Resource mobilization
8. Partnership establishment and strengthening
9. Reporting and documentation
10. Capacity building
11. EMSAP Fund Absorption
12. Innovative practices
Assessment result

Of the total 36 sector bureaus and offices included in the evaluation process,

**Impact assessment**
- Only two have conducted impact assessment

**Leadership commitment**
- There is no strong leadership commitment in most of the sectors regarding coordinating and leading HIV/AIDS mainstreaming programs at sectoral level.
Strategic planning
Of the 36 sectors we addressed, 70% of them included HIV/AIDS prevention, care and support programs in their strategic planning management (SPM).

Work place policy
All of them have no HIV/AIDS Work place policy (This is because since they are civil servants, they expect the policy to be developed by the government, specially from the civil service commission.)
Cont.

- **HIV/AIDS mainstreaming task force**
  From the 36 sectors, around 89% of them have HIV/AIDS mainstreaming task

- **Internal and external mainstreaming**

  Of the 36 sectors, 18 of them have implemented external mainstreaming
Cont.

Major activities implemented by the sectors are:

1. In the work place
   - Awareness creation
   - Condom promotion and distribution
   - VCT promotion and in few sectors providing VCT service
   - Care and support
Resource Mobilization

- The major source of fund of all sectors was AA HAPCO EMSAP fund.
- Only 47% of the 36 sectors tried to mobilize resources from their workers, donors, NGOs and from IGAs.
- The major resources mobilized by the sectors include: video and audiocassettes, printed IEC materials, condoms, stickers, technical person, money for program implementation, Mini media equipments, etc...
Partnership establishment

18 sector bureaus and offices created partnership with VCT Centers and different organization for sharing resources.

Recording and proper documentation system.

66% of the 36 sectors prepared and disseminated their HIV/AIDS based report to different organization. But the evaluation result show that only 46% of them have relatively good recording and proper documentation system.
The assessment result showed that still there is a capacity problem especially in relation to human resource development for instance:

- 18 sector bureaus and offices heads didn’t take leadership and mainstreaming training
- 20 sector bureaus and offices members of the task force didn’t take mainstreaming training
- all sector bureaus and offices members of the task force or focal persons need HIV/AIDS based project management training
Best practices

- Preparation and printing of life skill manuals for different target population (grade 1-4, grade 5-8, grade 9-12) at school level
- Move intervention program implemented in all junior and senior secondary schools
- Continuous Peer education and life skill training among students, girls, teachers, workers, and CSWs.
- House to house education implemented to the women population in the 99 kebles.
- Workers regular monthly money contribution for AIDS fund.
- Inclusion of HIV/AIDS mainstreaming activities in the result-oriented plan.
- The presence of Mini media programs in some sectors at workplace level.
- Creation of girls’ forum as a role model to their peers.
- Care and support program for PLWHAs, orphans, and affected people.
Cont.

- Presence of regular HIV/AIDS prevention and control media programs including practices institutions and individual experiences and etc on radio (FM 97.1), ETV02 and news papers and magazines

- Disseminating IEC/BCC activities through web pages or sites
Recommendations

The following points are recommended as a way forward:

- Providing training and/or orientation on leadership and mainstreaming skills including impact assessment
- Create discussion b/n cabinet members and bureau of finance and economic development to implement 2% of sectors budget for HIV/AIDS mainstreaming
- Technical support related to HIV/AIDS prevention and control programs including planning, implementation, monitoring and evaluation
Translate the national HIV/AIDS Mainstreaming handbook into Amharic and adapt with the city experience

Networking including experience and information sharing

Sector leaders and workers must accept HIV/AIDS as the problem of their sector and give strong response to the multi-sectoral strategic planning management.

Strengthen Partnership and linkages with other sectors and stakeholders.
Cont.

- Create strong workplace dialogue among staff to scale up the workplace response for prevention, care and treatment programs.
- Assign functional HIV/AIDS mainstreaming task force and/or focal person with clear mandate and job descriptions, where it is missing.
- Efforts to be made to produce workplace directive/policy, by the bureau of civil service commission.
- Strong advocacy for leadership commitment and accountability.