



Australian Government
AusAID

Mainstreaming HIV into AusAID's development portfolio in Papua New Guinea

SUMMARY OPERATIONAL GUIDELINES FOR MANAGERS

NOVEMBER 2006

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ISBN 1 920861 87 4

Published by the Australian Agency for International Development (AusAID), Canberra, November 2006.

This document is online at www.ausaid.gov.au/publications

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Introduction to HIV mainstreaming within AusAID

AusAID identified 'HIV mainstreaming' as part of its overall response to HIV/AIDS in Papua New Guinea when developing a strategy for the PNG Country Program for 2004–08, and work began on mainstreaming HIV in Papua New Guinea. Australia's strategy to support Papua New Guinea's response to HIV/AIDS during the period 2006–10 endorses a continuation of this approach.

The guidelines in this document have been developed to assist with implementing mainstreaming in a realistic and focused way.

WHAT DOES 'HIV MAINSTREAMING' MEAN?

'HIV mainstreaming' means adapting core business to the realities of HIV. In other words, it is about reviewing our core work and making sure that it is appropriate in the light of the generalised HIV epidemic in Papua New Guinea.

The purpose of mainstreaming is to ensure that all sectors and agencies are equipped and able to address:

- > how they might be affecting the HIV epidemic
- > how HIV might be affecting their development outcomes, and
- > how their programs should be adapted accordingly.

Mainstreaming can address HIV as a workplace and individual issue as well as a professional and development issue.

THE DIFFERENCE BETWEEN MAINSTREAMING AND AIDS WORK

There is often confusion between specific **HIV/AIDS work** and mainstreaming. AIDS work means medical or behavioural activities that focus on HIV as the central issue – for example, condom distribution or HIV testing programs.

Mainstreaming means looking more broadly at the development causes and consequences of HIV and the factors that influence vulnerability to HIV and then considering how sectors might adapt their programs accordingly. For example, the infrastructure sector might employ local labourers for construction work to minimise mobility and thus reduce vulnerability and susceptibility to HIV. Mainstreaming is inextricably linked to the broader development issues of poverty and social equity.¹

Adopting a mainstreaming approach to HIV does **not** mean that every sector has to add on specific AIDS work to their existing portfolio of activities. Rather it means that sectors and provinces review and adapt their work to ensure that they, at the least, 'do no harm' (that is, do not contribute to the epidemic)

¹ Sue Holden, *AIDS on the agenda: adapting development and humanitarian programmes to meet the challenge of HIV*, Oxfam GB in association with ActionAid and Save the Children, Oxford, November 2003.

and, at the best, make positive contributions to Papua New Guinea's HIV/AIDS response.

Mainstreaming does not replace the need for AIDS work; they are complementary approaches to dealing with the HIV/AIDS epidemic.

WHAT CAN MAINSTREAMING DO AND NOT DO?

We must be realistic about what HIV mainstreaming can achieve. Mainstreaming accounts for only about 5–10 per cent of AusAID's total support for Papua New Guinea's HIV/AIDS response; the bulk of support is for AIDS work. Nevertheless, **mainstreaming provides an opportunity to review our development activities and modify our approaches for a better overall outcome.** A key aspect of mainstreaming is that it addresses the factors that drive vulnerability and susceptibility to HIV. This is particularly important in areas where prevalence is still low.

Papua New Guinea now has a generalised HIV epidemic with an estimated prevalence of about 2 per cent among adults. **It is not possible to deliver development programs effectively or responsibly without addressing HIV.**

Factors influencing vulnerability, which mainstreaming can address

Any new activities or adaptations to existing work that arise from the HIV mainstreaming approach should also address the underlying factors that contribute to the HIV epidemic. The issues most pressing for Papua New Guinea follow.

GENDER INEQUALITY Women are biologically and socioeconomically more vulnerable to HIV. Developing strategies that will reduce their vulnerability are essential.

POVERTY AND (SUDDEN) WEALTH Poverty drives the epidemic. Women are more likely to sell sex if they have no other viable way of making an income. Men are more likely to buy sex if they have high disposable incomes. Data from the Institute of Medical Research clearly show that sexually transmitted infections increased during the vanilla boom when ready cash was available. Unemployment and an uncertain future may well fuel anger and alienation in men, resulting in apathy about protecting themselves from infections and/or an increase in sexual violence.

MOBILITY If people are disconnected from their families and communities they are more likely to take risks. In terms of HIV this means having unprotected sex with multiple partners.

POOR ACCESS TO APPROPRIATE INFORMATION, SERVICES AND COMMODITIES Papua New Guinea has the highest rate of sexually transmitted infections in the Pacific region and a very low contraceptive prevalence rate. This indicates poor health service accessibility, low demand for health services and low levels of understanding about how sexually transmitted infections relate to HIV transmission.

HIGH DEPENDENCY RATIO As the epidemic matures, it is likely that more orphans will need to be cared for and that the elderly will have to take on this role. Where families and communities no longer have the resources to care for many dependants, young people may leave or be driven away from their villages in search of support, rendering them more vulnerable to abuse, violence and poverty.

STIGMA AND DISCRIMINATION If people living with HIV are stigmatised or discriminated against, they are less likely to seek help or services. This in turn is likely to fuel the epidemic since it does not support behavioural change. Countering stigma is vital and every sector has a role to play.

How to mainstream

The mainstreaming approach starts with reflecting on three core questions. Formal workshops do not need to be the sole focus for mainstreaming as the questions can be asked and considered with your team at any time. If you manage or supervise staff or teams the process could form part of your regular meetings.

ANSWER THE CORE QUESTIONS

- 1 **How might your sector/project/program/province be contributing to the HIV epidemic?**
- 2 **How might HIV be undermining what you are trying to achieve?**
- 3 **What can you do to limit the spread of HIV and to mitigate the impact of the epidemic?**

In response to these questions a set of activities and ideas will emerge. An illustrative example of this follows, taken from a PNG health sector HIV mainstreaming workshop in 2005.

1 HOW MIGHT YOUR SECTOR/PROJECT/PROGRAM/PROVINCE BE CONTRIBUTING TO THE HIV EPIDEMIC?

- > Unsafe injecting practices may be spreading infection.
- > A poor logistics system that cannot guarantee continuous supplies of drugs and equipment may lead to resistance to antiretroviral drugs, reducing their future effectiveness.

- > There is a lack of universal precautions (standard infection control practices such as always using rubber gloves).
- > Staff are posted without families or without safe accommodation.

2 HOW MIGHT HIV BE UNDERMINING WHAT YOU ARE TRYING TO ACHIEVE?

- > Numerous cases in hospital lead to staff 'burning out'.
- > Staff themselves are getting infected or are absent to attend funerals.
- > TB incidence increases with the HIV epidemic.
- > HIV is overburdening the health service, resulting in other more treatable diseases being missed.

3 WHAT CAN YOU DO TO LIMIT THE SPREAD OF HIV AND TO MITIGATE THE IMPACT OF THE EPIDEMIC?

- > Improve access to universal precautions (e.g. increase the emphasis given to infection control practices during pre-service and in-service training of health professionals and provide barriers such as rubber gloves and masks).
- > Strengthen supply chain management.
- > Ensure appropriate staffing levels and support for nursing staff.
- > Integrate TB and HIV services.

- > Prepare projections of the impact of HIV on human resources in terms of the future quality and quantity of staff.

SCREEN ANSWERS TO QUESTION 3

Answering the core questions will always raise more issues than can possibly be addressed at once or perhaps by one agency or sector. The next step is to screen the answers arising from question 3, applying the core principles of mainstreaming.

- > **Work to your comparative advantage – your core function.**
- > **Identify focused entry points.**
- > **Use existing structures/processes wherever possible to maximise the potential of existing resources.**
- > **Build strategic partnerships.**

If we look at the answers arising from question 3 and apply these core principles we arrive at the following conclusions.

- > Is improving infection control practices a **comparative advantage** of the health sector?
Yes.
- > What might be **focused entry points** for improving training?
Upcoming review of curriculums and pre-service and in-service training.
- > What **existing structures** could be used to improve infection control practices?
Revised training manuals and incorporating universal precautions in performance indicators.
- > Who might you need to work with? What **strategic partnerships** will you need to build?
Key health service providers, including churches.
- > Is projecting the impacts on **human resources** (an issue for all sectors) the comparative advantage of the health sector?
Not necessarily. Treasury and the Department of Personnel Management are also involved in looking at issues of right sizing and forecasting staff and the budgets they will require.

Nevertheless, it is important that the health sector has the right quality and quantity of staff and their input is essential to achieve this. So, although the health sector alone cannot make the projections and secure the staff, it can strive for improved dialogue by **building strategic partnerships** with the Department of Personnel Management to address the issue. To help the case, the health sector could start to monitor the existing impact of HIV on staff attrition rates.

SET PRIORITIES

As the illustrative example demonstrates, the mainstreaming exercise may show up many things that need to be done but that cannot possibly be done all at once and may not be the responsibility of the sector doing the exercise.

After the initial process, priorities will need to be determined. In addition, mainstreaming often results in the realisation that sectors and departments need to communicate and coordinate better if they are to address HIV effectively.

Knowledge management: building an accessible evidence base to support mainstreaming

International experience shows that a weak evidence base constrains effective planning and action across sectors. The impact of HIV in a generalised epidemic needs to be documented in an accessible way so that it can be factored into planning. For example:

- > evidence of the impact of HIV on the public sector workforce will facilitate better succession planning (highlighting the skills and quantity of new staff required in the medium term), and
- > documentation of the impact of HIV may prevent the same mistakes being made or highlight opportunities to replicate successful models.

Always ensure that proposed activities clearly highlight what evidence has led to the proposal, that the activities build on past successes where possible or at least do not duplicate or contradict existing or previous work, and that findings and experiences are documented in an accessible way. Reports should have summaries and be shared with key stakeholders.

Monitoring and evaluation

Although monitoring and evaluation always occupy the ends of plans and strategies, they are essential components of our work. Where work adaptations are made to address HIV, constant monitoring is required to assess their effectiveness and to help us identify other adaptations and changes that may be needed in the future.

Tracking the epidemic is not just about medical surveillance. All sectors need to think about establishing ways in which they can monitor their own human resource trends – for example, absenteeism or early deaths and retirements. These trends can help inform an organisation, including government, of what future human resources may be needed.

Actions taken to mainstream HIV and any lessons learned must be included in your monitoring and evaluation framework.

