**A STUDY ON THE SITUATION OF HIV/AIDS MAINSTREAMING**: THE CASE OF FEDERAL NON HEALTH PUBLIC SECTOR MINISTRIES IN ADDIS ABABA.

# MSW Dissertation Research Project (MSWP-001)

**Prepared By:**

Wase Wale

Enrollment No: 099130555

**Project Advisor:**

Mesele Mengsteab (Mr.)

# Indira Gandhi National Open University (IGNOU)

# School of Social Work

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# Contents

# Acknowledgement

# Abstract

This study was conducted with the main objective of highlighting the situations of HIV/AIDS mainstreaming in the case of federal democratic republic of Ethiopia, non health public sector ministries.

Institution based cross sectional quantitative study was employed. Closed ended questionnaire was used to collect necessary data and data analysis was made using statistical tools such as frequency count and percentage.

The study findings indicated that several federal non health public sector ministries have not yet located HIV/AIDS mainstreaming efforts within the existing organizational structure or have not yet established HIV/AIDS prevention and control unit/office even though they have assigned HIV/AIDS focal persons/mainstreaming experts. HIV/AIDS task forces have established in majority of the sectors but they have not actively carried out their mandates.

Moreover, more than half the non health public sector ministries were conducted HIV/AIDS impact assessment but, most of them have not yet identified the positive and negative impacts of the implementation of development policies, strategies or project/ programs on the spread of HIV in the community. Most of the non health public sector ministries have no monitoring and evaluation officer for HIV/AIDS program.

To sum up, the result obtained depicted that un inclusion of HIV/AIDS issues and interventions in to the 'core businesses of a sector, organization or program, low attention or lack of commitment of decision makers at all levels, financial constraint are the main challenges of HIV/AIDS mainstreaming in federal non health public sector ministries.

Finally, based on the major findings conclusion and recommendations were forwarded to tackle the problems understudy.

# List of Acronyms and Abbreviations

AIDS        Acquired Immune Deficiency Syndrome

BCC         Behavioral change communication

FAO         Food and Agriculture Organization

FBO         Faith Based organization

FHAPCO      Federal HIV/AIDS prevention and Control office

FHI         Family Health International

HIV         Human immunodeficiency

IEC         Information, Education and communication

MoA         Ministry of Agriculture

MoCS        Ministry of Civil Service

NGO         Nongovernmental organization

OVC         Orphan and Vulnerable children

SDC         Swiss Agency for Development and Cooperation

SNNPR       Southern Nations and Nationalities Peoples Region

SPM         Strategic plan of Multisectoral HIV/AIDS

UNDP        United Nation Development Program

UNAIDS      Joint United Nations Programme on HIV/AIDS

UNGASS      United Nation General Assemble Special Session

SPSS        Statistical Package for the Social Science

WHO         World Health Organization

# List of Tables

# List of Figures

# Chapter One

## 1. Introduction

### 1.1 Background

Historically HIV and AIDS were considered only as cues (signals) of concern to the health sectors, requiring only interventions in the field of health. For so long, people had failed to recognize the effects of the virus on the development sector's capacity to deliver (FHAPCO & UNDP, P.5).

Mainstreaming as action is an essential approach for expanding, scaling up and implementing multisectoral responses to HIV and AIDS. The health sector remains key, but non-health sectors are also to take action on HIV and AIDS based on one National Action Framework. This is more obvious in countries affected by a severe epidemic, but it is equally paramount in countries that have a relatively low, yet growing, HIV prevalence. Even for countries with low HIV prevalence, mainstreaming is crucial for addressing vulnerabilities to HIV infections in order to avert potential negative impacts (http://www.undp.org/hivaidsmainstreaming )

Mainstreaming addresses both the direct and indirect aspects of HIV and AIDS within the context of the normal functions of an organization or community. It is essentially a process whereby a sector analyses how HIV and AIDS can impact it now and in the future, and considers how sectoral policies, decisions and actions might influence the longer-term development of the epidemic and the sector. To respond effectively to the epidemic, it requires exceptional responses that demonstrate timeliness, scale, inclusiveness, partnerships, innovation

and responsiveness. In other words, to stay on top of the rapidly evolving epidemics, actions need to be incorporated into sectors' normal operations while simultaneously continue seeking innovations and extending new partnerships.

Regarding to the response to the HIV/AIDS epidemic, the government of Ethiopia has taken different policy-related and programmatic measures. The multi-sectoral response to HIV/AIDS in Ethiopia is guided by the National HIV/AIDS Policy since 1998, the Strategic Plan for Intensifying Multi-sectoral HIV/AIDS Response, SPM 1 (2004- 2008); the Plan for Accelerated and Sustained Development to End Poverty, PASDEP (2007- 2010); the Road Map for accelerated access to HIV prevention, treatment and care in Ethiopia, (2007-2010); and the Plan of Action for Universal1Access to HIV prevention, treatment, care and support in Ethiopia, (2007-2010) and the current strategic plan, SPM II (2010/11- 2014/15) are some of the measures taken to the response (FMOH and FHAPCO, 2011). Furthermore, reversing the aforementioned catastrophic impacts and maintaining the prevalence of HIV/AIDS along with TB and Malaria is among the top priorities of the health sector agendas incorporated in the newly approved nation growth and transformation plan that will be implemented from 2010/11 – 2014/15 (FMOH, 2010).

According to the federal democratic republic of Ethiopia Ministry of Civil service (2013), currently based on the new sector structure, there are a total of 19 federal non health public sector ministries found in Addis Ababa city which is the capital city of Ethiopia and sit of the federal democratic republic of Ethiopian Government. Excluding their affiliated organizations, about 350-700 employees found in each non health sector ministry. In Addis Ababa city, the estimated HIV incidence and prevalence rate is 0.1% and 4.6% respectively and 52,373 total

orphan and vulnerable children are estimated in the city and 7,698 children who are currently living with HIV (AAHAPCO, 2013).

Mainstreaming HIV/AIDS activities into sectoral policies and strategies was considered as the strategies mainly to protect employees of the respective sectoral ministries and their customers from the impacts of the pandemic. This strategy has begun implemented since the launching of the World Bank supported Ethiopian Multi-sectoral AIDS Project (EMSAP) in 2001 (HAPCO, 2005).

However, study has not been conducted in the federal public sector ministries to assess the existing situation and challenges for HIV/AIDS mainstreaming. Hence, this study was conducted with aim to assess the existing situation and to identify the probable bottleneck to the effective implementation of HIV/AIDS mainstreaming in respect to the federal non health public sector ministries (excluding of their affiliated organizations) of Ethiopia.

## 1.2 Statement of the problem

HIV/AIDS has been exerting its detrimental impacts in development sectors. HIV/AIDS affects persons in their productive age group in all sectors. Absenteeism from job , low productivity, slow progress of work, increased cost of medical care, funerals\High replacement costs, reduced profits, increase in workload, loss of unique skills, financial loss on premature deaths, privilege and insurance payments and so forth were some of those impacts of HIV/AIDS. It is widely expanded throughout the workplaces of all governmental and nongovernmental sectors in the country (FMOH and FHAPCO, 2007).

The government of Ethiopia has taken policy measure by incorporating HIV/AIDS mainstreaming as one of the national strategy. Every governmental and non-governmental

sectors and institutions should include HIV/AIDS agenda into their mandate and major workplace policies. All sectors, be it government, non-government or community based organizations are required to implement HIV/AIDS mainstreaming as one of the social mobilization tools. They carried out at various levels along with their regular functions and mandate. This strategy is output oriented approach that requires sustainable implementation of HIV/AIDS prevention and control activities to mitigate and reverse the spread of the epidemic and its negative impacts (FHAPCO 2011).

Therefore, HIV/AIDS mainstreaming has been implemented particularly in most federal non health governmental sector ministries since 2005. However, the implementation status varies from sector to sector and from institution to institution. Moreover, the implementation has been criticized with the response that it was not strong enough as composed to the gravity of the problem. The implementation often characterized by lack of capacity, collaboration, networking and sustainability within different sectors and particularly across down structure of the sector offices. Inadequate mainstreaming was reported as one limitation of the implementation of SPM1 (FMOH and FHAPCO 2011).

Based on UNDP and FHAPCO Classification for Mainstreaming HIV and AIDS into Sector, an HIV/AIDS stocktaking of 2010, indicated that, 28 federal non health public sectors were surveyed at federal level out of which 5 sectors were found at 0 stage, 11 of them were found at stage 1, 10 of them were found at stage 2 and 3 were found at stage 3 (FHAPCO, 2011).

The multisectoral HIV/AIDS response report (2012) stated that the major challenges in implementation of HIV/AIDS mainstreaming by sectors include: lack of ownership and leadership commitment, poor quality of the reports, high turnover of experienced experts,

inadequate funding and delay in release of approved budget and lack of proper plan by sectors regarding care and support.

Therefore, to study and learn about the situation and challenges of HIV/AIDS mainstreaming in the federal non health public sector ministries is the whole purpose of this research.

## 1.3 Significance of the study

The study was aimed to describe the situation of HIV/AIDS mainstreaming in federal non health public sector ministries. The findings of this study have identified the limitations/challenges that hinder the implementation of HIV/AIDS mainstreaming in federal non health public sector ministries. This will significantly support for the development of strategic plan aimed at HIV/AIDS prevention and control especially for work place intervention programs. In addition the results will enrich the databases for decision makers for both government and implementing partners in the process of addressing HIV/AIDS mainstreaming challenges through federal non health public sector ministries.

## 1.4   Objective of the study

### 1.4.1    General objective

The main objective of the study is to assess and analyze the situation of HIV and AIDS mainstreaming in federal non health public sector ministries by the year 2012.

### 1.4.2    Specific objectives

1.  To assess the existing situation of HIV/AIDS mainstreaming activities in federal non health public sector ministries.

2. To learn about the strengths of the Federal non health public sector ministries in achieving HIV/AIDS mainstreaming.

3. To identify challenges of HIV/ AIDS mainstreaming in Federal non health public sector ministries.

## 1.5   Research Questions

With the aim of addressing major and specific objectives of the study, the main research question is:

❖ What are the situations of HIV/AIDS mainstreaming activities in federal non health public sector ministries?

Specific research questions are:

- Do the federal non health public sector ministries have HIV/AIDS mainstreaming plan, strategies and objectives?

- What is the nature of HIV/AIDS mainstreaming implementation in federal non health public sector ministries?

- How the federal non health public sector ministries' structure, capacity and resource relate to HIV/AIDS mainstreaming?

- What are the strengths of the federal non health public sector ministries in achieving HIV/AIDS mainstreaming?

- What are the challenges experienced by the non health sector ministries in mainstreaming HIV/AIDS?

- What are the future directions for mainstreaming of HIV /AIDS in federal non health public sector ministries?

## 1.6   Scope of the study

The scope of this study is limited only to the federal non health public sector which are found at ministerial   level that are Ministry of Education, Ministry of Finance and Economic Development, Ministry of Federal Affairs, Ministry of Communication and Information Technology, Ministry of Justice, Ministry of Lobar and Social Affairs, Ministry of Science and Technology , Ministry of Civil Service, Ministry of Transport, Ministry of Agriculture, Ministry of Mines, Ministry of Water and Energy, Ministry of Culture and Tourism, Ministry of Women, Children and Youth Affairs, Ministry of Trade, Ministry of Industry, Ministry of Defense, Ministry of Foreign Affairs and Ministry of Urban Development and Construction.

However, others federal non health organizations which are not named as Ministry or not found at Ministry level were not part of this research.  Besides to this all affiliated organizations of the federal non health public sector ministries which are found at different levels also were not part of this study.

The reason why this study focused on these federal non health public sector ministries is that, historically HIV and AIDS have been considered solely as health related issues, requiring only health related interventions. For too long, the effects of the virus on non health sectors capacity to deliver had gone unrecognized. The rationale to consider a multisectoral response to approach the epidemic is because it is causing multisectoral negative effects. HIV/AIDS is having a huge impact on societies, economies, cultures, and demographic and thus, sectors are now forced to respond to this predicament in a holistic manner (UNDP/HAPCO, 2004).

## 1.7   Limitation of the study

In order to make the research manageable with time and research budget, the implementation of external HIV/AIDS mainstreaming was beyond this research.

In addition to this some respondents may fear to disclose some truth information that the researcher thought relevant to the study because of its sensitivity

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## 1.8 Operational definition

- **Challenges-** any barriers that hinder the implementation of HIV/AIDS mainstreaming

- **HIV/AIDS Mainstreaming**: is the incorporation of HIV/AIDS issues and interventions in to the core businesses of a sector.

- **HIV/AIDS focal person**:  a person or an expert who coordinates the overall HIV/AIDS interventions or HIV/AIDS mainstreaming in a sector.

- **Ministry** – a governmental department presided over by a minister

- **Non health sector-** a sector that coordinates a certain segment of social, political or economic/ technology division of a country other than health issues.

- **Sector**:  is an institution which has structures with employees that coordinates a certain segment of social, political or economic/technology division of a country.

- **Public sector-** an area of the nation's affairs under governmental rather than private control.

- **Situation-** a set of existing circumstances directly related to HIV/AIDS mainstreaming.

- **Taskforce**: a group of people who are composed of staff from various departments within a ministry to work on HIV/AIDS mainstreaming in addition to their regular responsibilities.

# Chapter Two

## 2. Review of Related Literature

### 2.1   Overview of HIV/AIDS mainstreaming

Today HIV/AIDS is showing a dramatic impact on different sectors, as education, transport, health, agriculture, economic and many others. Whether HIV/AIDS is a problem of the health sector or a multi-sectoral problem is not only a fashionable academic question. It determines what budgets are made available and which sectors and human resources get involved in the fight and allows addressing root causes of the epidemic as the most important factor of poverty (Bodiang, 2000).

This has been shown that there is increasing pressure for development sectors to play significant role in developing an 'AIDS-competent' society. So that everyone is able to assess and make decisions about factors related to the causes and consequences of HIV/AIDS, to generate the means and mobilize the resources to respond to HIV/AIDS. Mainstreaming HIV/AIDS into the core business of development has been seen as an important part of the process of achieving this vision of society. It has also been shown that mainstreaming HIV/AIDS into national development processes remains a key approach to addressing both the direct and indirect causes of the growing epidemic(ACORD, 2005;UNAIDS, 2004). This enables a multi-sectoral and multi stakeholder response. Furthermore, comparative advantages are obtained from mainstreaming of HIV prevention and AIDS care information and services into sectors that deal with religion, workplaces, sports and the media to address the young people. Before its application for HIV/AIDS, it is learnt that the concept of ' mainstreaming ' appears to have originated in the late 1960s to 1970s (UNAIDS, 2004). So far different definitions have been

delivered by different scholars or organizations. For instance, UNAIDS (2005) has proposed the following working definition of mainstreaming AIDS: "Mainstreaming HIV/AIDS is a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within their workplace" (UNAIDS 2005, P.26).

It shows that HIV/AIDS mainstreaming is not a one stop shopping, it is continued effort towards the ultimate goals and it enables sectors to strengthen the way in which they helps reduce the susceptibility to HIV infection and to address the impact of AIDS both on their own capacity and on the people they serve, now and in the future.

More or less similar definition was give by the Swiss Agency for Development and Cooperation, as follows:

> Mainstreaming HIV/AIDS means realizing that we all work in a context more or less affected by the HIV/AIDS epidemic and analyzing whether consequently we need to adapt our activities to this reality. It means thinking differently, wearing AIDS glasses while working in all sectors and at all levels (SDC, 2005, p. 53).

It is critical that all actors involved develop a shared understanding of what AIDS means to their work, and what they are trying to achieve through mainstreaming.

Similarly, the concept, the rationale and the overall principles of mainstreaming was also discussed by the IDS Health and Development Information Team in such a way that;

> As the global HIV/AIDS pandemic has expanded beyond high risk groups of the population, it has become widely recognized that

sectors outside of health need to be involved in responding to the disease. Mainstreaming is defined as the process of analyzing the impact that HIV/AIDS has, and will have, on all sectors. The aim of mainstreaming is to reduce the unintentional, and sometimes negative, effects of development work on HIV and to ensure that all activities contribute to reducing the impact of HIV/AIDS (IDS Health and Development Information Team, 2008, P. 18).

It shows that mainstreaming is process of making HIV and AIDS issues part and parcel of the way a sector function, organizes itself, treats its staff members and deliver services. Hence, involving all non health sectors, at all levels in addressing the causes and impact of the HIV/AIDS epidemic is critical.

Different classifications of mainstreaming of HIV/AIDS have been shown by different disciplines. Mainstreaming is typically classified using two major sets of categories, namely internal and external mainstreaming. Based on the stage of implementations, HIV/AIDS mainstreaming activities ranging from 0 to IV. The internal mainstreaming/workplace intervention involves measuring and predicting the impacts of HIV/AIDS specifically within the internal workplace, which involves activities to reduce vulnerabilities and risks to HIV infection and providing care and support for all staff (UNDP, 2005).

Internal mainstreaming (within the organization) implies changing sectoral or organizational policy and practice in order to reduce vulnerabilty of the sector or organization to the impacts of the epidemic. It also involves developing workplace HIV and AIDS policies and program for employees including direct AIDS work for staff such as HIV prevention, care,

treatment and support. External mainstreaming (out side the organization) on the other hand means adapting development and humanitarian work and focuses on aligning HIV and AIDS to the core mandate, targets, policies and strategies of a sector. It means taking action to contain the threats posed by the epidemic to the achievemnets  of the goals of the sector as well as ensuring that the sector's practies do not exacerbate the epidemic (www.ilo.org/zambiaaguidehiv/aids mainstreaming).

The Action Aid and its partners in Ruyigi area included identified the major constraints of HIV mainstreaming that lack of capacity: lack of means to reinforce capacities within the NGOs and associations dealing with development and humanitarian aid, Lack of resources: lack of human resources qualified in fighting AIDS, as well as lack of material and financial resources. Lack of knowledge of best practices: little transfer of experience and knowledge on how things are dealt with elsewhere. Lack of commitment by NGOs: NGOs and CSOs seem not so keen on taking responsibility for the medical care of their staff (htt://*www.oxfam.org/files/burundi***).**

 According to the UNAIDS (2006) finding, HIV/AIDS is a multi-sectoral issue thus, to address it adequately, a multisectoral approach is needed; but it was never going to be easy trying to bring what is still widely seen as a medical issue into mainstream development policy and program. To date, one cannot say that the goal of mainstreaming has been fully achieved. Through our field experiences and interactions with governments, NGOs and other development actors, we have learned that the following challenges remain: One of the most pressing challenges is a lack of capacity to implement activities geared to mainstreaming HIV and AIDS, particularly in many developing countries where resources are scarce. Staffs lack skills and experience with which to mainstream HIV and AIDS considerations into their day

to day work. The so-called 'brain drain' from developing to developed countries speaks to the difficulties that some countries face in retaining highly-qualified individuals. This problem is often compounded by a lack of policy guidance and political support on the part of senior management and political leaders. Thus, the outcome is often activities that are "ad hoc, poorly timed, product- rather than process focused, fragmented and ill-targeted".

According to the study done on CARE International staff and Institute of Social Work in Tanzania (Wangkhem, 2009), some of the main Challenges to mainstream HIV/AIDS are inadequate human resource particularly on HIV/AIDS and time constraints, Limited fund and equipment about HIV/AIDS programme, Large target population (122 workers and 2,347 students), Low level of openness on HIV&AIDS in the workplace and Stigma and discrimination still exists.

The findings done by Elsey and Kutengule(2003, p 19) showed that although the number and structural placement of the focal points may be different from ministry to ministry and country to country, the working group identified some common challenges and also, some positive experiences of working as an HIV/AIDS focal point in a government ministry at any level. Some of the challenges facing focal points: Focal points and those around them have limited knowledge and experience of what is involved in the job, what the difference between mainstreaming and HIV/AIDS work is and how they should implement a mainstreamed response. Many focal points have described how they received a letter or formal request from a superior to take on the role HIV focal point but had very little support in establishing what was expected of them and how they should go about mainstreaming in their sector. In the majority of cases, HIV/AIDS mainstreaming is an add-on to the existing workload of the focal points. Very few focal points shed any existing tasks to take on mainstreaming work.

This causes real concern for government focal points; if they spend too much time on HIV/AIDS related work and neglect their official post within the ministry they risk losing their job and all associated benefits, including their pension. Focal points have found it difficult to convince others within their department or ministry that mainstreaming HIV/AIDS is an important issue within the sector, especially when no training on how to address mainstreaming has been provided. HIV/AIDS focal points often have limited or no budget to carry out mainstreaming activities. Many focal points must also negotiate complicated and time-consuming bureaucratic processes to access money for HIV/AIDS related work. Often a programme outside the official systems of their sector holds the funds earmarked for HIV/AIDS mainstreaming work. This then requires separate reporting and monitoring systems, often directly to the donor providing funds.

Various activities have been developed to address the sectors' HIV/AIDS mainstreaming. These activities mostly consist of preventive education, treatment, care and support. However, this research considers the UNDP 2005 HIV/AIDS mainstreaming implementation guide for national responses, and with some adaptation five stages of implementation of HIV/AIDS mainstreaming could be applicable to the case of federal non health public sector ministries of Ethiopia. The guideline stated that sector at stage one should have done human risk analysis, evidence based communications for behavior change, condom promotions, focal point person designated, and financial resources made available are points for beginning. In stage two in addition to components in stage one the Sector should have Impact analysis, policies, strategies and actions developed; actions to mitigate impact should be implemented. In stage three in addition to components in stage two, the sector HIV and AIDS activity has the following element: Analysis of sector's policies, strategies and actions and their negative

or positive influence on the spread of HIV in the communities they serve, policies, strategies and actions developed, implemented for ensuring positive actions are maintained, implemented change in negative actions, a monitoring and evaluation framework developed and being implemented (UNDP,2005).

There exists good achievement in some sectors in countries like Uganda, Israel, South Africa, Thailand and Canada. In Uganda commitments at all level were translated in reducing the prevalence by making the effort sustainable (Inon S., 2001). In Thailand, the program benefited from strong commitment from the prime minister's office and mobilization of the public, private and NGO sectors in the policy dialogue to fight AIDS (Ainsworth M. et al, 200.1). Mainstreaming outcomes differ from sector to sector and from place to place. On one level, mainstreaming HIV and AIDS results in the epidemic becoming part and parcel of the routine functions and functioning of sectors, providing prevention services, support for people living with AIDS and mitigation of the impact on client communities. Through well organized and concerted mainstreaming action, groundbreaking outcomes can be achieved that can be immediately attributed to the sector (UNAIDS/UNDP/World Bank, 2005)

## 2.2 Review of HIV/AIDS mainstreaming in Ethiopia

The UNGASS report of 2008 stated that HAPCO's 2007 study on mainstreaming found that resource limitations, as well as inadequate commitment and support from leadership and top management are among the critical bottlenecks in the implementation of HIV/AIDS mainstreaming in Ethiopia.

In Ethiopia the recent assessment done by ministry of agriculture (2011) stated that the response of the ministry to combat the pandemic of HIV/AIDS is at its infant stage and needs to be strengthened. Most of the ministry of agriculture (MoA) affiliated institutions have not

yet allocated necessary resource to fight the disease. There is no agricultural policy on HIV/AIDS that could safeguard agriculture community from the epidemic.

The Key constraints encountered by the federal democratic republic of Ethiopia ministry of agriculture AIDS Control program include: the absence of a mandate on HIV/AIDS; the absence of political backing for the HIV/AIDS focal points and for the HIV/AIDS committee; the fact that HIV/AIDS committee is composed of staff from various departments within the Ministry of Agriculture who have other responsibilities and there for limited time to devote to HIV/AIDS and lack of resources and particularly a budget for HIV/AIDS initiatives (MoA, 2011).

One of the major responsibilities of the federal democratic republic of Ethiopia ministry of Agriculture is to develop and communicate policies, strategies and programs at federal level. Yet there is no agriculture sector based HIV/AIDS strategy that guide and intensify HIV/AIDS mainstreaming in the sector (MoA, 2011).

The multisectoral HIV/AIDS response report (2012), stated that the major challenges in implementation of HIV/AIDS mainstreaming by sectors include: lack of ownership, and leadership commitment, poor quality of the reports, high turnover of experienced experts, inadequate funding and delay in release of approved budget and lack of proper plan by sectors regarding care and support.

The study done by the federal democratic republic Of Ethiopia Ministry of water and Energy on national petroleum Reservoir Depot Administration(2011) showed that 100% of respondents underscore that there is lack of information, HIV/AIDS education, finance, leadership commitment and follow up in on voice.

According to Ethiopian MOA study, the experience of HIV/AIDS focal persons in their organization ranges from less than six months up to two years. About 50% of the focal persons allocate less than 50% of their time on anti-AIDS activities and the remaining focal persons allocated 50%-75% of their time on the same activities and only 60% of the focal persons have interest to work as focal person. The reason why the remaining focal persons have no interest is that there is lack of conducive working conditions created to engage as per the interest of the focal person and lack of budget, absence of training. The other major reason is that the MoA institutions except the head quarter did not include HIV/AIDS activities in their structure.

## Theoretical framework

As indicated below on figure (1), mainstreaming is not a one stop shopping, it is continued effort towards the ultimate goals. One of the first steps in starting to mainstream HIV/AIDS is to designate    HIV/AIDS focal point/s who have the responsibility of acting as a catalyst to mainstream HIV/AIDS activities within his/her sector. Beside to this the establishment of HIV/AIDS taskforce is the other element that used to determine the situation of HIV/AIDS mainstreaming within a sector. The diagram shows that the leadership commitment determines existences of HIV/AIDS focal person and taskforce within a sector.   This leadership commitment also further leads to determine the availability of inputs for HIV/AIDS mainstreaming and efficiency of focal person and taskforce in HIV/AIDS mainstreaming implementation process activities like structural adjustment, HIV risk analysis/impact assessment, work place policy formulation, developing plan of action, monitoring and evaluation of HIV/AIDS mainstreaming etc. The diagram also shows that, availability of inputs determine the implementation of HIV/AIDS mainstreaming activities in a sector.  HIV/AIDS mainstreaming

out puts further determine by the availability of inputs and activities of HIV/AIDS mainstreaming and these further aims at achieving short, medium and long-term outcomes.
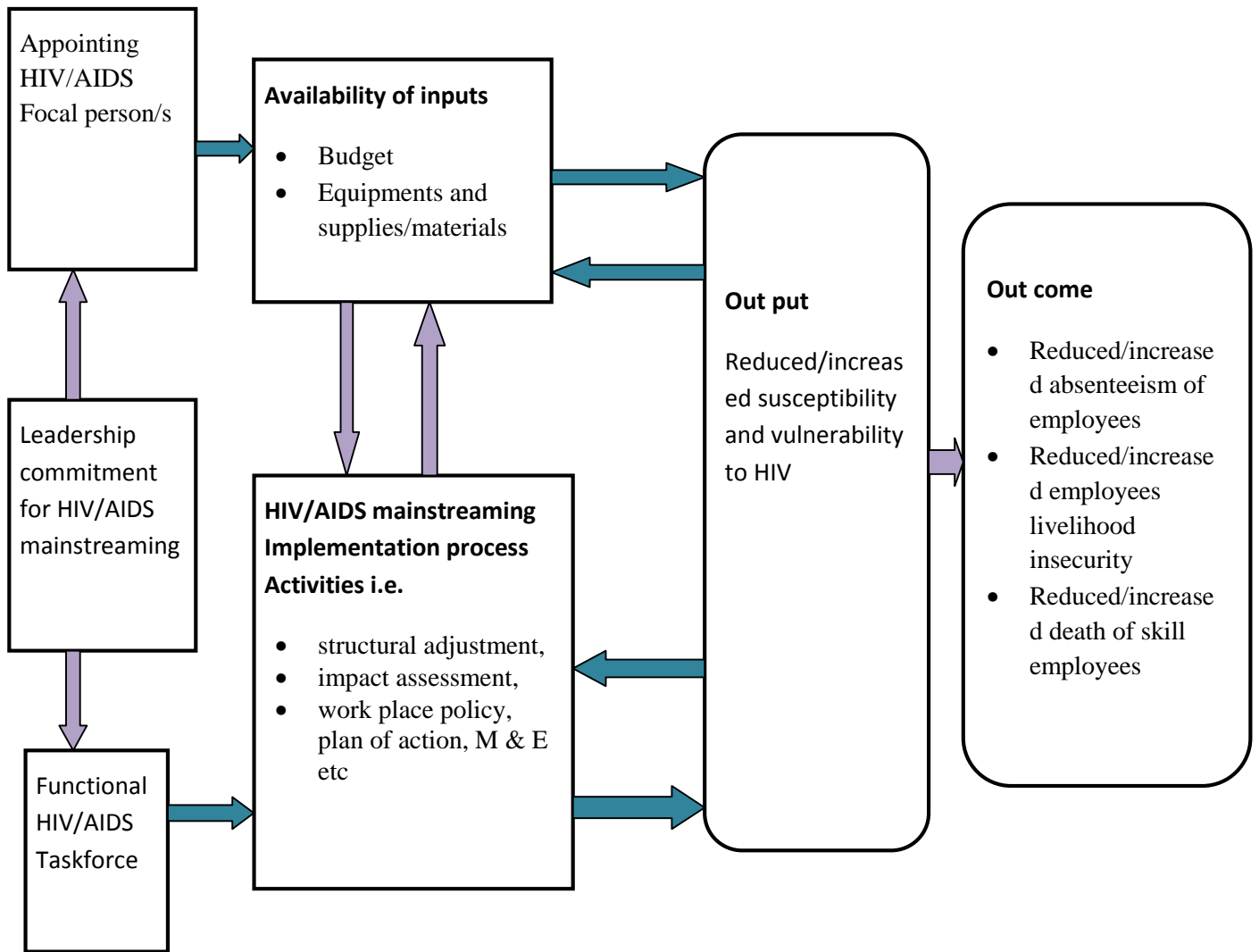


**Figure 1: Theoretical Frame work: The relationship between leadership commitment, implementation process, output and outcome of HIV/AIDS mainstreaming.**

# Chapter Three

## 3. Research Methodology

### 3.1  Study Design

Institution based cross sectional quantitative study was employed  to describe the situation of HIV/AIDS mainstreaming on entire  federal non health public sector ministries  found in Addis Ababa from 5th  – 27th November , 2012.  As stated by Chris Olsen and Diane Marie M. St. George (2001), cross sectional study is a research design that used to describe either the entire population or a subset thereof is selected, and from these individuals, data are collected to help answer research questions of interest. It is called cross-sectional because the information gathered represents what is going on at only one point in time or period. It is a descriptive study, often in the form of a survey. Usually there is no hypothesis as such, but the aim is to describe a population or a subgroup within the population with respect to an outcome and a set of risk factors.

### 3.2  Study Area

The study was conducted on Federal Democratic Republic of Ethiopia, non health public sector ministries which are found in Addis Ababa City. Based on the new federal sector structure, there are a total of 19 federal non health public sector ministries (MoCS, 2013). All these sectors have been implementing HIV/AIDS mainstreaming in work place as one of the national social mobilization tools along with the regular functions of the sectors since 2005 ( FHAPCO, 2011)

## 3.3   Study Population

All federal non health public sector ministries were the study population of this research.  Each federal non health public sector ministry has one HIV/AIDS focal person and all of them are participated as respondents for self administered questionnaire. The reason why HIV/AIDS focal persons are recruited as source of data is that they are more familiar with HIV/AIDS mainstreaming in their respective sector than other staff of that sector and some of the sectors have no HIV/AIDS taskforce to recruit its member as a respondents.

## 3.4   Data collection procedures

The situation of HIV/AIDS mainstreaming can relatively be determined by examining the extent of the process of the implementation of mainstreaming within the sectors. As a result, federal sectors HIV/AIDS mainstreaming assessment checklist utilized by FHAPCO (2011), questionnaire on situation and AIDS sector impact assessment (MoA, 2011) and HIV/AIDS mainstreaming guideline was referred in order to design the data collection instruments\tools so as to sort out the relevant indicators which are used to identify HIV/AIDS mainstreaming situations and challenges in federal non health public sector ministries. Therefore, data were collected by using self administered closed ended questionnaire.

## 3.5   Data Quality Management

Questionnaire was designed carefully in English and was translated first into Amharic and back translated to English to assure its consistency. The questionnaire was pretested in a similar setting before its administration. Supervision and spot checking was conducted by principal investigator.

## 3.6   Data Analysis procedures

Data editing and coding were done using table by categorizing in to different topics with frequency and percentages. The collected data were checked and adjusted for consistency and legibility. Beside to this, some of the gathered data were reconstructed and standardized in category designed for analysis. Numbers assigned to the various categories of a variable used in data analysis. After data editing and coding, the data were put together in some kinds of tables and figures. Finally the data file was descriptively analyzed.

## 3.7   Ethical consideration

The data collection was undertaken after an official contact made with respective sector ministry's human resource directorate director to get permission and support for the study and maximum effort was made to respect privacy and confidentiality at all levels. The questionnaire was  anonymous and in no way would the gathered information been directly identifiable with respondent.

# Chapter Four

## 4. Results and Discussion

This chapter dealt with data presentation and discussion of the research. Questionnaire was used as the main data collection instruments in this study. Data were collected from the entire federal non health public sector ministries by using HIV/AIDS mainstreaming officers/focal persons of respective federal non health public sector ministries.

## 4.1 Result

### 4.1.1 Background of Sector Ministries and HIV/AIDS focal persons

The type of non health sector ministries with their main clients were identified and the background of HIV/AIDS focal persons of the sector ministries in terms of sex, age, educational status, type of education, service year and training given particularly on HIV/AIDS mainstreaming were examined based on the data obtained on the background section of the questionnaire.. These are presented on figure and table below.
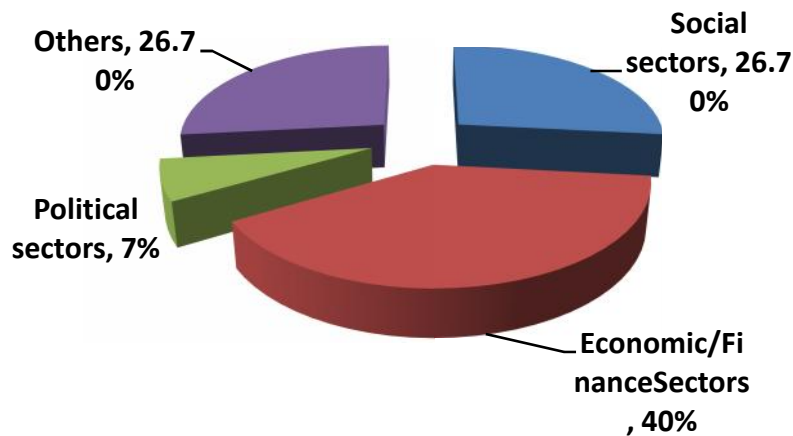


**Figure2: Percentage distribution of non health sector ministries by type**

The survey report shows that the majorities of the sector ministries, 40% are from economic/finance related sectors and about 26.7% of the sectors are social related sectors like education, labor and social affairs etc. One sector was selected from political related sectors and the remaining 26.7% were selected from others sectors like defense etc.
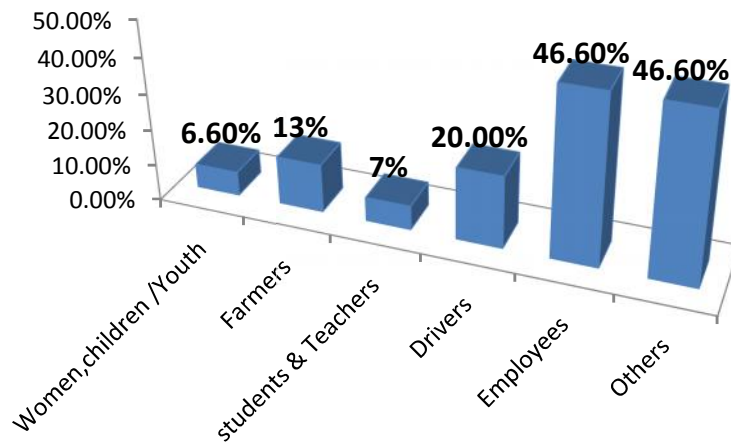


**Figure 3: Percentage distribution of main clients of Federal non health sector ministries**

As indicated on figure(3), the main clients of federal non health sector ministries are women, children/youth (6.6%), farmers (13%), students and teachers (7%), drivers (20%), employees (46.6%) and others (46.6%).

Table 1: Percentage distribution of respondents'/HIV/AIDS mainstreaming officers'/focal persons'/ background

| Respondents Characteristics | Category | Percentage |
|---|---|---|
| **Age** | 18-24 | 6.7 |
| | 25-34 | 33.3 |
| | 35-49 | 53.3 |
| | 50 & above | 6.7 |
| **Sex** | Female | 20 |
| | Male | 80 |
| **Academic Qualification** | First degree | 60 |
| | second degree | 33.3 |
| | doctorate degree | 6.7 |
| **Service years on HIV/AIDS mainstreaming** | Below one year | 20 |
| | 1-3 years | 40 |
| | 4-5 years | 20 |
| | Above 5 years | 20 |

Source: Survey result, 2012

As can be seen, the majority (80%) of the focal persons are male with age bracket of 35-49 years old. More than half of the focal persons have academic qualification of first degree (60%), and those who have second degree (33.3% ) in various disciplines like occupational health & safety, language, Education, sociologist/Pharmacist, health, Environmental studies & Geography, economics, Agriculture, social science and Developmental Management which is good for the implementation of HIV/AIDS related programs in their workplace. About 40% of HIV/AIDS

focal persons' experience in their organization ranges from four to five years and the remaining focal persons have service years of below one year, one to three years and above 5 years which is equally accounted about 20 percent.

Table 2: Percentage distribution of focal persons obtained training on HIV/AIDS related and the type of training given

| Variables | Category | Percentage |
|---|---|---|
| **Training related to HIV/AIDS** | Yes | 100 |
| | No | 0 |
| **Type of training given** | Introduction to basic HIV/AIDS issues | 80 |
| | HIV/AIDS mainstreaming | 6.7 |
| | Behavioral change communications | 60 |
| | Planning, monitoring & evaluations | 53.3 |
| | Others related to HIV/AIDS issues | 33.3 |

The result of the study showed that, all of the HIV/AIDS mainstreaming officers/focal persons have received training related to HIV/AIDS. Majority (80%) of the HIV/AIDS mainstreaming officers/ focal persons were received training on introduction to basic HIV/AIDS and the remaining focal persons trained on different topics like HIV/AIDS mainstreaming (6.7%), behavioral change communications (60%), planning, monitoring and evaluations (53.3%) and others related to HIV/AIDS issues (33.3%).

## 4.1.2 Structure for HIV/AIDS mainstreaming

The result of the assessment showed that only 73.3% sector ministries were established HIV/AIDS prevention and control office/unit which located mainstreaming efforts within the existing organizational structure.

About 33.3% of non health sector ministries have established unit/office for HIV/AIDS Prevention and control, independently from other directorate and the remaining were found in women affairs office/directorate (13.3 %) and in public relations office/directorate (33.3%).

The study result revealed that 40% of the sector ministries have 'focal person and task force' mode of structure whereas, organizations which have 'task force, focal person and unit/office' and 'unit/office and focal person' mode of structures were equally accounted 26.7% whereas the remaining 6.7% accounted both for the 'only focal person 'and 'HIV/AIDS expertise' modes of structures.

Concerning the preferable mode of structure, 33.3% of HIV/AIDS focal persons were  preferred the 'unit/office and focal person' mode of structure, 26.7% of HIV/AIDS focal persons were preferred 'task force, focal person and unit/office' mode of structure and the 'only focal person' and 'directorate' mode of structure were equally accounted 6.7%.

About 20 % of task forces were chaired by minister/director general of the organizations, 26.7 % of task forces were chaired by process owner or person delegated by minister/director general and 13.3% were chaired by focal persons. However, two (13.3%) sector ministries were not reacted to this specific query.

Sixty percent of HIV/AIDS focal persons were dedicated 100% of working hours for anti HIV/AIDS activities.

## 4.1. 3 Leadership Commitment

About 66.7% of focal persons were got moral support/conducive working atmosphere by top level management and 60% of focal persons supported by top level management in terms of financial and material support.

Table 3: percentage distribution of Decision Makers involvement and commitment in their respective sector/organization

| Variables | Category | Percentage |
|---|---|---|
| The commitment of the decision makers at all levels have been secured for the mainstreaming initiative. | Strongly agree | 26.7 |
| | Agree | 26.7 |
| | Partially agree | 26.7 |
| | Disagree | 20 |
| | Strongly disagree | 0 |
| The top level managements at all levels have been close working with the focal person on HIV/AIDS mainstreaming | Strongly agree | 26.7 |
| | Agree | 13.3 |
| | Partially agree | 33.3 |
| | Disagree | 26.7 |
| | Strongly disagree | 0 |
| The focal person of HIV/AIDS has a position to dialogue with and influence the top-level managements on their own regarding HIV/AIDS issues. | Strongly agree | 33.3 |
| | Agree | 13.3 |
| | Partially agree | 33.3 |
| | Disagree | 20 |
| | Strongly disagree | 0 |

As indicated in table 3 about 26.7% of the respondents (HIV/AIDS focal persons) were strongly agreed and 26.7% of respondents were agreed as commitment of the decision makers at all levels had been secured for the mainstreaming initiative. On the other hand around 33.3% respondents were partially agreed whereas 20% of the respondents were not agreed as commitment of the decision makers at all levels had been secured for the mainstreaming initiative.

Concerning the cooperation of top level management with focal person on HIV/AIDS mainstreaming, respondents who were strongly agreed (26.7%), agreed (13.3%), and partially agreed (33.3%) whereas 26.7% of respondents were not agreed. On the other hand having a position to dialogue with and influence the top level managements regarding HIV/AIDS mainstreaming, respondents who were strongly agreed (33.3%), agreed (13.3%), partially agreed (33.3%) and 20% of the respondents were not agreed. About 33.3 % of focal persons were strongly agreed as they have a position to dialogue with and influence the top-level managements on their own regarding HIV/AIDS issues whereas 20% of focal persons were disagreed.

Regarding the suitability of overall working atmosphere of the organization, respondents who were strongly agreed (13.3%), agreed (33.3%), partially agreed (46.7%), and 13.3% of the respondents were not agreed with working atmosphere of their sector.

## 4.1.4  HIV/AIDS mainstreaming Plan and Strategies

The majority of the sector  (93.3%)  have  plan on HIV/AIDS mainstreaming activities and  around 80% of the plan have clear goals, activities and time lines and   66.6% of the planned activities were related the core business of the ministries.

Figure (4) shows that 60% of Federal non health public sector ministries were developed work place policies, strategies and actions and 66.7% of sector ministries were established internal mainstreaming
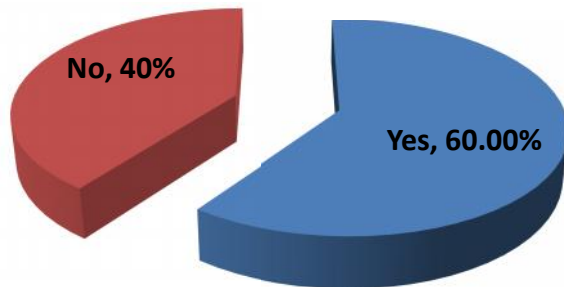


**Figure 4:   Percentage distribution of Organization by developed work place police, strategies and action**

The survey data shows that only 20% of Federal non health public sector ministries have monitoring and evaluation officer for HIV/AIDS program. However, around   66.7%  sector ministries have a monitoring and evaluation strategy for implementations of HIV and AIDS plan and 40% of the non health public sector ministries were evaluated the performance HIV/AIDS activities on quarterly basis and some  sector ministries were also  evaluated their HIV/AIDS performance on monthly(13.3%), biannual (33.3%) and annual (26.7%).

On the other hand, 46.7 % of sector ministries were developed indicators for monitoring and evaluating the mainstreaming process and results. Around 40% of sector ministries were developed indicators that are easy and clear to measure the expected result and 46.7% of non

health public sector ministries were developed indicators in line with prioritized indicators in the National monitoring and evaluation Framework. About 86.7% sector ministries have reporting formats for HIV/AIDS activities and reported to Federal HIV/AIDS Prevention and Control office (FHAPCO) timely and regularly.

## 4.1.5 Resource for HIV/AIDS mainstreaming

The survey data shows that more than half (53.3%) of the sector ministries were fulfilled required facilities for focal person or HIV/AIDS unit/office whereas the remaining 40% of the non health public sector ministries were not fulfilled required facilities and 6.7% preferred not respond to this query. About 46.7% of focal persons have office with furniture, equipments like computers with printers and communications aids, whereas 33.3% and 40% of focal person/ HIV/AIDS unit/office have other equipments like camera/tape recorder and stationery materials respectively, in addition to furniture, computers, printers and communications aids.

The study result showed that about 73.3% of sector ministries were made available financial resources for implementation of planned HIV and AIDS activities.
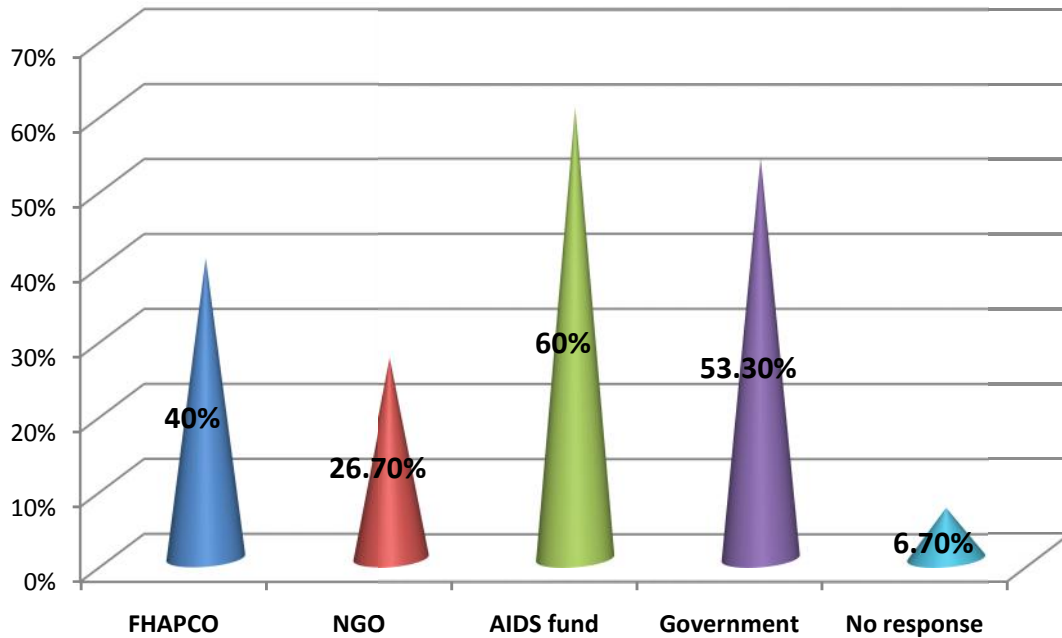
**Figure 5: Percentage distribution of source of fund available for HIV/AIDS mainstreaming**

As indicated on figure (5), concerning the sources of fund available for the implementation of HIV/AIDS interventions, 60% of Federal non health sector ministries were obtained fund from contribution of staffs' salary (AIDS fund) and 53.3% sector ministries were obtained from government budget which earmarked for the sectors up to 2% of earmarked budget whereas 40% and 26.7% of sector ministries were also received fund from FHAPCO and NGOs respectively.

## 4.1.6 HIV/AIDS mainstreaming implementation

Only 53.3% Federal non health public sector ministries sector ministries were conducted HIV/AIDS impact assessment.

Around 80% of sector ministries were provided education on HIV/AIDS for workers and only 33.3% of sector ministries were addressed workers' families while giving education to workers. Beside to this, Behavioral change communication (BCC) of HIV interventions covered the largest percentage which is 80% and HIV testing and condom promotion accounted 60% whereas 46.7% and 53.3% accounted for OVC and PLHIV support respectively.
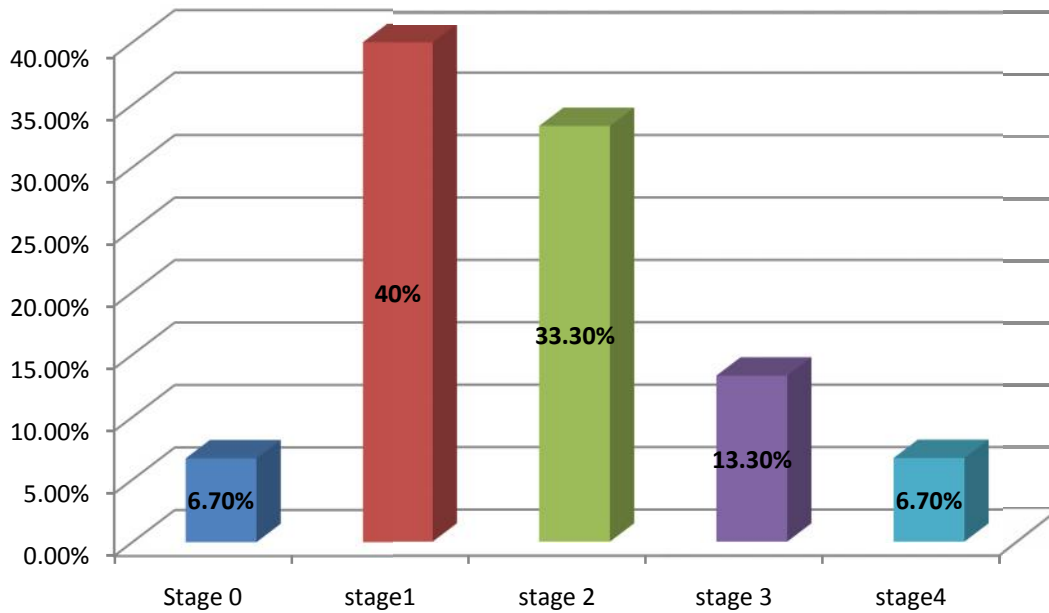


**Figure 6: percentage distributions of sector ministries by UNDP/HAPCO stage of mainstreaming implementation**

Based on UNDP/HAPCO stage of mainstreaming implementation, one sector ministry has no HIV/AIDS interventions (found at zero stage of mainstreaming classification) even though focal person assigned and 40% of the sector ministries were found on stage one that means organization workers AIDS Risk analysis, evidence based communications for behavior change, condom promotions and distributions, focal person assigned and financial resources were made available. About 33.3% of the sector ministries were found on stage two that means in addition

to components in stage I, AIDS Sector Impact analysis conducted, Policies, strategies and actions developed and actions to mitigate impact implemented and the remaining 13.3% and 6.7% were found on stage three and four respectively.

## 4.1.7 Strengths and Achievements

The survey data showed that, all (100%) of the HIV/AIDS mainstreaming officers /focal persons federal non health public sector ministries have the knowledge about HIV/AIDS mainstreaming meaning, which is the incorporation of HIV/AIDS issues and interventions in to the 'core businesses of a sector, organization or program or    as the process of analyzing how HIV and AIDS impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage.

Almost all (100%) of the interviewed sector ministries were incorporated anti-HIV/AIDS plan in the overall annual and strategic plan of the sector. Nearly in 60%  of non health public sector ministries, HIV positive employees had disclosed themselves to the whole employees in their organizations to create awareness on HIV/AIDS and about 46.7% of PLHIVs employees were receiving    financial or material support from organization particularly by the AIDS fund collected from employees' contribution from their monthly salary.

## 4.1.8 Challenges of HIV/AIDS Mainstreaming

Some of the challenges related to top level management involvement in HIV/AIDS mainstreaming were absence of commitment (7%), time constraint (13.3%), work load (20%) and lack of attention (40%). However, more than half the HIV/AIDS focal persons (53.3%) were not willing to respond to this query. Technical support/facilitation was the least support given by top level management to focal persons which is accounted only 26.7%.

The study result showed that about 27.7% of sector ministries were not made available financial resources for implementation of planned HIV and AIDS activities.
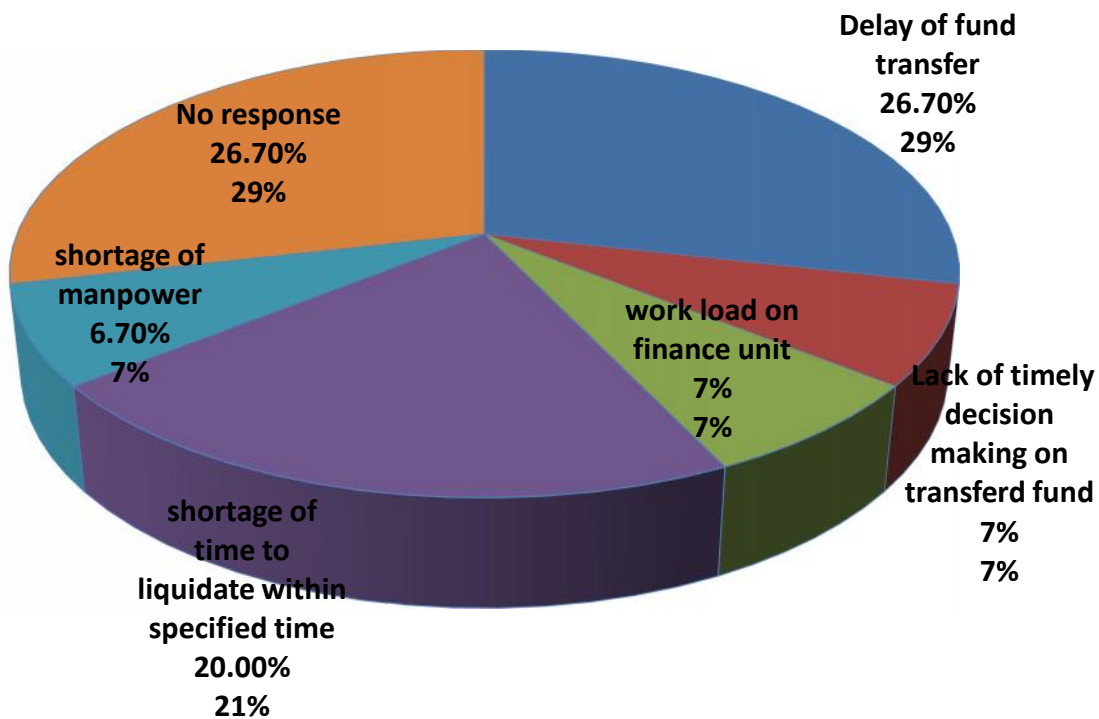


**Figure7: percentage distribution of challenges on HIV/AIDS mainstreaming fund utilization**

Challenges related to utilization of fund earmarked for HIV/AIDS activities were delay of fund transfer from Principal recipient/NGOs (26.7%), lack of timely decision making on the transferred fund (6.7%), work load on finance unit (6.7%), shortage of time to implement within the specified time period (20%) and shortage of manpower (6.7%). On the other hand around 26.7% of HIV/AIDS focal persons were not willing to respond to this query.

The survey result showed that, task forces of eight (53.3%) sector ministries were not conducted regular meeting due to work load on members of task force and others were due to time constraint and lack of commitment which accounted about 13.3 percent. Around 13.3% of non health public sector ministries were not willing to respond to this query.
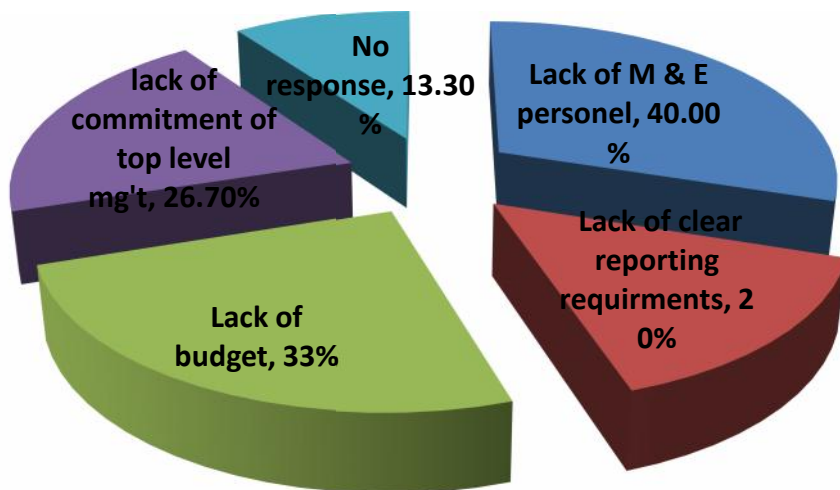


**Figure 8: Percentage distribution of challenges faced to carry out monitoring & evaluation activities.**

The above figure (8) shows the challenges faced in carrying out monitoring and evaluation activities on HIV/AIDS mainstreaming were lack of monitoring and evaluation personnel

(40%), lack of clear reporting requirements (20%), lack of budget allocated for monitoring and evaluation (33%) and lack of commitment of top level management (26.7%). However, about 13.3% HIV/AIDS focal persons were not responded to this particular question

## 4.1.9 Future Directions

About 26.7% Sector ministries which have not yet located mainstreaming efforts within the existing organizational structure, have a plan to establish HIV/AIDS prevention and control unit/office in the future.  Around 84.3 % of sector ministries have a plan for the future to identify the positive and negative impacts of the implementation of development policies, strategies or project/program on the spread of HIV among the workers as well as in the community.

## 4.2   Discussion

This study tried to assess the situation of HIV/AIDS mainstreaming in the case of Federal Democratic Republic of Ethiopia, non health public sector ministries. Situation related to structural, planning and strategies, resources, implementation, strengths and achievements, challenges/weakness and future direction of HIV/AIDS mainstreaming were the main area covered in the study.

Concerning HIV/AIDS mainstreaming structures, even though all of the federal non health public sector ministries have HIV/AIDS focal persons, 27.7% of sector ministries have not yet located mainstreaming efforts within the existing organizational structure or have not yet established HIV/AIDS prevention and control unit/office within a sector. About 33.3% of

sector ministries have established unit/office for HIV/AIDS Prevention and control, independently from other directorates/department; this is a good indicator that shows as more attention given for HIV/AIDS mainstreaming implementation within a sector. The 'unit/office and focal person' mode of structure for HIV/AIDS mainstreaming has more preferred than others mode of structures for HIV/AIDS mainstreaming. Beside to this, 24.3% of sector ministries have not yet established HIV/AIDS taskforce within a sector.

Forty percent of HIV/AIDS focal persons were not dedicated 100% of working hours for HIV/AIDS activities. Similar studies done by Ministry of agriculture of Ethiopia (2011) showed that 60% of the focal persons have interest to work as a focal person but the remaining 40% have no interest to work as focal person due to work load, lack of time, not officially assigned as focal person, lack of conducive working conditions created to engage as per the interest of the focal person and lack of budget and absence of training.

Regarding leadership commitment, only 60% of focal persons supported by top level management in terms of financial and material support. However, 20% of HIV/AIDS focal persons were disagreed as commitment of the decision makers at all levels had been secured for the mainstreaming initiative. Similarly, about 26.7% of focal persons were disagreed as the top level managements at all levels have been closely working with them on HIV/AIDS mainstreaming and 20% focal persons of HIV/AIDS were also disagreed  have a position to dialogue with and influence the top-level managements on their own regarding HIV/AIDS issues. This shows that in some federal non health sector ministries, the commitment of leadership is not yet secured for HIV/AIDS mainstreaming.

On the subject of HIV/AIDS mainstreaming plan and strategies, majority of the non health sector ministries have plan on HIV/AIDS mainstreaming which is incorporated in the annual

operation plan and strategic plan of the sector with clear goals, activities and time lines. More than half of the sector ministries developed a plan which was related to the core business of the sector and 60% of sector ministries were developed work place policies, strategies and actions. Similar study done in Southern Nations and Nationalities Peoples Region of Ethiopia, Finance and Economic Development Sector (FEDS) showed that, all the 14 (100%) offices of the FEDS had incorporated the internal HIV/AIDS mainstreaming interventions in their five year (2010/11 to 2014/15) strategic plan as well as annual (2010/11) operational plan  (Goshu T. 2011).

More than half of sector ministries have a monitoring and evaluation strategy for implementations of HIV and AIDS plan and around 40% of the sector ministries were evaluated the performance HIV/AIDS activities on quarterly basis. This is a good start to strengthen the implementation of HIV/AIDS mainstreaming in federal non health sector ministries.

Similar study done in Southern Nations and Nationalities Peoples Region of Ethiopia,

Finance and Economic Development Sector showed that all 14 100%) of the sector offices used to monitor and evaluate their internal HIV/AIDS mainstreaming performances, from which the majority, 9 (64%), monitor and evaluate their performances in a quarterly basis. However, the majority of participants from the FGD had reported that the monitoring and evaluation system is not yet strong (Goshu T., 2011).

The need for resource in any activity cannot be substituted for anything else. It is about manpower, finance, time, materials and the like. In any situation these will not be available to the optimum. Shortage of resource will exist in any setting and resource never satisfied. HIV is about life; whichever circumstance the concern of life is priority of humans. Resource mobilization to mitigate the spread of HIV is a key factor. And local resource allocation is critical for the sustainability of HIV/ AIDS prevention and control. In this regard, more than half of the sector

ministries were obtained fund from contribution of staffs' salary (AIDS fund) and government budget which was earmarked for the sector up to 2% of the total budget for the implementation of HIV/AIDS intervention. This is a good start to ensure the sustainability of the program and ownership issues. But about half of the sector ministries were not fulfilled required facilities for focal person or HIV/AIDS unit/office.

Concerning planned HIV/AIDS mainstreaming implementation, risk and vulnerability assessment on HIV/AIDS at work place is the first step to begin HIV/AIDS interventions in any organization. But, only about half the sector ministries were conducted HI/AIDS impact assessment. Behavior Change communication (BCC) interventions were covered the largest percentage in most of federal sector ministries. Condom promotion intervention took second in most federal non health public sector ministries. It is good start to avert the spread of HIV among employees as well as community. On the other hand based on UNDP stage of mainstreaming implementation, one sector ministry was found at Zero stage. That means there is no HIV related intervention in the sector even though focal person designated.

Regarding the strengths and achievements of Federal non health public sector ministries on HIV/AIDS mainstreaming, all of the sector ministries were incorporated anti-HIV/AIDS plan in the overall annual and strategic plan of the sector even though, there were limitations in effectively implementing the HIV/AIDS mainstreaming activities as per the plan .Beside to this about 46.7% of PLHIVs employees got financial or material support from organization particularly by the AIDS fund collected from employees' contribution from their monthly salary..

The most major challenges of HIV/AIDS mainstreaming in most federal non health sector ministries were lack of commitment, unavailability of resources and delay of fund transfer from principal recipients , work load/ time constraints and lack of manpower especially on monitoring

and evaluation area. Similar study done on CARE International staff and Institute of Social Work in Tanzania (Wangkhem, 2009), showed that, some of the main Challenges to mainstream HIV/AIDS are inadequate human resource particularly on HIV/AIDS and time constraints, Limited fund and equipment about HIV/AIDS programme, Large target population (122 workers and 2,347 students), Low level of openness on HIV&AIDS in the workplace and Stigma and discrimination still exists

Finally, the majority of federal sector ministries have a future plan to identify the positive and negative impacts of the implementation of development policies, strategies or project/program on the spread of HIV among the workers as well as in the community. This is a good direction to minimize the gap on HIV/AIDS mainstreaming implementation.

# Chapter Five

## 5. Conclusion and Recommendation

## 5.1 Conclusion

It is found out that some of the sector ministries have not yet located HIV/AIDS mainstreaming efforts within the existing organizational structures or have not yet established HIV/AIDS prevention and control unit/office even though they have assigned HIV/AIDS focal persons. In addition to this, HIV/AIDS task forces have established in majority of the sectors but they have not actively carried out their mandates as expected.

The commitment of decision makers at all level for HIV/AIDS mainstreaming have found at the infant stage in several federal non health public sector ministries.

Based on UNDP stage of HIV/AIDS mainstreaming implementation guidelines, most of Federal non health public sector ministries were laid at the early implementation stage and could not move beyond stage I of HIV/AIDS mainstreaming in each level of the sector. Major activities in the guideline like AIDS risk analysis of sector workers, impact analysis to assess the impact of AIDS on the sector, actions implemented to mitigate the impact, analysis of sector policies, strategies and actions and reflection on these policies, and interventions in order to determine their negative or positive influence on the spread of HIV in the communities they serve, and incorporation of lessons learned into sector policies, strategies and actions were learnt to be untouched by most of the  sector ministries.

Lack of leadership commitment, budget and materials constraints, work load, time constraints and lack of man power especially on the area of monitoring and evaluation were the main challenges of HIV/AIDS mainstreaming in most federal non health public sector ministries

In aware of the facts obtained from this study, this research concludes that the structure, leadership commitment, HIV/AIDS intervention plan and strategies, budget allocation, stage of HIV/AIDS mainstreaming implementation, strengths and achievements and challenges/weaknesses of HIV/AIDS mainstreaming in Federal non health public sector ministries were found at different degrees from sector to sector. Hence, the following major recommendations for improvements and effective HIV/AIDS mainstreaming in Federal non health sector ministries are suggested for all relevant bodies and stakeholders.

## 5.2 Recommendations

**HIV/AIDS mainstreaming structure**: from its definition mainstreaming means is the incorporation of HIV/AIDS issues and interventions in to the 'core businesses of a sector, organization or program. Yet there are sector ministries which have focal persons but yet not located mainstreaming efforts within the existing organizational structure or have not yet established HIV/AIDS prevention and control unit/office. Therefore such sector ministries need to locate mainstreaming efforts within the existing organizational structure or need to establish HIV/AIDS prevention and control unit/office.

**Leadership commitment**: although experiences of some of the HIV/AIDS mainstreaming activities like the inclusion of HIV/AIDS prevention activities in the current strategic and annual plans, assignment of focal person for HIV/AIDS in the sector could be considered as some of the evidences that showed the level of commitment of top leaders at each level with in the

sector, the failure of any of the sector offices to implement most important activities other than the aforementioned ones weakens the mainstreaming. Involvement or cooperation of top level management with taskforce or focal person and commitment of decision makers at all level for HIV/AIDS mainstreaming have found at the infant stage in several federal public sectors. Hence, it is recommended to enhance the commitment of these top leaders to effectively implement those untouched businesses like development of sector specific HIV/AIDS mainstreaming guideline, conducting the HIV/AIDS impact assessment and other activities listed on the national guideline (FMOH, FHAPCO 2005).

Even though HIV/AIDS task force was established in majority of the sector ministries, but due to different reasons the task forces have failed to actively carry out their mandate in order to strengthening HIV/AIDS mainstreaming in their respective sector. Therefore, the task force members need to give attention to HIV/AIDS mainstreaming as equal to the core business of their respective sector.

**Implementation of HIV/AIDS mainstreaming:** as assessment result revealed more than half of the sector ministries have conducted HIV/AIDS impact assessment, but most of them failed to identify the positive and negative impact of the implement of development policies, strategies, or project/ program on the spread of HIV in the community. Therefore such sector ministries need to clearly identify the positive and negative impact of the sector's development policies or strategies or projects that fuel the spread of HIV in employees or in the surrounding community.

**Resource for HIV/AIDS mainstreaming**: as the survey data showed that  the large percentage of fund available for the implementation of anti HIV/AIDS activities were obtained from the contribution of staffs' salary (AIDS fund), government budget (up to 2% ) and

FHAPCO. This shows that the contribution of NGOs in supporting HIV/AIDS mainstreaming activities in federal public sectors is very minimal. Therefore, potential partners should establish an effective partnership with federal public sectors especially sectors which have significant impact on the spread of HIV among employees and in the community as well. Beside to this guideline should be developed for the implementation/Utilization of AIDS fund contributed from employees' monthly salary.

Even though HIV/AIDS mainstreaming units were established, most of the units have lack of equipments/materials like stationery and other related issues that used to run their HIV/AIDS activities in the sectors. So decision makers at all levels need to provide equipments/materials for HIV/AIDS mainstreaming unit/office.

**Monitoring and evaluation of HIV/AIDS mainstreaming**: as the assessment result showed that most of the sector ministries have no monitoring and evaluation officer for HIV/AIDS program. In addition to this most of the sector ministries have not developed indicators of HIV/AIDS mainstreaming in line with prioritized indicators in the national monitoring and evaluations framework. Hence, such organizations need to assign monitoring and evaluation officer for HIV/AIDS program and also need to develop indicators in line with prioritized indicators in the national monitoring and evaluations framework.

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# Appendix