

SWOT ANALYSIS OF HIV/AIDS ACTORS



NATIONAL SYNTHESIS FORUM

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Introduction

- Uganda's response takes a multi-sectoral approach involving various actors in direct and indirect activities
- This presentation considers services, initiation of programs, service delivery structures, capacities, linkages, resources and coordination

HIV/AIDS Service Providers

Broad categories of actors include:

- Central and Local Government
- International Development Partners
- Indigenous NGOs
- Faith Based Organizations
- Community Based Organizations
- Cultural and Traditional Institutions
- The media
- The private sector

Central Government

- Taking a lead role in HIV/AIDS. Involved in:
- Provision of a policy & strategic framework
- Conceiving programs & intervention models
- Coordination & supervision of HIV/AIDS activities
- Resource mobilization for HIV/AIDS
- Capacity building and research
- Provision of HIV/AIDS services to communities thru local governments

Local Government

- Engaged in planning for general development, for the health sectors & HIV/AIDS
- Provide treatment services through the structure of health units at different levels
- Supervise, monitor and evaluate the HIV/AIDS situation in the districts
- Coordination of HIV/AIDS responses in the districts.
- A few are engaged in research activities

International Development Partners

- Conceptualization of the HIV/AIDS problems and behavioral factors & help communities to plan intervention activities.
- Fund HIV/AIDS services and HIV/AIDS related research
- Capacity building
- Provide services to the communities directly or through local governments and CSOs

Indigenous NGOs

- Mostly engaged in prevention, care & support to PHAs & their families, and capacity building
- VCT
- Awareness creation on HIV/AIDS -have trained community-based counselors & drama groups
- Condom promotion and distribution
- Support to orphans, widows and PHAs
- Facilitate access to credit for PHAs to mitigate impacts of the epidemic
- Organizational development services

Community Based Organizations (CBOs)

- Formed by community to respond to community social problems
- Used by NGOs to mobilize communities for HIV/AIDS work
- Use drama, music, seminars and assemblies to create awareness on HIV/AIDS
- Condom social marketing, peer-to-peer education and guidance, condom distribution, promotion of parents' adolescent dialogue on sex

CBOs (Cont'd)

- Skills development for production and development
- CBOs manage Income Generating Projects for PHAs and their affected families

Faith Based Organizations (FBOs)

- Prevention and control by disseminating information
- Promotion of behavior change
- Promotion of faithfulness and abstinence.
- A few FBOs have started promoting condom use after seeing many believers dying prematurely
- Spiritual and psychosocial counseling for PHAs and their families,
- Home based care and home visiting
- Provision of material support to PHAs
- Treatment in the health units owned by the different denominations.
- Traditionalists treat some of the opportunistic infections such as diarrhea, herpes zoster and fevers

The Media and the Private Sector

- The media especially the FM radio stations playing a big role in HIV/AIDS
- The print media has also made a contribution through Straight Talk - a monthly newspaper designed to help adolescent youth to avoid HIV infection through open discussion of sexual matters and personal health

Cultural and Traditional Institutions

- Cultural leaders pass on HIV/AIDS messages to their subjects. In Moroto the district sensitizes kraal leaders about HIV/AIDS who then pass the message to the migrant pastoralists.
- Traditional healers provide treatment services for HIV/AIDS.
- Toro kingdom on the other hand is actively involved in the fight against HIV/AIDS through AYA programs.

SWOT ANALYSIS

- The SWOT analysis was intended identify existing competencies and gaps as well as drawing lessons for future scaling up
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SWOT-Central & local Government

● **STRENGTHS**

- Strong human resource base
- Implementation structure down to grassroots
- Resource mobilization
- Has a think tank to formulate policies, and interventions
- Relatively stronger financial base
- Access drugs for STDs and OIs
- Broad coverage
- Well established infrastructure
- Good working relations with NGOs and other partners
- Have coordination mechanisms

● **WEAKNESSES**

- Lack adequate funds
- Limited monitoring of NGOs
- Gaps in coordination
- Insufficient drug supplies in health units
- Few orphan programs beyond UPE
- Health sub districts given much responsibilities with meager resources
- Not reaching remote and physically isolated areas
- Limited surveillance system
- Lack of VCT equipment and services in many health centres

Central & Local Govt (Cont'd)

● **OPPORTUNITIES**

- Favorable donor relations
- Commitment to reducing HIV prevalence
- Decentralization policy enabling control and distribution of resources
- Communities responsive to programs
- Political will at district level
- Support from MoH
- Donor interest
- Multi-sectoral approach

● **THREATS**

- Sustainability of programs due to reliance on external funding
- Poverty
- Increasing number of orphans
- Poor accessibility
- Insurgencies
- Existence of transient populations
- Attitudes of hopelessness among the infected

International Development partners

● **STRENGTHS**

- Funding HIV plans
- Competent motivated staff
- Strong financial base
- Funds allocated in accordance community needs
- Favorable relations with central & local gov'ts
- Broad coverage of programs

● **WEAKNESSES**

- Limited planning with local actors
- Limited coordination with other agencies
- Makes little consultation with community when introducing IEC material
- Restrictive budgets in view of local priorities
- Limited transparency
- Top down planning approach

International Development Partners (Cont'd)

● OPPORTUNITIES

- Favourable working relationships with other actors
- Commitment to reducing HIV/AIDS

● THREATS

- Non-sustainability of programs by government
- Limited solidified reputation
- Different financial years with local government
- Limited skilled labour at community level

INDIGENOUS PARTNERS

● **STRENGTHS**

- Service delivery structures at the grassroots
- Able to monitor and evaluate activities
- Target vulnerable groups
- Well trained, motivated staff
- Strong partnership with district administration and international agencies
- Able to achieve more with limited resources

● **WEAKNESSES**

- Limited geographical coverage
- Duplication of services
- Limited capacity to mobilize funds locally

INDIGENOUS PARTNERS (Cont'd)

● OPPORTUNITIES

- Increased demand for HIV/AIDS services
- Potential for expansion through support
- Supportive donors
- Local resources
- Decentralisation policy
- Responsive community

● THREATS

- Limited funding
- Long on-going insurgencies
- Lack of appropriate IEC materials in vernacular
- Poverty
- Overwhelmed with demand for services
- Duplication of services
- Over reliance on donor support
- HIV/AIDS and TB stigmatised

FAITH BASED ORGANISATIONS

● **STRENGTHS**

- Have regular contacts with their followers and command strong respect.
- well established and extensive structures and infrastructure
- Strong support from the community
- Conversant with HIV/AIDS problems
- Have willingness to care for PHAs and affected families

● **WEAKNESSES**

- Lack of skills to implement interventions in care and support
- Limited HIV/AIDS control programs and tools to change behavior

FAITH BASED ORGANISATIONS

(Cont'd)

● OPPORTUNITIES

- Near to local communities
- Easily identified with the locals

● THREATS

- Conflicting values and attitudes with those of the control program e.g. on condom use
- Inadequate funding
- Overwhelmed by demand for services

COMMUNITY BASED ORGANISATIONS

● **STRENGTHS**

- Conversant with HIV/AIDS problems at the local level
- Community sanctioned and initiated
- Community based innovativeness
- Voluntarism of the community
- Focussed
- Close linkage with community

● **WEAKNESSES**

- Inadequate capacity to implement most interventions
- Quality of messages sent out questionable if not monitored
- Over dependency on external assistance
- Lack well trained personnel
- Have limited coverage
- Limited gender sensitivity
- Limited local response in prevention
- Limited capacity to mobilise funds locally

COMMUNITY BASED ORGANISATIONS (CONT'D)

● OPPORTUNITIES

- Strong support from community
- Decentralisation policy
- Political will

● THREATS

- Inadequate personnel to carryout the set tasks.
- Limited coverage
- Inadequate funding
- Lack of electricity to use video equipment
- Depend on volunteers, not sustainable
- Waning spirit of voluntarism
- Over reliance on donor support
- High turn over of membership
- HIV/AIDS TB stigmatized

Cultural and Traditional Institutions

- **STRENGTHS**

- Provide personalized care
- Willingness to care

- **OPPORTUNITIES**

- Community members have a lot of trust in cultural institutions

- **WEAKNESSES**

- Poor skills in palliative and prophylactic care
- Inability to provide for orphans

- **THREATS**

- Large family sizes eroding resources
- Exorbitant charges

Conclusions

- Uganda's response to the HIV/AIDS epidemic is characterized by different actors each making a contribution in accordance to their comparative advantage
- The Central government plays a pivotal role in the fight against HIV/AIDS through the provision of policy, advocacy, a strategic framework, monitoring and evaluation, and resource mobilization for implementation of HIV/AIDS activities through UAC, Ministries of Health, Local Government

Conclusions-Cont'd

- NGOs and CBOs have direct linkages with the grassroots and are able to offer services that require direct interaction with the community
- International development partners bring to the fore financial resources and human resources.

Conclusions-cont'd

- Many plans developed by local actors remain unimplemented or partially implemented due to inadequate funds and lack of capacity to mobilize resources aggravated by rampant poverty and a low revenue base for districts and sub-counties.
- The districts' capacity to undertake adequate M&E to ensure appropriate implementation of strategic activities, facilitation of future program design, strategy evolution and efficient resource allocation, needs to be scaled up

Conclusions-cont'd

- Despite Central government efforts to develop coordinating structures for HIV/AIDS activities in the districts there is limited monitoring of NGO and CBO activities which leads to duplication of effort
- Mainstreaming is not systematically addressed in the implementation of many sectoral grassroots activities

Conclusions-cont'd

- Indigenous NGOs and CBOs are able to offer services and reach many people at grassroots with minimum resources through the use of community based volunteers.
- The sustenance of the spirit of voluntarism is however a challenge.
- The media particularly radios are effective in creating awareness about HIV/AIDS because of their wider coverage and entertaining programs which influence people to listen to them.

Conclusions-cont'd

- Many agencies involved in HIV/AIDS especially those that came into being with introduction of STIP, do not have well developed strategic and operational plans for the programs they are implementing.
- Many also have no definite ambitions; they keep shifting focus to even response areas where they have no expertise.