



# ACCESS Phase II


## HIV Mainstreaming Strategy

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# ACCESS

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## Abbreviations and Acronyms

ACCESS	Australian Community Development and Civil Society Strengthening Scheme
ANTARA	Australia-Nusa Tenggara Assistance for Regional Autonomy
AusAID	Australian Agency for International Development
Bappenas	Ministry of National Development Planning
BKKBN	Badan Koordinasi Keluarga Berencana Nasional
CSO	Civil Society Organisation
HIV	Human Immunodeficiency Virus
LOGICA	Local Governance and Infrastructure for Communities in Aceh
M&E	Monitoring & Evaluation
PAMELS	Participatory, Monitoring, Evaluation & Learning System
SADI	Small Agribusiness Development Initiative
YCAP	Yogyakarta-Central Java Community Assistance Program

# 1 Background

HIV Mainstreaming is a key activity of AusAID's HIV strategy and of the Australian Indonesian Partnership. It is an important way of extending the response to HIV beyond health sector programs to address the multi-dimensional factors that influence vulnerability to HIV as well as the causes and consequences of HIV transmission.

The HIV epidemic in Indonesia (as in the rest of South East Asia) is low prevalence in the general community, containing the impacts on the families of people infected with HIV. However, pockets of relatively high HIV prevalence do exist and risk behaviours (i.e. injecting drug use, commercial sex and sex between men) continue to occur throughout the country. In this context, programs which provide a) opportunities for travel or migration, b) increase household incomes and c) endorse or increase unequal gender relations could increase the potential of beneficiaries, other stakeholders and program staff coming into contact with recently infected people or engaging in risk behaviours themselves.

The HIV Mainstreaming approach for ACCESS Phase II draws from a multi program response to AusAID's Guidelines and is an attempt to use a common approach/framework for implementation<sup>1</sup> across non HIV specific programs. A common framework will enable programs to:

- ◆ Align with AusAID HIV Mainstreaming Guidelines and the Paris and Accra Declarations
- ◆ Increase efficiencies and effectiveness by maximizing opportunities to work together, strengthen networks and share resources across programs and with our Partners
- ◆ Identify areas of comparative advantage or collaboration for responding to HIV
- ◆ Guide the development of activities tailored to the needs and vulnerabilities of target communities
- ◆ Improve Program impacts
- ◆ Reduce potential for conflicting Program approaches that confuse our Partners;
- ◆ Increase opportunities for AusAID and other programs to learn from field experiences with HIV Mainstreaming

This document sets out the principles for engagement and highlights the key steps in taking mainstreaming activities forward, covering both internal and external mainstreaming, in ACCESS Phase II.

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<sup>1</sup> Five AusAID projects attended an HIV Mainstreaming workshop facilitated by The Burnet Institute from January 12-14, 2009. The projects were: ACCESS (Australian Community Development and Civil Society Strengthening Scheme); ANTARA (Australia-Nusa Tenggara Assistance for Regional Autonomy); SADI (Small Agribusiness Development Initiative); YCAP (Yogyakarta-Central Java Community Assistance Program) and LOGICA (Local Governance and Infrastructure for Communities in Aceh).

## 2 HIV Mainstreaming in ACCESS Phase II

ACCESS Phase II will implement a range of measures within the scope of existing activities to reduce the vulnerability to HIV transmission among staff, Partners and their beneficiaries as a result of program interventions. This will be done through **internal** and **external mainstreaming**, in line with the guiding principles, as described below.

### 2.1 Guiding Principles

HIV Mainstreaming is guided by the following principles:

- A “Do No Harm” approach will underpin all program activities using a gender- and socially inclusive risk analysis and mitigation interventions
- HIV mainstreaming activities will build on existing program activities
- National and local government policies and approaches where they exist will guide HIV mainstreaming
- Diversity, inclusion and non-discrimination are non-negotiable Program values

ACCESS Phase II will continue to interact across AusAID programs for further development of a common approach/framework to HIV Mainstreaming

### 2.2 Internal Mainstreaming

#### a. Objectives

1. To increase HIV awareness and promote behaviours within teams (program, administration and finance staff) that support HIV mainstreaming
2. To create supportive working environments for HIV mainstreaming in all program offices

#### b. Approach

1. To reduce vulnerabilities to transmission among program staff
2. To mitigate risks of increased transmission among program staff

#### c. Activities

1. In consultation with staff, develop workplace policy and procedures for HIV Mainstreaming based on duty of care;
2. Promote a work place culture that values diversity, tolerance and inclusiveness in the workplace (e.g. through team building, training, use of media, positive affirmation of differences and zero tolerance of stigmatization);
3. Provide opportunities (including training, briefings and updated information) to provide ACCESS Phase II staff with basic HIV knowledge and awareness training as a first step towards mitigating any personal risk of HIV transmission they may encounter through work related activity and in their work with Partners. This could be done as stand alone training or part of travel health training (including prevention of diarrhoea, malaria, dengue and sexually transmitted infections);

4. Provide staff with access to 'safe travel packs', which could include condoms and lubricant, mosquito repellent, diarrhoeal medication and first aid equipment
5. Discuss the option of appointing HIV resource persons/focal points who can provide confidential information and advice – preferably one male and one female and possibly different religions<sup>2</sup>;
6. Integrate responsibility for HIV mainstreaming into relevant job descriptions and staff performance appraisals; and
7. Quarterly Provincial Coordinator reports and six monthly reports to AusAID include progress (e.g. training) and emerging issues with HIV mainstreaming (e.g. potential for increased transmission);

*d. Monitoring and Evaluation*

1. Indicators:

*Output indicator:*

- HIV-related operational policies included in Program Operations Handbook
- M&E for HIV mainstreaming included in PAMELS

*Process monitoring indicators:*

- # of staff trained (m/f)
- # safe travel packs distributed

*Outcome/impact indicators:*

- Change in knowledge/attitudes/understanding pre/post training
- Sustained knowledge/attitudes concerning 'safe behaviours'

## 2.3 External Mainstreaming

This refers to the Partner activities that ACCESS Phase II funds and administers. It involves assessing whether Program and/or Partner activities or outcomes may be contributing to the spread and impact of HIV and developing ways to minimize any identified risks. This could arise, for example, from increasing mobility of staff and Partners for training, increasing mobility of beneficiaries to engage with government, increasing family incomes or reinforcing unequal gender relations (women's lack of access and control over family finances or decision making).

*a. Objectives*

- To ensure ACCESS Phase II does not increase vulnerability or transmission of HIV within communities where we work

*b. Approach*

- To reduce vulnerabilities to transmission among Partners and their beneficiaries
- To mitigate risks of increased transmission among Partners and their beneficiaries

*c. Activities*

- Engage with Partners to conduct an HIV analysis (including gender, poverty and youth dimensions) as part of Action Plan preparation to assess vulnerabilities, risks and potential impact on vulnerable groups

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<sup>2</sup> These could be staff members or external resource persons as appropriate.

resulting from Program or Partner activities or outcomes and to develop appropriate responses within core business and resources;

- Provide opportunities to build HIV mainstreaming knowledge and capacity among Partners (for example, during meetings, workshops and training), including access to user friendly materials, media and publications on HIV transmission, risk reduction, treatments and services available;
- Assist Partners to identify and facilitate linkages, where relevant, between existing HIV programs and organizations and the communities in which they work, in consultation with local government agencies and HIV Commissions; and
- Integrate discussion on HIV mainstreaming into Partner quarterly monitoring visits and reports

#### *d. Monitoring and Evaluation*

- Indicators

##### *Output indicators:*

- HIV analysis and risk mitigation is evident in Partner Action Plans

##### *Process indicators:*

- # people trained (m/f)

##### *Outcome/impact indicators:*

- Change in Partners' knowledge/attitudes/understanding pre/post training
- Improved gender equity and women's empowerment<sup>3</sup>

## **2.4 Sharing Learning**

### *a. Objectives*

- Contribute lessons based on field experiences that can inform good practice approaches for HIV mainstreaming in Indonesia

### *b. Approach*

- Work collaboratively with other AusAID programs on refining the HIV Mainstreaming common approach/framework
- Engage with CSO partners and local governments to raise awareness on HIV Mainstreaming

### *c. Activities*

- Periodic review and documentation of progress and lessons learnt in HIV Mainstreaming (e.g. staff meetings, retreats, workshops, annual reviews, case studies, lesson learnt database) and disseminate to stakeholders and other AusAID programs
- Share lessons and significant stories with local stakeholders and Partners during structured learning events and media (e.g. newsletter, website)

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<sup>3</sup> This is used as a proxy measure in that strengthening women's capacity to negotiate sexual relations and decision making over control of household finances is a powerful contributor to mitigating risks of HIV transmission.

- Contribute information and advice that could assist AusAID in its efforts to improve its HIV mainstreaming support to its programs<sup>4</sup>

### 3 Resourcing

The following costs for implementation of HIV Mainstreaming need to be taken into account for Program budgeting:

1. Internal and external training and workshops
2. Support implementation of Partner Activities (if any)
3. Support for cross-program support and activities

### 4 Risk Assessment and Mitigation

The following table outlines the risk assessment and mitigation measures which will be adopted by ACCESS Phase II in relation to HIV mainstreaming within the Program.

<b>Risk</b>	<b>Likelihood</b>	<b>Risk Mitigation</b>	<b>Responsibility</b>
1) Lack of leadership and commitment in the Program	Low	Program Director active in promoting the HIV mainstreaming approach to staff and encouraging Partner accountability	Program Director
2) Staff and Partner resistance due to cultural and religious values	High	Seek advice from experts in the field. Use appropriate speakers for staff and Partner training to discuss cultural and religious values in relation to HIV transmission Identify focal points (m/f) for any staff member or Partner who wishes to discuss matters confidentially	Capacity Building STO  Program Director
3) Perception of irrelevance to 'core business' and Indonesia in general	Medium	Conduct staff and Partner training and refresher training to raise awareness of development impacts of HIV transmission, build capacity for analysis and share learning on mainstreaming experiences (from ACCESS and other Programs) Develop easy to use guidelines for mainstreaming into existing core activities	Technical Advisory Team Strategic Partners
4) Time constraints	Medium	Include review of HIV Mainstreaming implementation into regular management and staff meetings and revise	Management team and Technical Advisory Team

<sup>4</sup>-The Multi-program workshop identified the following support from AusAID which would assist programs with implementation: a) Updated data on HIV incidence, prevalence and risk behaviours in Indonesia; b) Updated database of national, provincial and district HIV activities; c) technical review of individual Program HIV Mainstreaming strategies and d) ad-hoc technical assistance for programs.

		strategies as required to match time resources	
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