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.
The SWOT analysis was intended to identify existing competencies and gaps as well as drawing lessons for future scaling up.
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 with 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

**WEAKENESSES**
- 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.

- **WEAKENESSES**
  - 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 carry out 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

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

- **OPPORTUNITIES**
  - Community members have a lot of trust in cultural institutions

- **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.
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.