SNRD

Sector Network Rural Development

Deutsche Gesellschaft für
Technische Zusammenarbeit (GTZ) GmbH

HIV/AIDS and Rural Development: What can we do?

"HUNGRY PEOPLE
WILL NOT LISTEN
TO THE AIDS MUSIC"

SNRD Workshop 02-05 April, 2001, OTD, Harare, Zimbabwe

Executive Summary

Acronyms

AfFOResT	African Farmers' Organic Research and Training
AFRICARE	NGO involved in RD projects
CBO	Community Based Organisation
FAO	Food and Agriculture Organisation
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit, GmbH
IEC	Information, Education and Communication
M & E	Monitoring and Evaluation
PA	Participatory Approach
PLWA	People/person living with HIV/AIDS
PRA	Participatory Rural Appraisal
RD	Rural Development
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
ZACT	Zimbabwe Association of Community Theatre

EXECUTIVE SUMMARY

Background

The Sector Network Rural Development (SNRD) is comprised of representatives from different GTZ-supported rural development projects[1] in Sub-Saharan Africa. At an SNRD annual meeting held in Mombassa in January 2000, participants agreed to form a working group (WG) on HIV/AIDS and its impact on rural development. The purpose of this WG is to further investigate the links between HIV/AIDS and rural development, with a view to making recommendations on how rural development projects can integrate the fight against HIV/AIDS in their range of activities. The focus should be both on reducing the spread of the epidemic, and, as far as possible, its negative impacts.

The WG on HIV/AIDS decided to organise a workshop which brings together experiences on the integration of the subject of HIV/AIDS in RD activities, not only in GTZ supported projects, but also in projects supported by other multi-lateral and bilateral organisations, and in similar activities implemented by NGOs and government agencies. This workshop, titled "HIV/AIDS and Rural Development: what can we do?", took place in Harare, Zimbabwe, from 02-05 April, 2001.

Since almost 15 years, the German Federal Ministry for Economic Co-operation and Development (BMZ) through GTZ, has been funding a sectoral project to contribute to the fight against HIV/AIDS. In line with all early interventions against AIDS, the project has initially been concentrating on interventions within the health sector. However, since about five years, the mainstreaming of HIV/AIDS into non-health sectors/projects has gradually become a priority.

Also, the GTZ AIDS Project and the SNRD joined efforts to organise this workshop as a first opportunity to explore the possibilities for the integration of HIV/AIDS-related components in the area of RD. The workshop was for GTZ the first of its kind where non-health sector projects and HIV/AIDS were discussed on a broad basis. Substantial support to make the workshop interesting was received from the HIV/AIDS sector project of GTZ.

Workshop objectives and participants

Objectives of the workshop were:

- To get more information about the relevance of the epidemic for rural development in general, and GTZ supported projects/programmes in particular,
- To learn about what and how to integrate the subject of HIV/AIDS into rural development projects, and

[1] In this report rural development projects are taken to be synonymous with RD programmes.

- To compile ideas for the development of a guide with recommendations and best practises for projects working in rural development (local to supra-regional level).

Participants to the workshop were:

- GTZ project staff and counterparts working in rural development (local, national, supra-regional level), especially those having experience in integrating the topic of HIV/AIDS in their areas of interventions. They came from Ghana, Kenya, Malawi, South Africa, Zambia and Zimbabwe.
- GTZ project staff and counterparts working in health or in AIDS projects and coming from Germany, Ghana and Zimbabwe,
- Resource persons from multi-lateral organisations such as FAO, UNAIDS and UNDP; and from Zimbabwean NGOs like AfFOREST, AFRICARE and ZACT.

The presentations consisted of background papers and case studies. The workshop further featured group work and plenary discussions.

Summary of presentations, themes & lessons learnt

From the different presentations and experiences that were recited, a number of common themes, underlying issues and lessons learnt began to emerge. These included the following:

- ***On understanding the epidemic:***

  - The poverty/HIV/AIDS nexus is extremely strong and ubiquitous in the different (contexts of the) countries experiencing the pandemic. At one end of the poverty cycle, people are often driven to engage in such activities as commercial sex as a survival strategy, and are hence exposed to a higher risk of contracting the infection. At the other end, conditions of poverty (low income, poor living conditions, insufficient investment in agricultural production) present serious barriers to efforts to prevent or mitigate the impacts of the pandemic. People living under conditions of abject poverty are so preoccupied with needs for immediate survival; as a result concerns about preventing HIV/AIDS, whose impacts will only be felt in the long term, are not given such high priority. In the words of one observer, "**Hungry people will not listen to the AIDS music**".

  - The HIV/AIDS pandemic also reflects a gender dimension biased against women, including female adolescents and the girl child. Not only are they biologically more at risk than men; often, their sexual relationships with men are unequal; they have less access to information and services; and finally, they carry the biggest burden of care and support for PLWA.

- In the context of some communities and local cultures, the subject of HIV/AIDS still remains mystified and is regarded as a taboo. It was also noted that culture proves to be a double-edged sword, which in some instances may work against and in others, works in favour of the fight against HIV/AIDS.

- ***On organising the response:***

  - At the different levels, i.e. at national government, institutional, community and individual levels, response to the gravity of the pandemic has been characterised by initial denial, which is gradually giving way to recognition of the need to act.

  - Dealing with HIV/AIDS is a long, slow and continuous process, which involves a learning curve. The pace at which changes have taken place has demonstrated this. There is an urgent need to raise awareness at the level of leaders.

  - In many countries, there now exist a number of different players/institutions addressing the problem of HIV/AIDS. Sadly, efforts are in most cases disjointed and disparate, thereby curtailing the realisation of tangible impacts.

  - Through studies, surveys and research findings sponsored by multi-lateral organisations over the past decade, there now exists a dearth of information on the channels of infection, the socio-economic impacts, and possible mitigation measures for the pandemic. RD projects should use this information base when developing their HIV/AIDS activities.

  - In some communities, if anyone who is not coming from the health sector begins to discuss the subject of HIV/AIDS, the audience becomes suspicious. This presents a barrier to the multi-sectoral approach. There is a need therefore, to foster an understanding that HIV/AIDS is everyone's business. It is a cross cutting issue that affects all interests.

  - Where plans for interventions have been developed, lack of financial resources tend to present a critical constraint in the realisation of those plans. In a few countries however, measures to establish an HIV/AIDS fund have been implemented. In Kenya, all GTZ projects dedicate 3% of their budgets to fight HIV/AIDS, while in South Africa a similar fund is being set up for the same purpose. In Zimbabwe, a national fund has been built over the past few years through a levy from all taxpayers.

- ***On prevention and mitigation:***

  - A decade ago, HIV/AIDS was regarded primarily as a serious health crisis. Therefore main areas of activities were laboratory diagnostics, making blood transfusion services safe, treating sexually transmitted in-

fections, preventing infections through use of condoms, treating opportunistic infections (tuberculosis, fungus infections, etc.). These interventions remain important, but are now being implemented in the framework of a broader, multi-sectoral response.

- During the workshop, there was a common understanding that there is no known cure of AIDS and many medical remedies, including anti-retrovirals, are out of reach of the poor. Improved food supplies of high nutritional value therefore present a first necessity to prolong life for HIV/AIDS sufferers.

- Youth are seen to play a crucial role in the prevention of the spread of HIV/AIDS. With them, there are better chances of scaling some of the cultural barriers.

- The general socio-economic impacts of HIV/AIDS in the RD context are well documented; they permeate all the levels: management, extension workers, communities, households and individuals. However, context-specific information is still lacking in most places. Mitigation measures for the infected and affected in the agriculture sector are so far focussing on promoting technologies and practices which require low inputs in terms of labour, fertiliser and pesticides.

Workshop recommendations

There was a clear recommendation expressed by the workshop participants that all RD projects should integrate the issue of HIV/AIDS into their activities. This should be done both at the workplace, that is involving staff members of the project, as well as the intervention level involving the project target group. The experiences exchanged at the workshop showed that this integration is possible, even if funding is often a constraint.

Drawing from the lessons of the experiences presented to the workshop over the four days, the following specific recommendations for mainstreaming the issue of HIV/AIDS into RD projects were made. It should be noted that they depend on the level at which a particular project is operating.

1. ***A framework for the multi-sectoral approach toward mainstreaming HIV/AIDS activities in RD projects is developed*.**

   This calls for the formation of a multi-sectoral body comprised of the government, private sector and civil society. The council should have representation at all the different levels, right down to the district and village.

   For the multi-sectoral approach to work, it should be guided by the key principles of minimal bureaucracy, transparency, communication, partnership and empowerment.

At national level representation (in the National Council or Commission) should include the Office of the President and the Permanent Secretary in the different ministries, PLWA-associations, NGOs, networks and the private sector. The functions should include policy formulation in consultation with all stakeholders at all levels, development of a national strategic plan, co-ordination, resource mobilisation and allocation, and monitoring and evaluation. With respect to resource mobilisation, lessons can be drawn from those countries that have taken steps to establish a fund to fight HIV/AIDS and its impacts.

At the provincial level, the council should formulate and implement provincial action plans, offer technical backstopping to the district level, collect and disseminate information, and facilitate monitoring and evaluation.

Stakeholders at the district level should reflect a preponderance of NGOs. At this level the council should identify players and their comparative advantages, take charge of capacity building, plan and implement activities, do financial administration and carry out operational evaluation.

CBOs, fieldworkers, families and indeed the infected and affected themselves are expected to dominate the council at the community level. Here, the design of responses, which are based on the specific needs of the community, should constitute a key function of the council. These should be translated into proposals for funding and subsequent implementation. Activities at this level should benefit from integration with other service sectors such as energy, water, and others.

***2. Staff at all levels are competent to deal with HIV/AIDS issues both at the works place and at the level of the clients*.**

If RD projects are to integrate HIV/AIDS activities adequately, one important precondition is the enhancement of the capacity of staff within such projects to handle this subject with an acceptable level of competence. This includes staff from partner organisations as well. Capacity building should target all levels from policy makers and management at the top, down to field workers at the community level.

Areas of competence to be addressed at all levels include

- First, basic knowledge of HIV/AIDS (that is: the sources of infection, how it spreads, methods of prevention, its impacts and the tragedy that there is no known cure for it).
- Another area of competence involves current strategies and interventions in mitigation and cure.
- Competence in terms of counselling skills, prevention and mitigation measures, local cultural context, and participatory approaches should constitute part of the capacity building package.

With specific reference to the management level, additional areas of competence were identified as necessary such as: co-ordination and networking skills, stress management (e.g. for extension workers dea-

ling with PLWA), knowledge of the policy framework, resource mobilisation, advocacy and lobbying, and monitoring and evaluation.

Having identified the different areas in which the management and field staff need to develop competence, the next issue is **how** best to approach capacity building. Firstly, a needs assessment exercise should be carried out at the different levels to clarify the existing level of capacity. Subsequent to that, training should then be offered through any existing structures such as the technical college curriculum, in-service training and refresher courses. Relevant manuals and IEC materials should be identified or developed for use in the field.

It was felt that a participatory HIV/AIDS-approach at the work place would serve as an important tool to anchor the subject firmly in the culture of the organisation. So even before members of staff go out and address the issue of HIV/AIDS in the community, peer education activities should start at the work place.

Finally, a strong recommendation was given to engage in monitoring and evaluation as part of an ongoing learning process.

A few challenges facing the whole issue of capacity building were highlighted. One is to do with the replacement of staff members who are lost, for example, due to the impacts of the scourge. Another challenge is to do with staff from partner organisations, for example the agricultural extension services, becoming exceedingly over-stretched due to a multiplicity of demands on their time. Recognising the above constraints does not in any way imply admitting defeat, rather it calls for continuous reflection in the M&E process, with a view to drawing lessons to address these problems.

***3. RD projects adopt a participatory manner in addressing the subject of HIV/AIDS*.**

The participatory approach (PA) which is commonly used in rural development was identified to possess the desirable elements for the integration of HIV/AIDS activities. Key guiding principles for the approach are that it involves two way communication and ownership by those affected at the various levels. Participants noted that it is a lengthy process, and commitment has to be assured before starting. A study on the use of PA to integrate HIV/AIDS with RD projects has just been completed in Zambia (October 2000), and it confirms the value of PA approaches in dealing with HIV/AIDS at the community level.

Three levels are involved in the PA, i.e: the rural families themselves, the service providers at the local and district levels, and the planners and decision-makers at regional and national levels. The two first levels, however, are at the core of the PA.

At the family level, the following advice was given: convince the local leadership, hold awareness meetings, be sensitive to cultural issues, ask the wise elders for solutions, use innovative IEC methods such as drama, use participatory monitoring and evaluation teams.

At the level of the service providers, the focus should be on building their capacities in the areas of PA and PRA tools, the subject of HIV/AIDS as a whole, the ability to talk about sexuality and sexual behaviour. Starting from these, the service providers should educate rural families on HIV/AIDS prevention and cure, and also on where villagers can get support, e.g. condom sources, testing, counselling, and so on.

The role of the planners and decision-makers in PA is seen as that of supporting and facilitating non-health service providers to also deal with HIV/AIDS. As is the case with the service provider level, capacity enhancement at the planner level is necessary. The decision-makers should then bring lessons learnt from the local level to influence policy at the regional and national levels.

4. Monitoring of the pandemic and the impact of interventions.

Monitoring should be two-pronged, that is

a) monitoring of the epidemic at local level, and
b) monitoring and evaluation of mitigatory interventions.

Monitoring of the epidemic should look at issues like morbidity, mortality and socio-economic effects. At the intervention level, monitoring should focus on the impact and output objectives, as well as on the implementation process.

The monitoring process should use a combination of tools. Existing community structures and hospital/health sector data should be utilised. In addition, there is need for tailor-made training to improve the quality of data collected. Community meetings specifically for the collection of data can also be convened.

Monitoring should take place at each hierarchical level, from top-level decision-makers to the district level, and on to the rural communities themselves.

A number of challenges that would stand in the way of successful monitoring were identified. These include the scarcity or inadequacy of the data necessary for monitoring. And in cases where the data may be available, there is often unwillingness to release data by those who have it. The issue of indicators also has to be resolved, to provide a standard on the basis of which a meaningful evaluation can be done. Indicators currently used should be appropriate, and local ones should be developed for this.

Way ahead

On going back to their projects, participants agreed to purse the following activities immediately:

- Concentrate on implementing the recommendations developed during the workshop,
- Develop a participatory work place policy and start the fight against HIV/AIDS there,
- Engage in more exchanges among projects represented at the workshop, with assistance by the HIV/AIDS-WG of SNRD,
- Inform and possibly involve more SNRD member projects in joint HIV/AIDS-related activities,
- Prepare for another workshop of a similar nature, possibly in Zambia in April 2002, which will also allow for a field visit.

Conclusion

"Hungry people don't listen to the AIDS music". Paradoxically, they are the most vulnerable to the impacts of the pandemic, but have the least capacity to fight it. These people are, however, likely to respond positively to initiatives and interventions which have a direct and immediate impact on their daily survival, for example, labour saving crops and technologies. If RD projects are to stand a chance in supporting the poor to be able to deal with the problem of HIV/AIDS, focus should be on activities that result in the improvement of livelihood systems via increased agricultural productivity.

In low prevalence countries, RD projects can also play a role in prevention by virtue of their proximity to, and involvement with the poor households.

SNRD WG HIV/AIDS & Rural Development
Dr. Marlis Kees
May, 2001

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Please note that the full workshop documentation is available on request; kindly contact SNRD (see addresses overleaf).

List of Participants

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