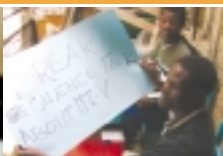




# Mainstreaming HIV/AIDS using a community-led rights-based approach

A CASE STUDY OF ACORD TANZANIA





## **ACORD**

### **Responding to HIV and AIDS:**

#### **Working with Communities**

With over 28 million people estimated to be living with HIV in Sub-Saharan Africa alone, the impact of HIV and AIDS on communities has been devastating. Over the last decade, ACORD, an Africa agenda-led organisation working in 18 countries in the region, has supported the efforts of people living in poor and marginalized communities to understand the roots of the problem and to find ways of preventing the further spread of the virus and mitigating its impact. ACORD recognises that the men, women and children living the day to day reality of HIV and AIDS have a lot to teach us and seeks to contribute to the global response to the HIV crisis by ensuring that their voices are heard and listened to by decision-makers at all levels.

## **HIV/AIDS IN ACORD**

ACORD views HIV/AIDS as an issue that affects all aspects of its development work, which is aimed at promoting the rights of the poorest and most marginalised sectors of society within sub-Saharan Africa. ACORD aims to prevent the further spread and mitigate the impact of HIV/AIDS through community-led research and advocacy and working in alliance and partnership with others.

HASAP – ACORDs HIV and AIDS Support and Advocacy Programme, which was launched in 2002, exists to support ACORD's HIV/AIDS work in its programmes located in over 17 countries in the SSA region. In addition to training and technical support, it facilitates information-sharing and exchanges, both internally and externally, and provides strategic direction and coordination of ACORD's HIV/AIDS-related research and advocacy work.

This publication is a HASAP initiative aimed at documenting and disseminating the work of ACORD in Tanzania. We hope that others, both within and outside ACORD, will benefit from the sharing of this experience and the lessons learnt.

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## Foreword

Since the early mid-1990's, ACORD has been committed to promoting learning aimed at changing different policies and practices, with regards to HIV/AIDS, at the local, national and international levels. In addition to documenting and sharing lessons learnt in terms of methodologies, and the deepening of analysis and understanding with regards to the links between HIV/AIDS, poverty, livelihoods, gender inequalities, social disruption and governance, ACORD seeks to actively engage communities in the design, implementation, monitoring and evaluation of HIV/AIDS interventions. We seek also to create the platforms in which communities play a central role in influencing policies and practices.

ACORD in Tanzania has attempted, over the past 8 years, to give form to ACORD's stated objectives. In the work described in the case studies of Karagwe and Mwanza, the ACORD team has shown that the increased involvement of marginalised peoples, in partnership with other agencies, with the creation of active networks, can realise incredible results by way of impact on the underlying causes and consequences of HIV/AIDS. The benefits for women, people living with HIV/AIDS, youth, community leaders and communities described in this report, bears testimony to ACORD's commitment to creating HIV/AIDS competency through the use of participatory methodologies and processes.

I congratulate the ACORD team involved in the work described in this report for taking on the difficult demands that a participatory approach places on people and processes. I am impressed not only by the results of the concrete work undertaken, but the process and methodology of the team, itself. Your work holds great value for the rest of ACORD and others who might be interested in dealing with HIV/AIDS with an integrated community-led approach that is rights-based.

For ACORD itself, the case study has raised the question of what changes we need to make in our internal structures and ways of working that allow us to mainstream HIV/AIDS meaningfully. In this regard, I hope that we will not be effective focusing on our external programming only but will go the necessary extra distance to situate within this discussion, our organisation, our policies and procedures, our attitudes and practices.

To other actors, we hope that this case study will contribute to cross learning on the process of HIV/AIDS mainstreaming, and will inspire you to document and share your experiences as well, and ultimately generate a body of knowledge and experiences that will help all of us to win the battle against HIV/AIDS.

**Kamal Singh**  
*Executive Director*  
**ACORD**

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## Acknowledgements

This case study was developed using a participatory approach that included all ACORD Tanzania staff as well as invited members of the communities in which we work. Over five months, we have used the principles of learning and reflection to develop a case study that is a true reflection of our work.

In March 2003, we held a workshop attended by all ACORD staff. For two days we brainstormed about what the ACORD Tanzania programme had tried to achieve, how it had pursued these aims, and how it measured its successes. We then went on to analyse whether we felt this work constituted “mainstreaming of HIV/AIDS”, and what more information would be needed to document this work in a way that would be clear to others.

The Mwanza and Karagwe teams then held separate round-table discussions on how to go about gathering more information within the community. Each team held discussions with community members and invited some to share their experiences to include in the case study. They were also asked to comment on the process of change towards AIDS competence.

**Donald Kasongi** - Tanzania Country Co-ordinator, had the overall vision of analysing and documenting ACORD Tanzania's experiences.

**Datus Paul** - Mwanza Programme Co-ordinator, analysed the Mwanza experience in conjunction with community members, which resulted in stories from the community.

**Pantaleon Shoki** - Research Coordinator, was responsible for providing analysis of data and ensuring that it fits our mainstreaming criteria, and was also involved in drafting the case study (he was attached at the country office and that's why I haven't indicated his programme).

**Celestine Nyenga** - Mwanza Gender and Health Officer, was responsible for co-ordinating the data gathering for the whole case study: in particular, information from the Karagwe and Mwanza teams.

**Charles Shagi** - Mwanza Community Development Officer, was responsible for co-ordinating data gathering from the Mwanza team.

**Ruth Christian** - Karagwe Information and Gender Officer, co-ordinated data gathering from the Karagwe team.

**Susan Amoaten (consultant)** developed the methodology for documenting ACORD's experiences of mainstreaming, and drafted the final case study.

We would like to thank Dennis Nduhura, Ellen Bajenja and Angela Hadjipateras of HASAP (HIV/AIDS Support and Advocacy Programme) for providing support, both financial and advisory, that enabled us to document the Tanzania case study. We would also like to thank Oxfam Int and CordAid for providing funding for this work.

## Acronyms/Abbreviations

|           |   |
|-----------|---|
| ACORD     | Agency for Co-Operation and Research in Development       |
| AIDS      | Acquired Immuno-Deficiency Syndrome                       |
| CBOs      | Community-Based Organisations                             |
| CordAid   | The Netherlands branch of the Oxfam International family] |
| CSOs      | Civil Society Organisations                               |
| FHH       | Female-headed households                                  |
| GAGs      | Gender Action Groups                                      |
| GECHNET   | Gender and Children Health Network                        |
| HIV       | Human Immuno-Deficiency Virus                             |
| KADENVO   | A district network of CBOs & NGOs in Karagwe area         |
| MNGONET   | Mwanza NGOs Network                                       |
| NGOs      | Non-Governmental Organisations                            |
| Oxfam Int | Oxfam International                                       |
| PHE       | Peer Health Educator                                      |
| PLHA      | People Living with HIV and AIDS                           |
| SaFaiDS   | South Africa AIDS Dissemination Service                   |
| STI       | Sexually-Transmitted Infections                           |
| TAWOVA    | A local legal rights NGO                                  |
| VWOCC     | Village Widow and Orphan Carer Committees                 |



## Executive summary

There is increasing pressure for development agencies to play a role in developing an 'AIDS-competent' society - one where everyone is able to assess and make decisions about factors related to the causes and consequences of HIV/AIDS and to generate the means and mobilise 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. But the question of what mainstreaming means in practice and how a community-led NGO should go about it, is still being debated.

For ACORD Tanzania, the concept of mainstreaming HIV/AIDS in practice has meant developing a community-led rights-based approach, where the community is encouraged to take the lead in bringing about AIDS competence. The role of the community becomes critical at every level, from on-the-ground services through to national-level policies. The process of moving towards AIDS competence needs to evolve through a spiral of learning, action and reflection, challenging problems and making the best use of available opportunities. By promoting the role of the community, HIV/AIDS becomes fully mainstreamed into sustainable and relevant development plans. ACORD Tanzania's role in this cycle is as a facilitator rather than leader, and has focused on three inter-related tasks:

- **Increasing the participation of marginalised people** in decision-making processes
- **Supporting the development of partnerships** across communities, agencies, government service providers and policy makers, and donors to share responsibility for delivering change
- **Encouraging existing and emerging networks** to ensure opportunities exist to share ideas and information, and develop appropriate systems within which partnerships may flourish.

This approach appears to have been particularly successful at challenging structural blockages such as stigma, discrimination and lack of skills within the Mwanza and Kagera regions of N. W Tanzania, where ACORD operates. Supporting community-led change allows the move towards AIDS competence to be at a pace that is locally acceptable, allows issues to be discussed and acted upon in an open manner and ultimately means any change is sustainable and holistic.

Community-led change towards AIDS competence can take many forms, but in NW Tanzania it included:

- increased participation of women and PLHA in decision-making processes
- awareness of and enforcement of the inheritance rights of widows and orphans
- decline in cases of sexual violence and abuse
- women feeling more valued by their community
- increased transparency and responsiveness on the part of local government structures
- improvements in health service delivery
- the growth of community structures representing specific rights and needs
- better partnerships between government agencies and communities
- and opportunities to share experiences and learn lessons through networks.

A number of guiding principles distilled from ACORD Tanzania's experiences can be seen as critical to the programme's success:



**1. Positioning your agency's work in an AIDS-competent Society'**

As previously noted, AIDS competence is a process whereby people are able to assess and respond openly to the factors that may put themselves and their community at risk of HIV. In order to bring about AIDS competence, communities, NGOs, government service providers, policy makers, donors and research institutes all need to work towards a shared vision as equal partners. An agency needs to position itself within this process of change, looking to clarify its role in the coalition, and to implement that role effectively. The agency, therefore, must accept its role within an AIDS-competent society is likely to be long-term, allowing partnerships within the network to evolve and inform actions of change.

**2. Communities lie at the centre of a successful AIDS-competent society**

In order to move towards AIDS competence, communities must be seen as more than passive recipients of action plans. Communities have a natural ability to adapt and change to the challenges they face and the opportunities available. A structure needs to develop that places community members on an equal footing with other partners and allows more meaningful, and rational involvement of the community in decision-making. The major benefits of an organisational shift to community-led development are that the change towards AIDS competence is transparent, appropriately paced and sustainable.

**3. Participation of all members of communities**

If communities can be seen as the heart of an AIDS-competent society, it is the individual members of communities that allow it to function. One definition of a community is a group of individuals who are bound together by common interests. But, whilst the community might be a harmonious entity with a set of shared ideas and principles, it can also embody the desires and rights of the powerful, reinforced by local traditions and laws. Thus, to avoid the domination of a powerful minority, the full and active participation of all members of communities, including the most marginalized, is critical. This is not simply because it is everyone's right to be involved in decisions and actions that impact on their lives: it is because ignoring the rights and needs of vulnerable or marginalised people is likely to undermine the relevance and sustainability of such change processes. Thus, to bring about AIDS competence, PLHA, young people, mobile populations, poorer people and women need to be actively encouraged to participate in community-led change.

**4. Partnerships are essential in bringing about lasting and meaningful change**

The HIV virus has brought about a set of challenges on an unprecedented scale that cannot be addressed by communities alone. In the absence of a cure or vaccine, the course of the epidemic must rely on individuals' ability to take action, but this in turn calls for widespread collective action. Policy makers, service providers, research institutes and funding bodies must work in partnership to provide encouragement, skills, advice and funding to sponsor and support community-led initiatives.

**5. Networking creates a structure in which partnerships flourish and grow**

In the struggle to radically scale-up efforts to move towards AIDS competence, small-scale community programmes often seem to be overlooked. However, the work of ACORD Tanzania provides evidence of the effectiveness of small-scale community-led processes and their potential to feed into national policy development. It also shows that networking provides invaluable opportunities for communities to learn from each other and to influence and be influenced by policy makers, government, funders, NGOs and researchers. ACORD's experience also shows that if community needs are to be identified and addressed at higher levels, such networks must be rooted in communities.

**6. The internal structure of agencies is key in supporting communities' move towards AIDS competence**

Agencies need to be open and honest about the extent to which their structure enables truly equal partnerships to flourish between themselves and the communities they work with. They need to develop a culture where their community action develops local capacity rather than takes the initiative away from the communities themselves<sup>2</sup>. This process of internal reflection should involve other actors in the partnership towards AIDS competence, to ensure the internal structure is able to respond adequately to the demands made on that agency.

**7. Using rights-based approaches can help staff support AIDS competence, there by mainstreaming HIV/AIDS into broader community development.**

A rights-based approach is highly relevant in supporting AIDS competence, as there is a plethora of community rights and needs that may affect both the causes and the consequences of the epidemic. Though there is no universally agreed definition of a rights-based approach, most agree on three fundamental principles:

- **Accountability** where people can be considered accountable in their roles as duty-bearers (to protect, to promote, to provide) or entitlement holders.
- **Empowerment** where people are seen as the "owner" of rights and therefore entitled to be seen as the directors of development; this approach puts people at the center of the development process.
- Free and meaningful **participation** is seen as a right and includes the right of access to development processes, institutions, information and complaints mechanisms.

A rights-based approach means being guided by community rights and needs whilst simultaneously empowering those same communities to broaden participation and strengthen relationships vertically with policy makers, research institutes, donors and NGOs, and horizontally with other communities and CBOs.

The concept of mainstreaming challenges agencies to think outside the box of AIDS-specific responses, and look more deeply at how their internal structure and programme responses support communities in tackling some of the root causes and consequences of the virus: poverty, gender inequality and social disruption. Advocates of mainstreaming argue that an agency must look at



how its existing core work affects the epidemic, and how the epidemic may impact on its goals and targets. This may mean reviewing sectoral programmes such as food security, water and sanitation, or education. Or it may mean reviewing aspects of their internal structure, such as staff awareness and human resource policies and practices.

ACORD Tanzania's experiences suggest that mainstreaming HIV/AIDS goes hand in hand with a rights-based approach, as it allows the agency to identify and tackle some of the underlying causes of HIV/AIDS vulnerability which are rooted in social inequality and social exclusion. The active involvement of people living on the margins of society can be facilitated by addressing lack of knowledge and/or denial of individual rights to information, power, goods and services. In the context of HIV/AIDS, this approach entails tackling the deep-seated gender inequalities that greatly increase the vulnerability of women and young girls (as well as men and boys), whilst at the same time challenging the stigma and discrimination of PLHA.

### Some of the benefits of using a rights-based approach

- It raises awareness of accountability - it becomes apparent that as individuals we have rights as well as duties towards our community.
- It makes clear that ownership of the process of change rests within the community.
- By broadening access to decision-making to previously excluded people, the whole community can see the strengths and assets different people can bring.
- It improves openness and transparency, which has a fundamental impact on stigma and discrimination.
- Working towards rights-based development helps communities develop agendas in keeping with policymakers, therefore allowing for their input at district or regional level.

The transparent and clear agendas developed within a rights-based approach allow for transferring of issues from one community to the next.

*ACORD Tanzania, 2003*

### Introduction

ACORD Tanzania has been responding to the causes and consequences of HIV within its broader community development programmes for the past eight years. In this time it has had some success at both preventing the further spread of the virus as well as supporting communities to care for those already infected and affected. Its approach has been to support community-led learning, action and reflection, supporting change towards AIDS competence. ACORD Tanzania's role has been:

- **Increasing participation of marginalised people**
- **Supporting the development of partnerships** across communities, agencies, government service providers and policy makers, and donors to share responsibility for delivering change
- **Encouraging existing and emerging networks** to ensure opportunities exist to share ideas and information and develop appropriate systems within which partnerships may flourish.

This work has had a marked impact on some of the underlying causes and consequences of HIV/AIDS:

- Women have been able to participate in community meetings and decision-making forums, and as a result local law implementers are more likely to take cases of sexual violence seriously, thereby reducing sexual abuse.
- Women and girls were able to persuade health service providers to place services closer to where they live, thereby increasing women's ability to access sexual and reproductive healthcare.
- Women were able to influence the implementation of inheritance laws. This ensured they can access their right to inherit land and property, thereby reducing their social and economic vulnerability.
- PLHA are more visible and vocal within the community. This has increased services for PLHA and has helped improve understanding of the issues faced by those infected or affected, thus easing the pressures on PLHA.
- Greater visibility of PLHA has improved the availability of accurate information about the virus and has helped tackle the insidious effect of stigma and discrimination by bringing the reality of the HIV virus and AIDS into the open.
- Community leaders have developed stronger, more cohesive structures that are better able to identify and analyse the rights and needs of all citizens, creating a more open and supportive environment.
- Young people, particularly orphans, have been able to form self-help groups to access credit and voice their rights and needs in public.
- Communities have been better able to articulate a broad range of needs with civil authorities and service providers, thus reducing their vulnerability.

In other words, there are significant signs of a fundamental shift towards greater AIDS competence in these parts of Karagwe and Mwanza. These changes all indicate a desire by communities to look



beyond HIV awareness towards a broader analysis of the causes and consequences of HIV/AIDS. ACORD Tanzania's work in this area has been considered an embodiment of the concept of mainstreaming, whereby HIV/AIDS is viewed from a development perspective.

The following case study tries to describe and examine the work of ACORD Tanzania, providing a picture of the process of change in Karagwe and Mwanza. It offers some lessons on how its approach of community-led rights-based development can embed HIV/AIDS issues within a broader development context, and that when this is complemented by HIV/AIDS-specific knowledge and services, it can have a significant impact on reducing the causes and consequences of the epidemic.

This case study was developed using a participatory approach that included all ACORD Tanzania staff as well as invited members of the communities in which we work. Over five months, we have used the principles of learning and reflection to develop a case study that is a true reflection of our work.

The result was an analysis, by both staff and communities, of what happens when people try to move towards AIDS competence.

**Chapter One** gives the background to the work of ACORD Tanzania. It describes the geographical area as well as how HIV/AIDS has spread in this remote part of the country. It then goes on to describe how ACORD Tanzania started to adapt its internal structure in order to be better placed to respond to both the causes and consequences of HIV/AIDS. It argues that any agency wishing to tackle HIV/AIDS from a community-led, rights-based perspective must look at how its internal structure enables people to influence its work, and how to move away from a role of leading processes of change towards AIDS competence, towards facilitating those processes.

**Chapter Two** describes the work of the Karagwe programme. It particularly focuses on how improving local leaders' knowledge and understanding of legal rights issues and of their community leadership role, can help reduce people's vulnerability to the consequences of HIV/AIDS such as widow inheritance, women and children's right to inherit land and property, women and children's right to freedom from sexual abuse or violence etc. It also analyses how some groups who feel particularly marginalised benefit from setting up specific interest groups – widows and orphans have done just this, gaining strength and confidence to discuss their specific problems and raise them at public meetings.

**Chapter Three** details the Mwanza programme, which is based in the shantytowns of this large lakeside town. The programme used a similar approach to Karagwe, of learning with the community and enhancing participation of all groups of people, developing joint action plans based on developing partnerships, and reflecting on results in collaboration with communities, partners and other interested parties. Mwanza has clearly shown how gender-based issues can be tackled by supporting men and women in working together to address inequalities through Gender Action Groups. It also showed how the strong local spirit of self-help could be harnessed to address stigma and discrimination in the community by supporting PLHA in particular.

**Chapter Four** tries to synthesis the common characteristics of the Mwanza and Karagwe programmes. It focuses on the three principle roles identified by ACORD Tanzania in its work (participation, partnerships and networking) and tries to clarify how it put these principles into practice. The sum of these principles could be said to encapsulate how ACORD Tanzania has interpreted a rights-based approach that leads to mainstreaming.

In conclusion, ACORD Tanzania argues that the concept of mainstreaming can be put into practice in many different ways depending on the overall goals of the organisation. For organisations that attempt to keep their roots in the community, a rights-based approach that values people's inputs into a process of change towards AIDS competence inevitably tackles HIV/AIDS from more than a health perspective, which is the essence of mainstreaming.

<sup>1</sup> National Aids Commission 2001

<sup>2</sup> Prevalence rate refers to the cumulative number of people testing positive for HIV, infection rate refers to the number of new infections in a given time period

<sup>3</sup> Tanzania HIV Strategic Plan 2003-2007



## Chapter One: Background to ACORD in NW Tanzania

### Overview of NW Tanzania

The North West corner of Tanzania is a remote and poor area undergoing huge social and economic changes. Historically this area was very sparsely populated because little of the land was suitable for agriculture, and the tse tse fly made much of it unsuitable for pastoralists. However, in the late 1960s Nyerere's government encouraged people to move here from other parts of the country as part of the Ujamaa movement. Under this socio-economic policy framework, people were encouraged to live in settled villages to help the government provide health, education, water and sanitation to them more easily. The 'villagisation' process was reinforced by tse tse fly-eradication schemes. More recently, the area became home to hundreds of thousands of Rwandan and Burundian refugees fleeing violence and war. And the liberalisation of gold mining in the greenstone belts around Lake Victoria has encouraged many people from other parts of Tanzania and beyond to come into the area in search of work.

#### A Statistical Overview of Tanzania UNDP Human Development Report 2001

The human development index ranks Tanzania at 140 out of 161 countries compared to 127 in 1991.

Life expectancy at birth: 52.6 women  
50.7 men

51% of the population live below the UN poverty line

41% of Tanzanians are undernourished

1.5 million people living with HIV/AIDS

Despite the gold mining and the fish factories around Lake Victoria, poverty is a reality for most people in Mwanza and Kagera regions, with most households relying on subsistence agriculture, particularly since the collapse of cash-crop prices. Education facilities are woefully inadequate, and the very remote nature of the area makes retention of trained staff a challenge. Likewise healthcare is limited, with most health facilities poorly equipped and inadequately staffed. According to The National Poverty and Welfare Monitoring report of 1999/2000, the Kagera region is the poorest in mainland Tanzania with a per capita GDP of US\$ 156 compared to the national average of US\$ 240. Life in the town of Mwanza near the mines and fish factories is just as hard: most migrants settle in the fast-developing shantytowns, where municipal authorities struggle to keep pace with service demands.

### HIV in NW Tanzania

The first three reported cases of HIV/AIDS in Tanzania were from Kagera Region in 1983, purportedly spreading into Tanzania from Rakai District in Uganda. Since then, the number of reported HIV cases has increased to 8,529, or 17.25% of the population of Kagera Region, and is 8,338 in Mwanza Region: 15.3% of the population. This compares with a national average of 7.8%<sup>3</sup>. In addition to this, Kagera has the highest new infection rate in the country in the 15-24 age group<sup>4</sup>.



It is no coincidence that Kagera and Mwanza have the highest prevalence rates in the country and are also the poorest regions. The links between poverty and HIV have been recognised for some time now: people’s weak economic position limits their access to healthcare as well as reducing their choices, and forces physical dislocation because of the need to travel to look for work. When this is exacerbated by social inequality, particularly between men and women, HIV spreads rapidly.

The need to take a broad, multi-sectoral approach to tackling the causes and consequences of the HIV epidemic is outlined by the Tanzanian government in its National HIV/AIDS policy, which has been translated into a comprehensive strategic plan<sup>5</sup>, supported by funding and technical support from donors and international organisations. Already there is evidence of this broad approach: the Ministry of Education has introduced a family life education programme into the curriculum, sexual and reproductive health services have increased to cover 73% of health care facilities and many local health facilities are being trained in youth-friendly service provision to encourage young people to use existing services. However, government capacity is weak, and the Tanzania Strategic Plan will heavily rely on the 700+ civil society organisations (CSOs) working in Tanzania to deliver HIV-related services and commodities nationally.

## ACORD in Tanzania

ACORD has been working in NW Tanzania since the mid 1980s gradually increasing its programme coverage to Kagera, Mwanza and Kigoma Regions. Its mission has adapted over time from institutional capacity building to supporting community-led development towards a rights- based agenda with a greater emphasis on participation, empowerment and challenging inequalities. It has always taken a role in service delivery, focussing on livelihoods, economic opportunities and HIV/AIDS. But more and more this service role is being replaced by other government or NGO providers, thus freeing up ACORD Tanzania’s staff to focus on addressing the more structural blockages to development such as social inequality and social dislocation.

In 2000, ACORD Tanzania explored using a more rights-based approach, intensifying dialogue within the community (along with a wide variety of other partners including government), and using this to reflect on its internal structure and how this could be improved to better implement its role as a facilitator of change. The organisation believed that it did need to restructure, as summarised below:

This enabled ACORD Tanzania to contribute as a more equal partner with communities, policy makers (particularly government), service providers, donors and other agencies and organisations. It also allowed ACORD Tanzania to facilitate and strengthen community involvement in the process of change towards AIDS competence.

| Change from                                       | Change to   |
|---|---|
| Responding to need                                | Responding to individual’s rights   |
| People as beneficiaries                           | People as entitlement-bearers and duty-bearers responsible for their own change processes   |
| Community involvement                             | Individual, group and community capacity to change their own lives and improve their own communities.   |
| Target-led approaches                             | Process-led approaches such as social exclusion analysis and stepping-stones, rather than externally conceived “quick fixes” and imported technical models. |
| Time-bound internal reflection on lessons learned | Continuous process of learning, action and reflection   |
| An advisory role as expert                        | A sharing role as partner   |

HIV/AIDS-related issues were so interwoven into all areas of community development constraints, that mainstreaming it into core business using this rights-based approach worked well. People in the community already considered HIV/AIDS from a number of different aspects:

- Men and women complained that abduction and rape of young girls was all too common and usually went unpunished so long as the man paid the girl’s family compensation.
- Women argued that their in-laws would habitually turn them from their rightful property when their husband died, and that they felt powerless to do anything about it. This would either oblige the widow to marry their brother-in-law as dictated by tradition, or she and her children would be forced into absolute poverty.



- Women constantly protested their powerlessness in the family to demand fidelity, or even freedom from violence, from their husbands.
- Husbands argued that it was important for them to marry many women as a public statement of their position in the community.

These important conflicts between people led to women not being able to exercise their sexual and reproductive health rights, inheritance rights and right to participate in decision making. Using a rights-based approach allowed people in the community to learn from these areas of conflict, and develop action plans to solve them, so that HIV/AIDS could be tackled in all its guises.

Whilst using a rights-based approach was important in tackling these underlying issues, it was equally clear that ACORD had a critical role to play in ensuring HIV/AIDS-specific interventions were implemented. In this remote area of the country, there is a constant need to advocate for improved information and service provision. Whilst ACORD's role in service delivery has diminished over time, it has not completely vanished, nor is it ever likely to. It helps ensure information is accurate and up-to-date, and strives to improve both availability and quality of services related to HIV/AIDS.

### ACORD Tanzania Organisational Structure

The change in emphasis, from ACORD Tanzania being a leader of a process of change towards AIDS competence, to being a facilitator of change, demanded the evolution of a more flat-line programme structure. Responsibility for the process of participation, networking and partnerships needed to rest with community workers, complemented by people with sectoral responsibility for areas identified by the community: livelihoods, HIV/AIDS and gender, governance and research and advocacy.

ACORD Tanzania has tried to incorporate the culture of facilitation into its structure. It attempts to value the contribution of all staff, recognising the different skills each brings to the whole, and using these differences constantly to reinforce and develop its own capacity. This organisational restructuring has been critical in enabling ACORD Tanzania to support communities' change towards AIDS competence.



## Chapter Two: The Karagwe Governance and Basic Rights Programme

Karagwe District is a rural area, right on the border of Rwanda. In the summer of 1994 hundreds of thousands of Rwandans crossed the border into Karagwe, fleeing the aftermath of the genocide in Rwanda. Only 50 km from Kigali, Karagwe had had a long relationship with both Hutu and Tutsi in the past and many people had close ties with the Rwandans. The refugees were initially welcomed, and brought many opportunities to the area: cheap labour for busy times in the agricultural calendar, markets for fresh produce (particularly matoke) and opportunities to socialise and trade. But the sudden influx also created many problems: overnight, grazing land disappeared, water sources were overused and contaminated, fuel wood became scarce, and for the first time guns and other weapons came into the area, resulting in a fear of crime and violence. In one village, the primary school became a huge campsite.

Dozens of international aid agencies swooped into the area shortly after the refugees arrived, bringing support in the form of food, shelter, medical supplies, etc. As humanitarian agencies, their support was exclusively focussed on providing goods and services for the refugees - the local population were not compensated for the huge upheavals they had faced. HIV was one of the newer concerns facing people. Up to this time, prevalence rates in Karagwe villages were extremely low and knowledge levels even lower, but prevalence rates in Rwanda (particularly Kigali) had been very high. With so much interaction between the refugees and local population, and such dramatic change to the stability of their lives, the potential for increase in HIV incidence was high.

In 1995 ACORD Tanzania started an extensive series of discussions with community members to develop a picture of the major development constraints and opportunities that existed for people in Karagwe. As a result, the programme focussed on strengthening local structures, specifically to address: fuel wood supplies, marketing of agricultural produce, water sources, livestock rehabilitation and HIV awareness. Addressing gender imbalances had always been a crosscutting theme of the programme.

By 2000, the programme recognised that, whilst it had had some successes in increasing access to markets, improving water sources and raised awareness of HIV/AIDS etc, it had had less of an impact in addressing certain fundamental blocks that stopped the community moving forward. Staff established a series of meetings over many months between government, political and religious leaders, representatives from youth and women's groups, local NGOs and CBOs and other interested people to encourage debate about these fundamental constraints. HIV/AIDS was constantly raised as a concern, particularly relating to the rights of women in marriage, inheritance rights of women and children, lack of opportunities for young people, and confusion about leadership and decision-making in the villages.

Over the period of learning, people started to see that not everyone in the community had the same views about opportunities or difficulties they faced. Though they saw themselves as a homogeneous community governed by the same combination of customary and national laws, they



**Men** talked of lack of markets for their produce, lack of credit to increase production, the effect falling coffee prices had had on their households. They said that they have to pay dowries to a girl's parents before marriage, so therefore wives belonged to men, and it was for the man to make all decisions regarding their women.

**Women** talked about lack of education and not being involved in decision-making, which made them feel like second-class citizens.

They said that local culture is out of date: women have no rights to negotiate either in the household or at higher levels because they are seen as the property of men. This means they cannot inherit property, own land or advocate their needs in public. Because of their position in the household, women are unable to negotiate their sexual rights either in or out of marriage. In marriage this means they must be available to the man at all times and are unable to negotiate safer sex; unmarried women often find they are coerced into sex. Physical violence was also seen as a problem.

**Young people** said that they were excluded from making decisions because of traditional attitudes toward youth, and they felt discriminated against. They said there were no jobs for young people, nor credit nor resources to start self-employment opportunities. They also talked about the lack of anything to do locally, and how this led to alcohol problems. They said they lacked information about many things they thought were important, such as health or business.

saw there were in fact many divisions and differences among them: particularly between men and women, between leaders and other community members, and between older and younger people.

A joint programme of action was developed, facilitated by ACORD Tanzania and in partnership with government authorities, other NGOs and many community groups. The action plan was to start the process of explicitly addressing structural issues such as gender inequality, legal rights and good governance, and community cohesion. It was seen by ACORD Tanzania, and by partners and community members, that tackling these issues head-on could bring about the necessary safe and supportive environment in which people might develop the skills to influence the provision of services and information, that could in turn reduce the spread and impact of HIV/AIDS.

### 1. Governance and leadership

Local village leaders said they felt confused about the differences between the laws and traditions that had customarily ruled their communities, and the rules and regulations they received from district and national sources. They recognised that having some training in national laws would improve their role as law enforcers, and make for a more open and equitable community. ACORD was asked to train officials in their roles and responsibilities as duty-bearers. They put them in touch with TAWOVA, a local legal rights NGO, who now provide long-term capacity-building support to village and district leaders. ACORD also helped set up more effective communication channels between village-, district- and regional-level governing bodies to spread information, and get community voices heard by policy makers.

## PROCESS OF CHANGE IN COMMUNITY DECISION MAKING - BROADENING PARTICIPATION AND IMPROVING SOCIAL COHESION

### Voices from the community: The impact of change in governance structures

ACORD staff asked some village chairs to comment on how the changes in their roles had impacted on the community. Three village chairs had this to say:

"All of our efforts went in vain, we only knew how to command the people to act upon our decisions, nothing could move smoothly unless extra forces are applied. We seemed to be enemies to the people; meetings with communities were rare, unless we wanted to issue an order on taxes and contributions. However we knew this situation was not good. We started to recognise the need to change our functions after a series of trainings and workshops (conducted by ACORD) which emphasised the need to include the community in planning and the importance of being fair and open in our role as village chair persons.

Things are no longer the same as before, we meet once every month and all our activities are carried out in a participatory manner with community members. We are now able to smoothly accomplish our plans and achieve our goals, as communities found it easy to contribute and implement what they themselves have planned."

With regard to the fight against HIV/AIDS, Mr Bugingo, the village chair, of Kayungu, had this to say:

"We do exercise by-laws that restrict overnight dancing, bars and also enforce land and property rights of vulnerable widows and orphans. Our land committee demarcates land for landless youth to help them engage in production activities and reduce their idleness. We even invite peer educators to address HIV/AIDS issues during our meetings with villagers, it doesn't feel a shame discussing AIDS publicly in our village now and the people do welcome this"

**Angelo Busenene and Sweetbert Severian are village chairs of Kibondo and Severian villages, and Mr Bugingo is village chair of Kayungu village, Karagwe District. 2003**

### 2. Community strengthening/ Capacity Building

Problems of social cohesion were very apparent during the initial learning process. Many people were not participating fully in local structures or in action plans. This meant that community plans were incomplete, or discriminated against certain groups. Not only did this contribute to a lack of trust between some parts of the community and local leaders, it also made some of the village plans irrelevant to the needs of the villagers. This was a particularly poignant problem in the early 2000s because the Tanzanian government was encouraging better involvement of communities in macro-level planning processes, but women, young people, PLHA and the poorest in villages rarely if ever contributed to these meetings, and therefore their needs were being marginalised. It was also a particular problem with regard to HIV/AIDS, as a safe and supportive environment is critical for individuals to begin the process of change towards AIDS competence.



**ACORD's role as facilitator**

Leaders were encouraged to consider the importance of their role and responsibility in implementing legal affairs. They received appropriate training in land tenure and inheritance law as well as women's rights and human rights.

ACORD facilitated community dialogue<sup>6</sup> to make clear to people that they had legal rights to property, land, etc all enshrined in the laws of Tanzania.

They encouraged people to consider how property and land rights may impact on people's long-term security and therefore lifestyle choices. By ensuring women were able to inherit land and property legally belonging to them, the aim was to reduce women's and young people's economic insecurity, thereby reducing the necessity for widow inheritance or remarriage (irrespective of her or her dead husband's HIV status). This helped men see how important it is to ensure women are able to access their legal rights.

ACORD encouraged people to expand participation of PLHA, women and other marginalised peoples in decision-making forums to ensure village committees had representation from a broader cross-section of the community.

Community capacity-building focussed on building confidence to demand that local leaders exercise an open and fair process of governance.

ACORD used tools such as Stepping Stones and Social Exclusion analysis to help identify who was, and who was not included in decision-making and implementation. More marginalised people

**Resulting changes**

Officials became more confident in implementing national laws, and there was a reduction in customary law-giving. As a result, women and children's right to own and inherit land and property was upheld in local courts. This has resulted in more transparent decision-making that can be defended by law implementers.

Relations between people in the community and their leaders improved, as the structure of decision-making became more transparent, open and fair. People who felt particularly vulnerable and marginalised formed groups to better articulate their rights, and gain strength in numbers: Village Widow and Orphan Carer Groups (VWOC)

The Karagwe District Council saw their planning processes would be greatly improved if they opened dialogue directly with people in villages. Current district plans are now largely derived at community level, and thus more appropriately articulate the will of the people.

The most fundamental difference has been that a far broader cross-section of communities are willing to assume responsibility for their own development. This has had the added bonus of Karagwe District being able to access funding from a broader range of government and donor sources.

Villagers were better able to engage with local leaders in issues that affected their development. For instance, in Chamchuzi village, leaders had wanted to construct a school, and villagers were able to influence the village government to construct the school where children did not have to walk too far.

such as widows and orphans felt that the most effective way of raising their profile in the community, putting into practice their right to participate, and ensuring their needs were addressed, was to form specific interest groups. Widows and orphans were traditionally very vulnerable in the community. Often landless and without property, they would usually be the poorest of the poor in the village. Traditionally, widows would remarry a family member of their previous husband, and the orphaned children would be taken into a family members' household. But the growing number of orphans and widows, and fear of catching HIV, was significantly changing these age-old systems.

ACORD encouraged women, widowers, PLHA and orphans to work collectively to increase their voice in community affairs, and start to develop solutions to the particular vulnerabilities of their situation. The groups called themselves village widow and orphan carers (VWOCs), trying to avoid stigmatisation by not identifying how they had become widows or orphans. These groups started to stand up for their rights to inherit land and property, and have a voice in local affairs. As a result of forming groups, VWOCs have gained respect in the village, and often are seen as holding responsibility for articulating and responding to the rights and needs of vulnerable villagers. They are involved in many community activities including information sharing, voicing concerns of vulnerable people at public meetings, and providing care and support to those affected by HIV.

**Voices from the community: impact of change in gender relations**

Edmond Kampiya – Nyabiyonza Peer Health Educators Network (Kakuraijo) had this to say about gender relations:

"I am a 43-year-old man. I put myself forward to be trained by ACORD as a Peer Health Educator (PHE) on HIV / AIDS. I used to meet several barriers, which made me not perform better my duties. Many people believed AIDS was caused by witchcraft, and spent large amounts of money to counteract it. The majority of people had not heard about laws which govern divorce and property inheritance. Some of our customs made life more difficult for women, i.e. widow inheritance and forced marriages among young girls.

"30 of us PHEs wanted to understand how we could better undertake our role of addressing HIV/AIDS in the community. ACORD organised stepping-stones training for us who work in Nyabiyonza communities. We found the workshop very useful and immediately started practising the skills that we gained from training. As a result, men and women were able to talk more easily on bad practices like grabbing properties of widows and widow inheritance, forced marriage and divorces.

"Male and female youth were speaking about deeply-embedded attitudes and unbecoming behaviours among men and women on the habit of over-drinking (misuse of family resources) and prostitution.

"I do appreciate now after observing changes happening in my village, that the village government has been able to set byelaws to ban men and women from over-drinking, prohibiting forced marriages and overnight ceremonies, in order to overcome the risk behaviours towards the spread of HIV / AIDS."

*Karagwe 2003*



They have also been able to improve access to credit to improve economic stability of individual members. These groups are being increasingly recognised at ward and district levels, and VWOCs are now included in planning processes.

The evolution of special interest groups has greatly strengthened local communities and improved the participation of previously marginalised groups. It has also helped improve the confidence of some groups of people such as widows and orphans or PLHA, to demand support and services relevant to their situation at district and regional level. As a result, communities in Nyabionza ward in Karagwe have been able to attract more financial and technical support from the district government.

### 3. Women's Rights

During the learning process, women and girls were able to express just how undervalued they believed they were: girl children would often not receive a good education because they were needed on the farm; women would have problems negotiating their sexual rights because they were seen as the property of men as a result of the dowry system; and women would often be denied the right to inherit household assets and properties - a particularly worrying matter for many women, with the rising number of people dying as a result of HIV.

#### Brainstorming with women and men on what is meant by "Rights"

- Rights to demand basic rights.
- Rights to be valued and respected.
- Right to education.
- Rights to exchange ideas.
- Rights to express oneself to participate in decision-making.
- Rights to own property and other assets.
- Rights to be treated equally as men.
- Rights to security and gain employment.

*Karagwe 2001*

TAWOVA were invited to facilitate a series of awareness-raising sessions, working with men and women to allow people to express their views on legal rights issues, and start a process of change that would improve women's legal security, thereby influencing her status within the community. Issues covered included existing laws in Tanzania such as the law of marriage, of inheritance, of sexual offences and human rights as enshrined in the Constitution of Tanzania. This awareness-raising resulted in many people wanting to get further involved. Some people in the community wanted to learn more about rights-based issues and learn how to share their knowledge within the community more broadly.

ACORD began a process to allow people to come forward to challenge existing power relations, promote gender equity and equality, and strengthen women's access to resources and partnerships, using stepping-stones techniques. People were able to articulate their different perspectives on how current gender relations challenged their rights and choices and in a non-

threatening way were able to look at how the structure of their community could be adapted to be more equitable for men and women alike.

As a result of the process, people in the community formed a 'wish-list' to take to the Ward Development Committees, in order to try to influence policy at a broader level. They raised the issues of women's inheritance rights and how legal agents should support women to inherit the property or land that is rightfully theirs. They also wanted to improve their access to information about key issues such as health, education, and economic opportunities. As a result, ward committees liaise more regularly with villages to ensure information flows are improved, and having representation of widows and orphans ensures that wards are kept informed of the needs of more vulnerable people in the community. This type of vertical partnership has not only resulted in better services for villagers, but has also helped them access financial resources, as they are able to better articulate their needs.

#### Voices from the Community: Widow and orphan carer groups (VWOC)

Dorothea Mathayo, a resident of Ahakishaka village is a widow with six children. She explained how their position in the village has changed over time.

"Previously, widows were deprived of information and knowledge. We did not know that we were entitled to inherit our husband's property and did not know about services we could access or plans that might affect us for our area. This put us at a disadvantage and made us feel vulnerable.

"The village leaders used to invite women who were married and those who economically were somehow improved. We were undervalued and not respected in our communities. We thought that we were women with misfortune in the community as we were not involved in any seminars, training and in different committees. Generally widows were seen as a burden to the family of the deceased husband since we were not allowed to own land, we were only allowed to farm it for others. And we were forced to get married by our in-laws so that they could keep the land or house.

"Things are very different now. We have become aware that widows and orphans have a right to inherit land. We have formed groups called village widow and orphan carer groups in order to work together to tackle the causes of our poverty. We advocate for our rights at village committees and confront social injustices. We even take more of a part in political issues. ACORD has helped us to access credit to improve our income-generating activities for petty business. The village now invites us in our VWOCs to different training sessions and village meetings, and our voices nowadays are heard."

*Karagwe 2003*



## Conclusion

ACORD Tanzania applied rights-based principles to its work in Karagwe, and this allowed critical concerns of people in the District to rise to the surface: the need for legal rights/good governance, and marginalised people's feeling of isolation.

Widows and orphans felt more comfortable forming specific interest groups in the first instance, to gain confidence as well as credibility before demanding a greater role in village-level affairs. The process of forming groups, and the benefits individuals gained from being in a group, helped spread the word of this method of improving the participation of marginalised people. Forming groups has broadened participation at village level, and has therefore improved messages that are shared vertically with ward and district authorities.

The training received by people in the community, and by local leaders in governance and legal rights, has also had an escalating impact. It has certainly improved legal rights issues within the village, and led to a more transparent and defensible structure, but it has also helped build a better relationship between villagers and ward and district authorities, as it has improved the clarity and credibility of villagers in these partnerships.

Whilst it is clear that increasing participation of more vulnerable people and improving legal and governance systems has had an impact on AIDS competence, we would not wish to over-emphasise the importance of continued long-term support. The villages of Karagwe are very isolated and remote. Without continued support from a broad range of partners, to provide technical support and services, information, funds, etc, communities would flounder. Networking with other communities in other areas, sharing and learning lessons, and working with as broad a range of agencies as possible, are critical in keeping up the momentum towards AIDS competence.

## Chapter Three: The Mwanza Urban Livelihood Programme

Mwanza city has changed drastically over the past few years from being a relatively small port on the edge of Lake Victoria to becoming a full-blown city, as a result of the burgeoning gold mining and fish processing industries, and increased trade between the towns of Lake Victoria in Kenya, Uganda and Tanzania. It is now the second-biggest city in the country, with a population of nearly 480,000 and is an important hub for commercial activities<sup>7</sup>. There has been a rising tide of mainly poor villagers coming into Mwanza in search of work. The vast majority end up in the burgeoning shantytown developments surrounding the city. These shantytowns are thriving areas: though they have few if any amenities, they are places that new families can settle in search of a better life, governed by local Street Committees.

As ACORD Tanzania began working in the shantytowns, it became abundantly clear that what communities lacked in resources was made up for by a strong spirit of self-help. Street Committees, answerable to the local civil authorities, take responsibility for regulating local activities such as the building of shacks and law & order. In addition to the street committees, there are other self-help groups: HIV/AIDS committees take responsibility for information and prevention work in the community; GECHNET (Gender and Children Health Network) prioritises public and reproductive/sexual health issues; the NGO Policy Forum provides an advocacy tool for communities' rights to be heard in District and Regional policy development; and MNGONET (Mwanza NGOs Network), established by the Mwanza city authority, coordinates local NGO and CBO activities.

When ACORD Tanzania first started working with communities in the shantytowns, it was clear that whilst the quantity and variety of local groups, committees, CBOs and NGOs were impressive, most were dominated by one or two specific groups of people, and in particular men from the Sukuma tribe – pastoralists who had traditionally lived in the Mwanza Region. Some groups in the community were marginalised from participating in local structures or even voicing their concerns: people from the Kurya and Chaga tribes, women, young men and vulnerable groups like female or child-headed households and PLHA. People saw this as causing a host of problems. It made certain tribes feel marginalised, it reinforced negative cultural stereotypes of women, it did not allow unemployed youth an opportunity to improve their circumstances, and it further reinforced the vulnerability of female-headed households, PLHA etc.

In order to increase the participation of different people, the Mwanza team encouraged a host of community meetings and discussions at different times and in different areas, inviting as wide a variety of people as possible. The picture that emerged was encouraging. People began to request help in forming special-interest groups to reach mutual goals. A special focus of ACORD Tanzania's was PLHA.

In Mwanza community, support and caregiver groups called Imani<sup>8</sup> were already springing up around the shantytowns, and showed that PLHA and their supporters were already trying to help themselves, supported by the Llemela AIDS Outreach Programme. ACORD encouraged more PLHA to participate in these groups and share their experiences as appropriate. As a result of the work of the Imani, infected and affected individuals and households have built up confidence and hope for the future, and it has helped



### Existing opportunities

- The existence of Street Committees representing local people in the shantytowns
- The strong spirit of self-help as shown by the number of people willing to volunteer
- Good relations with city authorities
- People all spoke a common language, Swahili, which provided endless opportunities for sharing information and learning new things
- Women valued the opportunity that moving into the city gave them to establish a new and better role for themselves

### Priority issues to address

- People wanted to improve their environment both physically (sanitation) and socially (reduce gender-based violence and the spread of HIV). Violence against women is common and culturally accepted (men argue it shows they are superior) and has been increasing fuelled by alcohol.
- People wanted to improve their economic security through access to credit. Most lending institutions demand collateral which most shantytown dwellers do not have, particularly the poorest and most vulnerable.
- People wanted to strengthen the existing community structures through broadening representation on the street committees to reduce some existing social tensions, and to address some of the behaviours that were worrying them such as violence and drinking. The selling of local brew and the rise in alcoholism and violence were concerns felt by many people.
- Women wanted to increase their participation in community activities
- Women wanted girl children to have more equal education opportunities.
- HIV prevention was considered a high priority here, because people were concerned that living in such close proximity to so many different types of people may lead to temptation

reduce fear and discrimination in the community. By 2003, 81 PLHA had asked to join these Imani, and requests to them were growing for support in linking people with treatment for opportunistic infections, legal counselling, access to micro-credit schemes etc.

HIV-related issues were also specifically addressed through street-level HIV/AIDS committees made up of members of the shantytown community. However, there was still a great deal of stigma attached to HIV/AIDS, and the committees needed support in strengthening their roles and functions. The process of understanding better about participation and including different people has helped these committees better respond to the needs of the community. PLHA have been able to be more open about their status,

### Voices from the Community: Improving the profile of PLHA

The Papa Reli committee is a group of PLHA and their families. The virus had severely affected everyone's household income, and the costs of medicine and food were making it hard for them to cope. The Papa Reli Committee decided to apply for a loan to help reduce the burden of food and medical costs to families and help them to start building up their businesses again. Each member of the committee agreed to put 15% of their income into savings to help build up a financial reserve that any member could borrow in an emergency. Mzee Juma Magamba of the Papa Reli Committee said:

"My concern is that community members should understand that fighting HIV/ AIDS requires commitment, concerted efforts, empathy and love for the individuals and households affected by HIV/ AIDS. The individuals and households affected by HIV/ AIDS have their basic social and economic needs to be met, but are weak and bed - ridden. Who should support them? The communities, local governance structures and NGOs are responsible for strengthening the social and economic supportive environment for individuals and households affected by HIV/ AIDS."

The funds accessed by the Papa Reli HIV/ AIDS committee have been used to support individuals and households affected by HIV/ AIDS. They were accompanied by support in developing financial know-how in the committee. This has helped raise the profile of Papa Reli in the community, and has made them an important source of support, and a role model of self-help for other PLHA in the shantytowns.

*The Papa Reli Committee, Mwanza March 2003.*

and their work in addressing the causes and consequences of HIV/AIDS has added an air of credibility to responses developed at community level. It has also helped other PLHA to feel better about themselves, enabling them to live more positively with the virus which, they argue, helps them deal with health issues more efficiently as they arise.

Another group of people within the community were also interested in challenging their lack of participation in articulating their needs and being involved in action plans. They started forming Gender Action Groups (GAGs).

### Gender Action Groups (GAGs)

GAGs are made up of both men and women, and are based on the belief that women have something valuable to contribute to community discussions, but need a special platform to demonstrate this. Their role is to promote women's participation in the cycle of learning, action and reflection in their community to ensure women's strengths and rights are properly acknowledged. Many GAGs also took on an advocacy role in their communities, to try to address some of the traditional cultural beliefs that have dominated women. People were encouraged to understand why they viewed women as second-class citizens. They discussed local proverbs that illustrated men's superiority and the fact that men saw it as their right to make decisions on behalf of women. ACORD Tanzania trained GAG members in community sensitisation and mobilisation, and provided information on issues such as reducing gender-based violence and



enforcing sexual health rights to reduce HIV. Many GAGs also raised awareness of women's legal rights and encouraged women to apply for their property or inheritance rights.

#### Voices from the Community: How legal rights can support widows

Mama Hawa is a widow living in Pasiani ward in the outskirts of Mwanza City. Her husband died of AIDS in 2000 after a prolonged illness. After the burial ceremony, her deceased husband's relatives held a clan meeting. According to Sukuma culture, the after-burial clan meetings are intended to identify an heir to the deceased's wife, children and property. The deceased's elder brother acted as clan spokesman, and he ruled that the heir of the deceased was to be the younger brother. He continued by saying that if Mama Hawa rejected the decision made, then she was at liberty to leave the house and children to get married to another man.

"It was a difficult moment for me to decide whether to get married to a brother-in-law or reject the idea and lose everything". Mama Hawa narrates.

During the clan meeting, her sister-in-law who was seated close to her whispered that she should concur with the decision, as it is part of Sukuma culture. With tears rolling down her cheeks, Mama Hawa couldn't support the idea, as she wanted to live alone with her children. As a result she was kicked out of the house and her three children were taken away from her to live with their aunt while the younger brother inherited the house and all its belongings.

Mama Hawa rented a room nearby and started petty trade with capital support from a friend. She heard about the work of a gender action group in Pasiani and went to hear what they had to say. She found that the discussion on the rights of the widows to inherit property touched very much on her concerns, and was supportive to her. As time went on, Mama Hawa gained the courage to approach one of the Gender Action Group members based in Illemela to request advice and referral to legal aid support. Mama Hawa was referred to the Kivulini Women's Rights Organisation, based in the city. The Kivulini Women's Rights Organisation supported her in recovering her deceased husband's properties, and she is now living with her children in her old house.

*Mwanza 2003*

#### Social change as a result of GAGs

The Gender Action Groups have been an important catalyst of change in shantytowns. In only three years over 30 groups have been formed. The message of their success is passed by word of mouth.

- Groups have been able to access credit to help them improve their petty trade activities. This has encouraged other women to come forward to form groups to access credit, etc. and get themselves out of the cycle of poverty.
- Groups have raised awareness in the community that it is wrong to abuse women either physically or sexually, and that cases should be reported. At the same time, Village Committees were enlightened as to their obligation to rule fairly and openly against physical or sexual abuse. As a result of this awareness-raising, the Street Committees in Illemela and Pasiani wards will now refer cases of abuse on to the city courts if men do not initially comply with their sentences.
- GAGs lobbied city authorities on issues such as gender-based violence and sexual abuse. This resulted in local legal structures at ward level known as "Mabaraza ya Usuluhishi ya Kata" (ward reconciliation

courts) asking to be trained in women's legal rights issues. The reconciliation courts argue they are in a stronger position to legislate on women's legal rights now. For instance, one widow lost all her property when her husband died, but was able to go to court and regain what was rightfully hers.

- This demonstrates a real shift in attitude towards women's right to freedom from violence or sexual abuse. Men are now saying that if you beat a woman you are in trouble, and if it goes to court, you will be punished.
- Men and women are beginning to see they need to sit down together and talk about their problems without resorting to violence. Men are now regarding women's rights as fundamental pillars for women's participation.

The successes of the GAGs have started enabling communities to accept that women have something valuable to contribute to the community, and for the first time women are allowed to stand for election onto committees, and can speak in public. More and more men are now asking to become involved in GAGs as they see it gives them a status in the community as a role model. GAGs have joined with other groups to lobby for better reproductive health services in Illemela from the local authorities. Some women have been elected as ward counsellors, filling seats on the city council "Madiwani wa Viti Maalum vya Wanawake".

The success of the GAGs encouraged ACORD to invite people to look even more deeply at how gender relations were limiting development efforts in their community. The people of Lukobe asked to begin a process of learning and action, accepting that this would be a long and sometimes difficult process<sup>9</sup>.

ACORD Tanzania invited people in the Lukobe shantytown to try to analyse and address more critically some of the gender-based issues facing their community. Participants adapted a local term "Ludanha" (literally meaning a Stepping Stone) to symbolise the need to go through a long process. The first stage was for different people in the community to articulate their concerns.

**Middle-aged women** said they lacked negotiating skills because of persisting traditions that forced them to be submissive to men, and not say anything about sexually related issues, including fidelity. They also said illiteracy among women held them back.

**Young people** argued they lacked both life skills (powers to negotiate, and decision-making as well as listening skills) and entrepreneurship skills, resulting sometimes in young girls being lured by men and getting tokens in exchange for sex.

**Older men** saw themselves as superior and as having the right and duty to get married to many wives. Any income earned in their household should be used to get more women. They also believed it was wrong for women to speak up before a group of men. They saw women as lesser human beings to men.

Hearing each other's opinions showed people that some attitudes undermined women, and that men needed to accept that some parts of the old culture are now out of date. They are unfair and against women's rights.



### Voices from the Community: Changing attitudes towards gender-based violence

24-year-old Mama Kibonge and her 28-year-old husband, Mr Kombeo moved into the stony hilly street of Lumala “A” of Mwanza City in search of better work opportunities. After six months, Mr Kombeo found work as a casual labourer in one of the fish processing plants along the shores of Lake Victoria.

Mama Kibonge said they used to quarrel frequently because of Kombeo’s abrupt behaviour change after he had been drinking with his friends. Mama Kibonge, with tears running down her cheeks, said “ life had become so difficult for myself and my two children as we had to go without food, as all money is used by my husband in drinking local beer with his friends. If you ask him about money for food and other domestic essentials, I am beaten and threatened to be divorced”.

It was one Saturday night when Kombeo came late home. He was so drunk, he could not walk and was supported by two men. When Mama Kibonge opened the door for her husband to get in she was asked to serve him with dinner. She reminded her husband that he left no money in the morning so she had not been able to buy food and charcoal. Her husband was annoyed with the response and he started to beat her using an old bush knife. In the course of the beating, Mama Kibonge fell down and hit a sharp instrument that inflicted a deep wound and she fainted. She doesn’t recall how she found herself admitted into a female ward at Sekou Toure Regional Hospital, wrapped with a bandage all over her head. After being admitted for two days, she was discharged from the hospital and went back home, when several neighbouring women visited her to console her for what has happened to her.

One of the neighbours told her about the Gender Action Group and proposed to refer her to one of its members for support. The GAG referred Mama Kibonge to a women’s legal aid organisation who took legal action against her husband for beating her. At the Ward reconciliation court based in Ilemela, Kombeo was summonsed to pay compensation worth Tanzania Shillings 150,000 to his wife and requested to respect his wife. However, Kombeo begged for mercy, as he said he couldn’t manage to raise the money to pay a compensation fine.

By the end of the stepping-stones process, Lukobe villagers had made a number of changes:

- At the next bye-election, women will be encouraged to contest for posts at Lukobe committee level.
- The Lukobe committee has agreed to construct a dispensary to reduce walking distance for women.
- The community has agreed to lobby for more girls to be enrolled at school.
- Women are allowed to keep income they have earned rather than hand it over to their men.
- Young girls report that they feel less pressurised into having sexual relations with people against their will.
- Men report they have reduced the number of partners they have outside marriage.
- Village committees have enacted byelaws on issues such as the selling of local brew, to try to reduce drunkenness and its impact on violence and sexual immorality.

### Voices of the community: changing sex education and gender relations

Balanogakuyomba (63 years old) is a Sukuma married woman living with her seven children, and has lived in Lukobe since 1976. She said that, according to Sukuma tradition, a father would sit at the fireplace in the evening with his sons talking about maturity, marriage and the risks of premarital sex. Mothers would discuss how to become a good wife, the risks of early pregnancy, and sexually-transmitted diseases and how they could make you barren, whilst cooking in the kitchen. Although it is now more than 50 years since she used to hear her mother talk, Balanogakuyomba remembers her mother’s caution “...my daughters, be careful - you will be impregnated by men who will later on label you with de-humanising names” (translated from Kusakuma). Times have changed very much, and this tradition of family life education is no longer so common. As a result, children and young people are very vulnerable, and older people feel powerless to help them address the issues they face.

Ng’wana Kweji also is a Sukuma who is concerned about how current attitudes towards women are affecting her community. She said that she had not been able to attend any formal education, as her parents did not see the importance of schooling for girls. She said this was a common attitude in her culture, which does not value women properly, and as a result men make all decisions in the household or in the community, and women are not allowed to openly discuss important issues such as polygamy or sex.

Balanogakuyomba decided to attend the training in Lukobe to understand better how gender relations and images of sex and love were nowadays. She wanted to see if she could help improve the situation of women in her community. Ng’wana Kweji wanted to be involved in the training because she wanted to have the power to talk to her husband about her concerns: that her daughters can have an education and be able to talk about sexual relations. During the training, people said that women with multiple partners were called “nogu lugunanha bagosha”(literally meaning “an easy-going lady helping men to quench their sexual drive”) while men with the same risky sexual behaviour are labeled as “lushu lwuge kisenza basheke” (literally meaning “a sharp knife that ‘slaughters’ young girls”).

At the end of a course Balanogakuyomba decided to try to improve the image of women in Lukobe to one of respect, and to help develop a more supportive culture.

### Vulnerable groups and micro-credit

Economic security is a concern of most people living in the shantytowns of Mwanza City, but it is a particularly poignant problem for families facing the impact of HIV/AIDS. PLHA have almost no opportunity to access credit from usual sources because they lack collateral, and yet, with the right support, they would be able to live full and productive lives for many years. ACORD Tanzania broke its rule of focussing on facilitation, to develop a micro-credit programme that would be relevant to PLHA and other people normally excluded from small-scale finance programmes. It was clear that a micro-finance programme would need to adjust to ensure it was appropriate to the circumstances of PLHA, but that this would be able to reduce the impact of the virus on families, and reduce the likelihood of vulnerable people sliding into risky behaviours.

ACORD Tanzania’s micro-credit approach is unusual in that it does not involve physical or financial collateral. Instead, it has devised flexible micro-credit mechanisms enabling individuals and households affected by HIV/ AIDS to access loans whereby individuals and households are not required to raise group security funds or mandatory savings as forms of “indirect” collateral. Moreover, the loans issued to the affected and infected individuals and households are interest-free. ACORD helped individuals and families wishing to access credit to develop financial skills as required: household budgeting, managing savings, and assessment of business diversification, as well as how to develop appropriate coping mechanisms to reduce financial pressure.



### The Micro-Credit Programme - a brief description

| Lending criteria   | Amounts & purpose   | Repayment schedules   | Results/ impact   |
|--|---|---|---|
| <ul style="list-style-type: none"> <li>• applicants must apply through a functioning CBO</li> <li>• not owe money nor have previously defaulted from an alternative credit scheme</li> <li>• not be in full-time employment</li> <li>• priority is given to first-time credit users</li> <li>• each member is responsible for the loan, whilst the group guarantees the full amount received.</li> <li>• no physical collateral required</li> <li>• whilst PLHA, widows and orphans &amp; women are particularly encouraged to form groups and apply, the scheme is broader than this so as not to create resentment in the community</li> </ul> | <ul style="list-style-type: none"> <li>• loans are made for commercial purposes such as petty business and purchase of environmentally friendly horticulture inputs</li> <li>• average loans are between US\$50 - 5,000 depending on the size of the business and whether the loan is to an individual or a group.</li> </ul> | <ul style="list-style-type: none"> <li>• repayment schedules are mutually agreed by setting up a resource and expenditure tree, whereby all sources of income and expenditure are drawn up, showing likely balances on a monthly basis.</li> <li>• interest paid on the loan is minimal, encouraging people who would otherwise exclude themselves to join the scheme</li> <li>• credit is disbursed to individuals through a group meeting so all members of the group are aware of individual loans.</li> </ul> | <ul style="list-style-type: none"> <li>• loan repayment rates at 86.14%</li> <li>• encouraged a savings and loan culture within groups so they no longer need to access outside funds</li> <li>• participants' contributions give them a voice in managing the scheme flexibly</li> <li>• improved standard of living e.g. medical costs, food, school fees, built a house with corrugated iron sheets</li> </ul> |

### Conclusion

The main challenge for ACORD working in the shantytowns around Mwanza was trying to access the most vulnerable and marginalised people. Shantytowns are by their nature quite mobile communities, and people are constantly coming and going in search of work or returning to their home areas. The approach of working through existing structures and trying to broaden participation of certain groups in these structures was essential here, to try to ensure these mobile communities could be reached and involved. Also, working with existing structures such as the HIV/AIDS committees and Street Committees helped to improve their capacity to broaden their role, and play a more effective role in developing AIDS competence in the shantytowns.

However, the work in Mwanza through existing structures, and evolving ones such as the gender action groups, must have the commitment of other partners: particularly municipal authorities, service providers and funders. These very poor and mobile communities cannot bring about change without resources. This community-led approach of attempting to mainstream HIV into existing structures and groups can have an impact on developing a safer and more supportive environment, but it cannot provide essential knowledge or services such as STI treatments or condom supplies. This mainstreaming approach needs to be coupled with AIDS-specific interventions in order to bring about AIDS competence.

The benefits of building on existing or emerging networks were very visible in Mwanza, where people live and work in close proximity to each other. Both gender action groups and ward reconciliation courts developed their skills towards AIDS competence as a result of learning from the success of other people in the area. Networking can be seen as an ephemeral agency goal, but it is usually one of the things people ask for most often. In Mwanza, networking resulted in a tangible scaling-up of work supported by ACORD Tanzania in a very short time.

### Chapter Four: Common characteristics that underpinned Karagwe and Mwanza's rights-based approach in mainstreaming HIV/AIDS

This case study has attempted to argue that mainstreaming HIV/AIDS is not just about learning a new set of methodologies related to programming. In ACORD Tanzania's experience it was about applying some well known and well researched principles effectively, focussing on how as an agency we needed to adapt and change, and how we could play a more effective role towards AIDS competence. As has been argued, ACORD's role fell into three main categories: increasing participation, strengthening and building partnerships, and improving networking. This chapter tries to give more substance to these three categories, distilling some of the main lessons of the ACORD Tanzania programme.

#### Participation

*Evidence from existing structures (e.g. a spirit of volunteerism) shows that communities already take action towards AIDS competence. If supported appropriately, the communities themselves are best placed to analyse their rights and needs and put into practice the change process.*

#### How ACORD put into practice its commitment to community participation

Participation is the means by which a basic-rights approach acquires legitimacy and relevance. It is also the way in which a rights-based approach can be 'operationalised', so as to respond to people's practical concerns and bring about change at the pace at which they are comfortable. The success of any rights-based approach is conditional upon participation.

Community participation does not happen automatically, and is likely to meet resistance from those with the most to lose. It involves taking a long-term view, both encouraging those in authority to understand the benefits of broader participation, and supporting the marginalised in voicing their right to participate. ACORD Tanzania's role here was to advocate particularly for the inclusion of women (especially widows and poorer women), youths, PLHA and orphans, and to support their inclusion through training. In the move towards AIDS competence, making sure that different groups participate harnesses all locally available skills, thereby developing a greater social cohesion. The broader the participation of all groups within the community, the greater the power of people to demand and challenge local leaders to exercise norms of good leadership / governance.

ACORD Tanzania trained its entire staff in techniques such as Stepping Stones and Social Exclusion. It assumed it would initially need to develop a trusting and open relationship that respected existing structures before encouraging these to broaden out. It then began a long-term process of awareness-raising and training in participation, that moved at a community-driven pace.

In Mwanza and Karagwe, there was evidence everywhere of interest in taking control at community level. In both Mwanza shantytowns and Karagwe villages, there are structures of local committees and groups who take responsibility for making collective decisions and judgements on community issues. They provide an important outlet for information and social cohesion within the community, and work with ward-



and district-level committees feeding into policy development. Most shantytowns and villages also have a strong spirit of volunteerism that reflects age-old cultural values and also residual elements of the Ujamaa era (Nyerere's African Socialism that encouraged self-help and self-reliance, supported by the state).

These existing and emerging structures allow for individuals within communities to participate in a process of change. Participation can be at a variety of different levels, from simply being included in information-sharing, to influencing policy development and service delivery. Whilst not everyone may wish to influence change, everyone ought to be allowed the right to do so. Therefore, ACORD Tanzania's objectives concerning increasing people's participation come from an understanding that this is a right of every individual. This case study describes some methods of increasing participation.

Existing power structures included village or street committees, Imani, and various influential people. Most were people with a strong sense of community and public spirit, but who lacked knowledge and skills about leadership or how to motivate change. They tended to be made up of village or shantytown elites, grouped by tribe, age, sex or wealth, reflecting age-old attitudes towards power and decision-making structures.

Emerging structures included gender action groups, peer health educators, and village widow and orphan carer groups. These groups emerged as ACORD Tanzania raised awareness of the rights and needs of a broader base of people in the community, and of the benefits to everyone of developing more inclusive strategies.

### Partnerships

***Partnerships are an essential part of a rights-based approach. They help communities achieve their action plans, they are an important method of scaling up community-led development, and they help government ensure they are meeting the rights and needs of their people.***

It is clear that AIDS competence necessitates partnerships. As UNAIDS puts it, an AIDS competent society is:

“A society in which all people accept that HIV/AIDS is affecting their lives and their work. They deal with HIV/AIDS in their lives by assessing accurately the factors that may put them or their communities at risk and may hamper the quality of the lives of people affected by HIV/AIDS. Through local partnerships, they mobilize the means and generate the knowledge to act to reduce those risks and improve their quality of life”. (UNAIDS 2001)

Partnerships need to develop horizontally between agencies, government departments and donors or CBOS, as well as vertically between communities and government departments, or between NGOs and donors, or between communities and NGOs, etc. The result would be a complex arrangement of autonomous bodies following their own paths towards a mutually-agreed goal of AIDS competence.

The value of partnerships was evident in a wide variety of ACORD Tanzania's work. Government bodies

particularly valued the opportunity of working with local structures. Part of the Tanzania government's strategic plan is to better include community voices in its planning and service delivery. By working in partnership with communities, Karagwe District Council was able to include people's views in its latest Strategic Plan.

For ACORD, working in partnership with service delivery agencies such as health centres, or capacity-building agencies such as MNGONET (Mwanza NGO network) or TANEWA (legal rights NGO) has allowed it to match community needs with relevant services. Partnerships in this sense highlight how mainstreaming HIV/AIDS into core development programmes inevitably increases demand for AIDS-specific interventions. The two must complement each other.

### Networking

***Networks provide communities with an opportunity to share their experiences and learn lessons from other agencies. They provide the space to influence debates at the highest levels, and can significantly amplify the impact of small-scale community projects.***

Networking is the means by which small-scale community efforts can be included in national or even international movements towards AIDS competence. This case study has highlighted how a community-led process of learning, action and reflection can move towards AIDS competence. Whilst it is clear that this is an effective method of helping communities respond to the causes or consequences of HIV, and helps mainstream HIV/AIDS in broader development action, it could be criticised for being on such a small scale that its overall impact is too limited and too slow. However, networking is the means by which this change process becomes of broader relevance and influence. Communities are interested in sharing their experiences and learning from others - ideas that work are soon taken up and adapted to different environments.

Networks allow communities to influence broader debates by adding their voice, articulating their rights and needs, and demonstrating their capacity to support moves towards greater AIDS competence.

In Karagwe, ACORD Tanzania has been involved in a variety of different networks including helping strengthen KADENVO, a District network of CBOs & NGOs established for a purpose of sharing experiences and information on various development issues including HIV/AIDS in the area. ACORD supported the network by running information-sharing workshops, writing a newsletter, and linking the CBOs and NGOs with other HIV/AIDS networks outside Karagwe. In Mwanza, ACORD helped gender action groups share their experiences in other shantytowns and as a result some 30 groups have formed in three years.

ACORD Tanzania is already involved in sharing and learning in some regional networks such as SafAids, and uses opportunities provided by international workshops and conferences to communicate with other interested agencies and provide a platform for community groups to participate at this broader level.

Networking and partnership building need nurturing and support. They are time-consuming, and can be expensive for community organisations. A commitment and enthusiasm for working in partnership is not necessarily enough without long-term external resources.



## Conclusion: ACORD Tanzania’s operation of a rights-based approach

*A well-guided rights-based approach facilitates the inclusion of all vulnerable groups in the process of learning, action and reflection. It ensures proper involvement of all actors in the change process, and allows HIV/AIDS to be challenged in a holistic manner both through AIDS-specific interventions and through challenging some of the underlying factors that exacerbate the impact of the virus. Using a rights-based approach is entirely compatible with advocacy at every level that reinforces the rights and voices of marginalised people.*

As was said at the beginning of the case study, there is no universally agreed definition of a rights-based approach to programming. However, it does appear to rest on principles of accountability, empowerment and participation. These were identified as highly relevant to addressing some of the underlying roots of HIV/AIDS, namely social inequality, poverty and social disruption. ACORD Tanzania responded to the challenge of putting rights-based approaches into practice by first taking a critical look at its own organisational structure and make-up. Then, providing staff with participatory tools for learning, action and reflection in partnership with communities and other agencies, thereby ensuring it had the internal mechanisms to listen and respond to community action plans.

Much of this case study has tried to argue that allowing communities to take a more central role in the process of change inevitably results in mainstreaming HIV/AIDS. In other words it helps to ensure that HIV/AIDS is considered outside the restricted parameters of health. It also ensures that the skills are developed to create an open and safe environment that allows individuals to make appropriate decisions about their sexual and reproductive health.

For ACORD Tanzania, mainstreaming HIV/AIDS means moving away from being an implementing agency towards being a facilitator of a social change process through participation, networking and partnerships. This approach allows for more full and active involvement of the community in the development of the social change agenda aimed at mobilising the means and generating the knowledge to reduce risks and improve quality of life.

It is hoped that sharing ACORD Tanzania’s experiences will provide a stimulus to other community-based agencies to share their experiences and inspire them to apply similar approaches aimed at enhancing wider recognition of the role of small scale community initiatives in enhancing AIDS competence at all levels of society.

## Appendix I – a brief overview of mainstreaming debates

The term mainstreaming has been used for many years applied to a wide variety of previous conceptual debates, particularly gender. It often has been used to refer to enhancing the core issue (in this case HIV) by integrating it into the broad range of activities of the organisation in question. There are a wide variety of organisations involved in the mainstreaming debate, and their thoughts and experiences have been widely published. The following is a very brief overview of some of the key debates.

Marissa Wilkins (VSO) describes mainstreaming as:

*“The overall concept of responding to HIV/AIDS in development sectors where the pandemic may not ordinarily be addressed”.*

She then goes on to describe how the concept, or approach, of mainstreaming can be used as guide, to move communities from a state of fear and denial (with its resultant stigma and discrimination), towards a more informed and open environment that can support efforts to address both the causes and consequences of the virus. Thereby, “mainstreaming HIV” becomes shorthand to describe the need to respond to the causes and consequences of the virus in all humanitarian and development work.

Sue Holden in her forthcoming book<sup>11</sup> examined the experiences of Action Aid, Save the Children UK and Oxfam GB as a basis for developing the concept of mainstreaming within a clear and distinct framework that differentiates “AIDS work” “work from the concepts of “integrating” or “mainstreaming” HIV/AIDS:

‘AIDS work’ is used to denote work directly focused on AIDS prevention, care, treatment, or support, which is distinct, and implemented separately, from other existing development and humanitarian work. For example, behaviour change efforts, and home-based care programmes.

‘Integrated AIDS work’ is used to mean AIDS work which is implemented along with, or as part of,

### Some key supporters of the concept and practice of mainstreaming

Mainstreaming HIV/AIDS into Development : what it can look like  
Oxfam GB 2002  
[www.oxfam.org.uk/hiv/aids/mainstreaming.html](http://www.oxfam.org.uk/hiv/aids/mainstreaming.html)

Mainstreaming HIV/AIDS: A Conceptual Framework and Implementing Principles  
GTZ/UNAIDS June 2002.  
[www.gtz.de/aids/english/hiv.html](http://www.gtz.de/aids/english/hiv.html)

UNAIDS: Methods and approaches for Local Responses to HIV/AIDS,  
[www.kit.nl/frameset.asp?TargetURL=/health/default.asp](http://www.kit.nl/frameset.asp?TargetURL=/health/default.asp)

Global HIV/AIDS Strategy FY2002-06  
CARE USA  
[www.careusa.org/priorities/hiv.asp](http://www.careusa.org/priorities/hiv.asp)

Mainstreaming HIV/AIDS: Looking Beyond Awareness, Voluntary Services Overseas 2002  
[www.vso.org.uk](http://www.vso.org.uk)

HIV/AIDS Mainstreaming: A Definition, Some Experiences and Strategies. Health Economics and AIDS Research Division, University of Natal HEARD January 2003  
[www.und.ac.za/und/heard/](http://www.und.ac.za/und/heard/)

Swedish International Development Cooperation “How to invest for future generations – guidelines for integrating HIV/AIDS into development cooperation”  
[www.sida.se/Sida/jsp/polopoly.jsp?d=1265&a=20465](http://www.sida.se/Sida/jsp/polopoly.jsp?d=1265&a=20465)



development and humanitarian work. The focus is still on direct AIDS prevention, care, treatment, or support, but with the difference that the work is conducted in conjunction with, and linked to, other projects, or within wider programmes. For example, awareness-raising through education programmes.

**‘Mainstreaming AIDS externally’** refers to adapting development and humanitarian programme work in order to take susceptibility to HIV transmission and vulnerability to the impacts of AIDS into account. The focus is on core programme work in the changing context wrought by AIDS. For example, an agricultural project which is tuned to the needs of vulnerable households in an AIDS-affected community.

**‘Mainstreaming AIDS internally’** is about changing organisational policy and practice in order to reduce the organisation’s susceptibility to HIV infection and its vulnerability to the impacts of AIDS. The focus is on AIDS and the organisation. It has two elements: AIDS work with staff, such as HIV prevention and treatment; and modifying how the organisation functions, for example, in terms of workforce planning, budgeting, and ways of working.

This work helps move the approach of responding to HIV/AIDS in development sectors where the pandemic may not ordinarily be addressed towards a possible framework that outlines the role of mainstreaming alongside other equally relevant approaches to tackling HIV/AIDS.

GTZ is also engaged in the task of developing a working framework to guide mainstreaming approaches. GTZ defines mainstreaming as:

*“An essential approach for expanding multi-sectoral responses to HIV/AIDS.....it constitutes a range of practical strategies for scaling up responses and addressing the developmental impacts of HIV and AIDS”.*

GTZ goes on to argue that in order for mainstreaming to come to pass, five simple principles must be used:

**Principle 1** underscores the importance of developing a clearly defined and focused entry point or theme for mainstreaming HIV/AIDS in order to maintain the critical focus necessary to make an impact.

**Principle 2** maintains that, at the country level, mainstreaming does not take place outside of the existing national context. Thus National Policies or Strategic Frameworks for HIV/AIDS should be used as the frame of reference. Mainstreaming efforts should be located within existing institutional structures.

**Principle 3** stipulates that advocacy, sensitisation and capacity-building are needed in order to place people in a better position to undertake mainstreaming. Mainstreaming cannot be expected to develop of it’s own accord.



**Principle 4** asserts the need to maintain a distinction between two domains in mainstreaming: the internal domain or workplace, where staff risks and vulnerabilities are addressed; and the external domain, where the institution undertakes HIV/AIDS interventions based on its mandate and capacities in support of local or national strategic efforts.

**Principle 5** highlights the importance of developing strategic partnerships based upon comparative advantage, cost effectiveness and collaboration<sup>12</sup>.

These principles emphasise that mainstreaming needs to be based on focussed work in partnership with other agencies and to use existing mechanisms and structures. Thus mainstreaming HIV is seen as a process of change both within and outside an organisation.

In a series of fliers, Oxfam GB gives examples of how its programme in Malawi worked through the goals of mainstreaming, which it defines as ensuring: “that the impacts of HIV/AIDS are addressed and reduced in communities and within organisations in all sectors<sup>13</sup>”. In these fliers, Oxfam Malawi takes us through a process of staff training and awareness- raising, both within Oxfam and within its partners, in order that appropriate organisational and programmatic adjustments can be made.

ACORD Tanzania’s experience also highlights the need to make both organisational and programmatic adjustments in order to tackle HIV/AIDS at a deeper and broader level. However, one of the key lessons to be drawn are that, ultimately, change is brought about, not by the will of external agencies, but by supporting communities to achieve their rights and determine their own agenda and strategies for responding to and mitigating the threat posed by HIV/AIDS.



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