

GOODBYE TO PROJECTS? – THE INSTITUTIONAL IMPACT OF SUSTAINABLE LIVELIHOODS APPROACHES ON DEVELOPMENT INTERVENTIONS

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OVERVIEW

These briefing sheets aim to help policy-makers and practitioners in planning and managing development interventions that respond to evolving methodological approaches (such as sustainable livelihoods approaches) and questions over the effectiveness of different formats of interventions.

We focus on two main themes: the practical trade-offs required between operational and normative principles; and how to ensure that development interventions will have a sustainable impact.

These sheets include:

1. An overview,
2. The application of SLA principles,
3. The changing format of interventions,
4. Lessons for community-based planning interventions,
5. Lessons for rural livelihoods interventions,
6. Lessons for HIV/AIDS interventions.

'Goodbye to Projects?' is a collaborative project between the Bradford Centre for International Development (BCID), University of Bradford, with the Economic Policy Research Centre (EPRC), Uganda; Khanya – managing rural change, South Africa; and Mzumbe University, Tanzania.

Project website:

<http://www.brad.ac.uk/a-cad/diopc/GTP/goodbye.html>

6. Lessons for HIV/AIDS Interventions

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This briefing paper reports on research exploring detailed case studies of HIV/AIDS livelihoods-oriented interventions operating in Uganda, Lesotho and South Africa. The interventions were analysed through an audit of sustainable livelihood 'principles'. This revealed general lessons both about the practical opportunities and challenges for employing sustainable livelihoods approaches to the design, implementation, monitoring and evaluation of development interventions and also about the changing format of development interventions.

Principal Findings

- HIV/AIDS interventions can use livelihood analysis as a useful means of disaggregating and targeting specific groups of the poor. This assists in building on the priorities of these groups in designing the scope and focus of the project.
- Participation by, and responsiveness to, beneficiaries is key to success of HIV/AIDS interventions. However, participation needs to be thought through to avoid overloading or diverting beneficiaries and community-based organisations.
 - Accountability should not only be upwards to different donors and government departments. Empowerment of communities and local governments requires that accountability is also horizontal and downwards.
- Consideration of strategies which appropriately focus on both strengths and weaknesses is empowering.
- Capacity, management, coordination and sustainability of implementing institutions are important factors for the success of the interventions. The creation of synergies between different institutions can help to reduce the negative effects of financial and capacity weakness in the interventions.
- Partnerships and institutional linkages that simply add responsibilities and funding, but not staff, pose a danger of straining the staffing capacities of existing institutions.

Community-based HIV/AIDS interventions

From the time HIV/AIDS was first widely identified in the early 1980s, several interventions both in the medical and non-medical fields have been undertaken in an effort to combat the spread and effects of the disease. HIV/AIDS has become one of the single largest killer diseases in the world today, with over 25 million people having died from the disease by the year 2001. While the search for a medical cure continues, other interventions have been aimed at reducing the transmission rate and alleviating the impact of the epidemic.

Many international, national, and private sector bodies entrusted with upholding the wellbeing of communities have been daunted with the enormity of the problem and the scale of the resources required to contain the situation. Communities, non-governmental organisations (NGOs) and community based organizations (CBOs) have been in the forefront of responding to the impacts of the epidemic.

Using analysis grounded in sustainable livelihoods, this paper discusses a review of two HIV/AIDS related interventions: the AIDS/STD programme in Uganda and the Sexual Health and Rights Programme (SHARP) which is being implemented in the border towns of South Africa and Lesotho (box 1). At the end of the paper we draw lessons for good practices in the design, implementation and monitoring and evaluation of HIV/AIDS interventions for the benefit of both academics and development practitioners.

Box 1. HIV/AIDS case studies

The AIDS/STD Programme in Uganda

The AIDS/STD Programme was started in 1995 and implemented at all levels of government and communities under the specific title of 'Health Care and Support'.

The programme objectives include: provision of comprehensive care policies and guidelines, mobilisation of human and financial resources, integration of HIV/AIDS care with existing services, and implementing prevention interventions as part of health care.

The programme's activities include:

- Clinical management: testing, diagnosis and treatment of opportunistic diseases,
- Nursing care: promotion of hygiene, nutrition and provision of palliative care,
- Counselling support: reduction of stress and anxiety, and promotion of positive living and planning, and
- Social support: provision of information and referral to support groups and family members.

The programme, which is coordinated by the Uganda Aids Commission on behalf of Government, has also attracted participation by several other agencies and institutions including donors, NGOs, CBOs and communities. A number of agencies and institutions took up participation in different components depending on their mandates specialities and interests. Partnerships between stakeholders have evolved at the macro, meso and micro levels.

Sexual Health and Rights Programme (SHARP) in Lesotho and South Africa

SHARP is a cross-border HIV/AIDS initiative operating in five border areas of Lesotho (Maseru, Maputsoe, Mafeteng) and South Africa (Ficksburg and Ladybrand). Its goal is to increase awareness, and promote and protect the well being of people affected by HIV/AIDS.

The five major components of SHARP include:

- Peer education (information, education & communication);
- CBO capacity building;
- Strengthening of home-based care;
- Resource Centre development; and
- Service provider strengthening.

The programme is mainly implemented by CARE SA/Lesotho in collaboration with other government, non-government agencies and communities. It is worth noting that CARE retains the ultimate control of the intervention. The target populations of SHARP comprised vulnerable groups identified in selected border sites, including sex workers, migrant labourers, youth, low income women (such as those working in factories or managing small businesses close to the border crossings) and long distance drivers (both of taxis and trucks)

The Sustainable Livelihoods-grounded audit

The two case studies were analysed as part of the "Goodbye to Projects?" research study, which explored the institutional implications for the adoption of sustainable livelihoods approaches (SLAs) to development. Details of this approach can be found in briefing papers 1-3 of this series.

The research was conducted in two phases. The first phase consisted of general and country reviews on SL and development interventions. The second phase of the research involved the compilation of detailed case studies of development interventions in Uganda, Tanzania and Southern Africa. These case studies compare and contrast the implementation of a range of sector wide approaches, programmes and projects all developed with a livelihoods orientation, which reflects the evolving practice of development.

Analysis of the case studies was undertaken using the SL principles (box 2) as a structuring framework in order to establish how the different principles were translated into practice. This enabled an identification of the trade-offs that are necessitated, for instance between the depth and coverage of participatory mechanisms and financial and institutional sustainability of any systems that are introduced. The following discussion highlights the key lessons emerging from comparing these two case studies across the range of principles.

Box 2. SLA Principles

Data was collected and analysed for each case study in relation to the following issues:

- 1) Poor People as focus
- 2) Participation
- 3) Partnerships
- 4) Holistic approach
- 5) Policy and institutional links
- 6) Building on strengths
- 7) Dynamism and flexibility
- 8) Accountability/ responsiveness
- 9) Sustainability (economic, social, environmental and institutional)

These principles were adapted by the study team from earlier work by Carney (2002) and others.

People-centred – Focusing on the livelihoods of poor people

SHARP's strength is a focus on households affected by HIV/AIDS, especially the low-income groups including women, long distance truck drivers, sex workers and hawkers. Though the Uganda AIDS/STD programme was all-embracing, it had a greater emphasis on the poor. For example, home care treatment and provision of supplementaries (foods, soap, sugar etc) was largely provided to poor families. Some components of AIDS/STD were, at times, limited to the areas of operation of the implementing NGOs. Only government activities through the Ministry of Health seemed to have a wider coverage.

Participation by beneficiaries

Participation was an intrinsic part of both case studies. It was often consultative in nature during the design stage, e.g. in SHARP during the livelihoods analysis process. In SHARP poor people were a fundamental part of the design, for example as peer educators. However participation by beneficiaries during implementation was generally functional, that is, assisting interventions to achieve their specified outputs, rather than with any degree of control. The case studies also demonstrate the need for care to avoid overloading or diverting CBOs and beneficiaries. For example, in the case of SHARP, some CBOs that were engaged with income-generating projects were pulled into home-based care which may not be appropriate for them. In the case of AIDS/STD, participation by beneficiaries was mainly in the later stages of implementation.

Partnerships between agencies

The study noted the importance of forging strong and meaningful partnerships between government, donors, civil society and private enterprises in order to effectively deal with HIV/AIDS. Although SHARP formed a strong partnership with governments and civil society in South Africa and Lesotho, it was not on an equal basis, as control remained within the project.

The AIDS/STD programme demonstrated a high degree of partnership at the implementation level with several government departments, research organisations, CBOs and funding agencies interacting with one another at different levels. However, at some stages, especially at the design stage, real involvement tended to be limited to a few key partners.

Holistic Approach

HIV/AIDS is an epidemic with broad based and wide-ranging implications on both the infected and affected persons/communities. In Uganda the implementation of the AIDS/STD programme was holistic in some ways, with a multi-sectoral coordination strategy that allowed several projects to co-ordinate. However, as its design was not based on SLAs, several of the activities were not perceived in the original design but added later as the needs became clear during implementation, demonstrating also learning and flexibility.

SHARP undertook a holistic analysis at the beginning of the project, while implementation was focused on the promotion of sexual and health rights and had limited involvement with curative aspects of HIV/AIDS. The programme also implemented capacity building in organizations that were involved in several other HIV/AIDS related ventures, including improving awareness and linkages between bio-medical, traditional healers, legal and welfare service providers.

Policy and institutional linkages (micro-macro links)

Linkages between HIV/AIDS interventions with existing and future policy and institutional frameworks were crucial for success in terms of achieving and sustaining the interventions' objectives. Both interventions attempted to establish links with HIV/AIDS related policies and respective institutions. However, the links were characterised by poor coordination, which posed a danger of continuity and sustainability. While SHARP sought to forge links with the authorities responsible for HIV/AIDS control in both South Africa and Lesotho, its activities were not well coordinated and lines of accountability were either not put in place or not observed.

In Uganda, there were linkages at all levels though these were slightly weaker at the national level where most organisations still exercised their independence in decision-making and actions. There was greater cooperation between the various institutions in government and the NGO community at meso (district) level, with some NGOs allowing Government officials and community leaders to be part of their management boards and hence offering a direct transmission of different views into the policy arena. This was strengthened by the decentralised system, which allows districts to make a wide range of policies regarding the delivery of services.

Building on strengths

The case studies started with vision rather than needs or problem-based analysis. Both case studies adopted the principle of building on strengths e.g. by the involvement of peer educators, CBOs, traditional structures/institutions and different categories of leaders. In addition, the AIDS/STD and SHARP programmes worked with existing and evolving institutions, so that the two programmes helped to build capacities of the associated institutions through their institutional development components and support to other sectors.

Dynamism and flexibility (or learning by doing)

Both interventions demonstrated some level of flexibility. For example, in the case of the AIDS/STD programme, the distribution of supplementary foods was added to the activities of Kasana HIV/AIDS Clinic, whose activities originally included counselling, testing and treatment, with the support of Plan International, one of the participating NGOs.

Accountability and Responsiveness

Neither of the interventions demonstrated significant levels of downward accountability, but rather upward to different donors and government departments. For example, though SHARP produced monthly reports to programme managers and funders, it was not clear how accessible these reports were to the general public or the local beneficiaries. The project, however, held regular monthly meetings with some members of the communities. In Uganda, only a few stakeholders such as funding agencies and supervising institutions had effective access to the AIDS/STD programme reports. Reports by field officers were largely analysed at the meso and macro levels and later sent to donors and supervisors.

Sustainability

The long-term economically and financial sustainability of the interventions was not sufficiently considered at the design stage and the interventions had a heavy reliance on external sources of finance. A holistic approach could have helped to establish the activities, funding requirements and any funding gaps given the available resources.

Social sustainability requires establishment of strong linkages with cultural and religious institutions given the strong effect of such institutions on cultural beliefs about sex and other aspects of behavioural changes. In terms of social exclusion, both SHARP and AIDS/STD were aiming to overcome social stigma to enable the infected/affected people to continue being freely integrated into the rest of the populations. The presence of Post Test Clubs (PTCs) and associations of People Living with Aids (PLAs) in Uganda were very effective methods of combating social stigma and strengthening of social networks.

Some Lessons for Future Design and Implementation of HIV/AIDS Interventions

- The SLA is a particularly appropriate lens to use for these types of complex interventions. Its use supports a holistic approach.
- The challenges from HIV/AIDS are enormous and require committed action by stakeholders at all levels, hence partnership action is vital. A profile of relevant stakeholders and institutions is a vital input in the early stages of any desired intervention.
- Care should be taken not to overburden or divert existing institutions by simply adding new assignments and roles with financial back-up but which is not accompanied by additional capacity building components.
- In order to maximise community involvement and confidence to move forward, it is particularly important to build on community/local strengths to overcome weaknesses and the threat of HIV. HIV/AIDS interventions should not only focus on the introduction of external resources and programmes but also seek to identify and incorporate existing assets, skills and institutions. Local social capital and networks can be vital ingredients for the success of any intervention. Thus, whenever possible, development practitioners should seek to incorporate the local communities early enough in the identification and design of development interventions.

Reference

Franks T. et al (2004) *Goodbye to projects? The Institutional Impact of Sustainable Livelihoods Approaches on Development Interventions*. Bradford Centre for International Development, Bradford University