Transcending boundaries
Interactive Learning and Action at the interface of HIV/AIDS and agriculture

AIDS is an important social and development concern in sub-Saharan Africa. The HIV/AIDS epidemic is directly linked to food insecurity. HIV/AIDS precipitates and exacerbates food and nutrition insecurity as people are weakened and unable to engage in production activities, while poverty and food insecurity may lead people to engage in more risky strategies to ensure a livelihood.

Scientists and development practitioners have particularly stressed the importance of using integrated and interactive approaches to prevent and mitigate the impact of HIV/AIDS on agriculture and rural development. In contrast to top-down approaches – often based on positivistic thinking – interactive approaches ensure a complete integration of knowledge through participation of and mutual learning among a variety of stakeholders. Results are promising so far, but interactive approaches are relatively new, and particularly at the interface of agriculture and HIV/AIDS there is little systematic knowledge to build upon.

The objective of this study is to contribute to the (further) development of a conceptual and methodological framework for interactive approaches to agricultural innovation in the context of HIV/AIDS in order to realize better informed, more sophisticated and effective intervention programs dealing with improvement of food security and well-being among poor and HIV/AIDS-affected households. The main research question addressed in this thesis is:

Which key issues and strategies can be identified to realize effective interactive approaches to agricultural innovation in the context of HIV/AIDS?

The research design consisted of two elements: 1) the identification of key issues in the design and implementation of interactive approaches to agricultural innovation in the context of HIV/AIDS; and 2) practical testing of identified methodological elements in the context of HIV/AIDS and agriculture, in this case the sub-district of Msinga, a rural HIV high-prevalence area in the province of KwaZulu-Natal in South Africa.
In 2003, a community-managed health centre in Msinga initiated an action research project in collaboration with an agricultural NGO from the University of KwaZulu-Natal and the Athena Institute from the VU University Amsterdam. Role players in agriculture and health were brought together to mitigate the impact of HIV/AIDS among rural households. The aim was to stimulate discussion among three support groups of poor and HIV/AIDS affected people, mostly women, on how HIV/AIDS impacts on their lives, to discuss and negotiate ways of protecting themselves against HIV and the impact of AIDS, and to achieve food security and well-being at the household level through agricultural innovations in the context of HIV/AIDS.

Firstly, a conceptual study was conducted to gain insight into the mains lessons and challenges with respect to the design and implementation of interactive approaches to agricultural innovation in the context of HIV/AIDS. Literature review of interactive approaches in agriculture and natural resource management shows that several principles and process guidelines are considered key factors to successful implementation. They include: a central role of farmers; commitment to a shared vision; enhancement of trust relationships; facilitation of social and experiential learning; integration of knowledge; enhancement of coalition building; capacity building; and scaling out, scaling up and institutionalization; it requires the application of an action-spiral, in which planning, action, monitoring, and reflection keep recurring; a variety of methods and tools; participatory monitoring and evaluation; and process facilitation.

Although HIV/AIDS does not seem to change these conditions, personal experiences from researchers, development practitioners and extension workers do reveal new and unforeseen problems: 1) Poverty – A household affected by HIV/AIDS faces enlarged constraints on time and resources, while vulnerability to other shocks/stresses increases; 2) Diversity – Not all people are equally at risk for HIV infection or AIDS impact, while risk changes over time; 3) Stigma and gender – HIV/AIDS is a taboo and deeply ingrained in cultural norms and values and triggers stigma and discrimination; this particularly affects women as they are not only more susceptible to HIV infection than men or boys, but also more vulnerable to the impact of AIDS; 4) Mobilisation of stakeholders – As HIV/AIDS is a sensitive issue and a taboo, the initiative for interventions often relies with outsiders, while other stakeholders may not ‘see’ their potential contribution; 5) Integrating different perspectives – The wide variety of relevant stakeholders implies increased differences in knowledge, ideas, beliefs, meanings, discourses and practices; 6) Innovation(s) in response to HIV/AIDS – The increased number of orphans, middle-aged widows and elderly requires low risk strategies and a focus on food security and livelihoods; 7) Hope, optimism and self-
initiative – The uncertainty and fear of illness and death and impoverishment lead to despair, helplessness, and depression; 8) Additional competencies of facilitators – The variety of topics and new partnerships puts a high demand on the knowledge and skills of facilitators.

To test the outcomes and methodological implications of the conceptual study in the practical context of Msinga, it was needed to start from a broad practical framework. A specific participatory methodology – the Interactive Learning and Action (ILA) approach – was selected, which is appropriate for the purpose of agricultural innovation based on mutual learning between stakeholders. The ILA provides a set of principles and guidelines that need to be adapted to the context of application. Roughly four phases can be distinguished: 1) initiation and preparation; 2) data collection, exchange and integration; 3) planning; and 4) project formulation and implementation. These phases partly overlap and may be revisited in time. A few decisions were made for application of the ILA approach in the context of HIV/AIDS. Since the marginalized position of women and the silence surrounding HIV/AIDS were seen as a major concern, the project emphasized capacity building and organizational development among women through a process of group-based learning (using the Farmer Life School), while the concern for safety and confidentiality was given extra attention.

As part of the ILA approach (phase 2), a descriptive-analytical study was conducted. The study shows that HIV/AIDS exacerbated poverty and food insecurity. The epidemic touched not only upon ‘human capital’ (health), but also on financial, social, natural and physical resources; food insecurity featured as a main problem among the HIV/AIDS-affected households in this study. Moreover, many households seemed to live in fear, denial, and hopelessness, while misconceptions and myths around HIV and AIDS were rife. However, the study also shows that the psychosocial impact and associated coping strategies, as well as prevailing power relations and exclusion from social-exchange networks, affect people’s lives in different ways and depend on the specific situation of the individual or household concerned. Three key issues were identified as critical areas for concern: gender, access to social grants and access to ARVs. Access and control over resources seems even more problematic in a rural and resource-poor setting, due to limited infrastructure, lack of information, high illiteracy rates, and traditional norms and values.

What stood out was HIV/AIDS-related stigma. Stigma in Msinga was enacted through a variety of expressions at the family, community, and institutional level. The lack of in-depth knowledge, the association with immoral behaviour, stereotyping, active
and structural discrimination exacerbated people’s fear to test or disclose their positive status, and resulted in internalised stigma and self-policing behaviour. Although the form and content of stigma varied, various forms of stigma were interlocked and united to support systems of social inequality and control; this especially affects already vulnerable groups in society, i.e. women, youth and the rural poor. They are relatively far removed from service providers and additional support, while they lack the political power to counter existing inequalities.

Households in crisis are assumed to rely on friends and neighbours, but ‘social fabric’ is breaking down as result of the impact of HIV/AIDS, often exacerbated by violence and accusations of witchcraft. HBC workers played a crucial role in the communities of Msinga to cope with the impact of HIV/AIDS and the consequences of stigma and discrimination. They provide care and psychological (or even financial) support and functioned as a link between people who were ill or infected and other service providers and support groups for people living with HIV. In this way, they enabled HIV-positive persons to build up new support networks.

The ability of households and communities to meet their members’ increasing needs is limited; external support is required from government and NGOs to help communities to respond to other shocks and new demands created by HIV/AIDS impacts. The study confirms the need to restore a household’s resource base and to address psychosocial issues. An interactive program needs to be sensitive to differentiation of households and challenge the inequalities that drive HIV/AIDS susceptibility and vulnerability, while restoring social relations and community institutions. When considering HIV/AIDS mitigation in relation to agriculture-based livelihoods in rural South Africa, women and their dependents need to be central. They play a major role in ensuring food security, while taking care of the sick and of children. Given the importance of agriculture in the lives of the rural poor, agriculture seems to be a logical entry point to address other aspects of the HIV/AIDS impact spectrum; it can play a catalyzing role to reduce susceptibility and vulnerability to HIV/AIDS.

The action-oriented part of the study shows that the ILA approach provides a rational and constructive process to agricultural innovation, with actual influence from poor and AIDS-affected households and other role players in agriculture and health. Knowledge sharing between stakeholders resulted in changes of thinking that might facilitate future innovation processes. Building ‘trust’ at the personal and institutional level was a key factor to responsive facilitation. The FLS is a promising method for application within the ILA approach to introduce conservation agriculture in combination with health education and capacity building. Various strengths were identi-
fied regarding participation, learning and empowerment. The practical and informal nature enabled people to participate actively, while working together on agriculture and nutrition allowed them to explore HIV/AIDS at their own pace and terms. Especially song, dance, visualisation and imagination encouraged participants to open up and speak out among others, while experimentation boosted people’s confidence and enthusiasm. The practice of conservation agriculture helped the support group members to grow crops with limited means.

The study also reveals various weaknesses. The intensity of the program made it difficult for some members to participate as a result of poverty and HIV/AIDS-related illness and death, often further constrained by stigma, gender relations and violence. Moreover, despite signs of more openness and willingness to share experiences on HIV/AIDS, it remained difficult for participants to reflect critically; especially where groups were newly formed, and could not build on pre-existing relations. Even if an open and respectful environment among members is created there still is stigmatization and discrimination emanating from the broader community. However, the reconstruction of community institutions and social capital is not the main focus of the FLS method. The period of implementation was also too short to have a profound impact on economic and institutional aspects of empowerment, while conservation agriculture has its initial costs. Furthermore, the study reveals that effective cooperation among participants and stakeholders at the interface of agriculture and HIV/AIDS takes time, is fragile and sensitive to erosion.

The diversified and gendered vulnerability among households and the deterioration of ‘social fabric’ requires an interactive approach that addresses the underlying factors that drive the epidemic and its impact. A process-oriented approach based on trust and learning, such as the ILA, provides opportunities to explore the livelihood system and develop appropriate solutions together with small-scale farmers. However, in order to facilitate processes that reverse, rather than reinforce, social inequalities, stigma and discrimination, it needs a thorough understanding and where possible adaptation to the (social) context. The ILA approach seems particularly relevant in such a complex context.

To make interactive approaches to agricultural innovation in the context of HIV/AIDS more effective, the following key issues and strategies should be considered:

- **In the context of HIV/AIDS, motivation is a key factor for participation** In an environment of social inequalities, poverty, diseases, deaths, and violence it becomes less likely that people are willing to take risks and engage themselves in a process
with uncertain outcomes. Under these circumstances motivation is a key factor for participation. Success, learning and social dynamics, and a future – but realistic – vision were identified as key factors to stimulate motivation.

- **Importance of group-based, discovery learning, but need for diversification** The combination of experiential learning, group dynamics, and discussion, seems very appropriate to engage (illiterate) people actively in a learning process. The practical focus on farming enabled them to explore more sensitive issues as HIV/AIDS at their own pace and terms. But, some people still felt uncomfortable and some exclusion occurred. Therefore, a flexible approach is needed that is better adapted to people’s personal situation. Sometimes it may be more appropriate to form more homogenous sub-groups; this can either take the form of mitigation strategies for specific vulnerable groups (gender/pro-poor) or be targeted to people living with HIV in particular.

- **Gender focus** Women continue to bear the brunt of the epidemic and to be highly vulnerable to HIV infection. This demands gender-based responses that focus on how the different social expectations, roles, status and economic power of men and women affect and are affected by the epidemic. Eventually both men and women, young and old, need to be involved in an interactive process in order to come to a shared understanding and agreement on underlying factors and strategies to address these.

- **Integration of an ARV component** Antiretroviral medicines may give other strategies the chance to work. Apart from saving lives, ARV treatment enables people to remain economically and socially productive. This may indirectly affect prevention strategies and reduce stigma. The ARV component was not linked to the project in Msinga, but the potential synergy between a project focused on food and nutrition security and ARV treatment in a resource-poor setting is obvious: HIV-infected members who have access to treatment become stronger and healthier again, while healthy food is needed for effective treatment.

- **It requires a diversified and holistic program of development interventions** Although farming seems an appropriate focus for improving food security and well-being in the context of HIV/AIDS, a broader focus needs to be considered. This may include a shift in focus from farming to other income-generating activities, but also programs that include social and money aid, and short-term food assistance (e.g. for those with several orphans and few productive adults). The challenge lies in identifying the most appropriate interventions, targeting the right individuals and households, and providing it at the right time for the right duration.
Simultaneous and coherent activities and strategies are required at four levels: the individual, the household, the community, and the institutional. For a highly contextualized issue, such as HIV/AIDS, it is important that interactive approaches take into account the needs of individuals and households, and create a supportive environment at community level. It requires safe spaces for discussion, material and institutional support, and awareness/education campaigns in the communities on HIV and AIDS. As power dynamics come into play when existing relations are challenged, it does not only require specific interventions and strategies at each level, but also synergy between activities.

More attention for factors that constrain or enable institutional collaboration. Differences in organisational background, culture and tradition among stakeholders may raise uncertainty, anxiety and defensive behaviour. The ILA approach emphasizes the importance of responsive facilitation and shared activities to improve mutual understanding, but negotiation processes may initially be necessary. It also requires capacity building, possibly with more effective collaboration with other ('strong') stakeholders. To achieve impact and innovation over the longer term, changes may be required in larger sets of relationships or institutional arrangements. This involves coalition building and advocacy at the policy level.

Competent process facilitation and management requires attention for ethical guidelines, sensitive methods, and management of relations at the network level. Facilitators need to steer the process, not the outcomes. They have to operate as mediator. Facilitators have to be respectful, empathizing, responsive, and show interest, compassion and trustworthy behaviour. It requires technical skills on (sustainable) agriculture and experiential learning, and a basic understanding of HIV/AIDS; the involvement of (local) professionals for technical back-up and information is encouraged. The sensitivity and emotional impact of HIV/AIDS emphasized the importance of ethical guidelines, sensitive methods, and the need for psychological support.

Cost-effectiveness factors cannot be ignored during the development stage. The ILA seems most effective in complex situations in specific contexts, but for purposes of up-scaling, out-scaling and institutionalisation, more experimentation is needed with technical and social innovations (e.g. related to self-organisation and management), self-financing mechanisms and micro-credit/savings schemes, and a stronger embedding within existing programs and structures.
When we relate the lessons of this study to the three main concepts of an interactive approach – as described in the theoretical framework of this thesis, i.e. participation, interdisciplinarity, and a system perspective – some interesting issues emerge.

**Participation** Two elements are important. Firstly, specific attention needs to be paid on what activities will motivate various stakeholders to participate. Secondly, the outcomes of a particular activity can act as a motivation factor for subsequent activities. This results in an interesting and stimulating iterative process of action and reflection, with a stronger emphasis on feasible intermediary and ‘measurable’ (self-evaluative) outcomes, which can be followed up and taken further in a continuous cycle of refinement and improvement. In this way, the action-spiral becomes a *motivation-spiral* for change, whereby each activity has an effect on the next activity. ‘Visibility’ of results is one of the major stimulating and driving forces to stay on track, but it may not be enough. It may be useful to look at what it is that makes people ‘tick’, what drives people, and how can we link that to broader development goals. In a similar way, we need to look more closely at institutions and organisations, what makes them ‘tick’, and what more do we need to do to motivate and inspire them to become involved.

**Interdisciplinarity** In an interactive process it might be better to speak of co-creation of knowledge where by various stakeholders are actively involved as part of a ‘community of practice’. This requires interaction and shared experiences in order to build up trust, confidence, and a common understanding. This demands a safe and ‘liberating’ environment that allows more sensitive and conflicting issues to be addressed. The study suggests that it might not always be the best strategy to discuss and address HIV/AIDS primarily within the context of health. It may be better to take up the discussion within the context of other domains, in this case agriculture through the establishment of food gardens. Although the domain of agriculture as an entry point is related to motivation, the activity has a more fundamental ‘liberating’ character, as it helps people to escape from their daily problems and obstacles. Shared experiences of success and failure may facilitate the co-creation of knowledge. However, this may not always be easy given the diversity among participants and between stakeholders. Therefore a relevant issue in the context of interdisciplinarity is that of ‘conflict’. The ILA approach strives to a common understanding and overlap in perspectives through dialogue, but it may have to include straightforward negotiation. In this respect, the study shows the importance of a process facilitator, who could re-direct the *overlap-conflict spiral* in a positive turn.
System. The study confirmed the complexity of HIV/AIDS. This requires not only the active involvement of community people, but also from a variety of actors from different domains and levels. However, at the level of institutions and organizations, there is often a sense of rigidity and ineffectiveness. This makes it difficult to realize a successful interactive approach with these institutions and organizations. In such a situation, the search for collaboration has to take place on the basis of the degree of flexibility. In first instance it makes most sense to start small and work together with those who are prepared to operate in a flexible way in a process of mutual learning. Complex problems may be characterized by ‘uncertainties’ related to a lack of knowledge, differences in problem perception and its solutions, and the lack of rules for cooperation at the institutional level. There is a need to pay attention to these underlying systemic factors and mechanisms that may prevent or hinder effective stakeholder collaboration. Joint problem solving through a process of mutual learning, cooperation and interaction, is a way to reduce these uncertainties. When enough momentum has been created it may be easier to involve other organizations. At the system level the management of a positive momentum spiral is crucial for success.

AIDS is entwined with a range of other stressors in rural South Africa and it is difficult to separate out the issue of the disease from other negative factors. A holistic response includes thinking and approaching HIV/AIDS and food insecurity within an integrated rural development strategy – this is sorely lacking in South Africa and would mitigate many of the associated issues around HIV and AIDS. A more focussed and explicit attention to concepts as the motivation spiral, the overlap-conflict spiral, and the momentum spiral may help in the discussion to improve interactive approaches in the context of HIV/AIDS. In this way, the interactive process becomes a more dynamic and ‘breathing’ process. It creates good-will, motivation, shared ideas and values, enabling to tackle tensions and conflicts. Tensions and conflicts in turn, can help to clarify issues, in order to develop better informed and more sophisticated interventions and policies in the context of HIV/AIDS.