

An Assessment of the Effectiveness of Community Participation in HIV and Aids Mitigation Programs a Case Study of Gwanda District, Zimbabwe

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ABSTRACT: The research sought to assess the effectiveness of community participation in HIV and Aids mitigation programs: A Case Study of Gwanda District. The aim of the research was to establish the level of community participation in the planning of HIV and AIDS mitigation programs. And it was meant answer questions such as what is the level of the community participation in implementation of HIV and AIDS mitigation programs? The researchers were used a qualitative research design and collected data through questionnaires and interviews. The study revealed that the community are not involved in all phases of program. The community refuted claim by ASOs they involved in all phases of program. The community does not participate in designing monitoring and evaluation tools. The community is not consulted by organisations from provincial or national level and as result there in no buy- in and projects fail as they are not sustainable as there no sense of ownership and community suffer. The research recommends that the community need to capacitated in running programs to improve in decision making. The community need to involved in designing monitoring and evaluation tools.

Keywords: buy in, community participation, Hiv and Aids, mitigation

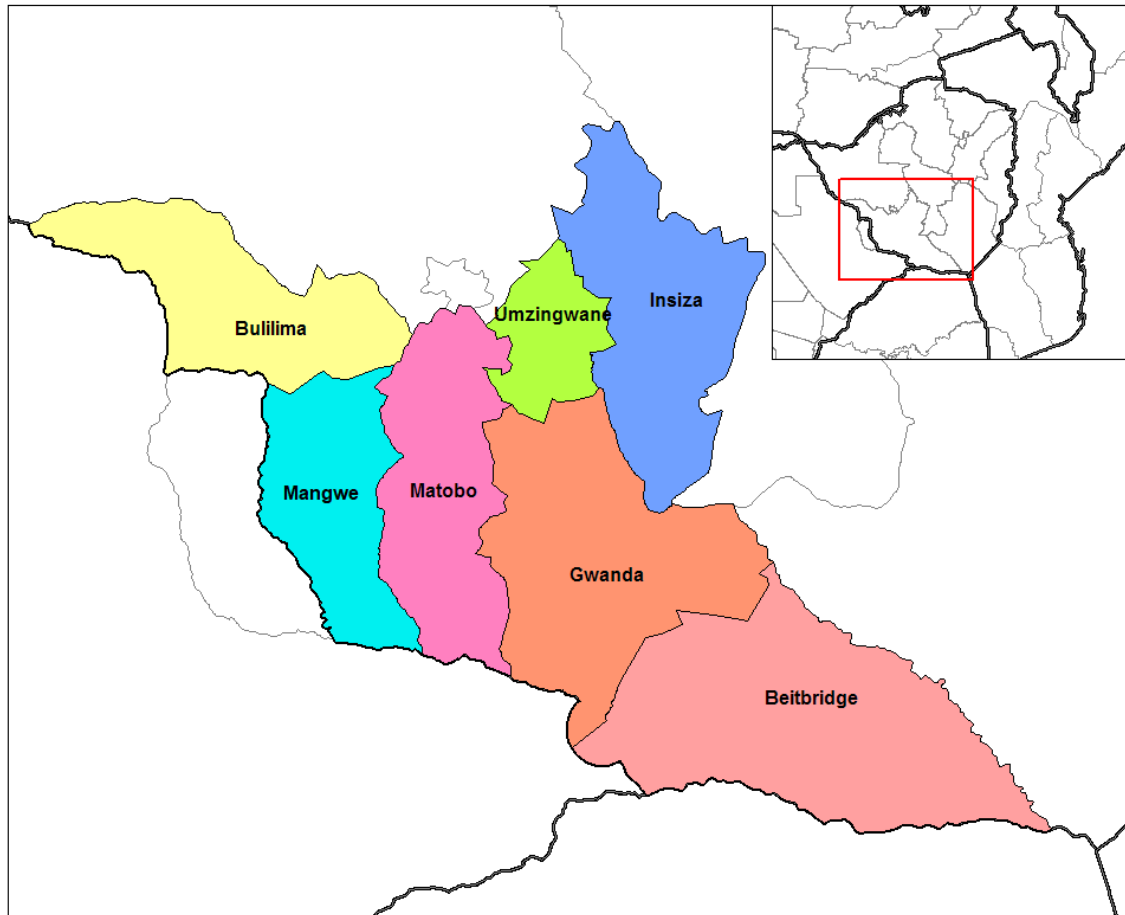
I. Background to The Study

A number of community programs have failed in Gwanda district and the reasons being lack of community participation projects are being imposed by either government departments or donors there is little or no input from community. Below is a list of community projects that failed to address the needs of the community as they lacked community involvement from the onset. (L Ferranzo 2011).

Gwanda District is situated in Matebeleland South Province. Gwanda is administratively run by the Municipality of Gwanda, whose jurisdiction covers 10 wards across the town.

Gwanda, town, Southern Zimbabwe. Gwanda was founded in 1900, and its name derives from that of a nearby hill known as Jahunda. It is located along Bulawayo-Beitbridge road and the railway that runs south to West Nicholson. The district is 125 kilometres from the City of Bulawayo. The town is the chief centre for Southwestern Zimbabwe's cattle district and also trades in agricultural produce. There are gold, asbestos, and chrome mines in the area, and game and birds are plentiful on private land. Population of the district as of (2012) stood at 19,895 and currently it is estimated at 24,700. There is high level of poverty in the district despite richness in mining across the district. As a result, a number of NGOs do operate in the area. The majority of

Map of Matebeleland South showing Gwanda District.



Source : https://en.wikipedia.org/wiki/Gwanda_District#/media/File:Matabeleland_South_districts.png

Table 1 List of Failed Projects in Gwanda

Namecommunity project	Reason for failure
Magwe irrigation scheme	Imposed on communities by extension workers Communities saw themselves as workers who expected to be paid instead of being partners to share profits
Zunde ramambo project(isiphala senkosi)	Community was not consulted the community wanted (isibayasenkosi)as the area is not fit for growing crops but ranching
Home based care	Very few people benefit who are volunteers and paid incentives by donors the program is for elite and selected individuals handpicked by donors. Monitoring and development tools have been developed by donor no input from the community
Campfire program	Community not benefitting from the program as they were promised . Rural district council not transparent in sharing proceeds.
Community share ownership scheme	No development has taken place and officers not from community conflict has arisen
Silonga poultry project	Community not capacitated on record in keeping

Source 2014 survey

1.3 Research objectives

The objectives of this research paper are to:

- establish the level of community participation in the planning of HIV and AIDS mitigation programs.
- investigate the level of community involvement in monitoring and evaluation of HIV and AIDS mitigation program.
- To establish the extent in which the community is involved in the allocation of resources for the HIV and AIDS mitigation programs.

1.4 Research Questions

- What is the level of the community participation in planning and implementation of HIV and AIDS mitigation programs?
- What is the level of community participation in monitoring and evaluation of HIV and AIDS mitigation programs?
- To what extent are ASOs accountable to communities they provide HIV and AIDS mitigation interventions?

II. Interim literature review

2.1 Community engagement

According Ferranzo (2011) to there is paradigm shift from community involvement to community engagement to improve local communities, and increase public support, we need to understand the difference between community involvement and community engagement. Ferranzo (2011) goes on to say an implementer who tries community involvement often leads with his/her mouth in identifying projects, needs, and goals and then telling community how they can contribute. While an implementer striving for community engagement, on the other hand, tends to lead with his /her ears in listening to what community think, dream, and worry about. The goal of community engagement is not to serve clients but to gain partners. It's not that community involvement is bad. But almost all the research also says that community engagement can produce even better results for the communities. The tonne of literature review will dwell more on listening with ears as something for the community is something by the community as they are close to the impact they have to be on driving seat in terms developmental issues but this not the case with Gwanda the ASOs lead with their mouths not ears. The community needs to empowered and capacitated to make their decisions as active partners not clients most projects have failed because of approach where an implementer dictates instead of listening to what the community wants the done (www.pthvp.org).

2.3 Community based project on design

The importance of community participation is that many people are involved in the community's activities. Business is not just run by an elite leadership, but is the work of everyone (Reid 2000). According to health professionals working with the community, the value of community participation is that resources can be targeted more efficiently and effectively (WHO 2002). Involving the community in planning and implementation allows them to become more responsive to the need and hence increase uptake of resources and services. Furthermore, WHO (2002) adds that community participation methods help develop skills and build competencies and capacities within communities. Involving the community in decision making leads to better decisions being made and these are more appropriate and owned by the community enhancing chance of the program being sustainable. Something for the community is something by the community, the community need to be partners who active by being involved in the design phase where they have to be consulted extensively about their particular problems which they face not to impose solutions to their problems.

Foya (2022) is of the strong view that it is critically necessary for stakeholders in a community to be consulted otherwise, all attempts by outsiders will fail regardless of the motive of those pushing for the agenda.

A mere availability of information is not sufficient. In this case there also has to be capacity to analyze that information and make effective use of assessing performance and discussion on how the program should be implemented. This requires analytical and advocacy skills on the part of those who want to hold development agents accountable. FAO (2007) defines participation as a process of equitable and active involvement of stakeholders in the formulation of development policies and strategies and the analysis, planning and implementation, monitoring and evaluation of development activities. To allow for more equitable development process, the disadvantaged stakeholders such as

beneficiaries of interventions need to be empowered to increase their level of knowledge, influence and control over their own livelihoods, including development initiatives affecting them. In view of this particular study, beneficiaries of the HIV and AIDS programs such as People Living with HIV, Orphans and Vulnerable Children, youths and the elderly looking after orphans need to be empowered so as to be in a position to make decisions on programs meant for them, the level of which this particular study seeks to establish in relation to accountability of ASOs. Various participation typologies have been suggested to explain the level or degree of participation. However according to Hayward et al (2004), some of the models suggested are not neutral; they encourage full participation as the goal to be achieved. This laden view delegitimizes non-and/or peripheral participation (Hayward et al 2004). Pimbert and Pretty (1994) came up with the following typologies: self-mobilization, interactive participation, functional participation, participation by material incentives, participation by consultation, participation by information giving and passive participation.

III. Contribution to empirical literature

This study will assist in bringing more information to the research body and address challenges facing by organisations that are working in Gwanda District of Matebeleland South Province. There is not much that has been written in this region. Thus, this research will address that and further create room for further research as this research is not conclusive.

IV. Research Methodology

The researchers adopted a mixed approach in this research so that they employ both qualitative and quantitative approaches as dealing with the topic under discussion requires using such approach since ties nicely with confirmation of validity of facts that whether the community of Gwanda effectively participates in HIV and AIDS mitigation programs.

The research population comprised of the leadership who were key informants, 18 field workers from ASOs, members of the community, beneficiaries of the programs that is 22 people living with HIV, orphans and 20 vulnerable children. The total number is 80. This research study is targeting 40 participants. The researchers used three types of sampling techniques which are convenience, purposive and random sampling techniques in order to get the needed respondents.

Table 1 Sample Size

Category of Population	Population	Sample Size
ASOs	18	9
Key informants	20	10
People living with HIV and AIDS	22	11
Orphans and vulnerable children	20	10
TOTAL	80	40

Source 2021 survey

4.2 Data Collection Techniques

The researchers adopted the use of questionnaires, focus group discussion and interviews in order to obtain information from the respondents. Key informants were interviewed. Focus group discussions were held with the stakeholders and other beneficiaries.

V. Presentation of findings

5.1 response rate to questionnaires

Table2

Category	Questionnaires Sent	Questionnaires Returned	Questionnaires Not returned	%Response rate
(ASOs) Field workers	9	9	0	100%
Key Informants	10	8	2	80%
PLHIV	11	7	4	64%
OVCs	10	6	4	60%
TOTAL	40	30	10	75%

Source: survey 2014

From the table, a response rate of 75 % was achieved as questionnaires. Given these acceptable returns to questionnaires, the researcher went on to analyse returns on individual questions starting with views on community participation;

5.2 Consultation with community

As shown the table 78% of NGOs understand as participation as taking lead in decision making while 22% understand participation as involvement in all phases of the program. The table further shows that 50% of key informants understand as participation as taking lead in decision making while 25% understand participation as involvement in all phases of the program and 25% view participation as supplying information. The table goes on to show that 43% of PILHIV understand participation as involvement in all phases of the program and 53% view participation as supplying information. Lastly the table goes on to show that 17% of OVCs understand participation as involvement in all phases of the program and 83% view participation as supplying information.

The claim by NGOs that they involve the community in phases of the program is not supported by members of the community who felt that they are only involved when decisions are made. According 56% of the respondents interviewed, there is very little involvement by these organisations operating in the community. Half the time they come with their plans already ready for implementation. 132% of the respondents were of the strong view that these organisation just approach corrupt counsellors and traditional leaders who claim to speak on behalf of the communities and thus, the NGOs could be right when they argue that they consult as they speak to community leaders some of who have no touch with the community and also do not give feedback to the very community which they purport to represent. The mere availability of information is not sufficient to constitute involvement and does not therefore constitute participation at all as alleged by ASOs in Gwanda. There is no evidence from members of community that they participate in decision making and in all phases of the program. According to WHO (2002) community participation leads to better decision being made and participation is important because it increases ownership of program which leads to sustainability of such programs. To this point none involvement of communities results in poor buy-in by communities whose interests they seek to serve. When records were reviewed, nothing could be established to show for the alleged involvement of communities by ASOs as no reports or minutes of meetings were given to support their assertions. These are issues about politics of participation dealing with whether such participation refer to the elite or everyone. The evidence in the Gwanda based NGOs show that only the elite is involved and not necessarily the masses, the would-be beneficiaries of such projects. In the researcher’s view, it is this approach that has resulted in a poor buy-in of communities accounting for the failure of such projects as is the case not only with Gwanda based projects but also other similar projects country wide.

5.3 How do you participate in HIV and AIDS program

25% of key informants argues that participated by selecting and submitting names of beneficiaries while 50% participate by forming groups to tackle HIV and AIDS problem and 25% participate by community awareness creation. The 53% of the respondents said that the selection of beneficiaries by field officers of these NGOs in Gwanda District has gone away long in bringing transparency in selecting the deserving cases as there is transparent and accountability as compared to previous times when it was done by headmen participate by choosing and submitting names of beneficiaries. The process was full of inconsistencies and incorrect information which resulted in undeserving people getting assistance. 43% of the organizations’ respondents interviewed maintained that they participated in community awareness creation so that members of the society are aware of the programs. However, 25% of the respondents were of the view that as long as there is no news of food handouts and other free goods, community respondents are less willing to attend these

meetings. Lastly, 67% of OVCs organisations do participate by choosing and submitting names of beneficiaries to their head-offices. Thus, from the above it may be deduced that the majority of community members participate in by choosing as well as submission of beneficiaries but not in the formation groups to tackle Aids problem a key function that ASOs allocate to themselves. Those who participate are only the elite who in this case are people in leadership positions and not those at the bottom of the community hierarchy and such an approach is referred to as top down approach. The members of the community for example PILHIV and OVCs only participate in community awareness programs where they are asked to recite poems and give testimonials and there after given food and T shirts and this is known as the tokenism approach. Participation does not merely mean the presence of people in meetings and discussions, but active involvement and engagement in development and policy-making functions in the development structures.

5.4 Community involvement in the allocation of resources for the HIV and AIDS mitigation programs.

61.7% of the respondents from community members argued that the members of community are not involved in the allocation of resources for HIV and Aids. People simply get packages which they are given. No one from the counsellor or traditional leaders have ever bothered why this is the arrangement. These respondents go further to say they feared victimization especially from political leaders in the district. Being vocal also means that one can be excluded from other programs in the community.

47% of key informants maintained that these organisations operating in these areas had a particular budget for each district. The question then remains that is it all the allocation that reaches the bottom to the last recipient. In this regard, 19.8% of the respondents were of the strong view that these organisations do not practice accountability nor transparency as they preach to the public. The organisations operating in the area maintained that less than 22% of communal members participate at implementation level and monitoring and evaluation. Members of the community participate at implementation stages not at needs assessment stages and design and planning stages. Donor or government initiatives are not necessarily community initiatives. None involvement of communities at these stages has resulted failure of programs not only Gwanda but provincial and national levels as there is no community buy-in as result sustainability of programs something for the community is something by the community that is to say let be active partners not clients. The community have divided itself into two major categories of donors namely World Vision and Christian Care who are the major suppliers of food packs because they mainly feature at implementation level that is receiving food packs not in design and planning phase. They either belong to World Vision or Christian Care as if the program belongs to the donors but the community. In other words, if NGOs are to be accountable to poor communities which they are serving, are they must speak the same language with the communities. There is serious need for accountability firstly, as when communities are active in shaping policy priorities and demanding greater openness and responsiveness from duty-bearers who are aid agencies.

VI. Conclusions and Recommendations

6.1 Conclusions

The researchers would like to draw the following conclusions from the findings:

- Evidence from study reveals that the claim by NGOs that they involve the community in all phases of the program is not supported by members of the community who feel they are only involved when decisions have been made.
- The community merely participates by choosing and submission of names that is at implementation level not at needs assessment stage.
- The Community does not participate in all phases of the program, let alone on allocation of resources.
- The community is not involved in designing monitoring and evaluation tools

6.2. Recommendations

The researchers do make the following recommendations:

- Community to be involved in all phases of project cycle In order to ensure full participation by the vulnerable groups and that HIV and AIDS programs are needs based, there is need to adopt a bottom up approach in all phases of the programme cycle.
- Needs Assessment and Design phase. The ASOs need to consult the community other as equal partners and each and every partner depend on each other to achieve a common goal. The community views on the

solutions to the problems need to be taken in. This is necessary in that developmental planning should bottom up where community is asked for solutions to their problems. The ASOs to lead with ears not with mouth that to say to listen to the community prescribing solutions to their problems. Involving the community in planning and implementation allows them to become more responsive to the need and hence increase uptake of resources and services (WHO 2002).

- Implementation, the community need participate actively as partners not clients where they depend on each other with ASOs. According to respondents, participation should involve everyone not business of elite. In order to manage affairs as a community everyone in the community must feel that he/she is involved and partaking in the experience. It means participating in the benefits and responsibilities, decision- making process and duties, privileges and obligation of the undertaking. Individuals of the community must accept full responsibility for the outcome of the undertaking and own the project. The community must accept that it is responsible for the future success and failure of the project (Berman, 2000).
- Participatory Monitoring and Evaluation, there is need for community to participate in the design of monitoring and evaluation tools and these should to be tailor made to suit their locality .it should be more than submission of names but to design tools to hold ASOs accountable to the community not to the donors
- Community Capacity building program, capacity building targeting both community members should focus on participatory development approach. This will provide guidelines for development of a standard way of community participation. It is therefore critical for the capacity building curriculum to be developed through a community participatory process. According to (Fawcett et al., 1995). capacity building states that before individuals and organizations can gain control and influence and become players and partners in community health decision-making and action, they may need resources, knowledge, and skills above and beyond

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