

Mainstreaming Analysis Report
Desse Zuria livelihoods Programme



Project Name	Desse Zuria livelihood Programme	
Programme	Rural Livelihoods	
Project Location	Desse Zuria Woreda, 11 kebeles around Gugufu	
Duration of project	January 2007-December 2011	

Date: 13 & 14 June 2007

Venue: Concern Gugufu office and Kombolcha Tekele hotel

Time: Start 09:00am - End 05:00 pm

DZ Livelihoods Programme HIV/AIDS mainstreaming analysis workshop participants:

Participants	Organisation	Position
Beneficiaries (program Participants)		
Sied Hassesn Ali	031Kebele	
Abebech Abegaze	037	
Ali Mohamed Mahemud	034	
Hassen Kemale Hassen	035	
Sied Hassen Yemer	036	
Fozia Ali Yemame	036	
Zinet Sied Abdo	036	
Eshetu Yemer Firese	021	
Hassen Eshetu muziyd	030	

Muhammed Abdo Ali	038	
Abdo Ali Hussen	032	
Abdo Fuade	033	
Siedo Hassen Yemer	035	
Concern Ethiopia staff		
Eshetu Worku		livelihood project supervisor
Tiriku G/Selassie		livelihood project SPO
Mehred Fentaye		livelihood project SPO
Solomon Mussie		livelihood project SPO
Mohammed Ahmed		CDW supervisors
Zehara seid		Gender Officer
Zewdie -----		DZ CDW
Debebe Ayalew		JPO for Dgan
Zenebech Yimam		DZ CDW
Molla Kassaye		SPO
Endris Feyera		livelihood program manager
Shewangizaw Zenebe		HIV SPO
Government Stakeholders		
Tamiru Kiros expert		DZ women's affair -plan
Haymanot Kebede		DZ Agriculture office -land management
Serkalem Azene		DZ Agriculture -planning
Solomon Shiferaw		DZ Health office –AIDS and GDG expert
Ibrahim Yassin		DZ HAPCO- Coordinator

Background

Concern and HIV/AIDS

The HIV/AIDS policy for Concern Global was issued in April 2003; Concern Ethiopia's involvement in HIV/AIDS began in 2001 when a research programme was initiated with the objective to build institutional knowledge and understanding of HIV/AIDS interventions especially in the Ethiopian context. Following, Concern began its undertakings by providing funding support to Mekdim Ethiopia National Association (association of PLWHA and AIDS Orphans). Concern then took on board an additional 2 local partners and launched its own HIV/AIDS prevention and control project in Kalu Woreda in 2003. An HIV/AIDS mainstreaming plan was developed in June 2004 and approved in September 2004.

Currently, Concern Ethiopia's HIV/AIDS activities involve Mainstreaming, capacity building including financial and technical support to partners.

The mainstream plan and CWW HIV/AIDS strategy see mainstreaming as a process of analysis and response through readjustment of our programmes/organisation to take into account of susceptibility to HIV/AIDS infection and vulnerability to the impacts of AIDS.

Concern Ethiopia's core HIV/AIDS intervention focuses on mainstreaming HIV/AIDS at programme, personnel and policy level. At programme level each project or programme should undergo a mainstreaming analysis to assess susceptibility HIV infection and vulnerability to the impact of HIV and AIDS of project interventions and their target groups.

The mainstreaming analysis is participatory and aims to involve key project stakeholders like staff, different component target groups, sector offices and training institutes if applicable. Through focus group discussions (FGDs) the different groups brainstorm on whether the project interventions increased or decreased susceptibility to HIV infection and vulnerability to the impacts of AIDS once infection has occurred and most importantly come up with action points to make adjustments.

Desse Zuria Livelihoods Programme

Goal

The wider objective of Dessie Zuria Livelihoods Program (DZLP) is "to contribute to reduced vulnerability through improved food and income security of communities in 11 target kebele of Dessie Zuria Woreda in Amhara Region, Ethiopia'.

Immediate objective 1: to improve access to food/income and promote the well being of the target beneficiaries in the 11 kebeles through diversifying agricultural practices (livestock husbandry, small-scale irrigation; promotion of highland fruits; improved natural resource management; promoting non-agricultural sources of income; improving water infrastructure; and creating community awareness and access to family planning and CTC intervention);

Immediate objective 2: To improve capacity of relevant Woreda government offices, kebele development committees (KDCs), and community-based organisations (CBOs) through provision of institutional support (transport facilities, training, etc.) in the 11 programme kebeles, within the project's timeframe.

Strategy

This is a program being implemented jointly with the targeted communities and local Government offices with the intention that the communities and local government will be able to take over responsibility for implementing the program and sustaining its achievements, with Concern focusing on playing only a supportive role at a later stage. The program will concentrate on strengthening the role of communities and local Government in their goal of attaining food security. Key strategy of this methodology is engaging the communities at all levels of the program cycle, from problem identification and analysis to planning, implementation, monitoring & evaluation in order to ensure sustainability of program achievements. Each intervention will be started after thoroughly discussed and agreed with the participating community groups and after a Memorandum of understanding (MoU) has been signed with them explicitly stating the involvement of committed parties. This, together with the capacity building work that will be done throughout the project, will ensure the sustainability of program achievements. Participation is the central point of the program planning and the target groups are poor households in 11 kebeles in Dessie Zuria Woreda. The 11 kebeles have population of 14,545 households (72,144 people) 60% of which are chronically food insecure. The program target implementation modality. Community and government are the main stakeholders in all phases while other agencies working in special sectors such as family planning services will be involved in their areas of competence. Other locally established non-governmental organizations would be identified and encouraged to link to the program starting from the fourth year of the program implementation. This will have a contribution to the local capacity building and continuity of project benefits.

Target beneficiaries

Poor households, which are chronically food insecure in 11 kebeles in Dessie Zuria Woreda, among these, a sizable number of women, including women heads of households, are targeted by many of the program components.

Stakeholders

Woreda Agriculture & Rural Development Office, Service Cooperatives, Amhara Development Association will be the main partners at field level.

Programme components

Planned activities can be categorised into five sectors or components. These are:

- 1.** Community Development & Capacity Building –
- 2.** Water & Infrastructure
- 3.** Agriculture & Natural Resources
- 4.** Reproductive Health (Family Planning)
- 5.** Community Based Therapeutic Care (Nutrition)

Workshop on HIV/AIDS Mainstreaming Analysis

The sessions were organised for the programme's major stakeholders namely and firstly programme staff at all levels followed by government sector office representatives and then community groups like kebele leaders, youth and women as well as teacher associations and even municipality representative.

The sessions with staff and government counterparts begin with a discussion on the objective and expected outcome of the workshop. Following a short discussion facilitated on what HIV/AIDS mainstreaming is (although community groups do not undergo the whole definition of mainstreaming per se, concept of mainstreaming is explained in very simple terms). The group then proceed to an overall discussion on factors contributing for infection and impact of HIV/AIDS in the target area and subsequently project specific susceptibility and vulnerability analysis. At the end, the different groups come up with a set of actions to adjust the identified problems to reduce susceptibility to HIV infection and Vulnerability to the impact of AIDS in the programme.

Objectives

- ◆ To establish a common understanding of mainstreaming and its processes.
- ◆ To conduct a mainstreaming analysis of food security programme with major stakeholders.
- ◆ Based on analysis come up with feasible action points or adjustments for identified problems.

Expected Outcome

By the end of the sessions participants will be able to:

- Understand the concepts and steps of HIV/AIDS mainstreaming.
- Analyse and establish susceptibility and vulnerability aspects of the livelihood program
- Proposed action points for identified and prioritised problems.

At the beginning of the discussions participants from staff and government counterparts were asked to forward their expectation from the workshop. They were forwarded the following expectations and the group discussed in plenary on their expectation and objectivise of the workshop (session).

- To find a way to address misconception on HIV& AIDS transmission observed in DZ.
- To know participants attitude toward HIV&AIDS.
- To know how to mainstream HIV&AIDS in project activities.
- Good understanding about DZ livelihood activities.
- To improve idea, skill and knowledge about mainstreaming analysis.
- Having clear understanding of mainstreaming concept

- How we able to integrate HIV and AIDS response in development activities.
- Having clear understanding of mainstreaming principles.
- Getting additional HIV&AIDS information and awareness that would help them to prevent and control HIV&AIDS in their working Kebeles.
- Internalized HIV&AIDS mainstreaming.
- New ideas about factors that aggravate HIV transmission in the program areas.
- Common ideas about mainstreaming will be developed.
- Getting knowledge and methods to prevent the impact of HIV&AIDS family and community particularly on women.
- How government and NGOs able to prevent and control HIV&AIDS.
- How to conduct mainstreaming analysis.
- Methods of impact assessment after HIV&AIDS mainstreaming.

The second question focused on what they understood by mainstreaming and HIV&AIDS mainstreaming in particular. The group forwarded the following points:-

What is HIV&AIDS mainstreaming?

The staff considered mainstreaming as:-

- Integrating HI&AIDS activities with other programme activities.
- Having HIV&AIDS activities side by side with other activities

Why HIV&IDS mainstreaming?

- HIV/AIDS undermines development so in order to reverse this mainstreaming is necessary.
- Budget and resources can limit responses of only one organisation or sector as such when all sectors work together then greater focus will be given to HIV/&IDS
- It's not only responsibility of a department or sector it should go beyond and into our personal life
- Our interventions may worsen situations thus we need to check whether our interventions make the programme participants and employees more vulnerable to HIV&AIDS

Presentation on HIV&AIDS Mainstreaming

The facilitator described HIV&AIDS mainstreaming in Concern Ethiopia based on the HIV&AIDS mainstream plan:

- Concern's developed HIV&AIDS mainstreaming strategy which is mandatory to all programme intervention.
- HIV&AIDS mainstreaming is a mirror any organization or programme can plan to reduce susceptibility to HIV infection and impact of AIDS of its staffs and programme participants.

Based on the above the facilitator explained the many connotations of mainstreaming:

- Analysis and response or adjustments of our activities.
- A Continuous Process
- Integrating, Incorporating
- Normalizing effects

What is Mainstreaming HIV&AIDS as it applies in Concern Ethiopia?

Mainstreaming HIV&AIDS refers to: a process that increases a project/organisation's capacity to better cope with susceptibility and vulnerability to HIV/AIDS.

- Susceptibility: likelihood of HIV infection.
- Vulnerability: likely impacts of HIV/AIDS, once HIV/AIDS transmission/infection has taken place.
 - Susceptibility and Vulnerability depend on biological, cultural aspects as well as livelihood strategies and gender relations.
 - Can apply to groups, individuals, organisations, societies.

Types of Mainstreaming

The facilitator then moved to the different levels of mainstreaming as per the Concern Ethiopia HIV&AIDS mainstream Plan and based on Sue Holden's (2003) definitions to address HIV&AIDS depending on specific project goals and objectives through:

- AIDS work
- Integrated AIDS work
- External Mainstreaming
- Internal Mainstreaming
- Complementary Partnerships

The facilitator finally explained that the combination of various levels of HIV&AIDS mainstreaming can be used when trying to mainstream in programmes depending on the capacity of the programme financially, time-wise and technically.

ANALYSIS OF DW LIVELHOODS PROGRAMME

After thorough discussion on HIV/AIDS mainstreaming, the participants began analysing the situation of target group that might contribute positively and negatively towards the susceptibility to HIV infection and Vulnerability to the impact of AIDS in particular in the DW Livelihoods programme.

General Analysis

The groups first brainstormed on factors fuelling susceptibility and vulnerability to HIV/AIDS among the target group of the programme programme.

Factors contributing for the susceptibility to HIV infection

- Increase cash flow (safety-net program and other credit schemes) have been provide for farmers make them to use the money for alcohol drinking and have unprotected sexual relation outside their wedlock
- Harmful traditional practices like polygamy, being alcoholic, FGM, abdication, Mohalele(having temporary marriage arrangement), wife inheritance have more than one sexual partners out side their marriage and other.
- High rate of temporary migration form their villages to near by towns to get work and back home.
- Poverty (pushing factor for women to involve in commercial sex activities)
- Gender inequality
- Construction activities like road and irrigation
- Lack of VCT, ART and PMCTC services
- Stigma and discrimination
- Rape cases
- Lack of recreation centres (youth centre) for young people

Factors lessening susceptibility to HIV infection:

- Condom promotion and distribution program
- Reproductive health extension program
- Legal prohibition of early marriage
- VCT campaign

- Mainstreaming HIV & AIDS prevention in education curriculum
- Community conversation program
- Participation of religious and community leaders in HIV and AIDS prevention and control activities.
- Existences of school Anti-AIDS clubs
- Involuntary (influences from the religion) to go VCT before marriage.
- Existences of Woreda and Kebele HIV and AIDS offices

Factors contributing for vulnerability of the target community to the impact of AIDS

- Stigma and discrimination
- Low level of awareness
- Low economical status
- Gender inequality
- Limited ART and other medical services
- Limited care and support services
- Lack of home based care support
- Absences of AIDS fund
- Lack of sectoral program participation (mainstreaming HIV and AIDS with in their sectors)
- Absences of community counselling program
- Lack of transportation service for PLWH to get access for treatment
- Low employment opportunities
- Highly exposition for opportunistic infection due to poor nutrition and health status.
- Absences of PLWH association in DZ Woreda

Factors reducing vulnerability to the impact of HIV/AIDS:

- ART promotion and provision in Desses town
- Anti-AIDS clubs activities
- Existence of limited care and support services
- Increasing awareness rising program by different GOs and NGOs in the community
- Existences of PLWH association in Desses town
- Existences of safety net program
- Information dissemination through different media

Programme level Analysis

Specific programme activities planned under DW Livelihoods programme:

1. Creating Non-agricultural income generating options

- Provide vocational skills training & start up capital for 210 poor households (30% of which are focusing on women).
- Provide training on business skills & savings practice for 760 target beneficiaries (with a 50-50 gender balance).
- Provide training equipment and materials for the existing CSTCs at Dessie Zuria woreda.

2. Establishment of Credit services.

- Organise 11 community-based saving & credit schemes with a total of 550 women beneficiaries in target kebeles.
- Provide seed capital
- Community based saving & credit associations.
- Strengthen 6 existing farmers' cooperatives for provision of various inputs for 14,545 households in the target kebeles.
- Create linkage for the organised target groups to other institutions working on credit service.

3. Enhancement of Proper utilisation & management of water and other natural resources

- Develop 22 safe water sources for human and animal consumption within the targeted kebeles
- Construct 4 river diversions in 3 kebeles, 50 water harvesting structures in 5 kebeles; SSI canals connected to 5 already developed springs for irrigation application in 4 kebeles.
- Provide training to 380 farmers (304 men and 76 women) on irrigation agronomy and backyard gardening.
- Construct 300 Km of soil/stone bunds above farmlands to reduce soil erosion.
- Treat 50 Km of gullies through physical and biological measures including plantation of multi-purpose grasses & shrubs.
- Organise 8 catchment-based community groups for natural resource management & promotion of tree plantation at upper catchments of farmlands in 4 programme kebeles.
- Provide training for leaders of the 8 community groups.
- Provide energy saving stoves and related skills for 500 women in 4 of the programme kebeles

4. Increasing Fruit & vegetable production and home consumption

- Provide 7,000 fruit tree seedlings, 100 Kg of vegetable seed and 50MT of potato tuber for 480 beneficiaries.
- Organise 4 experience-sharing visits for project beneficiaries and project and Government staff.

Increased production from the livestock sector

- Promote forage production by introducing appropriate species, supporting government forage seeds multiplication, training of beneficiaries and practicing of controlled grazing in all programme kebeles.
- Promote productive local breeds of sheep in the programme kebeles.
- Strengthen the 3 existing vet clinics and establish 24 CBAHWs (para-vets) to increase provision of animal health service (including artificial insemination) in the programme kebeles.
- Increase the animal holding of 2,400 targeted households through a revolving fund scheme.
- **Support severely malnourished children through community-based therapeutic care (CTC) intervention**
- Provide technical and logistic support for Woreda Health Office to treat and manage severe acute malnutrition using CTC approach among children under five.
- **Improved logistics, managerial and technical capacity of WARDO**
- Provide 1 vehicle, 4 motorbikes and 10 mules to WARDO
- **Strengthened institutional capacity of CBOs (including women's organisations) and KDCs**
- Provide office equipment and supplies for kebele level stakeholders working with this programme.
- Provide support for the 3 existing government nurseries to increase seedling supply to target kebeles.
- Train government staff to improve managerial and related skills.
- Train Concern and government staff in facilitation skill and participatory approach
- Provide training in development management and leadership skills to KDC and CBO leaders.
- Conducting an annual review of capacity development process.
- Organise 3 gender awareness-raising workshops for community representatives (men & women beneficiaries of the programme) in the 11 kebeles.
- Conduct 2 experience-sharing trips for active participants of programme activities targeting women.
- **Provide family planning services through a local partner.**
- Support local partner to promote community awareness and uptake of family planning services.
- Support local partner to provide effective family planning services to women of childbearing age in the project area.

Factors Increasing Susceptibility

1. Activities like Vocational training, BBST, experience sharing program, for KDC and CBO leaders – may increase susceptibility to HIV infection
 - if the training organizes far from their home,

- Due to negative peer pressure exposed to excessive alcohol drinks and unprotected sexual relation during the training or experience sharing program.
2. Activities like capacity building for CSTC, river diversion , spring water development saving and credit, providing money for animal husbandry -
 - may increase susceptibility to HIV infection
 - due to increasing income people may have interest to have multi sexual partners,
 - People come for construction work may have an protected sexual relationship with members of the community which may aggravate HIV transmission,
 - Women may need travel to different places if they involve in trade activities this may increase their exposition for sexual harassments.

Factors Reducing Susceptibility

1. Vocational training, BBST, experience sharing program, for KDC and CBO leaders, training on agronomy, —
 - awareness increase through information exchanges, they will have a better have to made decision based on facts and information
 - economical capacity will building and people more concentrate on how they can change their life (they will have hope for better life)
2. Capacity building for CSTC, river diversion, spring water development, saving and credit, providing money for animal husbandry –
 - Economic empowerment house hold income increase and people will have a hope to have a better life.
 - Fuel saving-
 - reduce rape case incidence
 - family planning –
 - promote safe sex practices

Factors Increasing Vulnerability

1. Capacity building for CSTC, river diversion, spring water development, saving and credit, providing money for animal husbandry-
 - may create work load
 - Providing training an support in vegetable growth for women
 - may increase work load for women and
 - Increase men vulnerability to HIV because they may think the vegetable growth only meant for women so they may spend their spire time in risk increasing activities like alcohol drinking.

Factors Reducing Vulnerability

1. Capacity building for CSTC, river diversion, spring water development-

- house hold income, will improve and people will be able to get balanced diet,
- Psychological satisfaction of being self-sufficient and have hope to life longer.
- Getting access to clean water will decrease water born disease
- Fuelling saving –
- decrease work load on women in general and women how live with HIV in particular,

HIV&AIDS MAINSTREAMING ACTION POINTS

Based on the mainstreaming analysis the participants developed the following action points to be integrated in the DW Livelihoods programme so as to reduce susceptibility of the target to HIV infection and vulnerability to the impact of AIDS.

1. Trainings and experience sharing programs
 - Pass on messages related to HIV&AIDS and risk factors to the trainees at the being of the training sessions
 - Arrange separate block or flour for men and female trainees in the training institution.
 - Daily follow up through reporting system about their evening
 - Discourage alcohol drink during the training period
 - Arranged save bed rooms (decrease accesses to sexual harassments)
 - Try to Provide training with in the villages
 - Develop rules and strict discipline mechanisms during training
 - Organize entainment and get-together program during night time of the training
2. Saving & credit program
 - Awareness about HIV and AIDS
 - Select IGA programs which do not increase susceptibility to HIV infection for the program beneficiaries
 - Establish education committee and give time for discussion on HIV&AIDS issues.
 - Set regular follow-up system with the group
 - Advice PLWHA to don't engage in heavily work load activities
 - Establish PLWH support group
 - Infrastructure activities
 - Awareness on HIV&AIDS for all workers
 - All construction agreement should incorporate PPPP and follow up system should be establish
 - Arrange agreed water collect time

- Internalizing 4ps for construction workers and community
- Create condom access in construction sites.

Conclusion

Based on the discussion with the various stakeholders the DZ livelihoods programme underwent a thorough analysis which enabled it to be seen through an HIV/AIDS lens. It is worthy to note the level of analysis from staff, community groups and sector offices were outstanding.

An action plan is ready to be developed through these action points outlining time frame and responsibilities of staff, sectors offices and community. This analysis comes at a good time as the beginning of the project implementation which give more space for adjustment and including HIV&AIDS mainstreaming activities in the project document.

The understanding and level of commitment of staff, community groups and government sector offices showed during the sessions is a fundamental asset that the programme should capitalise on as this is very hard to come across in other areas.

General comment on the mainstreaming analysis session participant Staff and government counterparts.

By the end of the sessions the participants forwarded the following comment:

- It helped us to identify the activities that unintentionally increased or decreased susceptibility and vulnerability
- We have HIV&AIDS activities but we never saw our other activities from this perspective.
- The process and tool is simple, understandable and comprehensive and very applicable.
- It provides an opportunity to identify the issues and work together
- You talked of mainstreaming and looked at your own interventions and now we can also go back and look at our interventions and their side effects.
- The analysis should be continuous
- I appreciate that Concern is looking at its interventions
- Addressing factors those increases susceptibility and vulnerability to the HIV infection and impact of AIDS at community level is very cruel and should be start soon (AIDS work project)
- The process helps the participants to understand and internalized DZ livelihood activities.
- Participants from community group asked to get more time to do the analysis with in their Kebeles.