Working paper

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Tanzania's Decentralised Approach to HIV/AIDS Governance: A Case Study from Ludewa District

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Tanzania's Decentralised Approach to HIV/AIDS Governance: A Case Study from Ludewa District[1]

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> Effective responses to the epidemic are based on the capacities of people living in communities to assess their own vulnerability and plan their own responses. Community mobilisation, empowerment and support to communities to respond effectively are the key elements of the National Response. It is in the communities and at local level where the fight against AIDS will be decided.
>
> National Multi-Sectoral Strategic Framework for HIV/AIDS (NMSF), p.31

1. Introduction

The rapid spread of HIV presents a new challenge to the long-standing debate on the most effective institutional arrangements to bring about rural development. Tanzania's approach to this challenge has been to decentralise significant powers to coordinate responses to HIV/AIDS and to build upon indigenous civil society[3] responses to the pandemic. Both decentralisation and efforts to support indigenous civil society are approaches that reflect the latest trends in academic and policy debates[4].

This approach has been put into practice through the formation of HIV/AIDS committees at district, ward and village level and the establishment of a funding mechanism to support civil society responses to HIV/AIDS. The President's Office for Regional Administration and Local Government (PORALG)[5] has instructed that HIV/AIDS committees should be formed, with particular responsibility invested in village-level committees that are accountable to the elected village council. These committees are charged with promoting local public sector and civil society responses to HIV/AIDS and local coordination of the funding mechanisms to support such responses. The funding mechanism is the Community AIDS Response Fund (CARF). This is coordinated at regional level by an NGO – the Regional Facilitating Agency (RFA) – which is also tasked with building the capacity of village HIV/AIDS committees and civil society. [6]

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[1] An earlier version of this paper was submitted as part fulfilment for an MA in International Development from the Institute for Development Policy and Management at the University of Manchester, UK.

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[3] The term indigenous civil society is used here to describe formal and informal groupings above the household level, including extended family networks, informal alliances and groupings (often formed on religious or ethnic lines), and formal community based organisations that originated within the community and were not established by an outside agency.

[4] For more on the decentralisation debates, Crook (2003) and Crook and Sverrisson (2001) are recommended. On HIV/AIDS and civil society, the UNAIDS' *Review of Household and Community Responses to the HIV/AIDS Epidemic in the Rural Areas of Sub-Saharan Africa (*Mutangadura et al, 1999) and Donahue (1998) provide a good introduction.

[5] Although PORALG has now moved to the Prime Minister's Office, and is therefore now known as PMO-RALG, the earlier name was still in use when the guidelines were issued.

[6] For more details on the committees and the CARF, see the National Multi-Sectoral Strategic Framework for HIV/AIDS (TACAIDS, 2003), the guidelines issued by the Presidents Office for Regional Administration and Local Government on the formation of HIV/AIDS committees at local government level (PORALG, 2003) and the

This paper presents and discusses the findings of empirical research into the village-level reality of this approach[7]. A qualitative case study approach is used, looking at two villages in Ludewa district. Insights from the literature on HIV/AIDS, rural livelihoods and decentralised governance are incorporated into the analysis. Findings and analysis are structured under three headings: (i) village-level discourse and practice of responding to HIV/AIDS, (ii) early workings of the village HIV/AIDS committees in practice and (iii) the practice and village-level discourse of village governance, termed here as *cultures of governance*[8].

Although these themes were derived from a more extensive review of the literature than can be presented here, the following section introduces each theme in brief. An outline of the research methods used is then followed by presentation and discussion of the findings. The final section draws out a number of issues from the analysis that could be of relevance to future research and policy-making.

2. Research themes

2.1 Village-level discourse and practice

The actions of local leaders and indigenous civil society are likely to be strongly linked to local perceptions of need in response to HIV/AIDS. This link will be even stronger where local governance institutions are genuinely responsive to the local population, which is at the core of the argument for decentralisation. What responses have already been initiated locally, and do these concur with the findings of research elsewhere that indigenous civil society plays a prominent role? Does local discourse encompass strategies for both prevention and impact mitigation? Are strategies included in this discourse likely to be successful – for example, does discourse on prevention include addressing both proximate factors affecting vulnerability to infection (such as the knowledge and life-skills of individuals) and societal factors (such as age- or gender-related social and economic inequalities)?[9]

2.2 Village HIV/AIDS committees in practice

This is the theme most directly linked to the overall research topic, and includes both the capacity and early operations of the committees. Capacity is a commonly voiced concern about decentralised governance, although some authors have suggested that this is a chicken-and-egg problem: that capacity will only rise when real power is devolved[10]. Here we will consider both managerial-administrative capacity and basic knowledge of HIV/AIDS transmission and prevention. Who are the committees' members and what knowledge, skills and experience do they have?

World Bank's project appraisal document for the Tanzania Multi-Sectoral AIDS Programme (T-MAP; World Bank, 2003).

[7] This research was conducted as part fulfilment of a Masters Degree from the Institute for Development Policy and Management (IDPM) at the University of Manchester, UK. Logistical support was provided by two NGOs working in Iringa region: Daraja and Students Partnership Worldwide (SPW) Tanzania. The full research report is available on request from the author.

[8] This concept owes much to Brockington's (2005 / forthcoming) term *cultures of democracy*.

[9] For a detailed explanation of why both proximate and social factors affecting vulnerability to infection are important, see Whiteside (2002), Barnett and Whiteside (2002), Loevinsohn and Gillespie (2003) and Halperin et al (2004)

[10] see Ribot (2002)

On committee operations, early initiatives may provide valuable insights into future activities. How do the committees operate, and what activities have they initiated since their formation?

2.3 Cultures of village governance

New governance structures are not established in a vacuum. Village HIV/AIDS committees are surrounded by a variety of similar bodies, such as the village council and committees with responsibility for schools, health, forestry, water, natural resources, etc. These institutions have long histories and a collection of norms, practices, perceptions and expectations surrounds them. Such practices and discourses of village governance, termed here as *cultures of governance*, will inevitably influence the workings of any new governance institution. Given that many authors have highlighted problems with existing village governance institutions in Tanzania[11], this will be a particularly important theme.

3. Research Methods

This study looks into the practice of Tanzania's decentralised approach to the challenge of coordinating rural responses to HIV/AIDS. An exploratory case study approach using predominantly qualitative methods was employed. Fieldwork was conducted in two village sites within a single rural ward in Ludewa District, southern Tanzania, over two weeks in June-July 2006.

Primary data collection was conducted by the author, with the assistance of a Tanzanian student familiar with the local culture and languages of Ludewa. Formal data collection consisted of 10 semi-structured interviews with village leaders and committee members and eight focus group discussions with community members in two villages. This was complemented with direct observations and extensive informal conversations.

In addition, a small amount of quantitative data was collected on committee members' capacity, including basic HIV/AIDS knowledge tests and attitude surveys, and on their qualifications and previous experience. This does not constitute a representative sample, and has therefore not been used to make generalisations, but rather to identify possible issues.

To ensure that respondents were confident that the ethical principles of confidentiality, anonymity and no exposure to harm would be respected, particularly given the potentially sensitive topics being discussed, it was decided that the names of respondents and the research site villages would be concealed. The villages are therefore referred to throughout this paper simply as Village A and Village B.

4. Findings and Discussion

4.1 Village-level discourse and practice

Investigations into local perceptions of need in response to HIV/AIDS revealed two points with important implications for decentralised approaches to HIV/AIDS governance. First, although community members were aware of the strategies used by affected households to mitigate the impact of AIDS, HIV prevention was argued to be a much greater priority. Others have argued that the long wave nature of the HIV/AIDS pandemic, whereby HIV can spread unnoticed for

[11] See Gaventa (2002), Shivji and Peter (2000), Lawson and Rakner (2005) and James et al (2002) on overall village government, Therkildsen (2000) and Makongo (2003) on school committees, Mubyazi et al (2004) on health committees, and Brockington (2005) on natural resource management.

many years, can undermine local recognition of the need for prevention initiatives. This potentially undermines the case for decentralised HIV/AIDS governance, since only those in a position to access and interpret medical data (i.e. generally not the local community) will recognise increasing prevalence rates until there are already a significant numbers of local cases of AIDS-related illness and death[12]. Here though, in these two communities where the presence of HIV has long been acknowledged locally, this potential weakness of decentralised HIV/AIDS governance appears not to be a problem.

Second, and more worrying, the suggestions that were put forward to prevent the further spread of HIV locally ignored the need for change in social norms and expectations. Instead, they focussed entirely on proximate factors affecting vulnerability to infection, such as low knowledge of HIV transmission and prevention, limited accessibility of condoms, and people having too much spare time with little to keep them busy. While these factors are important, broader societal factors affecting vulnerability must also be addressed in order to reduce infection rates. Social norms and expectations relating to the roles of particular gender and age groups, together with economic inequalities that tend to further strengthen the position of older men, can seriously limit the ability of young people and women to exert control over the nature and timing of their sexual activities[13]. That such inequalities were present and influencing local sexual behaviour was demonstrated by repeated references to sugar daddies, transactional sex as a coping strategy, and sexual corruption[14]. This narrow discourse on HIV prevention at local level is potentially a major weakness of decentralised HIV/AIDS governance.

In contrast to local discourse, the practice of local responses to HIV/AIDS in these two villages places a much greater emphasis on impact mitigation. No prevention activities that had been initiated locally by any other actors than the village HIV/AIDS committees were identified, whereas evidence of actions taken by households and extended family networks in response to AIDS-related illness or death was plentiful.

The extended family was repeatedly identified as carrying the bulk of the burden for caring for the sick, orphans and widows. Indeed, although there were many examples of extended family networks sharing labour, sending cash or food or taking in dependents, only one example of civil society beyond the extended family level was put forward: in both villages, semi-formalised schemes for sharing funeral costs had been established at the instigation of the village council.

This dearth of indigenous civil society impact mitigation responses beyond the extended family contrasts with the findings of research elsewhere in Africa, where village-level Community Based Organisations (CBOs) have been seen as spearheading the impact mitigation responses at community level[15]. The strain of households struggling to cope under the weight of HIV/AIDS and other pressures was put forward as the reason why such CBOs had not emerged in these villages:

> "Everyone is affected by this problem [HIV/AIDS]; you can't help somebody who is not related when you yourself have a difficult situation."
>
> (FGD, Women, Village B)

This presents a challenge to the Community AIDS Response Fund (CARF), which was in part designed to promote and support village-level CBOs. However, deliberate promotion and

[12] See Whiteside (2002) for example

[13] See Baylies and Bujra (2000)

[14] See section 4.3 below

[15] See Donahue (1998), Mutangadura et al (1998), White and Robinson (2000)

provision of financial support to such organisations should make is possible for community members to overcome this obstacle. Furthermore, the strain on human and financial resources that HIV/AIDS appears to be causing also re-emphasises the need for the type of support that CARF aims to offer to communities.

4.2 Village HIV/AIDS committees in practice

The membership of village-level HIV/AIDS committees in both these two villages consisted of community members chosen by popular vote at public meetings. In some ways the membership accords with PORALG guidelines[16], such as equal male and female representation. However, no village chairperson or executive officer, teacher, health or community development expert was on any of the committees, and there were no representatives of religious institutions, locally active NGOs, young people or people living with HIV/AIDS. All of the above should be members according to the guidelines. In village A, the committee had met only once, two years earlier, at the time of its formation. In village B, meetings were more frequent but still irregular. This situation was blamed on a lack of support from the district authorities that had instructed the village government to form a committee and promised training that had not yet taken place.

> "In truth we have not done many things. We're waiting for a seminar from the district authorities."
>
> (HIV/AIDS Committee Member, Village B)

The committees' capacity was found to be a major weakness, a fact the members themselves acknowledged openly. They scored very low on basic knowledge tests (see Box 1), had very low levels of education (several having not completed even Primary School), and had very little experience in similar positions of responsibility. Members of the committees in both villages identified their own low capacity as the main obstacle to their work, again citing the lack of training as a defence.

Box 1 – Highlights of HIV/AIDS knowledge and attitudes questionnaires

In quizzes testing very basic HIV/AIDS knowledge, the average score of HIV/AIDS committee members was worryingly low, scoring 2.17 out of a possible 5 (43%). As a comparison, the average score of village chairpersons and executive officers was 4.25 (85%) on the same questions.

All six of the questioned HIV/AIDS committee members claimed that it was possible to identify someone who is HIV positive by sight alone.

Five out of six committee members questioned agreed or strongly agreed with the statement that people living with HIV/AIDS were being punished for something bad that they had done.[17]

Although this low capacity presents a challenge that must be overcome if the committees are to work effectively and efficiently, two factors suggest that this particular challenge is one that could be overcome. First, it is likely that the knowledge and attitudinal issues identified here would at least in part be addressed by training from the district authorities or the Regional Facilitating Agency (RFA), none of which had been conducted by the time of the research fieldwork. Second, once the funding mechanisms of the CARF are more fully operational, including

[16] PORALG (2003)

[17] Please note that these results are based on a very small, non-random sample, and are therefore not statistically rigorous or generalizable. However, they do strongly suggest likely capacity weaknesses.

training and making funds available, it is likely that more experienced and better qualified individuals will become part of the committees, either in response to pressure from above to apply the official guidelines or attracted by the funds becoming available.

The level of activity of the committees varied greatly between the two villages. In Village A, the committee has not engaged in any prevention or impact mitigation activities, or begun to promote or coordinate activities by other actors. In contrast, in Village B the committees have engaged in a range of educational activities, despite their own concerns regarding their capacity, facilitated some support to widows and child-headed households, and initiated activities to target risk taking behaviour. These are described in more detail in Box 2.

Box 2 – Early initiatives of HIV/AIDS committee in Village B

The committee had made educational talks on preventing HIV transmission at village and sub-village public meetings, described by one committee member as "telling people to stop having irresponsible sex". Committee members claimed that this included working with a local performing arts group to raise awareness through drama, but the community members interviewed had no recollection of any such methods.

Committee members had taken steps to exempt widows and orphans from compulsory contributions to village development efforts, and to request contributions from the community towards widows' medical costs. However, these were both rare and dependent on the discretion of the committee members and the sub-village chairpersons rather than deliberate policies.

Committee members made regular visits to local bars during busy drinking periods to "see who is causing infections and to tell them to stop these habits." Those who were identified were initially warned and educated about the risks of HIV/AIDS, with some called before the committee and/or the village council to explain their behaviour. These activities earned the committee the nickname "committee to prevent irresponsible sex". In one such case, this quasi-judicial behaviour resulted in a "promiscuous woman" being chased out of the village. Although accounts varied as to whether she was expelled or left by her own decision, it is clear that the pressure exerted by the committee played a key role in her departure.

Despite the alarming nature of this final initiative, these activities do demonstrate some potential that village HIV/AIDS committees could play a positive role in responding to HIV/AIDS. The awareness raising activities show enthusiasm that could be capitalised on more effectively following training. The support for those most affected by HIV/AIDS demonstrates a degree of responsiveness to local needs that bodes well.

However, the activities also suggest possible weaknesses of village HIV/AIDS committees. First, the approach used to educate the community was simply to tell people what to do: to avoid irresponsible sex. This prescriptive form of education is unlikely to achieve behaviour change. Second, the targeting of risky behaviour with quasi-judicial measures suggests that the committees have already taken on aspects of the pre-existing cultures of village level governance, in particular the authoritarian behaviour that is largely the normal and expected practice of village government (see following section).

4.3 Cultures of village governance

The practice of village governance was found to differ substantially from the theory. First and foremost, villagers did not perceive local government as an arena for negotiating differing interests and priorities and then setting policies, legislating and allocating resources accordingly. This contrasts with the intended role of the village assembly and village council, which are designed to make decision making more responsive to local needs by taking it down to the level

of the community.[18] Instead, the executive function of village government is strong, with the council seen primarily as an implementing agency: implementing directives from higher levels of government, and even acting as the local implementing agents for NGO projects. This demonstrates how upward accountability pressures in practice tend to outweigh downward accountability to the community. Two such examples from the study sites are given in Box 3.

As also demonstrated in these examples, the practice is for this executive function to be carried out forcefully. This is ingrained to the extent that it has become expected and even accepted by both local government and the wider community. As a consequence, the primary experience that local citizens have of village government is that of being on the receiving end of decisions that are implemented forcefully, and over which they have no input and no real opportunity to challenge[19]. Neither villagers nor local leaders see consultation, challenge or respectful implementation as legitimate rights of the community.

Box 3 – The strong upwardly-accountable executive function, implemented forcefully

Example 1 – Agriculture and water sources

The research was conducted a few months after a directive from national government banning agricultural production within a fixed distance of water sources reached the villages in question. This was understandably unpopular with villagers, given the local dependence on small scale stream-fed irrigation for dry season production.

The village leaders were given the responsibility of passing the directive on to villagers and for its enforcement. Several cases were mentioned by both leaders and community members of crops in the newly illegal areas being destroyed by the village leaders, numerous fines being levied and one case of imprisonment, reportedly the result of pressure from above:

"[I]f they [district leaders] come here and see that people are still farming in the valleys, they will give us problems."
(Village Executive Officer, Village A)

Example 2 – Contributions for local development activities

Development initiatives stemming from the national or district level commonly require local contributions. At the time of the research, "compulsory" contributions in the form of money and bricks were being collected in both villages for the construction of new classrooms at the secondary school. The initiative was reportedly part of the Secondary Education Development Plan (SEDP). The contributions had been requested by the Ministry, and the precise amount required per household (evenly spread) was determined by the council and passed by the village assembly of all adults. Despite the assembly's approval, the contributions were unpopular, as few young people from the villages in question attended the school and because this regressive form of local taxation represented a major proportion of poorer household's income. The collection of the contributions was forced:

"They really disturb us. We have no work and no income, and they [the village leaders] know this, but still they force us to contribute. If we fail, they follow us until we pay. Many times people can't, and they are given a fine. If you haven't been able to give a contribution, will you be able to pay the fine? You will be locked up."
(FGD, Young People, Village A)

[18] See Gaventa (2002), Shivji and Peter (2000), and Lawson and Rakner (2005)

[19] This concurs with Brockington (2005), who argued that "from the point of view of Tanzanian peasants the local state was most prominent in their day to day experience for the varieties of violence [aggression, insults, appropriation of resources] it perpetrated" (p.8).

The second major function of village government in practice is judicial. Village and sub-village chairpersons are regularly called upon to adjudicate in local disputes, which are usually resolved with a fine paid by one party to the other. While this was praised by some as a cheap and effective means of maintaining harmony, other community members complained that the system was highly corrupt, making justice accessible only to those with money or influence. It also serves to reinforce the high power distance between citizens and village government, and severely undermines the principle of an independent judiciary.

Corruption was regularly raised as a complaint against village government. In addition to the corruption in the local judicial system discussed above, it was also claimed that funds from NGOs and central government intended for orphans and widows had been diverted to the families of village officials. According to one community member, "there was a project to give iron roofing sheets to widows, but the [sub-village] chairman would refuse to give you the iron sheets unless you submit to him." There were also general and specific allegations of sexual corruption made against teachers and village government officials.

Nevertheless, there was evidence that villagers can achieve some local responsiveness. The democratic selection process for village councillors, combined with the strong local rooted-ness of village governance institutions both serve to provide citizens with opportunities to influence, as described in Box 4.

Box 4 – Responsiveness through rooted-ness: CCM selection committees

The local dominance of CCM and the ineligibility of independent candidates combine to limit the electoral choices open to villagers in electing members of the village council. However, the local rooted-ness of the village CCM committee appears to ensure that unpopular candidates are not put forward for election, with CCM keen to retain their dominance. In one example, a village council member who was widely regarded as corrupt was not put forward by the party committee for re-election. In another, a CCM candidate was asked by the party to withdraw when committee members became aware that he was unpopular with the local community. In both cases it is the rooted-ness of CCM – the personal ties that exist between the CCM committee and the wider community – that achieves this form of local responsiveness, although this would not be possible without the theoretical possibility of unpopular CCM candidates being defeated at the ballot box.

This form of local responsiveness is echoed in the initiative of the village B HIV/AIDS committee to support widows and orphans of the village HIV/AIDS committee in Village B (see Box 2 above). This committee is shown to be sufficiently rooted in the community – understanding the pressures facing these vulnerable groups – to respond to local needs without formal processes to enforce accountability.

5. Conclusions and Recommendations

This research has identified a number of likely strengths and weaknesses of Tanzania's decentralised approach to rural HIV/AIDS governance. Three positive indications can be highlighted:

- The open recognition that HIV/AIDS is a problem locally overcomes the common charge that rural communities will accept the need for prevention activities.
- The claim that the weight of HIV/AIDS is limiting households' ability to offer support beyond their extended family is an argument for the kind of support that the CARF provides.

- The local responsiveness that appears to stem from local rooted-ness suggests that village HIV/AIDS committees formed from within and therefore rooted within the community will demonstrate some responsiveness to local needs.

However, on the negative side, three challenges appear to be particularly important:

- The dominant perceptions of need in response to HIV/AIDS in rural communities focus on targeting proximate factors affecting vulnerability to the exclusion of important broader societal factors. Locally-initiated responses are likely to reflect this, and therefore to have only limited impact.
- Current committee membership lacks experience, expertise and knowledge, and displays concerning attitudes towards people living with HIV/AIDS. It may be possible to overcome these capacity challenges with training and by including more experienced members.
- The dominant culture of governance at village level is of a strong and upwardly-accountable executive function, implemented forcefully, together with widespread corruption. This is not just the practice of village governance institutions, but it is also expected and even accepted by the community. The examples shown here demonstrated that village HIV/AIDS committees have already taken on some similar characteristics.

In the area of capacity at least, a number of possible solutions suggest themselves: speeding up the capacity building for committee members and promoting the membership of village leaders, teachers and others with expertise would help overcome this challenge.

The two remaining challenges are problems of culture and understanding, relating to HIV/AIDS in the first case and broader issues of village governance in the second. While this research does not identify solutions, both are challenges that would lend themselves to action research: closely monitored interventions designed to change the direction of local discourse and practice, both in relation to HIV prevention needs and cultures of village governance. Such research would add greatly to our understanding first of how to make decentralised approaches to HIV/AIDS governance more effective, and second of how to make village governance as a whole more responsive to the local population.

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