

Why We Need Imagination to Respond to HIV/ AIDS: Institutions, Schools and Citizen Agency

Keynote Address, Rapid Funding Envelope Round Three Awards Ceremony

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Honorable leaders, colleagues, friends:

Thank you for this opportunity to speak with you about civil society – or citizens groups – and HIV/AIDS. These two issues, and their connection, matter immensely. They matter because it is citizens who have to live and suffer and fight and find the humor to cope with the epidemic, and it is citizens who create the necessary solutions to prevent HIV/AIDS and to enable those of us who are infected and affected to live with dignity.

Today we celebrate the organizations that have crafted the best proposals to enable people to live well in the context of HIV/AIDS. I congratulate these organizations for having persevered to this point, including filling in the long forms that Deloitte requires of you!

My job is to raise questions to help all of us think harder about what we are doing. Let me start with two stories:

While growing up with Mwanza, my grandmother used to tell me a tale of a kind king during a time of great famine. The rains had failed for many years; the stores had run out, large numbers of people were desperately hungry. The king was very concerned, and ordered his men to distribute sacks of food from his personal stores to the hungry who had lined up outside his palace. And those who were helped were very grateful, and thanked the king for his generosity.

The second story is from many years later. While at university, I learned more about the dynamics of famines from Amartya Sen, Professor of Economics and current Chairman of Oxfam UK. Careful analysis showed that famines are not primarily caused by poor rains or declines in food production, but certain groups losing their ability to claim food. Famine alleviation projects often failed to help the most at need when they did not recognize and respond to specific vulnerabilities or loss of entitlements. I learned also that countries that are democratic, and in particular that have a free, independent and investigative press, have not experienced serious famines.

These stories teach a number of lessons. First, that vulnerability to famines – and perhaps HIV/AIDS – travels along pathways of power and capabilities. Second, that good intentions are not good enough; they may not work well if there is not a keen understanding of what, how and who is vulnerable. Third, what makes the difference is to have matters out in the open, in the public domain, so as to create broad awareness and political pressure for action.

In this light, I wonder about the kind king. How did he amass his personal stores of food in the first place? Did he, like the king of Joseph in the Bible, do so by taxing his subjects heavily while offering little back in services and justice? And when he dished out the food, how many benefited and were they really grateful to him? At best, one wonders about how many more could have benefited, and whether his means of distribution were the most fair, equitable and

efficient. At worst one wonders whether the king was not a fundamental part of the problem of deprivation and loss of entitlements.

How do we know that our responses to HIV/AIDS in Tanzania, including the projects funded by the Rapid Funding Envelope (RFE), are doing the right thing? The question is not whether they are doing good, undoubtedly they are. But it is not good enough to do good. The questions is whether we are addressing the issues that matter, in the most effective manner, reaching large numbers of people, and ensuring equity.

In this regard, allow me to raise three key challenges:

1. Projects can be useful, but institutions matter more. This audience is well aware of the limits of project think, so I will not repeat them here. If we want to go to scale, and have our work endure, we need to identify the important institutions in this country in terms of their scope and reach, strength, durability. One thinks of churches, mosques and madrasas, of primary schools, and perhaps Coca Cola. One form or another of these can be found in virtually every village and street. Cardinal Pengo and Bishop Ramadhani have the power, if convinced, to have stigma be discussed in every Catholic and Anglican Church next Sunday. Dr. Katunzi and Mrs. Sitta have the power, if convinced, to have every school teacher effectively equipped and motivated to enable 7 plus million students gain the knowledge and skills to deal with HIV/AIDS. And Messrs Mengi and Gachuma, if convinced, could establish one of the most effective condom distribution networks in Africa piggybacked on red Coca Cola trucks!

What are civil society organizations doing to convince and connect with these institutions? To what extent are their efforts going 'system-wide', or national, rather remaining than isolated in pockets? To what extent has the HIV/AIDS work been adopted by these institutions as a matter of core concern, rather than a time-limited project? And are donor actions and funding mechanisms enhancing or limiting the capacity to build systemic responses to HIV/AIDS?

2. Not working with schools effectively may be the biggest wasted opportunity. When I visit schools, I often try to understand what is available for the pupil in Std 3 or 4 or 5 on the ground. There are some books, some scanty teaching of HIV transmission in class, perhaps a poster; but on the whole it adds up to very little. Similarly, teachers appear ill equipped to know how to deal with their own sexuality, protection, potential infection and illness, let alone support the practical and emotional needs of pupils, orphans or caregivers. The bottom line is that more than twenty years since the onset of the epidemic, the education system as a whole has yet to develop an effective response to HIV/AIDS, despite the fact that about half of all primary school pupils have had sex by Std 7 or age 15. In fact, in several ways, schools reinforce patterns of vulnerability and exploitative norms, and are sites of insecurity, particularly for girls. This is a wasted opportunity, because the school is perhaps the most powerful Government (and trade union) institution with the capacity to reach at least half the population of this country. Schools also matter because norms and habits set in childhood are likely to last a lifetime.

It is also a shame because we have had no shortage of ideas of how to do school programs. In Mwanza, for years, the TANESA and AMREF/Mema kwa Vijana projects have generated concrete tools and lessons about how to do effective interventions. Innovations have emerged regarding the use of teacher guardians, participatory teaching methods, peer groups, links to health services, and the role of district management. The interventions have been costed, so we have a reasonable idea of what it takes to go to scale. I understand the RFE has supported the wonderful work of SPW in Iringa, where energetic young volunteers educate, inform and facilitate open debate and learning. There is also abundant international experience from other

countries. Lessons include how dealing with HIV/AIDS is much more an issue about confidence, skills, ability to negotiate, personal agency – and creating a supportive environment for these – and less the biology of transmission or the mechanics of how to wear a condom.

The question is why have these interventions and lessons not been scaled up to the national level? And what are civil society organizations doing to make a clear policy case for scaling-up these innovations, using all the tools at their disposal to make sure they is heard?

3. Civil Society as Service Delivery or Public Pressure Groups? When you have been unlucky enough to attend many seminars and workshops, with the usual right answers rhetoric that no one will practice, or the usual recommendations for action that are in fact lists for inaction, it is refreshing to see an organization doing something concrete to help people. I have been inspired by what PASADA does to provide nutritional support and counseling, by what Kivulini does to enable a woman to get practical justice and protection from an abusive husband. We need more of this work. I also hope that RFE has a clause banning the use of funds for seminars and workshops; for all along I have been hoping that President Mkapa would follow-through on his earlier exhortations to rid the Government and ourselves of the same.

At the same time, however, what is the scope of the RFE vision regarding the role of civil society organizations? Are you expecting to nurture wonderful little projects across the country – something akin to ‘a thousand points of light’ – or does your vision envisage an active civil society powerfully engaged with public services and public institutions, enabling citizens to know, understand and claim their rights, supporting Government and holding it to account? We need a broad vision that can encompass a range of roles, but I suspect that one needs at least a critical mass of the second type of CSOs.

Monitoring public performance is especially important. For example, after the billions of shillings spent by Ministries to make their plans to mainstream HIV/AIDS, wouldn't it be useful to have civil society monitoring the extent and efficacy of their implementation? I can imagine annual report cards for the HIV/AIDS performance of MDAs and districts, giving out As, Bs and Fs where necessary, based on rigorous and open criteria. I imagine informed parents monitoring the quality of HIV/AIDS programs at schools, posting these reports on public notice-boards and discussing them in community wide debates. I imagine a sharp media house exposing the exemplar public service and faith based HIV/AIDS programs and leaders, and the billions that get wasted on 4 wheel drives, T-shirts, sitting allowances and the like in the name of fighting HIV/AIDS. At the end of the day this approach may get more done, for the CSOs will have used their resources to leverage far greater impact that what they could have accomplished themselves.

Another set of terms for this is clear analysis, public debate and practical solutions for change. At times one senses that there has been a rush, perhaps the donors being among the most zealous of us, to show that we are serious about HIV/AIDS. In this context, there is a very useful role for CSOs, at both local and national levels, to do these sorts of analyses, calculate per unit costs, compare overheads with programs, track what percentage of each shilling reaches the poor and so on. Or another example is to carefully study the current progress on ARVs. Who is benefiting from them in terms of class, sex and location? How can it be made more equitable? What impact will the human resource demands for administering ARVs have for delivering primary health care, and to what extent does the recent Presidents Mkapa/Clinton initiative address this? Most importantly, how does HIV/AIDS get practically embedded in both the analysis and intervention of reducing poverty, vulnerability, exclusion and enhancing health systems, equity, accountability?

I do not know the RFE criteria or portfolio in depth, nor the extent to which it covers the sorts of actions I have outlined above. But I hope it has the right balance. 'Rapid' should not mean limited or piecemeal or fragmented. Doing good is not good enough; however sweet, a few drops of water in the bucket will not do when the stakes are high.

Let me conclude with two phrases: **citizen agency** and **public imagination**. At the end of the day, aren't these the key challenges for all of us, not just the RFE? To what extent are the hundred billion plus shillings allocated to HIV/AIDS spurring ordinary people across the country to imagine a way of life where safety and dignity are possible and do-able?

Some weeks ago, just outside Nansio, Ukerewe, I met a young man, probably in his late twenties, who had a visible disability and was HIV positive. He asked for help to clothe and feed his three children, explaining matter-of-factly the circumstances of trying to live on less than 50,000 shillings a month. Later that same day a teacher came to see me, explaining the practical burden of taking care of five children as a single woman, with HIV not mentioned but in the subtext. Their circumstances were palpable and moving. But I was most struck by a sense that there is very little *different* that they could do, or craft strategies other than appeal to sympathetic individuals. There were no public institutions – government, faith based, trade union, NGOs – that were seen to be able to help them think through this and imagine a way out. And there was no sense that any of the national response to HIV/AIDS would be of practical help to them.

I understand that the policy and people connection is not a simple line, and that change takes time. I know also that these two encounters were anecdotal, and that I am the privileged outsider with potential gifts to disburse. But, notwithstanding these caveats, the insight should not be missed. When people feel that the only thing they have going for them is to appeal on the basis of their helplessness, something has gone terribly wrong with our society. So I submit to you that the main task of RFE, of TACAIDS, indeed of all of us who care about HIV/AIDS, is to foster citizen agency. It is to set into motion actions that allow citizens, like the two people in Ukerewe, to *imagine* a life of hope, self-respect and dignity, and enhance their ability to craft practical solutions that make these aspirations come alive.

Thank you.