

Where in the world is RTI



INTERNATIONAL DEVELOPMENT

BIMONTHLY AUGUST/SEPTEMBER 2008

Starting Up

Multilevel Interventions Target HIV/AIDS in South Africa

With national HIV prevalence rates among adults at 18.8%, South Africa's AIDS epidemic is one of the worst in the world. To build local capacity to improve HIV/AIDS prevention and care, RTI is working with 23 municipalities and with South Africa's National Prosecuting Authority's Sexual Offenses and Community Affairs (SOCA) Unit. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) funds the activities under the U.S. Agency for International Development's Local Governance Support Program (LGSP), led by RTI since 2004.

Initially, LGSP focused on improving the municipal performance and revenue streams of 23 municipalities in Free State, Gauteng, Limpopo, Mpumalanga, and North West provinces. In 2006, the project also began supporting the national government and municipalities to better address HIV/AIDS, as it is having a profound impact on service delivery.

The new PEPFAR funding is being used to expand selected LGSP activities, including initiating and/or strengthening care delivery via voluntary employee participation in HIV/AIDS workplace programs. This will include education, voluntary counseling and testing, psychological care, and strategies for municipal and union leaders to reduce stigma toward people living with HIV. The project is also working to expand the National Department of Health's accredited home-based care

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In Soweto, Johannesburg, representatives from the Nthabiseng TCC and SOCA recently gave several U.S. officials an informational tour of the refurbished facility and the services offered there. [Photo: Reverie Zurba, USAID]

Lifting the Resource Curse: A Model for Responsible Mining in Ghana

"Communities with precious resources, such as gold or oil, are often worse off—not better off—for the existence of these resources, despite increased corporate social responsibility initiatives," said Becky Gadell, RTI Senior Communications and Governance Specialist. This phenomenon is known as the "resource curse."

For example, while mining companies in Ghana make hefty royalty and tax payments, little of that revenue flows back to communities. Furthermore, local governments, civic groups, and traditional authorities are often ill-equipped to work with companies on challenges that come with mining. Issues include resettlement of and compensation to families living on mining lands; lack of systems for community involvement in development planning and spending, environmental management, public safety, and grievance resolution; and lack of citizen access to information.

A partnership in Ghana aims to lift the resource curse by investing in sustainable local development and a roadmap for responsible mining. Gold Fields Ghana and Newmont Ghana Gold Ltd. have joined with USAID/Ghana to form the Ghana Responsible Mining Alliance (the Alliance). RTI provided technical assistance for Alliance work planning and collaboration with stakeholders from 2006 to 2007. In May 2008, RTI assumed the role of Alliance technical manager and implementer of technical assistance to strengthen local government capacity and promote improved mining practices.

The Alliance supports USAID's commitment to sustainable

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In Ghana's mining area, the Queen Mother calls for attention to quality education. [Photo: Becky Gadell]

Community Participation Drives Tap and Toilet Projects in Rural India

A recent World Bank-funded study in rural India sheds light on the need to examine how programs that promote community participation can help improve water and sanitation conditions and ultimately reduce diarrheal diseases.

The five-year study, *Evaluation of the Health Outcomes of the Rural Water Supply, Sanitation, and Hygiene in Rural Maharashtra and Orissa, India*, which ends in 2008, evaluated water supply, sanitation practices, and hygiene (WSH) behaviors. [Photo: Tayler H. Bingham]

Results confirm that income, health literacy, privacy, and peer pressure are central elements of interventions related to improving WSH conditions. The study also reveals that community involvement, particularly the encouragement of social pressures, may influence WSH behaviors.

RTI led the study, which concentrated on communities taking responsibility for their water and sanitation conditions. Researchers used rigorous methods, including surveys of control and treatment communities before and after interventions were implemented in the treatment communities.

In Orissa, the study suggests that a social intervention—information, education, and communication (IEC) campaigns—combined with subsidies for the poor can influence WSH behaviors. Following an intensive IEC campaign in 20 villages, children's diarrhea rates fell by as much as 30%. "Toilet ownership and use in these villages increased from 6% to 32% in one year," said Subhrendu K. Pattanayak of RTI, principal investigator of the study. In control villages, ownership and use of toilets was up about 13% throughout the study.

Diarrhea incidence in children under age five decreased in treatment and control villages in Orissa by about 30%, and the decline was statistically significant at 5% in the treatment villages by 2006. "The small impact could result from the



Members of a community in Orissa gather to build an individual household latrine.

second health measurement, which was made shortly after the construction of latrines," Pattanayak said.

Data from the Government of Orissa suggest that these increases continued in the year after the IEC campaigns and final surveys. By 2007, 10 of the 20 treatment villages had achieved 100% latrine ownership and use.

In Maharashtra, communities conceived, planned, and implemented WSH improvements and are responsible for operations, under the World Bank-funded *Jalswarajya* program, which

encourages the concept of water self-rule. Among the 80 communities participating in the program, tap use increased from 17% to 32%, and toilet use rose from 15% to 36% within three years of the program's implementation. In control communities, tap use increased from 24% to 28% and toilet use increased by 13% to 21%.

Understanding Incentives: The Costs and Benefits of Behavior Change

The World Bank study aimed to determine whether WSH interventions in the *Jalswarajya* project in Maharashtra and a government social mobilization program in Orissa affect WSH outcomes and improve children's health.

The study's approach to WSH assumed that behavior change results from perceived costs and benefits, both individual and collective, related to health and social factors. For example, an individual benefit of toilet use is privacy; a cost is the time and money spent on building a toilet. Within a community, many people may bear the costs of a household's WSH behaviors. For instance, a community may rely on drinking water that is microbiologically contaminated as a result of the poor WSH practices of a single household.

"It is critical to motivate entire communities to recognize these social costs and benefits, to commit to

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Tap and Toilet Projects in India (continued)

changing behaviors, and to sustain that commitment. Better communication about the private health benefits and awards for community cleanliness are some of the tools available to policy makers,” said Pattanayak.

In Maharashtra, 10,000 households were surveyed four times; and in Orissa, 1,000 households were surveyed twice, in dry and rainy seasons. The questionnaires included biological, socioeconomic, behavioral, cultural, and environmental indicators. Baseline data were collected from households in treatment and control villages. Data were also collected through water quality tests and qualitative assessments. After interventions were completed in the treatment villages, the survey was conducted again in the same households and month, to account for seasonal health impacts.

Orissa—Changing Community Norms

In Orissa, the World Bank study evaluated an intensive IEC campaign in Bhadrak District, under the Government of India’s Total Sanitation Campaign. This intervention concentrated on changing the community norm of open defecation to the use of individual household toilets.

The IEC campaign conveyed messages about the costs and benefits of toilet use, provided technical assistance about toilet engineering, and engaged in social mobilization with strong emotional overtones. For example, the campaign used unconventional approaches such as calculation of fecal materials in the village, walks around open defecation sites, and mapping of unsanitary environments. Subsidies in Orissa were provided only for very poor households.

“The IEC campaign harnessed the power of social norms on individuals to conform to accepted practices,” said Jui-Chen Yang, RTI Assistant Project Director. The IEC campaign in Orissa “was enhanced by increasing the supply of materials, along with the technical ability to construct toilets,” Yang noted.



This toilet in Orissa shows that latrine structures can be simple and still offer privacy. [Photo: Katherine L. Dickinson]

Maharashtra—Communities Design Their Own WSH Programs

In Maharashtra, the *Jalswarajya* program aims to increase rural access to drinking water and sanitation services through delivery by local governments and community involvement.

Maharashtra’s village residents apply to district governments to take part in the state-run program, and participants organize to improve their water and sanitation systems based on methods that best meet their needs and capabilities. The government pays for facilities, and villages must improve WSH, end open defecation, and pay 100% of operation and maintenance costs for improvements. The program concentrates on interventions such as piped water, household toilets, health and hygiene training, and source water quality.



Villagers in Maharashtra show World Bank and RTI researchers a public tap and explain the process for having it installed. [Photo: Tayler H. Bingham]

Communities that participated in *Jalswarajya* significantly improved tap and toilet use, water quantity, and health, including a decrease in diarrhea. Health improvements were also observed in the control villages, reflecting overall and socioeconomic development in the state. *Jalswarajya* households reduced time spent walking to and waiting at the main water source. In the dry season, out-of-pocket expenses for treatment of illness decreased significantly in *Jalswarajya* villages, compared to control villages.

“The World Bank study shows that community engagement and intensive IEC efforts, with government partnership, can spur social change that increases the use of latrines and taps and help prevent diarrhea in children. It also confirms that physical engineering solutions are not sufficient, and that catalyzing communities and decentralizing institutions are necessary to improve water and sanitation conditions in much of the world and to meet the Millennium Development Goals,” said Pattanayak.

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HIV/AIDS in South Africa (continued)

training to community workers in participating municipalities, as many community-based organizations do not have access to this proven standardized training, which covers basic pain and symptom management, antiretroviral therapy adherence, bereavement care, and communication skills, among other topics.

RTI is also helping SOCA develop seven new Thuthuzela Care Centres (TCCs), adding to 10 already established. RTI conducted a gap analysis of the 10 existing centers and refurbished four of them. TCCs are located in public hospitals to provide comprehensive care services to rape survivors, including emergency medical care, counseling, and court preparation. SOCA advocate Thoko Majokweni explains, "South Africa's constitution guarantees the right to access services and this is what informs the rollout process for the Thuthuzela model. The TCCs will ensure that more victims are turned into survivors in an effective, efficient, and expeditious manner." This new activity also aims to improve the quality of basic HIV-related clinical services and psychological and social care services offered to rape survivors by the TCCs.

Ms. Katherine Liesegang of USAID/Southern Africa adds, "The TCC work is part of the Women's Justice and Empowerment Initiative announced in 2005, a groundbreaking and truly multidisciplinary program bringing together people and resources from both the South African and U.S. governments in ways never done before."

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Where in the World Is RTI is a bimonthly publication of RTI's International Development Group (IDG). This publication is intended to inform clients and partner organizations about RTI's global activities and research areas. RTI is dedicated to improving the human condition in developing and emerging countries. RTI has worked for over 40 years in 140 countries around the world. We offer a broad range of policy support, applied research and analysis, and other technical expertise in strategic planning, institutional development, and training. Our expertise is multisectoral and spans the fields of education, health, environment and natural resources, governance, finance, and information and communication technology.

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Mining in Ghana (continued)

development and the companies' commitments to move beyond a traditional benefactor role to one of involved corporate-citizen investing in prosperous, healthy, and lasting communities.

Ghanaian stakeholders underscore the need to act on the Alliance's commitment with concrete activities that improve conditions for people in mining communities. Accordingly, Alliance activities focus on:

- Local government capacity to work with citizens and mining companies to improve basic services; advocate for increased revenue flow to the local level; and strengthen systems for sharing information and resolving problems.
- Opportunities to enhance people's livelihoods through development of the local private sector, such as supporting local entrepreneurs through training and access to microcredit and markets.
- Improved mining practices, including community involvement in environmental monitoring, public safety, and human rights.

The Alliance intends to change the way companies, local governments, and communities work together to prioritize, solve problems, and act on opportunities often overshadowed by conflict. "Mining community families are the ultimate judges of impact," Gadell said. "If they say 'life is getting better,' the Alliance is working."

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Former Asutifi District Development Planning Officer, Kofi Antwi Boasiako, facilitates Alliance collaborative planning in his district. [Photo: USAID/Ghana]

Selected Publications

Woodsong, Cynthia, and Patty Alleman. (2008). "Sexual Pleasure, Gender Power and Microbicide Acceptability in Zimbabwe and Malawi." *AIDS Education and Prevention*, 20(2): 171–187.

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