

HIV/AIDS in Conflict: A review of action in Rwanda, Burundi, and Eastern DRC

SUMMARY

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Introduction

This is a brief summary of a research done in Rwanda, Burundi and Eastern DRC, to describe the response of humanitarian organisations to HIV/AIDS in conflict situations. The full report is available in electronic format on the internet (http://cerebellum.tiscaliweb.nl/my_project/First_page.htm) and will be distributed on CD.

The report is built up in three parts:

- The first part describes why HIV/AIDS transmission increases in conflict, what has been written about HIV/AIDS in emergencies, and what the response ought to be.
- The second part describes who is doing what in Rwanda, Burundi and Eastern DRC, and consists of an extensive matrix linking to project descriptions, websites of organisations and donors, and contact details of country programmes. In this part one can find links to a large array of guidelines and toolkits made by different organisations.
- The third part gives a description of various stakeholders, describes their present role, and points out the obstacles in obtaining an adequate response to HIV/AIDS in emergency settings.

Problem definition:

In the report the problem is portrayed from two angles: First it looks at the problem of HIV/AIDS itself: "Why is HIV/AIDS a problem in emergency settings?"

Secondly it looks at the response of various stakeholders: "Why aren't we handling this problem adequately?"

Methodology:

Visits were made to Kigali and Ruhengeri in Rwanda, Goma and Bukavu in Eastern DRC, and Bujumbura and Gitega in Burundi. Interviews (91) were conducted with representatives of various organisations, which included programme directors, project managers, HIV/AIDS advisors, project staff, health professionals, school teachers, and 'peer-educators'. Publications of organisations were collected and copied where possible, and an internet search was done for each organisation's policies, strategies, best practices, guidelines, manuals and toolkits.

Results

Why is HIV/AIDS a problem in emergency settings?

HIV/AIDS is a problem because it kills people. This problem is enhanced in conflict situations and emergency settings* because there is an increased transmission of HIV, and the lack of food and the presence of other infectious agents, accelerate the progress to AIDS and finally death. A good response to HIV/AIDS ought to include the continuum of prevention, diagnosis, care and impact mitigation.

The report provides links to different documents which describe the magnitude of problems related to sexual bartering and sexual violence; a phenomenon seen increasingly in conflict situations, where respect for human life has disappeared. There are various guidelines and manuals which indicate that condoms should be distributed in early stages of emergencies, though any substantial documentation of studies on why condoms are not being used in these countries are hard to find; i.e. whether this is due to reasons of availability or acceptability.

A range of reports exist on care and support for people with HIV/AIDS (PLWHA) in resource poor settings, though none could be found which address this issue in emergencies or conflict.

The response to HIV/AIDS in Rwanda, Burundi and Eastern DRC:

Before asking why we aren't handling this problem adequately, one should have a look at who all the stakeholders are, what their response is, and how they complement each other. The different actors and activities in Rwanda, Burundi and Eastern DRC are highlighted in a separate section of the report.

In E-DRC international organisations provide food, shelter, protection, water & sanitation, and healthcare. Very few have projects specifically targeted at HIV/AIDS, or have incorporated HIV/AIDS into their existing programmes. The response in Goma and Bukavu is mainly led by local organisations, of which some have excellent programmes. Their scope of activities ranges from awareness raising to care and support for people *infected with* and *affected by* HIV/AIDS. The provincial AIDS control programme tries to co-ordinate and facilitate the response but has no resources to do so.

In Rwanda and Burundi, the situation is different as there are many more actors. In each country there are more than fifty different organisations which either do vertical HIV/AIDS projects, or have incorporated HIV/AIDS into their existing programmes.

* Since many organisations have different criteria for acute, chronic or extended conflicts and emergencies, these terms are used interchangeably.

The report gives a description of all the stakeholders and shows the vast potential of local initiatives. Many local associations have projects which are culturally sensitive, low cost, often to the point, and well accepted by the community. Numerous international NGOs and UN-agencies have formed 'partnerships' with local associations and NGOs. This is highly commended and should be encouraged, but often these 'partnerships' consist of ad-hoc support (some money for workshops or stationary), and we ought to be looking at ways to form a collaboration in which partners complement each other.

In both countries National AIDS programmes have been recently created to obtain a multi-sector response to HIV/AIDS. The TRAC in Rwanda, and PNLIS in Burundi are the medical/technical organisations which set protocols and standards, and safeguard quality.

In both countries there are national strategic plans which were created as a joint effort with various stakeholders, and give a good reflection of what needs to be done to combat the HIV/AIDS epidemic in these countries.

Obstacles in obtaining an adequate response:

Reading the above, one should ask: "If these countries have such good strategic plans, then why is the response still not adequate?"

First of all, these co-ordination mechanisms are new, and they have not yet received the funds on which they have built their plans. Secondly, many organisations were either not involved these plans, or do not know how to translate the country-wide objectives into objectives that are manageable at project level.

Underlying factors to the 'inadequate' response are communication, co-ordination and planning.

With such a complex matter as HIV/AIDS, and with so many different actors, communication and co-ordination *within* organisations and *between* organisations is important.

It is already hard to find out "who does what", though what we ideally would like to know is "who does what best, and in the most efficient and cost-effective way". Only once we know this, we can look at ways to plan our actions while looking at the added value of each organisation, and distribute funds accordingly.

Recommendations

In the context of the UNGASS declarations of June 2001¹, we should put more emphasis on the following in this region:

Comprehensive response to the epidemic:

While prevention of HIV infection should be central to the response of the epidemic, it *must* also address the care and support for PLWHA for it to be

effective. The full continuum of prevention, diagnosis, care and impact mitigation is imperative for an adequate response.

Although guidelines and toolkits exist, standards for quality that appeal to the professionalism and values of organisations should be made. The Inter Agency Standing Committee Reference Group on HIV/AIDS in Emergency Settings and SPHERE guidelines should clearly state the *minimum* requirements for the response to HIV/AIDS as well as *recommended* requirements.

In addition, needs assessments, vulnerability analyses, and behavioural studies are often done halfway through a project, without using the results to design comprehensive programmes or modify. Mechanisms for Monitoring and Evaluation must be incorporated into the planning stage of a project and form a prerequisite for approval of a proposal. Indicators should be linked to the minimum or recommended standards of quality as mentioned above.

Participation of the local community in national strategies: An effective response *must* involve high levels of participation by children, young people and PLWHA.

Implementing agencies are increasingly held accountable towards their donors, though no mechanism exist for accountability of either the donor or the implementing agency towards the populations they serve.

A genuine dialogue must be held with beneficiaries of humanitarian aid, so they are involved in the planning stages of projects and they receive reports which demonstrate the quality and impact of interventions.

Local community and all stakeholders should have improved access to information regarding who is responding to HIV/AIDS, the quality of response (guidelines and project reports), and the financing of the work (which donors fund what).

Information Centres or Field-Based Information Managed should be established in each country.

By developing such an Information Centre, organisations can access data on the scope of the problem, how others are responding, which interventions work best, and what response is most cost-effective. Donors can provide clarity as to who is funding which organisations, how much funds are available, what kinds of programmes they fund, and how and when funds can be accessed.

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¹ United Nations General Assembly Special Session:
<http://www.unaids.org/UNGASS/index.html>