

The Jane Goodall Institute in Tanzania

Mainstreaming HIV Programming into Natural Resource Management and Economic Growth Activities



Victoria Rossi

With support from JGI, Emanueli (center) and his family with Jumanne (second from right), help HIV-affected households in Kasuku village, western Tanzania.

**By Victoria Rossi,
Grace Lusiola, and
Aysa Saleh-Ramirez**

AIDSTAR-One

John Snow, Inc.
1616 North Ft. Myer Drive, 16th Floor
Arlington, VA 22209 USA
Tel.: +1 703-528-7474
Fax: +1 703-528-7480
www.aidstar-one.com

Emanueli and his family live in Kasuku village in the far western area of Tanzania, near Gombe National Park, which is famous worldwide as a haven for the endangered chimpanzee. All three members of the family are HIV-positive and are on antiretroviral therapy. Emanueli's 22-year-old stepdaughter, Bukiwa, felt so healthy after taking her antiretroviral drugs that she assumed she was cured and stopped taking them. Before long, she became very sick again and developed a new symptom: a bad cough. She was taken to the closest bus stop on the back of a bike and, with donated funds, put on a bus to Kigoma Regional Hospital. There, tests for tuberculosis were negative, her condition was stabilized, and she was sent home with instructions to take her medicine every day, no matter how she feels. Today, Bukiwa is doing much better; she has gained back most of her strength and her cough has improved.

Jumanne, who also lives in Kasuku, was the one who pedaled Bukiwa to the bus so she could get life-saving care—but that's hardly the first service he has rendered this family. Jumanne works as a home-based care provider (HBCP) for the Jane Goodall Institute (JGI), which serves communities near the park where the famous primatologist has studied chimpanzees for more than a half century. He has been involved with Emanueli and his family for several years, since they were diagnosed with HIV, supporting them to live positively and adhere to treatment while also counseling them on family planning options. Jumanne works

This publication was made possible through the support of the U.S. Agency for International Development under contract number GHH-I-00-07-00059-00, AIDS Support and Technical Assistance Resources (AIDSTAR-One) Project, Sector I, Task Order 1, funded January 31, 2008, and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

Disclaimer: The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.



Victoria Rossi

“Only if the people living around the great wilderness areas like Gombe become our partners can we hope to save habitat and animals who live there.”

– Dr. Jane Goodall

with Emanuelli to help Bukiwa maintain her health by monitoring her pills to make sure she adheres to her treatment.

JGI was founded in 1977 to protect the chimpanzees and their habitat at Gombe and to continue Goodall’s research. As JGI began partnering closely with the local communities surrounding the park, they quickly learned that environmental degradation was not the primary concern of these communities. JGI staff conducted

a rapid assessment of local needs to verify these anecdotal findings and found that health, education, safe water, and access to capital were community priorities (JGI 2011). From the early days, JGI has recognized and fostered synergies between these priorities and the organization’s core mandate of natural resource management by designing a community-centered model of conservation that addresses local socioeconomic development needs.

HIV, Conservation, and Economic Growth

HIV has had a significant effect on conservation in sub-Saharan Africa. As a result of morbidity and mortality associated with HIV, government agencies, nongovernmental organizations, research institutions, and the private sector have lost human capacity. National park and wildlife conservation staff are especially vulnerable to HIV because many people work away from their families for extended periods in remote areas where they are more likely to engage in high-risk sexual behavior. Loss of staff adversely impacts institutional memory and continuity of operations and can reduce an organization’s ability to achieve program objectives. Precious conservation funds are diverted to pay for HIV- and AIDS-related staff costs such as sick leave, medical expenses, terminal benefits, funerals, and training of replacement staff. Also, experiencing continuous bereavement can adversely impact staff morale and can decrease productivity (Oglethorpe and Gelman 2007).

Increased use of natural resources is another strain on conservation. As HIV-affected households lose wage earners and capacity for heavy agricultural labor, they turn increasingly to natural resources as a safety net. Activities such as hunting, fishing, and charcoal making increase as families seek alternative livelihoods. Households caring for sick

family members use more water, firewood, and medicinal plants, while timber consumption for coffins and charcoal production increases, leading to deforestation (Africa Biodiversity Collaborative Group 2002; Barany et al. 2005). These unsustainable practices erode the natural resource base for the future. Protected conservation land becomes increasingly threatened as people seek access to natural resources that are no longer available in their communities. Additionally, traditional knowledge of sustainable natural resource management is lost when parents die before passing it on to their children (Oglethorpe and Gelman 2007).

HIV also leads to changes in land use. When agricultural labor capacity is diminished and household income declines, households farm with fewer resources, lacking inputs such as highly responsive seeds, fertilizer, pest control agents, and irrigation. Without them, more land is required to maintain crop yields, which leads to environmental degradation.

Mainstreaming HIV Programming

Mainstreaming of HIV programming is defined by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other international health agencies as “a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within their workplace...address[ing] both the direct and indirect aspects of HIV and AIDS within the context of the normal functions of an organization or community” (UNAIDS, World Bank, United Nations Development Program 2005, p. 11). Mainstreaming has two interlinked dimensions: internal and external. External mainstreaming seeks to reduce vulnerability to new HIV infections and support HIV-infected and

-affected people within the community, whereas internal mainstreaming seeks to achieve the same goal internally among an organization’s staff members and their families (UNAIDS, World Bank, United Nations Development Program 2005).

The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) provides support to varied “wraparound” programs that mainstream HIV programs within other sectors to improve quality of life and strengthen development efforts overall. PEPFAR-supported wraparound activities are carried out within programs funded by the U.S. Government; the Global Fund to Fight AIDS, Tuberculosis and Malaria; United Nations agencies; the private sector; and other partners. Wraparound programs leverage resources, both human and financial, from entities with different funding sources to increase access to HIV services and to maximize PEPFAR’s effectiveness (PEPFAR 2008). In addition to increasing access to HIV services among hard-to-reach or marginalized populations, the wraparound programming approach enhances the quality of development programs. Most wraparound activities are supported with a mix of funds, primarily from sources other than PEPFAR. In many cases, the other funding sources provide the platform, whereas PEPFAR funds support activities for high-priority HIV-affected populations (PEPFAR 2011). JGI’s mainstreaming of HIV programming into natural resource management and economic growth (NRM/EG) activities is supported by funding from a wraparound program between the PEPFAR-supported health team and the NRM/EG sector of USAID/Tanzania.

The History of JGI Programming

Since JGI began mainstreaming HIV programs more than 15 years ago, the organization has implemented four NRM/EG projects in western

Tanzania, beginning with the Lake Tanganyika Catchment, Reforestation and Education (TACARE) Project in 1994.

TACARE recognized the fundamental link between the loss of the area's forests and the socioeconomic development needs of the local community. The project integrated the protection of high-value biodiversity and sustainable natural resource use through a community-centered conservation approach that built local capacity and empowered rural underserved communities. The project was divided into five primary technical areas (JGI 2009):

- Community development: supporting community-run savings and credit programs, creating village development funds, and promoting fuel-efficient stoves
- Forestry: setting up tree nurseries, planting trees around villages, and establishing forestry reserves protected by village bylaws

- Agriculture: developing and distributing improved palm seedlings, promoting cash crops, and training in agro-forestry
- Health: establishing family planning, water and environmental sanitation programs, as well as education, care, and support programming for HIV and other sexually transmitted infections
- Youth education: the Roots & Shoots environmental and humanitarian education program for in-school youth.

After TACARE ended in 2005, JGI refined and expanded its work through the implementation of two large programs in western Tanzania: the Greater Gombe Ecosystem and the Masito-Ugalla Ecosystem Programs. These programs were designed to use TACARE as a platform for community-centered conservation. In 2010, JGI launched the Gombe-Masito-Ugalla (GMU) Program, which built upon and expanded these two programs (JGI 2009). The mission statement of GMU is to “ensure survival of the native habitats

VOICES FROM THE COMMUNITY:

Emanueli was inspired by Jumanne's support and his own family's experiences to start Kasuku's People Living with AIDS (KIPLAPlus), a network of PLHIV in Kasuku village, which now numbers 20 members. Members of the village who are affected by HIV come to Emanueli for guidance; even health workers from the dispensary have asked him for support with village members who need help accepting their HIV status. KIPLAPlus members meet regularly to discuss how to manage their lives in a healthy way, and they grow vegetables together to eat for good nutrition and to sell to generate income. They talk through their problems, discuss how to take care of themselves if they are sick, and encourage other HIV-infected village members to join the group and be open about their status. Using a small microcredit loan, they also started a palm seed business to generate income for the group. They give palm seeds to a big farmer in Kigoma town to make oil, and he pays them on a monthly basis as a percentage of the income he makes from oil sales.



Palm oil entrepreneur and beneficiary of the JGI-supported microenterprise/credit group in Mwakizega village, western Tanzania.

Victoria Rossi

and wildlife and other natural resources of the GMU ecosystem by improving the standard of living of local communities” (JGI 2011). Through GMU, JGI is currently mainstreaming HIV programming into its NRM/EG activities in 46 villages in Kigoma District, and is expanding these services to the Mpanda District in the Rukwa Region.

Implementation of JGI Programming

The HIV-related services that JGI externally mainstreams into its NRM/EG activities include home-based care for HIV-affected households; microenterprise/credit for people living with HIV (PLHIV); fuel-efficient stoves to decrease indoor air pollution for PLHIV; forestry reserves, woodlots, and agro-forestry to decrease daily labor requirements for PLHIV; and HIV education. JGI also mainstreams broader health initiatives into its NRM/EG activities and implements internal mainstreaming among JGI staff and their family members.

Expansion of community health workers

program: JGI has long supported voluntary community health workers, also called community-based distribution agents (CBDAs), who provide family planning services in 46 villages in the Kigoma District. The CBDAs provide family planning education, dispense birth control pills and condoms, and refer women of child-bearing age to the dispensary and rural health centers for injectable contraceptives, intrauterine contraceptive devices, implants, and surgical interventions. JGI currently supports 170 CBDAs (86 male and 84 female) who have reached close to 200,000 people with family planning messaging, which has led to the adoption of a family planning method by over 9,000 women.

As the impact of HIV in the Kigoma District became increasingly evident, JGI decided to leverage its

VOICES FROM THE COMMUNITY:

Aziza lives in Kasuku village and has worked with Jumanne as a CBDA/HBCP since 2006. She is 35 years old and married with five children. She loves her job and feels very close to the community. She says community members trust and respect her because she has “kept the secret of those that are HIV-infected.” She gets “blessings from God by doing this job” and would like to do her job “until death do [her] part.”



Victoria Rossi

Jumanne (far left) and Aziza (far right) with two other community-based distribution agents/home-based care providers from Kasuku village, western Tanzania.

CBDAs to double as HBCPs. JGI partnered with the Ministry of Health and Social Welfare (MOHSW) to train these CBDAs to provide HIV-related services to affected households, thus becoming HBCPs as well. JGI provides its CBDAs/HBCPs with basic supplies to facilitate movement throughout the villages, including bags, bicycles, umbrellas, and boots for the rainy season. JGI supports refresher training for the CBDAs/HBCPs every six months using MOHSW trainers. The HBCPs have reached over 737 people (351 male and 386 female) with messaging on HIV prevention and provided home-based care and support to over 307 people (126 male and 181 female), including 42 PLHIV (20 male and 22 female).

VOICES FROM THE COMMUNITY:

Mwamgongo is a remote village next to Gombe National Park, only accessible by a 16-mile boat ride from the town of Kigoma along Lake Tanganyika. JGI helped Mwamgongo establish a microenterprise group that has grown to include 64 members. Mwainadi and his wife, Hemed, are HIV-positive members who received seed money from JGI as part of its HIV mainstreaming efforts. Both Mwainadi and Hemed received 200,000 Tanzanian shillings (about U.S.\$133); Mwainadi opened a sardine business, while Hemed launched a palm oil and soap-making business. Both loans were granted under an 11-month repayment scheme at an interest rate of 15 percent, and both paid back their loans in full by the end of the 11th month. Mwainadi used his profit of 258,000 shillings (U.S.\$172) to pay for school fees for his five HIV-uninfected children, annual health insurance coverage for his family, and construction of a water tap and shower in his backyard. Thanks to the water tap, Mwainadi and Hemed no longer have to exhaust themselves by carrying heavy buckets of water from the lake. The shower has helped protect their weakened immune systems by improving household hygiene.



Victoria Rossi

Mwainadi dries sardines for his fish-trading microenterprise.

Kasuku village currently has four CBDAs/HBCPs who began their work by sensitizing the village government and introduced themselves to the community at a public meeting. The CBDAs/HBCPs explained they would be offering home-based services to HIV-affected families and family planning services to all interested households. As part of their ongoing responsibilities, they promote condom use as an effective way to prevent HIV transmission and encourage anyone who feels sick to go to the dispensary for HIV testing. HIV-related services include teaching families how to care for their sick family members, to wear gloves, to use disinfectants, to make home-based remedies such as boiled water and salt to treat mouth sores, and to eat a healthy diet of fruits and vegetables. HIV-infected women who are pregnant are referred to the dispensary for antenatal care, prevention of mother-to-child transmission, and counseling on the benefits of exclusive breastfeeding.

Microenterprise/credit for PLHIV: JGI provides education on income generation to

46 villages in the Kigoma District to encourage establishment of microenterprise groups that distribute and oversee microcredit loans to village members. These self-governing groups elect a board and vote on such organizational matters as membership fees, loan repayment schemes, interest rates, and penalties. As part of JGI's efforts to mainstream HIV into its NRM/EG activities, JGI began providing seed money to PLHIV so they could join these microenterprise groups and access small loans. A total of 2,443,001 Tanzanian shillings (about U.S.\$1,630) was provided to 42 PLHIV (22 female and 20 male) from nine villages to cover fees, deposits, and initial savings needed for them to join the microenterprise groups. Involving PLHIV in microenterprise has also been shown to reduce stigma against them, leading to greater acceptance by the community. The various microenterprises that have been established with support from JGI include palm seedling nurseries, production of palm oil and soap, sustainable charcoal-making, poultry farming, sustainable vegetable and fruit farming, fish trading, and beekeeping.



Victoria Rossi

A family in Mwakizega village benefiting from a fuel-efficient stove designed by JGI.

Fuel-efficient stoves: JGI has designed a low-cost, fuel-efficient stove for inside the home that consumes significantly less firewood or charcoal. This produces much less smoke and soot and improves indoor air quality. PLHIV are more susceptible to respiratory infections and benefit significantly from decreased smoke and soot inside the home. The stove is made of locally available materials and has a raised, enclosed base that is vented to the outside. The enclosed base encapsulates heat, enabling food to cook twice as fast as with an open-flame fire, which loses up to 80 percent of its heat to the surroundings. The more efficient use of firewood means that fewer trees are cut, mitigating environmental degradation and lessening the daily labor requirements for PLHIV. The stoves also decrease daily labor requirements for a household because pots and pans sit above the flame and not inside it, thus collecting less soot to scrub off. These stoves—beneficial for both the environment and PLHIV—are a quintessential representation of JGI’s effective integration of HIV and NRM/EG activities.

Forestry reserves, woodlots, and agro-forestry: JGI works closely with the district council and village governments to develop land-use plans that designate certain areas of land to be used for specific purposes. Forestry reserves, woodlots, and

agro-forestry plots are distinct land designations that JGI supports for inclusion in village land-use management plans. Forestry reserves are protected wooded areas, often on the outskirts of a village, inside which trees cannot be cut down for firewood or used for home construction. Conversely, woodlots are small plots of trees planted exclusively to serve as firewood. Woodlots are usually located within a village and directly adjacent to people’s homes. This minimizes the distance traveled for firewood collection, thus decreasing daily labor requirements, which is especially helpful for PLHIV. JGI also trains villages to practice agro-forestry, which is the combined use of land to cultivate both crops for human consumption and trees for reforestation. The training focuses on PLHIV and encourages them to cultivate trees while simultaneously growing vegetables to support good nutrition, which can improve tolerance of HIV medications.

HIV education: In 2005, JGI began contracting with a local organization called the Kigoma Vijana Development Association (KIVIDEA) to support the integration of HIV education into JGI’s Roots & Shoots program, which supports youth clubs in primary and secondary schools. Roots & Shoots teaches youths primarily about conservation, while using life skills training as the entry point for HIV education. The life skills training includes teaching decision making and critical thinking skills, conflict resolution and negotiation of peer pressure, relationship management, self-control, and understanding the physical changes in one’s body. The Roots & Shoots program’s messaging around HIV is age dependent, employing “abstinence and being faithful” messaging in primary schools and “abstinence, being faithful, and condoms” messaging in secondary schools. KIVIDEA has adapted the United Nations Children’s Fund’s life skills training curriculum to the local context, and currently supports 32 schools and 70 Roots & Shoots clubs throughout the Kigoma District.

JGI also integrates HIV education into its natural resource management training for the district council and village governments, village fire crews, and forest monitors. JGI screens village films on wildfire management, leaving time at the end to show an MOHSW-endorsed film on HIV and facilitate a community-level discussion on the topic.

Broader health initiatives: In addition to HIV activities, JGI is also successfully mainstreaming broader health issues into its NRM/EG activities, including family planning, child survival, cervical cancer screening, and water and sanitation projects; the organization is also renovating five dispensaries in the Kigoma District. JGI's CBDAs educate women and men about their reproductive health, the benefits of child spacing, and the availability of family planning services and methods, and also provides some family planning methods, including oral contraceptives and condoms. JGI has integrated child survival interventions into its family planning activities to take advantage of the credibility and linkages that CBDAs have already established. The CBDAs educate families about child survival issues, including the importance of accessing early treatment for such childhood diseases as malaria, pneumonia, diarrhea, and upper respiratory infections. They also promote integrated management of childhood illnesses services at the village level and work closely with dispensary staff to ensure prompt treatment of sick children. Additionally, JGI has partnered with Grounds for Health, an international nongovernmental organization that works with coffee-growing communities to establish sustainable cervical cancer prevention programs, to bring its cervical cancer screening techniques to the Kigoma District. JGI facilitates Grounds for Health's efforts to educate and sensitize women in the villages about cervical cancer and to encourage them to go for screening.

JGI has also mainstreamed water and sanitation activities into its NRM/EG activities to provide clean drinking water for rural villages to reduce the transmission of waterborne diseases. The organization's water and sanitation activities include providing education and training on hygiene and sanitation in communities and schools, protecting water springs, and constructing rainwater harvesting tanks and ventilated, improved pit latrines. The latter not only improves sanitation for schools but also ensures that young girls can stay in school once they begin menstruating, which reduces their vulnerability to HIV. Water and sanitation initiatives also benefit PLHIV by helping to reduce the incidence of diarrheal diseases caused by contaminated water.

Internal mainstreaming: In addition to JGI's external mainstreaming of HIV activities into community NRM/EG activities, the organization has also internally mainstreamed HIV into operations for JGI staff and family members. JGI has incorporated HIV education into general staff meetings and made condoms available in bathrooms, the reception area, and the staff clinic in Gombe National Park. JGI partners with the MOHSW and the Tanzanian National Park Association to conduct educational



KIVIDEA, a JGI subgrantee, supports mainstreaming of HIV education into JGI's Roots and Shoots program in primary and secondary schools.

Victoria Rossi

sessions on HIV and provide HIV testing and counseling for its ape researchers who live within Gombe and away from their families for extended periods of time.

What Works Well

Adapting the organizational mission to address community needs: JGI recognized very early on that achieving its mandate of “conserving biodiversity and protecting and restoring wildlife habitat in critical ecosystems in western Tanzania” required expanding its scope of work. First, JGI empowered the communities in which it works to identify their own priorities, and then enabled enough organizational flexibility to adapt its mission statement and design effective strategies to address those priorities. JGI has fully integrated health promotion and socioeconomic development of the local communities into natural resource management, which is evident in the mission statement of the current GMU program: “To ensure the survival of the native habitats and wildlife and other natural resources of the GMU ecosystem through improving the standard of living of local communities” (JGI 2011).

Leveraging the NRM/EG platform for maximum health impact: For JGI to achieve its organizational objectives in the Kigoma District, it must design and implement NRM/EG interventions that reach down to the village, hamlet, and even household level, which is a major challenge in the global health field. Implementing community-based health interventions can be highly resource intensive, especially for remote, underserved populations. JGI’s community-based NRM/EG activities are well established at the grassroots level, creating a cost-effective platform for implementing community-based health interventions. By leveraging an already existing platform that was established using NRM/EG funds,

VOICES FROM THE COMMUNITY:

In Mwakizega village, JGI trained and supported Aisha and her brother, Sauda, to launch an organic honey business. The siblings maintain several bee huts in a secluded, wooded area of the village that they have cleared of brush and dried leaves to protect the bee huts from wildfires. They do not use pesticides to maintain the hives, which yields organic honey that fetches a higher price than regular honey. When some of their hives were threatened by destructive ants, JGI trained them to lay ash—a natural repellent—at the base of the bee huts. Aisha and Sauda harvest 5 to 10 liters of organic honey every three months, which they sell at 3,000 Tanzanian shillings per 0.5 liters for a total of 30,000 to 60,000 shillings (U.S.\$20 to \$40).



Victoria Rossi

Aisha is an organic beekeeping entrepreneur in Mwakizega village as a result of a microcredit loan and training made possible by JGI support.

JGI is able to invest the majority of its PEPFAR wraparound funds in direct HIV activities.

Committed, multidisciplinary staff: JGI works in a remote part of western Tanzania and is the only nongovernmental organization working on population, health, and environment issues in that region. JGI’s staff members are multidisciplinary, with expertise in a broad range of technical areas, including primatology, botany, conservation, microenterprise, health, governance,

and community development. JGI employs a full-time health specialist to coordinate its HIV mainstreaming work and to build the capacity of the organization on broader health issues. JGI's staff share a deep sense of commitment and responsibility to the communities they serve, and understand the intimate linkages between the socioeconomic status of the people and conservation of the land. On a daily basis, they are the key players creating the time and space to effectively mainstream HIV into their work, while simultaneously fulfilling JGI's core mandate of protecting chimps and their natural habitat.

Partnering with local government: At the center of JGI's work in the Kigoma District are strong partnerships with the district councils, village-level government, and the MOHSW. JGI supports MOHSW trainers to train the CBDAs/HBCPs. It also works directly with the district councils and village-level government to develop land use management plans, implement water and sanitation projects, roll out cervical cancer screening, set up microenterprise groups, conduct HIV educational campaigns, and establish HIV committees within the village-level government structure. This level of collaboration with the local government ensures that program design is locally appropriate, and it also fosters political buy-in that proves critical for successful implementation and future program sustainability.

Use of community-based health workers: The CBDAs/HBCPs provide a critical linkage between clients and the health system. They act as a conduit for rural and remote populations to access facility-based health services and serve as effective health educators and mentors to improve the uptake of health messages. Reaching beyond the dispensary down to the hamlet level, they support patients throughout the full continuum of care to promote adherence and to improve retention.



Victoria Rossi

JGI staff with home-based care provider trainers from the Ministry of Health and Social Welfare in the Kigoma District.

De-stigmatization of HIV: It has been anecdotally reported by JGI staff, MOHSW trainers, CBDAs/HBCPs, and community beneficiaries that JGI's work in the Kigoma District has significantly reduced the stigma associated with HIV. Community sensitization and education about HIV demystifies the disease and dispels inaccurate local beliefs about its cause, transmission, and treatment. Mainstreaming HIV into family planning/child survival home-based services and broad, village-wide NRM/EG activities decreases the stigma attached to the disease and increases participation in JGI-supported activities.

Challenges

Weak HIV capacity and lack of clarity on mainstreaming: Mainstreaming HIV into NRM/EG activities is traditionally done by organizations that do not have significant experience with HIV or health expertise in general. Definitions of mainstreaming are somewhat vague and provide little guidance for operationalization. In this context, concerns can arise that the mainstreaming of HIV will detract from an organization's core area of expertise and will divert resources. Staff of NRM/

EG organizations can perceive the mainstreaming of HIV as a burdensome addition to their daily work and may be reluctant to prioritize these activities.

Funding from different USAID offices with different reporting requirements:

Under the current GMU project, JGI receives both PEPFAR wraparound funds and NRM/EG funding through USAID/Tanzania. From a mainstreaming perspective, JGI takes the ideal approach of developing one single, integrated workplan by adding the PEPFAR wraparound funds to the overall budget and incorporating all HIV activities as part of its NRM/EG workplan. However, having one workplan that incorporates both NRM/EG and HIV activities presents challenges for tracking spending from the two different funding sources. This is especially true for fully integrated HIV and NRM/EG activities, such as for HIV sensitization and the education of beekeepers who receive microenterprise support from JGI. In order to clearly articulate activities and expenditures from each funding source, JGI had to artificially separate NRM/EG and HIV activities in the previously integrated workplan and budget.

Additionally, distinct reporting templates are used for NRM/EG and HIV reporting. On a quarterly basis, JGI completes NRM/EG reports that document in a specific wraparound section how PEPFAR wraparound funds have been used to implement HIV mainstreaming activities. These NRM/EG reports are shared with the PEPFAR wraparound team. On a semi-annual basis, JGI completes PEPFAR reports using a distinct template to report against a set of standard PEPFAR indicators.

Fitting into PEPFAR indicators: JGI has found it challenging to accurately and fully capture its work within PEPFAR's standard set of indicators. JGI's mainstreamed HIV activities are primarily prevention related, falling outside the purview of

the high-level PEPFAR indicators for treatment, care, and support. JGI has grown accustomed to USAID's NRM/EG reporting requirements, which allow for selection of customized indicators to accurately represent its work. USAID/Tanzania has encouraged JGI to take full advantage of the comments section of its PEPFAR reports to qualitatively document its achievements, but JGI has expressed concern that funding levels may be adversely impacted if they do not report against the full set of PEPFAR indicators.

Resource limitations: In several villages, the CBDAs' bags, umbrellas, and rain boots need replacing, and the bicycles that JGI provided in 2007 need repair. Additionally, as the microenterprise/microcredit groups have flourished, more PLHIV have become interested in participating. With increased funding, JGI would be able to provide additional services, including replenishment of village-based supplies and equipment, bicycle repairs, seed money for PLHIV to join microenterprise/credit groups, and logistical support for the MOHSW's mobile outreach services, including family planning, antiretroviral therapy, and HIV testing and counseling.

Recommendations

Key lessons can be drawn from JGI's successful work in mainstreaming HIV services into NRM/EG activities in western Tanzania.

Practice internal mainstreaming to foster staff's understanding and commitment:

For staff to effectively mainstream HIV into their daily work, they must be well-educated about HIV infection and understand its impact on the communities they serve. Internal mainstreaming, including training during staff meetings and support for staff members and their families affected by HIV, fosters a sense of well-being that will extend

to their work in the communities. If staff do not feel adequately educated about HIV or enabled to confront it within their own personal lives, they will be ill equipped to mainstream HIV education and support services into NRM/EG activities at the community level. One recommendation worth strong consideration is the recruitment of a full-time staff member with health expertise to coordinate the mainstreaming of HIV into an organization's NRM/EG activities and to build staff capacity.

Maintain effective communication

between recipient and donors: PEPFAR wraparound funds link HIV programs with other non-health sectors that may not have strong technical knowledge of HIV; similarly, HIV program staff may lack an understanding of NRM/EG. To minimize confusion, regular communication between the donors (in this case, USAID/Tanzania staff from the Health and NRM/EG teams) and the wraparound funding recipient is imperative. Although quarterly reports are a form of regular communication, as discussed previously, they have some inherent challenges. A schedule of regular check-ins—including in-person meetings and field visits—might help improve the implementation of wraparound programming.

Take full advantage of both NRM/EG and PEPFAR reports:

As mentioned previously, there is a section in the NRM/EG quarterly reports where the organization thoroughly documents its HIV mainstreaming activities. These NRM/EG reports are shared with the PEPFAR wraparound team. However, it can be challenging to accurately and fully capture HIV mainstreaming work within PEPFAR's standard indicators. PEPFAR recognizes this fact and encourages partners to qualitatively document their achievements in the comments section of the PEPFAR reports. If an NRM/EG organization is not able to report on any of the PEPFAR indicators, it can still submit a satisfactory report by fully describing in the comments section

how it has mainstreamed HIV activities into its core work during that quarter. Furthermore, PEPFAR recently added an indicator to its reporting templates that captures economic strengthening work for vulnerable families in order to address the broader development work that partners are doing. This indicator should better capture the community-based economic strengthening activities that most NRM/EG organizations will implement in the future.

Coordinate provision of technical assistance to support mainstreaming:

As mentioned previously, mainstreaming HIV into NRM/EG activities is traditionally done by organizations without significant experience with HIV and that may have insufficient guidance. Organizations specializing in HIV, such as AIDSTAR-One, can be contracted to provide targeted technical assistance on the effective mainstreaming of HIV into annual workplans, implementation plans, and budgets.

Promote sustainable, country-led programming:

Strong partnerships with the government are critical, beginning at the national level and continuing down to the regional, district, and village levels. These partnerships ensure that programming is locally appropriate and that governments have the technical capacity and political commitment to sustain programming in the future.

Mainstream broader health issues:

Mainstreaming should extend beyond HIV to broader health issues such as maternal and child health, water and sanitation, malaria, and nutrition. The benefits of such an approach include the mitigation of HIV stigma, improved cost-effectiveness, and better attention to community health needs overall, not just the relatively small number of households affected by HIV. This approach is also consistent with future funding trends as determined by the U.S. Global Health

Initiative (GHI), which calls for increased integration of such health concerns as HIV, tuberculosis, malaria, nutrition, maternal and child health, neglected tropical diseases, safe water, sanitation, and hygiene (U.S. GHI 2011).

Conclusion

JGI's work in the Kigoma District provides an example of successful implementation of PEPFAR wraparound funding to mainstream HIV and broader health issues into NRM/EG activities. JGI has designed a community-centered model of conservation that addresses the socioeconomic development priorities of the local people, including health, education, safe water, and access to capital. Through thoughtful leveraging of the NRM/EG platform, JGI has effectively balanced community priorities and adherence to its core mandate of protecting chimpanzees and their habitat. Lessons that have emerged during JGI's work in the Kigoma District could help other organizations, program managers, policymakers, donors, and country governments to more effectively mainstream HIV and broader health issues into NRM/EG activities within their own contexts. ■

REFERENCES

- Africa Biodiversity Collaborative Group. 2002. "Proceedings on HIV/AIDS and Natural Resource Management Linkages." Proceedings presented at the Nairobi Workshop, Mweka, Tanzania, September 2002.
- Barany, Marc, Christine Holding-Anyonge, Dennis Kayambazinthu, and Almeida Siteo. 2005. "Firewood, Food and Medicine: Interactions Between Forests, Vulnerability and Rural Responses to HIV/AIDS." Proceedings from the IFPRI Conference: HIV/AIDS and Food and Nutrition Security, Durban, South Africa, April 14–16, 2005. Available at www.fao.org/forestry/9719-088e4b8cdc0c6bd4b67eaa81e6427a705.pdf (accessed February 2012).
- Jane Goodall Institute. 2009. *Landscape Scale Community-Centered Ecosystem Conservation in Western Tanzania. Technical Application in Response to USAID/Tanzania 09-003-APS.*
- Jane Goodall Institute. 2011. *Landscape-Scale Community-Centered Ecosystem Conservation in Western Tanzania: Gombe-Masito-Ugalla Ecosystem, Historical Background and Progress.*
- Joint United Nations Programme on HIV/AIDS, World Bank, and United Nations Development Program. 2005. *Mainstreaming HIV and AIDS in Sectors and Programmes: An Implementation Guide for National Responses.* Available at www.undp.org/content/dam/aplaws/publication/en/publications/hiv-aids/mainstreaming-hiv-and-aids-in-sectors-and-programmes--guide/19.pdf (accessed June 2012).
- Oglethorpe, Judy, and Nancy Gelman. 2007. *HIV/AIDS and the Environment: Impacts of AIDS and Ways to Reduce Them: Fact Sheet for the Conservation Community.* Washington, DC: World Wildlife Fund, Inc., reproduced from UNAIDS. Available at www.worldwildlife.org/what/communityaction/people/phe/WWFBinaryitem7051.pdf (accessed February 2012).
- President's Emergency Plan for AIDS Relief. 2008. "Connecting the Dots of International Development." Available at www.pepfar.gov/press/108647.htm (accessed November 2011).
- President's Emergency Plan for AIDS Relief. 2011. *FY 2012 Country Operational Plan Guidance Appendices.* Available at www.pepfar.gov/documents/organization/169695.pdf (accessed November 2011).

U.S. Global Health Initiative. 2011. "U.S. Global Health Initiative. Saving Lives and Promoting Security." Available at www.ghi.gov/newsroom/factsheets/2011/161412.htm (accessed November 2011).

ACKNOWLEDGMENTS

The authors would like to thank the following agencies for providing input and guidance for the development of this case study: the U.S. Agency for International Development (USAID)/Tanzania, the Jane Goodall Institute (JGI) Kigoma, the Kigoma Vijana Development Association, JGI Washington, USAID/Washington, and the United Republic of Tanzania Ministry of Health and Social Welfare. Special thanks go to Grey Saga (USAID/Tanzania), Emmanuel Mtiti (JGI Kigoma), Alice Macharia (JGI Washington), and all the community members of the Kigoma District who shared their perspectives and experiences.

RECOMMENDED CITATION

Rossi, Victoria, Grace Lusiola, and Aysa Saleh-Ramirez. 2012. *The Jane Goodall Institute in Tanzania: Mainstreaming HIV Programming into Natural Resource Management and Economic Growth Activities*. Case Study Series. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

Please visit www.AIDSTAR-One.com for additional AIDSTAR-One case studies and other HIV- and AIDS-related resources.

For more information, please visit
www.AIDSTAR-One.com



AIDSTAR-One's Case Studies provide insight into innovative HIV programs and approaches around the world. These engaging case studies are designed for HIV program planners and implementers, documenting the steps from idea to intervention and from research to practice.

Please sign up at www.AIDSTAR-One.com to receive notification of HIV-related resources, including additional case studies focused on emerging issues in HIV prevention, treatment, testing and counseling, care and support, gender integration and more.