

Competencies for Rural Development Professionals in the Era of HIV/AIDS

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Abstract

The impact of HIV/AIDS on food security and rural livelihoods is still insufficiently understood. It is evident, however that rural development professionals need to respond to the changes that take place in rural areas due to the pandemic. This article explores competencies that they need in order to deal with the complex HIV/AIDS issues related to their work with farming families. Initially 45 rural development professionals from Africa were interviewed about these competencies, using case-stories and questionnaires. Subsequently, 34 individual in-depth interviews were conducted with rural development professionals from East-Africa and Zambian government staff members. A focus group discussion with 15 Zambian agricultural extension workers completed the empirical part of the research.

Compared with the professional competencies rural development professionals needed in the pre-HIV/AIDS era, there is an urgent need to complement their technical competencies with more social competencies such as: counselling, communication, lobbying and networking. In general, participants in the study had difficulties in identifying the new competencies required, in relation to the changes they faced in their working environment. The study concludes with recommendations for competence development of rural development professionals who have to deal with the consequences of the HIV/AIDS pandemic in rural areas.

Keywords

Rural development; international education; HIV/AIDS; competency; East-Africa; Zambia.

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1. Introduction

Agriculture plays a major role in Sub-Saharan Africa as an important source of income for individuals as well as for governments. A driving force in the development of agriculture is labour. Labour is also the resource most heavily affected by HIV/AIDS. The full impact is not clear, but it is certain that the HIV/AIDS pandemic has taken a firm grip on livelihoods in rural areas. Nearly every household is badly afflicted by the loss of family members, the presence of sick and dying persons and orphans to care for. In other words, rural families are increasingly burdened by a considerable reduction of family labour force, steadily increasing costs for health care and funerals and severe food security risks. At the same time HIV/AIDS reduces access to education, further erodes its quality and amplifies gender inequity (Kakuru, 2006). Food production has been severely reduced, thereby affecting food security for farming families (Haslwimmer, 1996; World Food Summit Report, 2003). In southern Africa it has been confirmed that famine and HIV/AIDS are directly related (Piot, 2003). Food and livelihood security are considered to be key elements of HIV/AIDS prevention (Barnett and Whiteside, 2002). Agricultural and rural development is one of the ways to prevent and mitigate negative and harmful effects caused by the HIV/AIDS pandemic in rural areas (Baylies, 2002). HIV/AIDS is clearly an agricultural and rural development concern; yet, many efforts in this direction have not led to the expected results (Topouzis, 2003; Marete, 2004).

2. Problem definition

This study focuses on the new demands placed by the impact of HIV/AIDS on rural development professionals in terms of the competencies they need to play a meaningful role in contributing to a more sustainable rural development in a Sub-Saharan context. Rural Development Professionals (RDPs), assembled in LAPNARD, an alumni network on AIDS and rural development, indicated that their current tasks, abilities and responsibilities are not appropriate in addressing the problems of rural communities affected by HIV/AIDS (Witteveen et al, 2001).

The HIV/AIDS pandemic has resulted in reduction of available resources, and in particular loss of agricultural labour and reduction of working time, have been the main factors leading to loss of productivity and changes in production patterns (De Waal & Tumushabe, 2003; Barnett and Whiteside, 2002; Baylies, 2002; Guerny, 1999; UNAIDS, 2004; World Bank, 1999). Not only does the household lose the productive labour of the afflicted member(s), it also loses significant labour of other household members whose time is absorbed by caring for the sick as well as attending funerals or mourning the dead (Stokes, 2003). Reduced productivity is confirmed by other studies (Liere, 2002; Hilhorst et al., 2003). As Baylies puts it: "When someone is ill, people cannot dedicate as much time to the field as when all are healthy. Naturally there is less to harvest when the time comes (Baylies 2000, 43).

Another consequence of the pandemic is that the amount of experience and knowledge is decreasing, as people are dying but also as the transfer of skills from parent to children is diminishing. The traditional transfer of knowledge from father-to-son or mother-to-daughter is disrupted, and is having consequences for rural livelihood management. (Dominguez, 2005). To make things worse, access to education and training is reduced as resources are spread thinly and emphasis is placed on short term survival strategies.

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Furthermore, cropping patterns are changing: high input crops are being substituted by less demanding crops. A delay in applying agronomic practices is noticed and even some activities, such as weeding, do not take place anymore (Rugalema et al., 1999; Kwaramba, 1998). In the field of animal husbandry, animals of households affected by the disease, receive generally less care and / or large animals are replaced by small ruminants or poultry.

Due to the consequences of HIV/AIDS, the clientele of the RDPs is changing. More female headed households emerge as well as grandparent or orphan headed households. (LAPNARD, 2004; FHI, 2001; Dennis et al; 2002). HIV/AIDS threatens more than the capability of a household to function as an economic unit, the entire social fabric of the family is potentially disrupted or dissolved (Mann et al., 1992; Hebinck, 2000).

It is clear that RDPs have to respond to the changing situations and needs of their clients both old and new. This has been confirmed by Quamar (2001), who states that “the situation created by the epidemic asks for a review of approaches, methodologies, and technologies in agricultural extension service provision in order to take account of the new clientele for extension services, for example women and youth”. This is in line with Röling’s proposal that extension should focus on ‘overall livelihood enhancement’ in order to realize rural people’s full potential. He continued that traditional agricultural intervention needs to be responsive to the changing needs of rural people (Röling, 1990, 1991).

3. Research approach regarding rural development competence

Recent years have shown a considerable increase in research on the impact of the HIV/AIDS on agricultural production, livelihoods and households (Müller, 2004). However, the aspect of competence development of rural development professionals in response to the pandemic has not been thoroughly studied and needs due attention. (Witteveen et al., 2001; Marete, 2004).

The purpose of this study is to identify competencies that rural development professionals need in order to deal with HIV/AIDS issues related to their work with farming families. Competencies are meaningful clusters of knowledge, skills and attitudes that are neither explicitly nor externally obvious, but become apparent in concrete actions in specific contexts (Mulder, 2001).

To study these new competencies the following two questions have been raised:

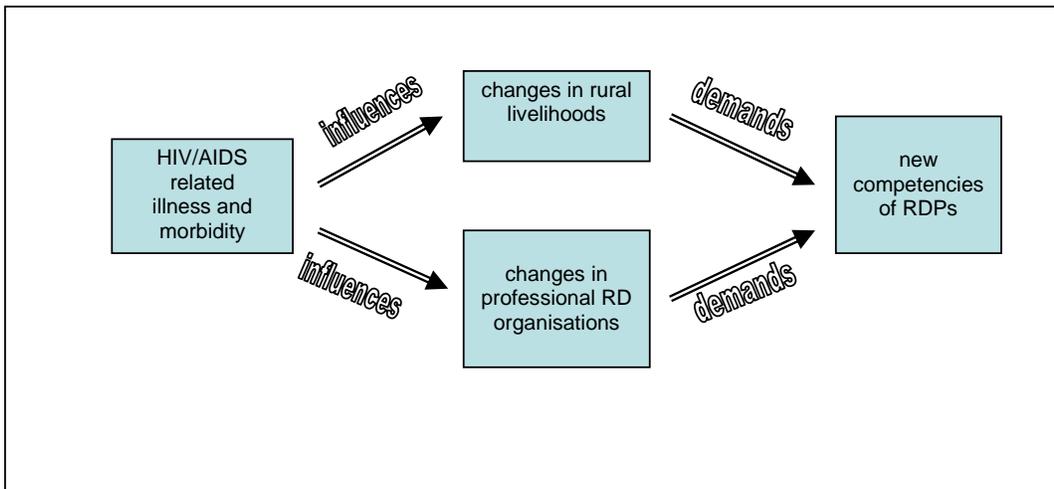
- 1) how has HIV/AIDS changed the working practice of rural development professionals?
- 2) what are the implications of these changes for the competencies they need to maintain or improve their professionalism?

In order to get answers to these two questions it was also useful to get a better understanding of how RDPs perceive their current competencies. Furthermore a distinction was made between changes RDPs see in their interaction with rural communities and changes they see in their own organisation as a result of the impact of HIV/AIDS.

Figure 1 provides a simple representation of the main elements and relationships distinguished in the study.

Figure 1: Main components of the study

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Data have been collected using several methods. The study commenced with a case story exercise. In the exercise 45 rural development professionals from Africa, studying in the Netherlands, were exposed to stories reflecting current field situations. The cases depicted individuals and households affected by HIV/AIDS. The respondents were asked how they would assist the individual or the family affected by HIV/AIDS as described by the case. This exercise served as a catalyst to a semi-structured questionnaire, in which they were requested to list the knowledge, skills and attitudes they thought necessary for rural development professionals to deal with the changes due to HIV/AIDS.

Box 1: example of case story

Going to town or...

John's mother died two years ago followed by the death of his baby sister and recently by the death of his father. John is sixteen years old. He has a brother of ten years and a little sister of six years.

They live on the farm they inherited from their parents. The farm is made up of a plot around the house and a plot at a distance of one-hour walking.

John does not attend school since his mother fell ill. The younger ones go to school, due to the church paying their school fees.

John and his brother and sister work in the backyard where they grow banana and cassava. They don't cultivate the other plot; the oxen were sold for the funeral of his mother and he does not know how to prepare the soil.

John realises that they are hungry, the two meals of porridge are not sufficient. He feels that he is a bad cook, but he does not dare to ask advice since boys should not cook. He also worries about the education of his brother and sister. He often feels he cannot replace his parents' nurturing. Would it be wise to sell the farm and all their equipment and travel to their mother's sister in town?

You are the village agricultural extension worker. You do not know John and his siblings very well since children are not targeted by the extension service. But neighbours informed you about their situation and urged you to visit them. What to do?

As a next step 34 in-depth interviews with rural development professionals (RDPs) from East Africa were held. This resulted in information about perceived changes in the professional practice of these professionals as a consequence of HIV/AIDS and additional insights in their conceptions of newly required competencies.

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Box 2: guidelines for in-depth interviews

Personal data: country, job profile, job content, educational background
1 a. What changes, due to HIV/AIDS, do you notice with regard to contacts with your clients?
1 b. What changes, due to HIV/AIDS, do you notice with regard to agricultural practices in your working area?
1c. Any other changes you have noticed in your work practice / field work, that are the consequence of HIV/AIDS?
1d. What are the consequences of HIV/AIDS within your organisation?
Contacts with colleagues:
Content of work:
Other:
2a. What are important competencies in your job, in your opinion?
Knowledge:
Skills:
Attitude:
2b. Are these competencies related to dealing with HIV/AIDS within your job?
2c. What are important / required competencies in the context of HIV/AIDS, according to you?
Knowledge:
Skills:
Attitude:

Finally, a focus group discussion, using the same questions as for the in-depth interviews took place with 15 agricultural field staff (block and camp officers) in Lusaka district. Findings from this discussion are of a more qualitative nature and are more specific for the Zambian context. The results were used to confirm and exemplify the data from the other methods.

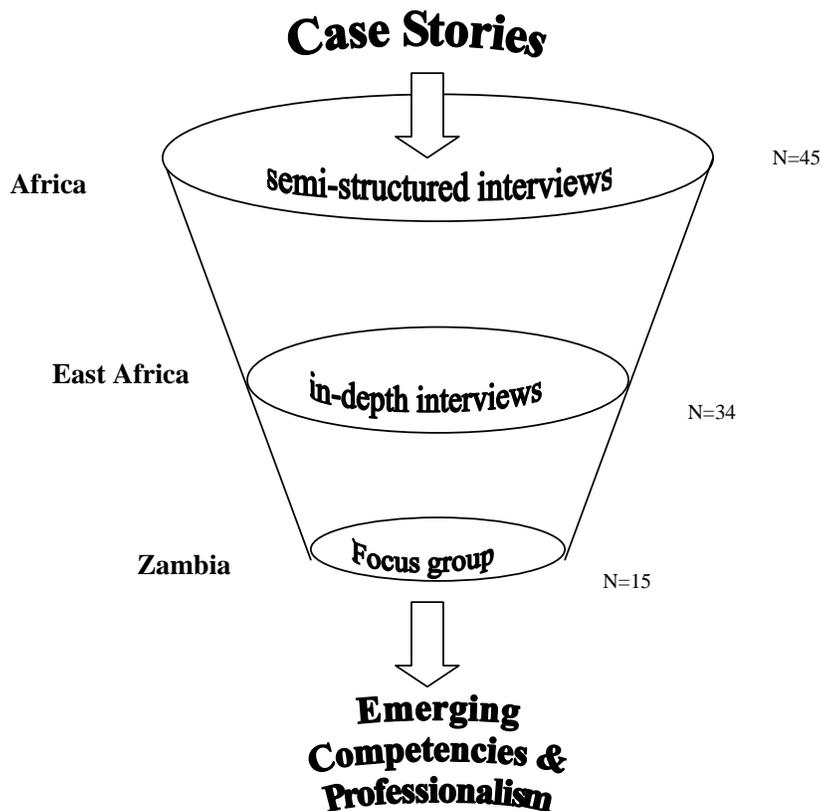
The in-depth interviews and focus group discussion were carried out by two of the authors, assisted by the members of the LAPNARD network, while at a network meeting in Zambia (LAPNARD, 2004).

The respondents of the semi-structured interviews consisted of rural development professionals from Africa, studying at Larenstein University of Professional Education, representing a variety of middle level managers in the agricultural sector. They are involved in rural development training, policy and planning, project management and/or monitoring and evaluation. Their professionalism is in various fields such as agriculfood security, animal husbandry, agricultural extension, gender and agriculture and others. They work either for the government or for NGO's. The respondents of the in-depth interviews consisted of a different group of RDPs, gathered for a meeting of the LAPNARD network in Zambia. They represent the same variety with regard to their profession as the first group, but the countries they represent are East African: Ethiopia, Kenya, Tanzania, Uganda and Zambia. The participants of the focus group discussion were agricultural officers of Zambia

Figure 2 summarizes the design of the research with the three stages of data collection represented in chronological order from top to bottom. The figure also shows that with time the research became more embedded in practice as the research moved from semi-structured-interviews with RDPs from all over Africa, to RDPs from East-Africa, to RDPs from Zambia. As the research became more contextualized the research methods moved from semi-structured interviews triggered by the exploratory case stories, in the early stages, to in-depth interviews and focus group discussions.

Figure 2: stages and methods used in the data collection process

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4. Changes in rural development practice as a consequence of HIV/AIDS

What changes, related to their profession, do rural development professionals face in their work in light of the emergence of HIV/AIDS? In order to get some answers, the information provided by the 45 respondents to the questionnaires was combined with the results of the 34 in-depth interviews; the results can be found in the tables in this chapter. The information of the focus group discussion is used in the additional comments.

4.1 Changes in interaction in the field

All the respondents have experienced the influence of HIV/AIDS in their dealings with the client group. The contact with farmers and rural communities affected by HIV/AIDS has changed. The composition of the groups RDPs traditionally work with has changed as well. *There are a lot of widows in the villages. In one of the camps, there are so many widows that the local people refer to it as the “camp of the widows”* (Zambian block and camp officers).

As table 1 shows, loss of income, decreased participation of men, increased participation of women, and increased school failure and drop-out levels, are mentioned most frequently. A loss of knowledge is also mentioned by several RDPs. According to Zambian field officers, children are not getting agricultural knowledge because parents die and they have no one left to teach them how to farm. *“We have witnessed farms that were productive and well*

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maintained, become fallow land after parents die of HIV/AIDS since the children are not able to take up farming”. “In the Zambian culture, there were no words for orphans in the old days, all were brothers and sisters, but life nowadays is very individualistic. There are now “orphans” and “cousins” that causes tensions especially for the ones orphaned who have to join another household.” (Zambian camp and block officers).

In general, people in rural areas have become more dependent on outside help. More people are malnourished. And income is prioritised for food security rather than for other investments. Farm resources are shifted from productive activities (land and livestock are sold) to paying for health services, care for the sick.

All these perceived changes have an impact on the quality (i.e. lower participation levels), content (i.e. health-related, existential issues, loss of knowledge) and design (more diverse audience (i.e. more women, orphans, drop-outs) of their interactions in the field. In the concluding section of this article we will address these changes by discussing their implications for competence development for RDPs.

Table 1: Perceived changes in interaction in the field (n=79)

	Changes in interaction	Response %
1	People have less income	30
2	Increased absence (meeting, training)	24
3	Attendance of women or children has decreased	21
4	More children drop out of school and the performance of students has deteriorated	21
5	More people go for testing	18
6	More vulnerable children, orphans and street kids	15
7	Loss of knowledge and experience	15
8	Farmers can afford less agricultural inputs	12
9	Increase in female headed households	9

4.2. Changes in agricultural practices

When comparing the current agricultural practices with those in the pre-HIV/AIDS era the respondents observe a variety of noteworthy changes (table 2). The first observation is that the productivity has decreased. Less area is cultivated, because a lot of time is spent in taking care of the sick and attending funerals, there is little time left for farming activities. The Zambian field officers also remarked that size of plots is again reducing, initially farmers had up to 20 ha, but now they are selling off land for cash and are left with plots of 5ha on average.

Table 2. Perceived changes in agricultural practices (n=79)

	Changes in agricultural practices	Response %
1	Productivity has decreased	35
2	Less area is cultivated	15
3	Cattle replaced by small animals	15
4	Changes in cropping systems	13
5	Animals receive less care	6

The reported changes in cropping systems refer to a shift from maize to less demanding crops such as cassava, while sweet potato has replaced millet. Remarkably, in Lusaka District block officers noticed a shift towards cash crop production as farmers try to generate farm-income. However, the Zambian officers also noted that subsistence farmers are not able to improve

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their farming practices; they tend to remain on the same level of production or deteriorate after a member has fallen victim to HIV/AIDS.

Farming systems are also changing as more farmers adopt time and labour saving tillage. Furthermore basic agronomic practices are delayed: such as planting, weeding and fertiliser application. One RDP mentioned that weeding sometimes did not take place at all.

In the field of animal husbandry it was observed that generally animals received less care. Additionally, large animals, such as cattle were sold and replaced by small ruminants. It was also reported that more women were put in charge of taking care of the larger animals than before the disease hit the family.

Women are often at a loss because they have no access to resources when their husband dies. They become increasingly involved in non-agricultural income generating activities to earn an income. To make things worse young women increasingly resort to providing sexual services to compensate for loss of income, thereby greatly increasing the risk of contracting HIV/AIDS themselves.

The HIV/AIDS induced changes in agricultural practices too demand new competencies of RDPs in order to play a meaningful role in improving rural livelihoods. No longer, as we will see later on, can RDPs rely on their agronomic expertise as the backbone of their professionalism.

4.3. Changes in professional RD organisations

The consequences of HIV/AIDS for RDPs' working environment are not limited to their encounters in the field, but are also felt in the institutions and organisations to which they belong. The first obvious impact of HIV/AIDS at the office level is that many co-workers have died in the last few years. One district officer at the Agricultural Office in Lusaka District, Zambia said that 21 staff members at field level had passed away in the last few years and most of them were not replaced. While the need for supporting sustainable rural development has become more urgent than ever before.

"Colleagues have died due to HIV/AIDS; their positions are not always replaced immediately because the government is currently not recruiting new employees" (Focus group discussion).

As a result of this and an increased absenteeism, many RDPs report an increase of workload and a reduction of output. They also report that they have less time to visit the rural areas and feel trapped in their offices. Furthermore, as more money is spent on funerals and medical costs, less funding is available for training. *"We have no funds for fuel, so we are stuck in our office, while my job is supposed to be a field job."* (Zambian agricultural officer).

HIV/AIDS not only affects the RDP at the office and in the field but also at the level of his or her own family. One of the camp officers shared that she is taking care of 13 orphans from her late sister and two brothers. This affects the quality of services she is giving her camp farmers since she has to think of innovative ways of generating extra income. Increased absence due to illness, attendance of funerals, caring for the sick and orphans at home was mentioned by several RDPs.

An overview of the impact at office level is given in table 3.

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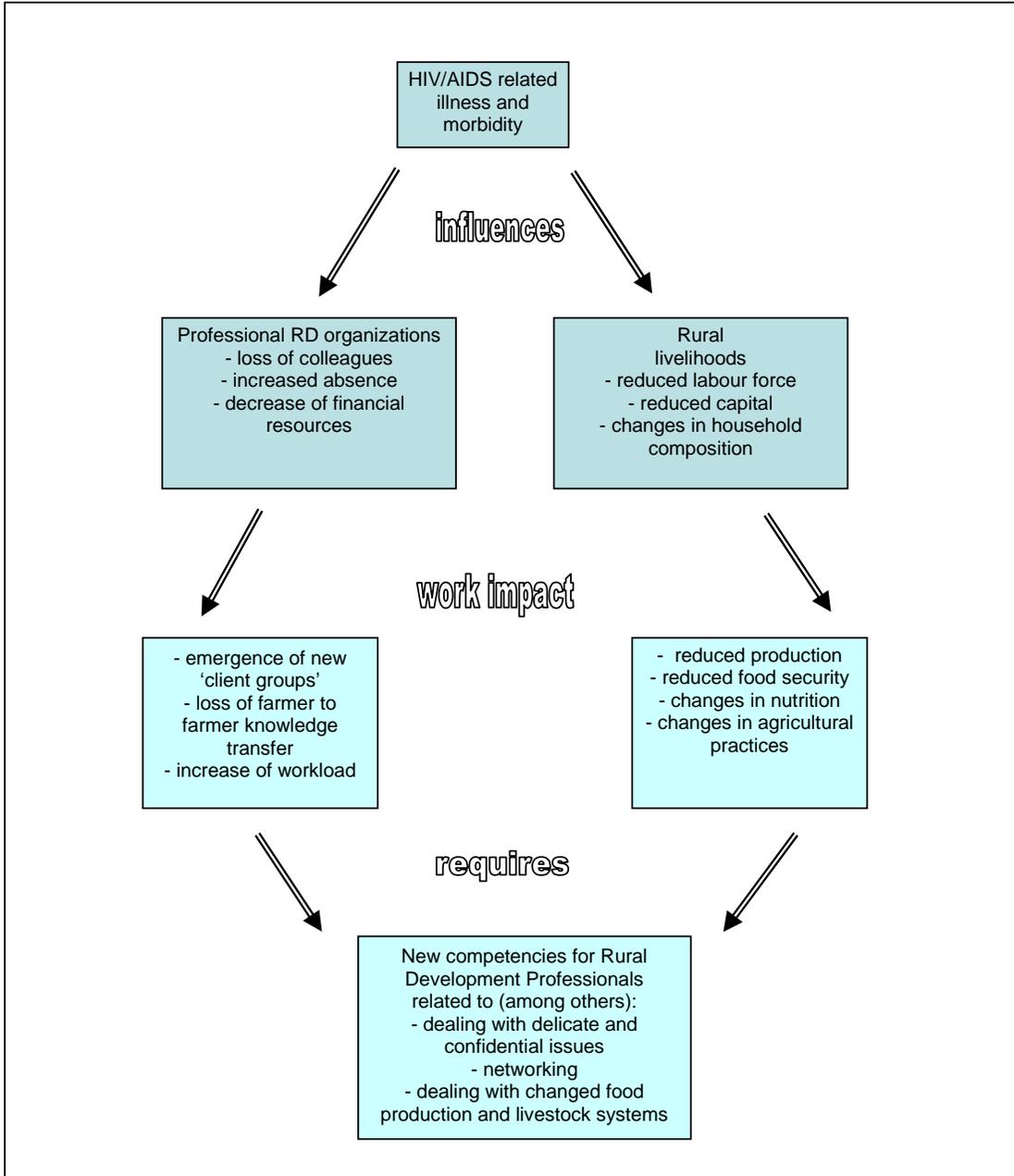
Table 3. Perceived changes within the office, in contact with colleagues (n=79)

	Changes within the office	Response %
1	Loss of staff	44
2	Workload increase, output decrease and delay	42
3	Decline of extension field-visits	25
4	Increased absence	18
5	Less funding available for e.g. training	18

Figure 3 summarizes the main perceptions of change as captured by this study. In the next section we turn to the implications for the competences RDPs need to function in their HIV/AIDS-transformed working environment.

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Figure 3. Consequences of HIV/AIDS pandemic for rural development professionals



5. Competencies of rural development professionals before and after HIV/AIDS

What, in the eyes of the RDPs themselves, are general competencies required by RDPs and which competencies are required specifically in the context of HIV/AIDS?

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Many participants emphasised that technical knowledge related to their working field (agriculture, nutrition, animal husbandry) remains important. Besides that, facilitation, participatory techniques and communication skills are identified as essential by most participants in the study. In addition the Zambian field officers also emphasized demonstration skills for farmers to learn new technologies as well as supervision skills. “*One needs to be a good teacher, fast and learning and being able to disseminate information and one needs to know how to handle and communicate with adults*”. (Focus group discussion).

In the context of HIV/AIDS, the majority of the participants said that counselling as well as lobbying and advocacy are new competencies necessary for rural development professionals working in areas affected by the epidemic. Furthermore knowledge on HIV/AIDS (basic facts, transmission) is important. It is acknowledged that RDPs need a more holistic approach to their work, linking health, agronomy, nutrition, and socio-economics.

As part of the competencies required to deal with HIV/AIDS-affected farming communities, a supportive and caring attitude was more important and more frequently mentioned than before HIV/AIDS became an issue.

Several participants mentioned that rural development professionals have to be committed, e.g. ‘work beyond normal time’. In the focus group discussion, Zambian camp and block officers said: “*There is a need for an open attitude on how to deal with HIV/AIDS especially dealing with farmers who are much older than they themselves are, whereas the cultural guidelines restricts them in discussing sex and sexuality with the elderly*”.

6. Implications for professional development

6.1 Discussion of the findings

Interaction in the field

HIV/AIDS has changed the interaction of RDPs with their client group in several ways: the frequency of interaction, the clientele itself and the nature of the contact, all have been affected. The frequency of contact with farmers and rural communities affected by HIV/AIDS has been reduced. Besides this, the composition of the clientele of the rural development professionals has changed. For RDPs it is not always easy to deal with the growing number of women, elderly people or orphans. According to Zambian field officers it is difficult to motivate the new generation to get involved in agriculture. The attitude towards agriculture among the youth might be the biggest hurdle to deal with since farming is considered a “dirty” job with few benefits.

The nature of the contact with the client group has changed as well. The needs of the farmers and rural communities affected by HIV/AIDS are different from unaffected communities.

Changes in agricultural practices

This study re-affirms once again that HIV/AIDS is not only a health issue. The disease has a huge impact on the agrofood system in Sub Saharan Africa. Loss of agricultural labour and reduction of working time leads to decreased productivity. Women are especially affected as they are usually responsible for home based care, and now have to take up other duties traditionally carried out by men. Participants reported that the number of female headed household has increased. The study affirms research findings that cropping patterns are

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changing due to shortage of resources: maize is being replaced by cassava, millet by sweet potato.

Changes in professional RD organisations

The direct impact of HIV/AIDS on organisations is noticeable. The most apparent and immediate change is the loss of colleagues, which has many consequences for the agricultural service organisations. Another obvious impact is the increased absence due to illness, attendance of funerals, caring for the sick at home. Loss of capacity, skills, knowledge and experience puts a lot of pressure on the remaining staff. Coverage of the working area decreased, staff pay less regular visits to the field. All this is leading to an increase in workload and a decrease in efficiency.

Competencies needed by RDPs

This study provides evidence that due to HIV/AIDS there is a clear shift needed from RDPs being solely technical knowledge providers to them becoming more 'social skills' persons. Participants remarked that rural development professionals have to be more caring, empathetic, supportive and positive. We are reminded of an observation by Raven that drives home this point quite strongly: "What I have found is that the greatest source of incompetence ... is the inability and unwillingness to engage with the wider social, economic, and political processes that determine what one can do in one's job" (Raven 2001, p. 269). A more integrated approach to rural development requires a more holistic perspective on development and, subsequently, a broader knowledge base (Wals et al., 2004). This, however, is not shared by all, as is illustrated by the following comment: "*We do not want to communities to think that we are people who are talking about HIV/AIDS, we want to be associated with business, agricultural production*", (NGO project manager, in-depth interview). Or, as one of the District Agricultural Officers in this study remarked: "*Our mandate is agriculture; it is difficult to mention issues of confidentiality, such as age, health status*".

Along these lines Baylies (2002) remarked: "Those who are specialists in pest control, micro-credit, agricultural extension or even nutrition often find it difficult to 'incorporate' AIDS in the work they do". Rivera and Alex (2004) confirm the shifting focus of rural development professionals when they write: "Extension is – conceptually and in practice – more than it used to be". Poverty reduction, management of environmental issues, and other emerging challenges such as HIV/AIDS issues are rural concerns which require attention from extension services.

The most important competencies related to working in a context of HIV/AIDS as reported by the participants, are discussed below.

Counselling

Counselling was mentioned most frequently by the participants as a skill that is needed for RDPs faced with HIV/AIDS related problems. It was however not clear what they exactly meant by counselling. Counselling is nowadays a popular practice introduced by NGOs working in the field of HIV/AIDS and health, usually in combination with voluntary testing (VCT). It is a relatively recently introduced term that people hear in association with HIV/AIDS issues and therefore rural development professionals might assume they need these skills, or have adopted a new jargon.

One of the definitions of counselling in the context of HIV/AIDS is presented by the FAO (2002): "HIV/AIDS counselling is a dialogue between a client and a care provider aimed at

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enabling the client to cope with stress and take personal decisions relating to HIV/AIDS. The counselling process includes the evaluation of personal risk of HIV transmission and the facilitation of preventive behaviour”.

The participants in this study used different interpretations of the concept of counselling, such as:

- to advice and stimulate people to do testing (VCT)
- to bring up the subject of HIV/AIDS
- to teach the target group how to prevent the infection
- to communicate with target group
- to respond to someone who got the message that he or she is infected
- to inform infected people about coping strategies
- to give people psycho-social support
- ways to react positively to stigmatization
- ability to handle trauma
- knowledge of how to address people with HIV/AIDS or their relatives, specially when there are cultural barriers to do so
- capability to talk properly about the disease

The prevailing view is that one needs counselling skills to address the issue to farmers. It used not to be part of the standard job of the rural development professional, but nowadays they feel it has to be part of their work. *“We have to face the farmers, it is our responsibility, you cannot keep silent”* (in-depth interview).

Although the notion of counselling does not denote the same thing in our study, it can be concluded that generally it indicates a need for better facilitation and communication skills. *“We need to listen better and to talk in a more sensitive way”*, said one respondent. Marete (2004) *“There is a need for extension agents to present ideas, issues and strategies to HIV/AIDS vulnerable individuals and groups effectively”*. And as Laver (1993) in her study among dealing with HIV/AIDS patients, concluded: *“Instead of talking at people we need to think of ways to talk with them”*.

Networking, lobbying

As a new competence required for rural development professionals the participants often mentioned lobbying and networking. Networking is a process by which two or more organisations and/or individuals collaborate to achieve common goals. Networking is essential based on two concepts; mutual trust and mutual benefit. (ANNEA, 1999).

Networking is important because the problem of HIV/AIDS is clearly a concern rural development professionals cannot deal with just by themselves. It is acknowledged to be a complex problem that needs a multi-sectoral and holistic approach with collaboration if different stakeholders in rural areas. (Gillespie, 2005). The rural development professionals realise that lobbying is needed to get attention for the HIV and AIDS problem. *“Different organisations have different values, different missions and different expectations. In networking one should not focus only on HIV/AIDS, an integrative approach is necessary”*. (in-depth interview).

Basic understanding of HIV/AIDS

Many participants identified a need to get more knowledge of basic facts about HIV and AIDS. Cohen (2000) confirms this: *“what is needed is a more complex understanding of the*

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epidemic than has existed hitherto”. As an Ethiopian government officer states: “*We need to conduct impact assessments, we need basic facts. This will help to create awareness*”.

Gender sensitivity

Even though gender was hardly mentioned by the participants, the experience and observations of RDPs showed that the HIV/AIDS epidemic has a clear gender dimension: women and men are affected differently and take up differential roles. Inequitable gender relations drive the pandemic, putting both men and women at risk but leaving women more vulnerable and less able to protect themselves.

As Stokes (2003) puts it: “Although gender equality is an issue that is not specific to the agricultural sector, it is so integral to the HIV/AIDS epidemic and its social and economic consequences, it should be part of any agriculturally-oriented mitigation strategy designed to alleviate the impacts of the epidemic. Not only are women physically more vulnerable to HIV infection than men, they are also more vulnerable to negative social and economic outcomes as a result of HIV/AIDS”.

Knowledge on nutrition

Several participants identified a need to get more knowledge on nutrition once working in an area affected by HIV and AIDS. This came out of the case stories as well as the individual interviews. The specific link between nutrition and HIV/AIDS was not clear to all. Only one respondent mentioned malnourishment as a result of HIV/AIDS. This is confirmed in other studies where nutrition increasingly plays a role in the survival of People Living With HIV/AIDS. The FAO (2002) states that HIV/AIDS and nutrition are closely linked. HIV/AIDS contributes to food insecurity and malnutrition. The other way around food insecurity increases the vulnerability of people to exposure of HIV (Gillespie, 2005). Poor nutrition can weaken the immune system and contribute to contracting AIDS.

6.2. Additional observations

Rural development professionals identified elements of competence but not always in relation to the changes experienced in working with their client groups. For instance the rural development professionals confirm that labour has become a major constraint in HIV/AIDS affected households, but none of the participants identified a need for competence building to address the lack of labour in rural livelihoods. There is often no clear link identified between a changing work environment and a need to develop new competencies. Perhaps this is related to what Ainsworth and Teokul (2000) noted earlier that: “amazingly little is known about appropriate strategies for mitigating the impact of AIDS on poverty”.

The field research revealed that a new jargon around HIV/AIDS has emerged. Words and abbreviations like counselling, VCT (Voluntary Counselling and Testing), HBC (Home Based Care), coping skills, BCP (Behaviour Change Program) were frequently used and often haphazardly. This could be a sign of what Cohen (2000) cautions for: “that the process can easily become a token gesture, HIV/AIDS being not so much taken on board as formally included and then effectively ignored”. A professional and personal commitment is needed to effectively address the problems of HIV AIDS in rural development and agriculture.

Barriers to attitude change can be found in cultural factors and in particular in stigmatisation. Generally people do not speak openly about very private matters. One of the barriers in dealing with farmers who possibly or certainly are infected with HIV/AIDS is dealing with the delicate nature of the issues at hand. “*It is difficult to deal with them*” as one officer in Zambia admitted, referring to HIV infected people. He continued: “*When we see a male*

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colleague in a bar with many women he is a hero, but when he gets AIDS we do not know how to deal with it“. Moreover there is friction between keeping information about the infected family secret and the importance of making it public for awareness-raising.

6.3. Implications for training and education

As HIV/AIDS is a relative new phenomenon, it is important for RDPs to develop an understanding of HIV/AIDS and their sector. And in the future to determine how they should respond based on their own mandate. This is often indicated as HIV/AIDS mainstreaming (Elsey et al, 2003). Mainstreaming clearly indicates that a sector should respond in line with their work. For example, it may not be advantageous for agricultural extension workers to take on whole new workload of HIV prevention activities such as counselling or condom distribution, but it may be more effective for the RDPs to recognize their comparative advantage and concentrate on reshaping agricultural activities so they better meet the needs of rural households affected by AIDS.

Conventional rural development education and training is not adequate for developing the competences needed to respond to the changes caused by the HIV/AIDS pandemic. Competency based training should be integrated in existing training programs of agricultural colleges and other training institutes. Opportunities for on-the-job training should be explored and are highly recommended.

In table 4 the competencies are presented that should be the focus of training.

Table 4. HIV/AIDS related competencies for RDPs

Competency	Knowledge about:	Skills in:	Attitude:
Counselling	Counselling of people with severe illnesses / trauma's	Dealing with delicate and confidential issues	Caring, positive, empathic
Networking	Cultures of organisation; management styles	Writing proposals;organising (network)meetings; working in multi-disciplinary teams	Open towards multi-sectoral approach
Lobbying	Organisations involved in HIV/AIDS on local, national and international level	Lobbying; writing	Assertive
HIV/AIDS basic facts	The disease, transfer of the virus, up to date information about treatment, food based approach, etc.	Carrying out impact assessment	Eagerness to learn, to do research
Dealing with changed food production and livestock systems	New food production systems; keeping small ruminants or other livestock than is common in the area	Planning, taking into account reduced availability of resources for households	Eagerness to learn about new crops/livestock/survival strategies for farmers

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Applying technical knowledge	Labour saving and post harvest technologies; income generating activities	Identifying opportunities and strategies to help the affected households	Open for new solutions; eagerness to learn
Problem solving	Problem analysis	Devising solutions, adapted to specific problems of affected households	Attentive to requirements of individuals in a household
Gender and HIV/AIDS mainstreaming	Mainstreaming in organisations	Organising meetings	Gender sensitive

7. Conclusion

This study aimed at identifying competencies that RDPs need in order to deal with HIV/AIDS issues related to their work with farming families. It can be concluded that HIV/AIDS accelerates a call for a new approach in education and training in rural development that stresses the human dimension of change.

The HIV/AIDS-associated competencies are new for rural development professionals and need to be looked at in terms of content and training prospects, and need to be incorporated in education of the new generation of rural development professionals, and in the continuing professional development of current staff. This represents a major shift in both the content and the processes of the training of RDPs in comparison to the training of so-called extension workers in the pre-HIV/AIDS era.

Further research is needed as to whether changes in the professional development of RDAs as suggested are effective, not only at the reaction and perception level of the experts and professionals themselves, but also at the level of farming families. This calls for further in-depth participatory analyses of professional development activities of RDPs in this respect and the interactions with and reactions of the farming family members on issues regarding HIV/AIDS.

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