

# Upscaling Community Conversations in Ethiopia

2004

Unleashing Capacities of Communities for the HIV/AIDS Response





*“In the face of a phenomenon so intricately linked into the fabric of a society and as personally and professionally threatening as the HIV epidemic, it may be that only programmes which penetrate the soul of a community, organization or nation will be effective.”*

*- Campbell, 1997*

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# Foreword



This document is a follow-up to 'Voices of Change, Voices of Action –Transforming the response to HIV/AIDS, An Ethiopian Experience', 2003, which presents the results of UNDP's Leadership for Results Programme and its contribution in responding to HIV/AIDS in Ethiopia in 2002/3.

In 'Upscaling Community Conversations in Ethiopia 2004' we focus on a key component of the programme, Community Conversations, and the powerful results it has brought about in terms of empowering communities at the grass roots level to engage in open discussions about HIV/AIDS and to take innovative steps to reverse the spread of the epidemic, including behavioural change. The results speak for themselves. Given the increasing demand from the communities and partners for the Community Conversations methodology, UNDP is embarking on the next and exiting phase of the programme to up-scale Community Conversations nation-wide. We would like to invite all partners from the Government, NGO and the donor communities to join us in making available this truly remarkable methodology to all Ethiopians.

For supporting us in introducing Community Conversations in Ethiopia, I would like to express my sincere gratitude to the following: the Communities of Alaba and Yabello, who have been part of this exciting process of self-discovery and transformation from the beginning. Our partners in SNNPR, Dr. Ersiddo Lendebo, Head of SNNPR HAPCO and Dr. Bogaletch Gebre, Executive Director of KMG (Kembatta Women's Center Ethiopia). Our partners in Oromiya, W/ro Fatuma Abafita, Head of Oromiya HAPCO and Dr Daniel Gidamo, Head of BRUDA. To Ato Negatu Mereke, Head HAPCO, I extend a very special thanks for his strong support and partnership, which has contributed to the success of the methodology so far.

Thanks also to Dr. Monica Sharma, Team Leader, BDP, HIV/AIDS Group, and her team member, Dr. Moustapha Gueye, and Mr. Daouda Diouf for making the methodology available in Ethiopia; and to Ms. Nileema Noble, Deputy Resident Representative and the UNDP Ethiopia HIV/AIDS team for their commitment and effective management and operationalisation of Community Conversations in Ethiopia.

A handwritten signature in black ink, appearing to read 'Samuel Nyambi'.

Samuel Nyambi  
UNDP Resident Representative, Ethiopia



## Introduction



In July 2002, a group of 60 individuals met together in a school hall in Alaba Town, Ethiopia, to embark together on an extraordinary process. Among the people present were students, teachers, farmers, government officials, nurses and other members of the Alaba community—both women and men, young and old. Also present were representatives from the SNNPR and Oromiya Regional HIV/AIDS Prevention and Control Offices (HAPCO), UNDP and several partner NGOs, including Kembatta Women’s Center (KMG), Bethel Rural & Urban Development Association (BRUDA) and Mekane Yesus. The goal of the meeting was to launch a process in Ethiopia, in which the ability of communities to understand and effectively respond to the deeper causes of their complex challenges in HIV/AIDS is acknowledged and supported.

The process, Community Conversations, is one of UNDP’s core contributions to the HIV/AIDS response. It is a powerful methodology, involving trained local facilitators, who facilitate a process of developing the capacities of communities and the organizations working with them to effectively respond to the HIV/AIDS epidemic.

Since that first meeting in Alaba Town, UNDP – together with partner NGOs KMG and BRUDA

– has implemented Community Conversations in communities in Alaba, SNNPR and Yabelo, Oromiya, with remarkable results. The process in Ethiopia has achieved true breakthroughs in providing people with the means of identifying their own problems and finding their own solutions. Aided by skilled facilitators from their own communities, people are openly talking to each other about ‘taboo’ subjects for the first time. While exploring the implications of HIV/AIDS, they are identifying their own cultural norms and values that are fuelling the epidemic and the social capital within the community to overcome them. And in line with UNDP’s mandate, many of the outcomes of Community Conversations are working towards strengthening and enhancing the results of other organizations’ interventions.

The following is just a sample of the areas, in which Community Conversations are driving resounding results (*more detail on these examples are provided in “Results” boxes throughout this document*):

- Communities are taking responsibility for their own prevention, by travelling great distances to utilise VCT centres, and forbidding the use of shared needles and blades
- Communities are discontinuing traditional



practices that they have identified as being harmful in the context of HIV/AIDS, such as female circumcision, widow inheritance and wife sharing

- Communities' voices are feeding into local governance
- Communities are drawing upon their own social capital to provide care and support for children orphaned as a result of AIDS
- Communities are sharing their conversations and wisdoms with neighbouring communities

Although Community Conversations is a core component of UNDP's HIV/AIDS response, the results extend beyond the realm of HIV/AIDS. The process allows for open and frank discussions about otherwise 'taboo' issues, such as gender, harmful traditional practices, and sexual relations. Additionally, the methodology can be applied to other areas, such as poverty or environment. Other questions would be posed, and other solutions would be found, but the fundamental principles of participation, empowerment and transformation would remain central to the process.

Furthermore, as experience has shown, the results are being amplified and multiplied through **resonance**. Resonance occurs when communities transfer and share lessons learned with other communities, and when the changed attitudes, beliefs, behaviour and ways of being begin to be adopted and shared with members not present at Community Conversations.

On account of the extraordinary results generated through UNDP's Community Conversations approach in Ethiopia, demand for Community Conversations has been overwhelming.

## Results

Communities are learning how to prevent infection and making decisions for safer health services.

The practice of 'Festal hakims', traditional healers, or so-called 'plastic bag doctors' who travel from one village to the other, has been forbidden by the Hamata Peasant Association. Community Conversations participants have realised that the shared use of needles and blades might contribute to the spread of HIV/AIDS.





## Community Conversations: The Methodology in Brief

Community Conversations involve trained local facilitators, who help the community to generate insights on the underlying factors fuelling the spread of HIV/AIDS in the community.

This is done using a wide range of participatory methodologies, such as story telling, active listening, and strategic questioning, in order to identify shared concerns, observe, reflect, question, explore and make decisions for change together. In these sessions, a cross section of people from the community are invited to participate – men and women, old and young, people living with HIV/AIDS and those who are not infected, religious and traditional leaders, representatives from women's associations, youth groups and members of the community at large.

An environment is fostered, in which all those concerned work together, based on the recognition that people have valuable capacities, perspectives and knowledge, as well as an interest in change. These are validated, built upon and strengthened through community meetings. The approach also acknowledges that people can hold false beliefs, be misinformed or act in bad faith.

### Objectives of Community Conversations

1. To generate a deep and complex understanding of the nature of the epidemic within individuals and communities, and to create social cohesion for an environment that is conducive to political, legal and ethical change.
2. To support the development of self-esteem, self-confidence, tolerance, trust, accountability, introspection and self-management.
3. To empower communities to examine and redefine social contracts between different groups in the community – for example, between women and men, People Living with HIV/AIDS (PLWHA) and those that are uninfected or untested, the old and young, and the rich and poor.
4. To build a pool of resource persons with transformative leadership competencies and facilitation skills in community conversations, to scale up community responses to HIV and related development issues.
5. To bring the voices of people into the national response; to integrate community concerns and decisions into national and decentralized plans, thus linking resources to individual and collective needs.
6. To strengthen the capacity of NGOs and CBOs to develop appropriate strategies for a response that places communities and individuals at the center of the response.



Through the process of inclusive interaction, collective or social learning occurs, power relations shift, ownership and responsibility for change is strengthened, changes are initiated and local capacities and resources are mobilized. This is done within a methodological framework with specific steps, matching skills and tools.

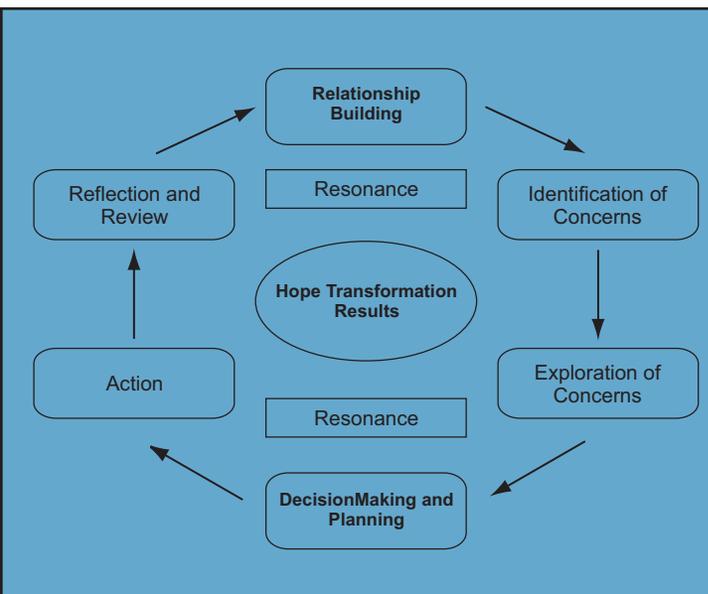
Community Conversations is a facilitated process for dialogue and decision making – for communities to delve into the deep and sometimes uncomfortable causes of the epidemic in their lives and generate their own solutions to address those causes. By facilitating rather than intervening, and by empowering rather than prescribing, Community Conversations stands in contrast to many other approaches seeking to bring about Behaviour Change.



## Results

**Communities are taking action to know their HIV status and protect their loved ones.**

Participants declared that their participation in the community meetings had helped them to take the decision to get tested for HIV. Many individuals reported that they had undertaken the 4 hours ride (one way) on a public bus to the nearest VCT centre in the regional capital. Others reported that they had convinced their partners to get tested before getting married, and that the couples had undergone HIV testing together.





## Leadership for Results

Community Conversations is part of a synergistic package called Leadership for Results. Leadership for Results is UNDP's breakthrough contribution towards supporting a country's overall response to HIV/AIDS. The strategy uses approaches that have a potential impact on all development issues, reaching far beyond HIV/AIDS. Leadership for Results approaches the epidemic at multiple entry points, and it is designed to create an enabling policy, legislative and social environment to achieve measurable and sustainable results in the campaign against HIV/AIDS. Through its core interventions, it addresses the underlying social, cultural, political and economic factors that fuel the epidemic, and supports the goals set by UNGASS and the Millennium General Assembly.

The Leadership for Results package was designed based on the understanding that, given the magnitude and complexity of the epidemic, 1) what has been done so far is not enough, and 2) how it was done has in many cases not led to sustainable results.

### Long-lasting results will only come...

- **Through leaders at all levels committing themselves to addressing the epidemic by**

**taking personal and collective responsibility.**

- **Through the transformation of beliefs, attitudes, norms and values that fuel the spread of the epidemic, and**
- **Through action that addresses the underlying causes of the epidemic, such as stigma, discrimination, denial, gender inequality and poverty.**

Leadership for Results seeks to develop leadership capacity at all levels, and in all sectors. The strategy is based on theories and practices of integral transformation such as distinctions, leadership conversations for effectiveness in businesses and government, emotional intelligence competencies, and frameworks for understanding complexities and organizational development. The focus is on a leadership that emanates from the self, rather than being shaped by external factors and obstacles. Leadership for Results is based on individuals, communities, institutions and nations taking a stand and a making a commitment to producing results. It is also based on action that is combined with continuous learning and practice, as opposed to a one-time effort.



The four main components of the Leadership for Results package are:

- **Leadership Development Programme:** Promoting leadership at all levels, and developing the capacity of governments, civil society, development partners, communities and individuals to effectively respond to the epidemic.
- **Community Conversations:** Stimulating community-based responses, by empowering communities to generate insights on the underlying factors fueling the spread of HIV/AIDS in the community.
- **Development Planning:** Strengthening development planning and systems at national, district and community levels for a truly multi-sector, multi-level implementation of strategic HIV/AIDS responses, using holistic methodologies to comprehensively address the root causes that drive the epidemic.
- **Arts & Media:** Constructing a new social reality and inspiring action by generating new icons and metaphors that can bring about a society-wide shift in the perceptions and customs – fear, sex, discrimination, gender inequality and silence – which are at the heart of HIV/AIDS.

An effective response to HIV/AIDS is, in essence, a governance challenge. Such a response works with and enhances the complex mechanisms, processes, social relationships and institutions, through which citizens and groups articulate their interests, exercise their rights and mediate their differences. Effective democratic forms of governance rely on participation, accountability and transparency.

**The Leadership for Results package addresses these critical governance challenges.**



*They came to teach us something.  
What do we do?  
What is our part?  
How can we show that we have  
learned something?  
It is our business,  
Our own life,  
They cared for us,  
Let us do likewise...!*

(English translation of a song composed by a CC participant, farmer, Alaba Woreda)



## Upscaling Community Conversations

As the results have demonstrated, Community Conversations is a powerful tool for positively transforming the response to HIV/AIDS. The priority for UNDP is now to scale-up the methodology in Ethiopia. Our goal is to have Community Conversations introduced in all 550 Woredas, such that Ethiopians nationwide are empowered to identify and address the issues driving the HIV/AIDS epidemic in their communities.

**But just as we have relied on valuable partnerships for the achievements generated through Community Conversations thus far, so will the nationwide scale-up require the concerted efforts of a broad and dedicated group of organizations, institutions and communities.**

UNDP also sees this as an opportunity for building and enhancing partnerships, as well as for developing the capacity of Ethiopia-based institutions to utilize transformative methodologies for the national response to HIV/AIDS. In short, it is through creating an enabling environment for our partners that we hope to make the most significant and sustainable contribution to the HIV/AIDS response in Ethiopia.

In July 2003, UNDP and HAPCO co-hosted a meeting for upscaling the Leadership for Results package in Ethiopia, including Community Conversations. In attendance were representatives from the regional and federal HAPCOs, government institutions, women's groups, international and national NGOs, bi-lateral organizations and the UN. In this meeting, the results were presented in the form of testimonials from community members, who spoke movingly about the changes they had seen through Community Conversations: in the way women and men, old and young, those infected with the virus and those not infected are interacting with each other; how their communities now understood their problems and were addressing their challenges; and in the ways their lives now and in the future are better off as a result.

Participants then separated into small groups to provide input on how they wanted to see Community Conversations rolled-out in their country. These inputs were then incorporated into UNDP's scale-up strategy for Community Conversations.

Since then, UNDP and HAPCO have taken the following steps for upscaling Community Conversations in Ethiopia:



- Enrolment meetings on Community Conversations with NGOs in Oromiya and SNNPR, and with all regional HAPCO heads
- Oromiya: HAPCO has committed to fund the upscaling of Community Conversations in 50 Woredas
- SNNPR: HAPCO has begun the process of conducting Training of Trainers in the region. To be funded by the SNNPR regional budget, using World Bank EMSAP funds
- Global Fund: Community Conversations has been integrated as a major component of Ethiopia's Round 4 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria
- The Ministry of Federal Affairs and local government bodies have agreed to partner with UNDP to use Community Conversations for development planning in the Emerging Regions
- Community Conversations is being used as one of the methodologies to respond to HIV/AIDS by The National Coalition for Women Against HIV/AIDS
- Partnership with other UN agencies: UNDP will integrate Community Conversations, to be implemented by KMG, into a School Health Programme in Afar and Somali regions, in partnership with UNICEF, WFP and WHO
- LDP: UNDP has included in its Leadership Development Programme the trainers and facilitators from the NGOs and government institutions implementing Community Conversations throughout the country, for enhanced leadership and organizational development

And yet, much more is required for the full upscaling of Community Conversations in Ethiopia.

## Results

Communities are distinguishing between cultural practices prescribed by religion, and those that have erroneously been attributed to religious requirements.

The Imam (religious leader) in Alaba, Choroko village, brought his Koran to the Community Conversations, from which he read a verse to teach the followers that the Koran does not encourage promiscuity, and that the traditional practices of wife sharing and offering the wife to visitors were wrong. He cited verses to tell them that men were allowed more than one wife, but that was with conditions and responsibilities. Religious leaders are also part of the Community Conversations. They are playing a crucial role in teaching the community during Friday prayers and daily prayers about HIV/AIDS.



*“When people are given a safe space in which they can say what they feel, where what they say is respected and taken seriously, things can change fundamentally. When people can ‘be’ without fear, miracles happen.”*

Dr. Bogaletch Gebre,  
Founder, Kembatta Women’s Self-  
Help Centre



To this end, UNDP seeks to partner with the government of Ethiopia, NGOs, community-based organizations, faith-based organizations, international organizations and other UN agencies, and to utilize existing institutional structures, such as agricultural and health extension workers, women’s groups and local HAPCO structures, in the following areas:

**Implementation & Coordination:** UNDP will work to build and develop capacity of organizations, which will eventually manage, facilitate and coordinate the Community Conversations process in new geographic regions of Ethiopia. The partner organization should have a wide network in the region. Individuals from the partner organization should be selected to be trained as part of a National Team of Trainers, who will then train local facilitators. These facilitators implementing Community Conversations at the local level will mostly comprise of individuals from community-based organizations. The partner organization will then manage the process of coordinating facilitators to implement Community Conversations at the grass roots level. The partner will be accountable for documenting the Conversations, as well as any initiatives and/or emerging needs that surface in the process.

**Funding:** In order to reach communities in every Woreda of the country, there will be a need for additional resource mobilization. Costs of the process include: Transportation for trainers and trainees, per diem for trainers, refreshment for breaks and lunch, stationary, documentation, hall rental and general administration costs for the implementing/ coordinating organization.

**Addressing emerging needs:** An intrinsic outcome of Community Conversations is the empowerment of communities to identify the issues and gaps that are most relevant and significant to them. For example, through the Conversations, a community may identify as its critical gap the availability of testing facilities, strengthening of traditional women’s groups, training and information on HIV prevention or basic skills for care and support of people living with the disease. If we do in fact believe that local responses to the epidemic should be based on the reality of existing social dynamics and the concerns of local communities, responding to these emerging needs is essential. A critical component of Community Conversations will therefore be to set up mechanisms to assist in funding these needs.



## Results

Community members are shifting perspectives, attitudes and cultural practices on gender issues, based on their link to HIV/AIDS

A farmer who participated in the community conversations acknowledged that circumcising his first-born daughter was a mistake. The act had exposed his daughter to the risk of infection and had reinforced the power relations subjugating women and leaving them more vulnerable to HIV/AIDS. He has now taken the decision to leave his second daughter uncircumcised. This is one of many stories related to Female Circumcision. Many participants reported that they had decided not to circumcise their daughters. One female participant mentioned that she had managed to convince her husband, a traditional circumciser, to stop this practice.

Several participants reported that they had stopped the practice of widow inheritance and that they had refused to marry their late brother's wife.

### UNDP Support:

UNDP is committed to helping develop national capacity for a sustainable scale-up of Community Conversations in Ethiopia.

UNDP's support to partners will be in the following areas:

- Training of a team of National Trainers in the Community Conversations methodology
- Dissemination of updated Facilitators Manual to all trainers trained in UNDP's programme
- Skills reinforcement of existing National Trainers
- Experience-sharing forums of Trainers and Facilitators
- Quality control, monitoring and evaluation
- Coordination of documentation
- Advocacy
- Providing transformative leadership development to its partners through the Leadership Development Programme
- Facilitation of partnership agreements with NGOs, CBOs, government institutions, international organizations and UN agencies for coordination and synergies

*For more detailed information on the concepts, principles and process for implementing Community Conversations, please refer to UNDP's document, "Community Conversations: A Concept Paper."*



## Results

The wisdom, concerns and needs of communities are feeding directly into formal structures of local governance and laws.

Yabello, a pastoralist area in the Southern part of Ethiopia, is still partially governed by a traditional system of Geda Leaders from three tribes: Borena, Guji and Gebre. The Geda Leader system, covering 2 million people, is a sophisticated system of making and passing decisions/laws/punishments on family issues, inheritance, criminal offences and other community issues.

In Yabello, the Community Conversations have been conducted in four Borena communities for one year. Through the Conversations, communities have identified a number of traditional practices such as Yala Yalto (the practice of having multiple lovers besides your wife/husband), widow inheritance (the practice of the widow being inherited by her deceased

husbands brother) and early marriage that are fuelling the spread of HIV/AIDS in that community.

Since identifying these practices, the communities have worked with UNDP and the implementing NGO, BRUDA, to bring these practices and their link to HIV/AIDS to the attention of the Borena Geda Leaders. The leaders then declared that the issues are to be discussed and the law to be amended in the Geda Leader Forum in July, 2004 – a meeting with all the Borena clans and leaders (about 10,000), which takes place every 8 years. Furthermore, leaders of Yabello's other tribes, Guji and Gebre, have been informed about the developments in the Borena tribe and are planning to bring up HIV/AIDS in their meetings and, if their constituencies agree, change the law as well.

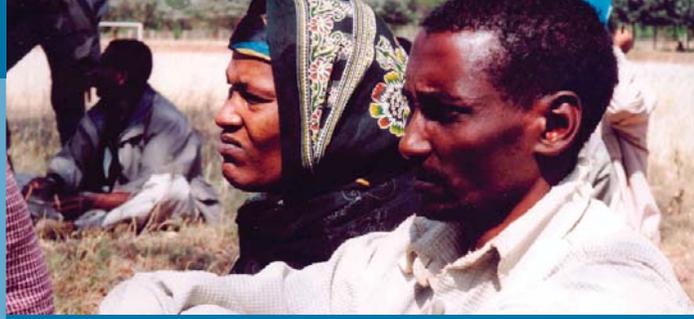
## Results

### Community Conversations have created Social Resonance

Community Conversations have continued beyond the organized meetings, which is reflected in the change of behaviour and similar conversations taking place by members of adjacent communities not directly supported by UNDP's Community Conversations.

Communities are developing and drawing upon their own social capital for Care and Support.

In one of the community meetings, several children orphaned as a result of HIV/AIDS were invited to participate, and the community collectively came up with solutions on how to support them.



“Having seen residents identify the problems within our own cultures, having seen how our own beliefs and traditional practices have endangered our lives, and then having talked about it openly is a big achievement... We as residents have become convinced that the cure or prevention to this disease is in our own hands.”

- Mr. Hussein Igena, Alaba



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