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Dine Brinkman <sup>a</sup>, Annemarie M. B. Westendorp <sup>b</sup>, Arjen E. J. Wals <sup>a</sup> & Martin Mulder <sup>a</sup>

<sup>a</sup> Wageningen University, The Netherlands

<sup>b</sup> Larenstein University of Professional Education, Wageningen, The Netherlands

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# Competencies for rural development professionals in the era of HIV/AIDS

Dine Brinkman<sup>\*a</sup>, Annemarie M. B. Westendorp<sup>b</sup>,  
Arjen E. J. Wals<sup>a</sup> and Martin Mulder<sup>a</sup>

<sup>a</sup>Wageningen University, The Netherlands; <sup>b</sup>Larenstein University of Professional Education, Wageningen, The Netherlands

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 have taken 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 developing countries in the southern hemisphere 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 officials. A focus group discussion with 15 Zambian agricultural extension workers completed the empirical part of the research. The study reveals that there is an urgent need to complement the technical competencies of rural development professionals with more social competencies, such as counselling and communication, lobbying and networking. Recommendations are formulated 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*

## 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 in the family labour force, steadily increasing costs for health care and funerals and severe food security risks. At the same time,

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\*Corresponding author: Wageningen University, Social Sciences Group, Chairgroup of Education and Competence Studies, PO Box 8130, 6700 EW Wageningen, The Netherlands.  
Email: dine.brinkman@wur.nl

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; Food and Agriculture Organization [FAO], 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 & 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 significant efforts in this direction have not led to the expected results (Topouzis, 2003; Marete, 2004).

### 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 more sustainable rural development in a Sub-Saharan context. Rural Development Professionals (RDPs), assembled by the Larenstein and Wageningen Professional Network for Aids and Rural Development (LAPNARD), an alumni network on AIDS and rural development, indicated that their current tasks, abilities and responsibilities are insufficient to address the problems of rural communities affected by HIV/AIDS (Witteveen *et al.*, 2001).

The HIV/AIDS pandemic has resulted in a reduction in available resources, in particular a loss of agricultural labour and a reduction in working time. These have been the main factors leading to a loss of productivity and changes in production patterns (du Guerny, 1999; World Bank, 1999; Barnett & Whiteside, 2002; Baylies, 2002; De Waal & Tumushabe, 2003; UNAIDS, 2004). Not only does the household lose the productive labour of affected member(s), it also loses significant labour by other household members whose time is taken up in caring for the sick as well as attending funerals or mourning the dead (Stokes, 2003). Reduced productivity has been confirmed by other studies (van Liere, 2002; Hilhorst *et al.*, 2006). As Baylies put 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, p. 43).

Another consequence of the pandemic is that the level of experience and knowledge is decreasing, not only as people are dying, but also as the transfer of skills from parents to children diminishes. The traditional transfer of knowledge from father to son or mother to daughter is disrupted, which has consequences for rural livelihood management (Dominguez *et al.*, 2005). To make matters worse, access to education and training is reduced as resources are spread thinly and the emphasis is placed on short-term survival strategies.

Furthermore, cropping patterns are changing: high input crops are being replaced by less demanding ones. A delay in applying agronomic practices has been noticed and some activities, such as weeding, no longer take place (Kwaramba, 1998;

Rugalema *et al.*, 1999). In the field of animal husbandry animals of households affected by the disease generally receive less care and/or large animals are replaced by small ruminants or poultry.

Due to the consequences of HIV/AIDS the clientele of RDPs is changing. More households headed by females are emerging, as well as some headed by grandparent or orphans (Family Health International [FHI], 2001; Dennis *et al.*, 2002; LAPNARD, 2004). 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 & Tarantola, 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 Qamar (2001), who stated 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).

### **The research approach regarding rural development competence**

Recent years have shown a considerable increase in research on the impact of HIV/AIDS on agricultural production, livelihoods and households (Müller, 2004). However, the aspect of competence development of RDPs 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 RDPs 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 were 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 obtain answers to these two questions it was also useful to obtain 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 within their own organization 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.

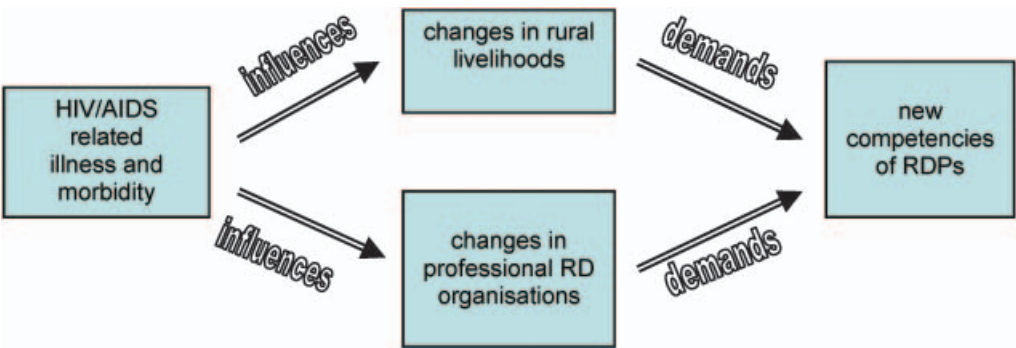


Figure 1. Main components of the study

Data were collected using several methods. The study commenced with a case story exercise. In the exercise 45 rural development professionals from Africa who were studying in The Netherlands were exposed to stories reflecting current field situations. The cases depicted individuals and households affected by HIV/AIDS (Appendix 1). The respondents were asked how they would assist the individual or the family affected by HIV/AIDS as described in the case. This exercise served as a catalyst for a semi-structured questionnaire in which they were requested to list the knowledge, skills and attitudes they thought necessary for RDPs to deal with the changes arising due to HIV/AIDS (Appendix 2).

As a next step, 34 in-depth interviews with 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 into their conceptions of newly required competencies.

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, Zambia. Findings from this discussion are of a more qualitative nature and are more specific to the Zambian context. The results were used to confirm and exemplify the data collected by the other methods.

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

The respondents to the semi-structured interviews consisted of RDPs from Africa studying at Larenstein University of Professional Education, representing a variety of middle level managers in the agricultural sector. They were involved in rural development training, policy and planning, project management and/or monitoring and evaluation. Their professionalism was in various fields, such as food security, animal husbandry, agricultural extension, gender and agriculture and others. They worked either for the government or for NGOs. The respondents to the in-depth interviews consisted of a different group of RDPs, gathered together for a meeting of LAPNARD in Zambia. They represented the same variety with regard to their profession as the first group, but the countries they represented were East African:

Ethiopia, Kenya, Tanzania, Uganda and Zambia. The participants in the focus group discussion were agricultural officers from 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.

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

What changes related to their profession do RDPs face in their work in the light of the emergence of HIV/AIDS? In order to obtain some answers the information provided by the 45 respondents to the questionnaire was combined with the results

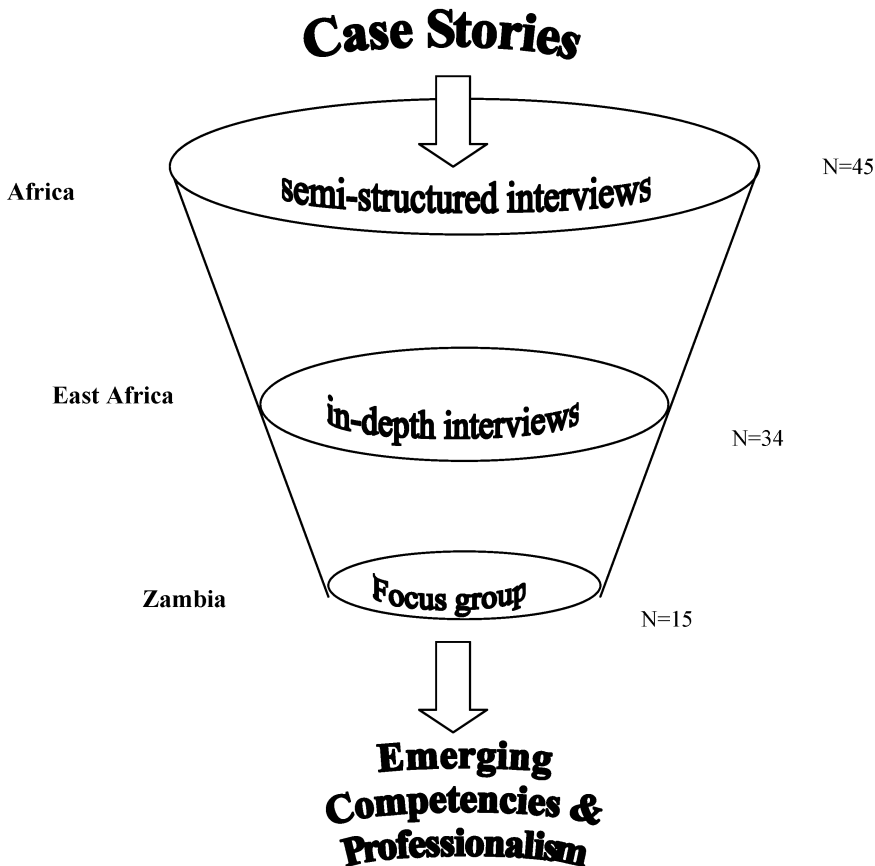


Figure 2. Stages and methods used in the data collection process

of the 34 in-depth interviews. The results can be found in Tables 1–3. The information from the focus group discussion is used as additional comments.

*Changes in interaction in the field*

All the respondents had experienced the influence of HIV/AIDS in their dealings with their client group. The contact with farmers and rural communities affected by HIV/AIDS had changed. The composition of the groups the 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 officer).

As Table 1 shows, loss of income, decreased participation by men, increased participation by women and increased school failure and drop-out levels were mentioned most frequently. A loss of knowledge was also mentioned by several RDPs. According to the Zambian field officers children are not acquiring agricultural knowledge because their parents have died and they have no one left to teach them how to farm.

We have witnessed farms that were productive and well maintained become fallow land after parents die of HIV/AIDS since the children are not able to take up farming.  
(Zambian camp and block officer)

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

Change 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

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

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, for example, training	18

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 officer)

In general, people in rural areas have become more dependent on outside help. More people are malnourished. Income is prioritized 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 and care for the sick.

All these perceived changes have an impact on the quality (i.e. lower participation levels), content (i.e. health-related, existence issues and loss of knowledge) and design (more diverse audience, i.e. more women, orphans and 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 by RDPs.

### *Changes in agricultural practices*

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

The reported changes in cropping systems referred to a shift from maize to less demanding crops, such as cassava, while sweet potato had replaced millet. Remarkably, in Lusaka District the block officers had noticed a shift towards cash crop production as farmers tried to generate farm income. However, the Zambian officers also noted that subsistence farmers were unable to improve their farming practices: they tended to remain at the same level of production or showed a deterioration after a member of the family had fallen victim to HIV/AIDS.

Farming systems were also changing, as more farmers adopted time and labour saving tillage. Furthermore, basic agronomic practices, such as planting, weeding



and fertilizer application, were being delayed. 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 had been sold and replaced by small ruminants. It was also reported that more women were in charge of taking care of the larger animals than before the disease hit the family.

Women were often at a loss because they had no access to resources when their husband died. They became increasingly involved in non-agricultural income-generating activities to make money. To make things worse, young women increasingly resorted 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 practice also demanded 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.

#### *Changes in professional rural development organizations*

The consequences of HIV/AIDS for the working environment of RDPs are not limited to their encounters in the field, but are also felt within the institutions and organizations 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 the field level had passed away in the last few years, and most of them were not replaced, despite the increasing urgency for support for sustainable rural development. '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 participant). As a result of this and increased absenteeism many RDPs reported an increasing workload and a reduction in output. They also reported that they had less time to visit rural areas and felt trapped in their offices. Furthermore, as more money was being spent on funerals and medical costs, less funding was 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 affected the RDP in the office and in the field, but also at the level of his/her own family. One of the camp officers stated that she was taking care of 13 orphans, the children of her late sister and two brothers. This affected the quality of service she was giving to her farmer clients, since she had to think of innovative ways of generating extra income. Increased absence due to illness, attendance at funerals, caring for the sick and orphans at home was mentioned by several RDPs.

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

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

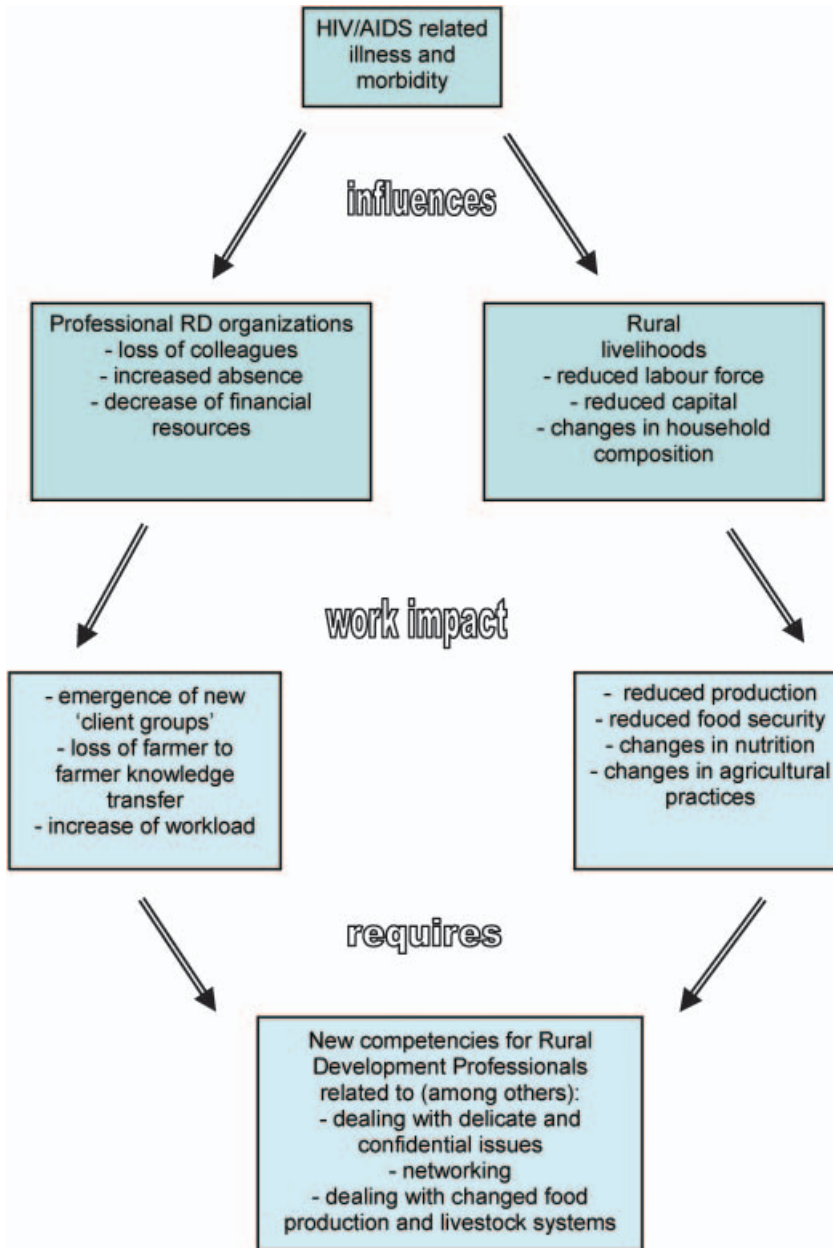


Figure 3. Consequences of the HIV/AIDS pandemic for rural development professionals

### Competencies of rural development professionals before and after HIV/AIDS

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

Many participants emphasized that technical knowledge related to their working field (agriculture, nutrition or animal husbandry) remained important. Besides that, facilitation, participatory techniques and communication skills were identified as essential by most participants in the study. In addition, the Zambian field officers also emphasized the ability to demonstrate skills to farmers so that they could 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 participant).

In the context of HIV/AIDS the majority of the participants said that counselling as well as lobbying and advocacy were new competencies necessary for RDPs working in areas affected by the epidemic. Furthermore, a knowledge of HIV/AIDS (basic facts, transmission, etc.) was important. It was acknowledged that RDPs needed a more holistic approach to their work, linking health, agronomy, nutrition and socio-economic factors.

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 RDPs had to be committed, e.g. 'work beyond normal time'. In the focus group discussion a Zambian camp and block officer 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 restrict them in discussing sex and sexuality with the elderly.

## **Implications for professional development**

### *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 themselves and the nature of the contact have all been affected. The frequency of contacts with farmers and rural communities affected by HIV/AIDS has been reduced. Besides this, the composition of the clientele of RDPs 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 be involved in agriculture. The attitude to 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 farmers and rural communities affected by HIV/AIDS are different from unaffected communities.

*Changes in agricultural practices.* This study reaffirms that HIV/AIDS is not only a health issue. The disease has had a huge impact on the agrofood system in Sub-Saharan Africa. A loss of agricultural labour and a reduction in working time has led

to decreased productivity. Women are especially affected, as they are usually responsible for home-based care, but have had to take up other duties traditionally carried out by men. The participants in this study reported that the number of households headed by females has increased. The study affirms research findings that cropping patterns are changing due to a shortage of resources: maize is being replaced by cassava, millet by sweet potato.

*Changes in professional rural development organizations.* A direct impact of HIV/AIDS on the organizations by which RDPs are employed is also noticeable. The most apparent and immediate change is the loss of colleagues, which has had many consequences for agricultural service organizations. Another obvious impact is increased absence due to illness, attendance at funerals and caring for the sick at home. Loss of capacity, skills, knowledge and experience puts a great deal of pressure on the remaining staff. Coverage of the working area has decreased as 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. The participants in this study remarked that RDPs 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 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) confirmed the shifting focus of rural development professionals when they wrote: '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 the attention of 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 was needed for RDPs faced with HIV/AIDS-related problems. It was,

however, not clear what exactly they 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 counselling and testing (VCT). It is a relatively recently introduced term that people hear in association with HIV/AIDS issues and, therefore, RDPs might assume they need these skills or they may 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 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 be tested;
- to bring up the subject of HIV/AIDS;
- to teach the target group how to prevent infection;
- to communicate with the target group;
- to respond to someone who had been told that he/she is infected;
- to inform infected people about coping strategies;
- to give people psycho-social support;
- to suggest ways to react positively to stigmatization;
- to develop an ability to handle trauma;
- to develop a knowledge of how to address people with HIV/AIDS or their relatives, especially when there are cultural barriers to this;
- to develop a capability to talk properly about the disease.

The prevailing view is that one needs counselling skills to address the issue with farmers. It used not to be part of the normal job of the RDP, 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) stated: 'There is a need for extension agents to present ideas, issues and strategies to HIV/AIDS vulnerable individuals and groups effectively'. And Laver (1993), in a study about 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 by RDPs the participants often mentioned lobbying and networking. Networking is a process by which two or more organizations and/or individuals collaborate to achieve common goals. Networking is essentially based on two concepts—mutual trust and mutual benefit (Aids NGOs Network in Eastern Africa, 1999).

Networking is important because the problem of HIV/AIDS is clearly a concern RDPs cannot deal with by themselves. It is acknowledged to be a complex problem that needs a multi-sectoral and holistic approach, with collaboration with different stakeholders in rural areas (Gillespie, 2005). The RDPs realize that lobbying is needed to gain attention for the HIV/AIDS problem. 'Different organizations 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 obtain more knowledge of the basic facts about HIV and AIDS. Cohen (2000) confirmed this: 'what is needed is a more complex understanding of the epidemic than has existed hitherto'. As an Ethiopian government officer stated: '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 experiences and observations of RDPs show that the HIV/AIDS epidemic has had a clear gender dimension: men and women are affected differently and have had to 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) put 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 obtain more knowledge on nutrition when 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 has been confirmed in other studies in which nutrition was seen as increasingly playing a role in the survival of people living with HIV/AIDS. The FAO (2002) stated that HIV/AIDS and nutrition are closely linked. HIV/AIDS contributes to food insecurity and malnutrition. In other words, food insecurity increases the vulnerability of people to exposure to HIV (Gillespie, 2005). Poor nutrition can weaken the immune system and contribute to contracting AIDS.

#### *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 RDPs confirmed 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 agriculture. There was often no clear link identified between a changing work environment and the 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 new jargon around HIV/AIDS has emerged. Words and abbreviations like counselling, VCT, home-based care (HBC), coping skills, behaviour change programmes (BCPs) were frequently and often haphazardly used. This could be a sign of what Cohen (2000) cautioned: '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 among cultural factors and, in particular, in stigmatization. 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 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 in order to raise awareness.

#### *Implications for training and education*

As HIV/AIDS is a relatively 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 termed HIV/AIDS mainstreaming (Else & Kutengule, 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 a 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 that they better meet the needs of rural households affected by AIDS.

Conventional rural development education and training is inadequate for developing the competencies needed to respond to the changes caused by the HIV/AIDS pandemic. Competency-based training should be integrated in existing training programmes of agricultural colleges and other training institutes. Opportunities for on-the-job training should be explored and are highly recommended.

Table 4 presents the competencies that should be the focus of training.

## 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

Table 4. HIV/AIDS-related competencies for RDPs

Competency	Knowledge	Skill	Attitude
Counselling	Counselling people with severe illness/trauma	Dealing with delicate and confidential issues	Caring, positive, empathetic
Networking	Cultures of organization; management styles	Writing proposals; organizing (network) meetings; working in multi-disciplinary teams	Open to a multi-sectoral approach
Lobbying	Organizations involved with 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 assessments	Eagerness to learn, to do research
Dealing with changed food production and livestock systems	New food production systems; keeping small ruminants or other livestock not common to the area	Planning, taking into account reduced availability of resources for households	Eagerness to learn about new crops/livestock/survival strategies for farmers
Applying technical knowledge	Labour saving and post-harvest technologies; income generating activities	Identifying opportunities and strategies to help the affected households	Open to 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 organizations	Organizing meetings	Gender sensitive



that HIV/AIDS has accelerated the call for a new approach in education and training in rural development that stresses the human dimension of change.

These HIV/AIDS-associated competencies are new to RDPs and need to be looked at in terms of content and training prospects, and need to be incorporated in the education of the next generation of RDPs and in the continuing professional development of current staff. This represents a major shift in both the content and the processes of training of RDPs in comparison with 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 RDPs as suggested here could be effective. This calls for further in-depth participatory analyses of professional development activities of RDPs in the HIV/AIDS context and of their interactions with and the reactions of farming family members on issues regarding HIV/AIDS.

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## Appendix 1. Example of a 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 16 years old. He has a brother of 10 years and a little sister of 6 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 hours walk.

John has not attended school since his mother fell ill. The younger ones go to school, with the church paying their school fees.

John and his brother and sister work in the backyard where they grow bananas and cassavas. 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 realizes that they are hungry, the two meals of porridge not being 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. However, neighbours informed you about their situation and urged you to visit them. What do you do?

## Appendix 2. Guidelines for in-depth interviews

Personal data: country, job profile, job content, educational background.

- 1a. What changes, due to HIV/AIDS, do you notice with regard to contacts with your clients?

- 1b. 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/fieldwork that are the consequence of HIV/AIDS?
- 1d. What are the consequences of HIV/AIDS within your organization?
  - 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.