



# Reaching Zero: Asset Based Community led-Development (ABCD) as a prospective HIV Prevention Tool? – Interim Findings

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## BACKGROUND

The Raphael Centre is an NGO and based in Grahamstown. Until 2014, it provided conventional HIV-related services including HCT, HIV and adherence education, support group facilitation and feeding schemes. But then the Centre realised merely two percent of support group members used what was learned during support group sessions to live a pro-active, purposeful and healthy life. In addition, there was a persistently high rates of new infections. In 2013, the staff of the Centre did undergo research and hard, honest reflections which led to the following realisations:

- ✘ The widely applied ABC (Abstinence, Be faithful, Condomise) approach has failed
- ✘ Prevention does not equal HIV testing and counselling nor education (at least in the way it is being conducted: Studies indicate that HIV testing and counselling has done little or nothing to impact on the reduction of the transmission of HIV.
- ✘ Needs-based support and feeding schemes do not bring sustainable progressive impact in people's lives but rather are counter-productive and patronising

### New intervention approach:

We realised that HIV and AIDS are not simply medical and physical health issues. We recognised that hope and resilience are two of the most important internal conditions to live a purposeful life. To believe that one's life has purpose is necessary to protect oneself and others from HIV or HIV progression (treatment adherence).

### ABCD as HIV-prevention tool?

Hence, instead of focussing on what is needed and what are the problems amongst, our Asset Based-Community-driven Development (ABCD) strategy focuses on the strengths and capacities communities already have and builds from there.

### ABCD

- \* Stimulates citizenship and spontaneity
- \* Builds communities from the inside-out
- \* Develops a self-conscious framework for understanding how change happens (N. Eliasov, 2014).

The purpose of this approach is to unlock and unblock skills, talents, resources and knowledge within communities so that people can drive their own development processes to build healthy and caring communities. We believe that sustainable development comes from within. ABCD as a tool and paradigm we use in both of our programmes: in the Child and Youth Wellness Programme and Community Wellness Programme.

## Intervention Research

To enable sustained wellness and change, in 2014, we embarked on a *two-generations strategy* (National Human Services Assembly) with families in two geographically selected areas of Grahamstown.

The aim is to promote wellness within the entire households – a change which we sought to observe and measure to assess the impact our new approach. Here, the Centre works closely with children, their guardians and other adult members of their homesteads: When working with children the Centre wishes to encourage and assist children and youth to become purposeful, resilient and responsible adults.

To facilitate this, a programme with life-skills and wellness interventions was designed. The adults are offered training in Asset Based Community Development (ABCD). This is followed-up by a family-centered approach to explore individual and family visions. The Centre also encourages the child-caregiver bonds through skills and involvement with projects.

Furthermore, the Centre provides health education, HIV -testing and TB-screening amongst guardians and other household members of the children. The majority of the people in these areas seem to persistently abstain from HIV-screening. One staff member who lives in one of the areas himself stated that: "People rather choose not knowing if they've got HIV and prefer just dying of it. Because they fear that with a test the peoples' gossip starts."

Research Objectives	Indicators of Success
1. Igniting paradigm shifting from needs-based thinking to asset-based awareness	People start being pro-active and taking action when working towards their vision to bring progress and change into their households (without relying on government or charities only)
2. Mentoring and encouraging people to use their assets and to drive their own wellness process	Personal assets which were identified during ABCD follow-up visits are used and invested and properly linked (short-term goals) to create and gain more assets which help realising long-term goals
3. Well people taking responsibility to protect themselves and others from HIV-infection	(short term) Adults attending our HCT-outreach + encouraging friends to join for the testing (long-term) Local infection rates dropping

## Methods:

**Interlocutors:** 16 households from three selected semi-urban areas from Grahamstown

**Time frame:** three years

### Tools:

**A.** Questionnaire in February 2015 (t1), February 2016 (t2), February 2017 (t3):

- ✘ Questionnaire 1: self-appreciation, human assets, social assets and relationships, physical/material assets
- ✘ Questionnaire 2: Engagement with community activities to change/ develop neighbourhood
- ✘ Questionnaire 3: Health sustaining behaviour

**B.** ABCD training evaluation (appreciation of asset based thinking, acknowledging paradigm, future orientation)

**C.** ABCD follow up (personal asset inventory and planning in March/ May/ July/October 2015 + January/ March/ May/ July/October 2016 + January/ March/ May/ July/October 2016 +

**D.** General Project Attendance

**E.** HIV testing and health sustaining thinking (see questionnaire 3 + voluntary attendance in testing + recruitment of others for testing)

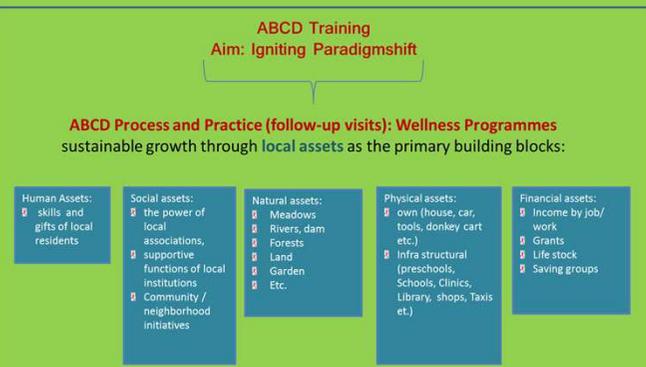
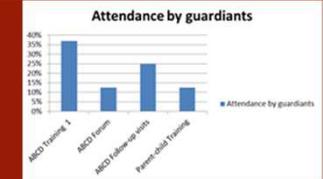
## Results:

### ABCD paradigm and assets:

- ✘ "Now I know how to start doing something myself without depending on somebody" (1 participant of ABCD training, 28.2.2015)
- ✘ Out of five guardians from our focus areas-families who participated in the ABCD workshop only two attended the ABCD forum meeting (platform to meet and for combining assets, exchanging assets, and for sharing ideas)
- ✘ Small stories of success evolving since the last ABCD training: One of the parents, who is HIV positive herself and currently unemployed, attended Umthathi training (gardening) and has called local community leaders to meet and discuss starting a community garden. One other parent started offering hairdressing and plans to save R100 per month so that she can afford embarking on her matric next year

### Health sustaining thinking:

- Responses to the HIV testing in April 2015: 20 percent of parents from "hard to motivate areas" agreed for testing. These were the two mothers who attended the ABCD-workshop in February 2015.



## Conclusion

Implementing asset-based community development has not been a victory path only – it comes with much resistance in old "clients" which have a long history of receiving needs-based support. Getting parents attending workshops has formed a challenge so far. It might require time, patience and some "positive community gossip" about the activities by parents and other guardians who attended the projects the Centre had offered. But its been also acknowledged that development takes time to develop its natural course. Sustained HIV-prevention will be only one of the desired effects and a long term goal.

There is already an indication that the paradigm shift from needs-based and helpless thinking to asset-based and purposeful thinking (ABCD) might encourage adults to deal with matters of health and HIV in a preventive and sustaining way.

**Way Forward:** To enhance chances of progress in family wellness and health sustaining behaviour the ABCD follow-up visits, one of the most important tools, will only be led by ABCD champions of the Raphael Centre.