

# AIDS a threat to biomass energy conservation

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## Status of HIV/AIDS

The regional programme on biomass energy conservation (ProBEC) is implementing a demonstration project in the rural villages of Hurungwe district, 240km north west of Harare, Zimbabwe.

An energy baseline survey was conducted in February 2000 to establish the energy status and the link between energy and health in the demonstration area.

One section of the survey questionnaire tried to solicit the villagers' views on the most prevalent diseases in their community. Malaria and diarrhoea were the most common diseases cited.

Out of 123 respondents, only 5% acknowledged that HIV/AIDS was a prevalent disease. Does this reflect the true situation obtaining

## Le SIDA et la menace sur la préservation de la biomasse énergie

Le SIDA est une maladie ravageant plusieurs pays particulièrement en Afrique. Ceci a engendré plusieurs conséquences y compris une menace sur les espèces ligneuses comme illustré par cet article décrivant la situation d'une région située au Nord-Ouest de Hararé. Le nombre croissant de décès a entraîné une augmentation considérable des cérémonies funéraires qui sont accompagnées de besoins importants en énergie afin de nourrir et chauffer ceux qui assistent aux funérailles. De surcroît, les repas ne sont pas bien préparés conduisant à des problèmes de santé. Souvent les personnes âgées ainsi que les jeunes sont contraints de voyager sur de longues distances à la recherche de bois de feu. Cet article propose des mesures afin d'améliorer la situation des personnes victimes du SIDA ainsi que leurs familles.

in the district? Reliable information from the district health experts differs from that obtained from the survey. The low 5% figure indicates the limited awareness about the HIV/AIDS issue and the cultural sensitivity associated with the disease. It is taboo to discuss openly about HIV/AIDS.

The World Health Organisation (WHO) statistics on HIV/AIDS in Zimbabwe show that the age group between 15 to 24 years is the most affected, with 36% being positive. Regrettably, this is the most productive and active group, whose loss deprives the community of their valuable support. Often they leave behind orphans to support themselves, or in the care of the elderly.

From the baseline survey in Hurungwe, 89% of households are interested in getting more information or training in home-based care of the terminally ill patients. A fairly high number of the respondents (67%) indicated that they normally have ill family members for whom they have to care. The emergence of HIV/AIDS has seen a high rise in the number of home-based care programmes country-wide. Hence it can be concluded that there are HIV/AIDS problems in the community, though they can not be expressed directly.

## Effects

It has been reported at a regional meeting in Malawi in November 2000 that HIV/AIDS is threatening not only the biomass energy conservation programme but also other developmental projects. There has been an observed increase in the number of funerals in the project areas.

## Facts about AIDS in Africa

All but unknown a generation ago, today AIDS poses the foremost and fastest growing threat to development across Africa. By any measure, and at all levels, its impact is simply staggering:

- At the regional level, more than 11 million Africans have already died, and another 22 million are now living with HIV/AIDS. That is two-thirds of all cases on earth.
- At the national level, in at least ten other African countries, prevalence rates exceed 10%. In Zimbabwe and Botswana, one in four adults is infected.
- At the individual level, in many African countries, the lifetime risk of dying of AIDS is greater than one in three. A child born in Zambia or Zimbabwe tonight is more likely than not to die of AIDS

AIDS already accounts for 9% of adult deaths from infectious disease in the developing world. By 2020, that share will quadruple to more than 37%. The global death toll will soon surpass the worst epidemics of recorded history. And unlike those prior plagues, AIDS could well remain with us for decades to come. In South Africa, the prevalence rate grew tenfold in five years.

What sets AIDS apart is its unprecedented impact on development. Because it kills so many adults in the prime of their working and parenting lives, it decimates the workforce, fractures and impoverishes families, orphans millions, and shreds the fabric of communities. The costs it imposes force countries to make heartbreaking choices between today's lives and future lives and between health and the dozens of other vital investments for development. Sometimes development itself even contributes to the spread of AIDS.

From website: [www.worldbank.org/aids-econ/africa/fire.htm](http://www.worldbank.org/aids-econ/africa/fire.htm)

During the mourning period, which often lasts 2 to 3 days, a lot of wood logs are used to provide warmth and cooking fuel for the mourners. Community meetings scheduled at such times have to be postponed, as most of the community will be at the funeral. In addition, members who are sick are not able to perform their duties effectively.

Death often takes away the active member, the local artisan or shop owner, resulting in the collapse of the business venture. Loss of a trained member means that extra resources would be needed to train a replacement. More often, the community priorities have to be changed, slowing down developmental efforts.

In Hurungwe district, the survey established that people travel on average 1.5km daily in search of fuelwood. In some areas they go up to 5km. This imposes a heavy burden on the elderly and the young, for the distances are too long.

Families are foregoing meals due to lack of fuelwood (Figure 1). In some cases the food is poorly prepared, exposing the family to malnutrition and other health problems. Under such circumstances, the concept of home-based care will not work.

HIV/AIDS issues have become so prominent that they have overshadowed other developmental issues such as energy conservation, poverty alleviation, gender etc.

In Zimbabwe, the government created a special levy for the funding of HIV/AIDS programmes. As a result, other programmes have to compete for the limited resources with HIV/AIDS. However there are strong indications that programmes which focus on AIDS alone are making minimal achievements in their effort to contain the spread of the disease (1).

### Possible Solutions

Approaches to the HIV/AIDS pandemic need to address the root causes of the factors determining the vulnerability of people to HIV infection and AIDS. This means that the problems of lack of development, such as poor support services (health, education, agricultural extension), poor infrastructure and social inequalities should be considered as an integral part of development policy and practice. All developmental projects can thus play an important role in the effort to contain the spread, and mitigate the effects, of the pandemic.

For example, biomass energy conservation activities can be integrated with HIV/AIDS on 3 levels.

- Prevention, through information awareness for everyone
- Encouraging positive lifestyles for people living with HIV/AIDS
- Protection and support for people already infected.

Joint lobbying for resources can be done through co-operation with other institutes/NGOs addressing HIV issues. Training can be offered to enable the affected people to raise income for their families. This can be directed to AIDS orphans, artisans and extension agents.

Awareness can be raised on improved home-based care through better kitchen management techniques. Kitchen management techniques compliment home-based care programmes in that they promote healthy food preparation with minimal energy input and a cleaner kitchen environment.

### The way forward

From the survey in Hurungwe district, and from consultations with health experts and other stakeholders, it was found necessary to develop a training manual on better kitchen management techniques for terminally ill patients.

Inputs for the manual are being sought from the district's Village Community Workers (VCW's), environmental health experts, NGOs, community, schools and other stakeholders. The manual, when complete, will be available in the district, and will be given to VCW's for use in their AIDS awareness programmes.

If all developmental workers and health experts come together to work for a common goal, the quality of life of those with HIV/AIDS and their families can be improved.

### Reference

1. ProBEC newsletter Pg 3, October 2000. 



Figure 1: Fuelwood is in very short supply