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Institute

# Facing the Challenge

NGO experiences of mitigating  
the impacts of HIV/AIDS  
in sub-Saharan Africa

Edited by Joanna White

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## List of Key Acronyms

AfFOPesT	African Farmers' Organic Research and Training
AIDS	Acquired Immuno-deficiency Syndrome
AMREF	African Medical and Research Foundation
ARDI	African Rural Development Initiative
CW	Community Worker
DFID	The UK Government's Department for International Development
EPOPA	Export Promotion of Organic Products from Africa
FFS	Farmer Field School
FFW	Farmer Field Worker
HIV	Human Immuno-deficiency Virus
KHCC	Kitovu Health Care Complex
LEISA	Low External Inputs for Sustainable Agriculture
LGDA	Lower Guruve Development Association
MAHCOP	Mobile AIDS Home Care and Orphan Programme
MMM	Medical Missionaries of Mary
NACWOLA	National Community of Women Living with AIDS
NGO	Non-governmental organisation
Novib	Netherlands Organisation for International Development
PADA	People with AIDS Development Association
PAN	Pesticide Action Network (UK)
PLWHA	People living with HIV/AIDS
SIDA	Swedish International Development Agency
UDP	UWESO Development Programme
USCS	UWESO Savings and Credit Scheme
UWESO	Uganda Women's Efforts to Save Orphans
USCS	UWESO Savings and Credit Scheme

## Introduction – Joanna White

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*"Placing the epidemic within the context of...development issues and drawing upon the resources and experiences of local initiatives might at first appear to step back from the urgency demanded by an epidemic; but in fact, it is the only response"* Collins and Rau, 2000, p.3.

Since the late 1980's, the presence of HIV/AIDS in sub-Saharan Africa (SSA) and its effects on adults in their prime years and their dependants has become more visible. In 1998 HIV/AIDS is estimated to have accounted for more than 2 million deaths in the region<sup>1</sup> and this death rate is likely to increase substantially over the coming years. UNAIDS estimates that approximately 3.5 million new infections occurred in 2001, bringing the total number of people living with HIV/AIDS in the region to 28.5 million<sup>2</sup>.

The lion's share of donor funding in response to the epidemic has traditionally been channelled towards interventions on preventive and curative health and behaviour change. Less attention has been paid to the social and economic impacts of the epidemic. Efforts to prevent the spread of HIV, the development of medical interventions which prolong the lives of people living with HIV/AIDS, and the research and testing of a possible cure for the virus are vital. However, responses aimed at mitigating the social and economic impacts of the epidemic merit equal attention and resources. These impacts will persist long into the future, regardless of the success of any HIV prevention messages, increased access to antiretroviral drugs, or even the development of an effective HIV vaccine.

HIV/AIDS can cause irreversible damage on local livelihood systems as labour is diverted to care for the sick and dependent, and assets are depleted to cope with the crisis. This increased pressure on household and community resources due to the impact of the epidemic is now part of everyday life in much of SSA. Aggregate impacts are also becoming more visible, such as chronic numbers of orphans (it is estimated that 41% of children in Uganda are living with their grandparents<sup>3</sup>), the loss of key 'prime age' workers in every sector, and dramatic reductions in life expectancy. The United Nations Food and Agricultural Organisation (FAO) now projects that deaths caused by HIV/AIDS in the ten most affected African countries will reduce the labour force by as much as 26% by the year 2020<sup>4</sup>.

The rural sector is especially vulnerable (in the words of one project manager, this is where "poverty is biting"). Communities in rural areas are not only responding to the needs of the sick who are living amongst them, but in many cases relatives living in urban areas who are afflicted with the disease return to their native villages to be cared for. Families and communities are often resilient and support the sick, the widowed and the orphaned by sharing resources, but these coping strategies take their toll and traditional safety networks are often placed under severe strain.

Of additional concern is the 'bi-directional' relationship between HIV/AIDS and poverty, which means that the impact of the epidemic can impoverish or further impoverish people in a way which increases their susceptibility to contracting the HIV virus. For example, young girls taken

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<sup>1</sup> UNAIDS, 2000.

<sup>2</sup> UNAIDS, 2002/

<sup>3</sup> Ugandan Women Effort to Save Orphans, personal communication.

<sup>4</sup> FAO, 2000.

out of school early, owing to their families no longer being able to afford school fees or the need to replace lost labour at home, may seek to supplement household income through transactional sex and find themselves at risk. Similarly, young people orphaned by AIDS who experience 'social exclusion' in their home communities and are faced with limited access to resources, may migrate from rural to urban areas to seek alternative livelihoods and find themselves more exposed to the risk of contracting HIV.

Despite these known relationships between HIV/AIDS, poverty and vulnerability, the wider impacts of the epidemic continue to receive relatively little international attention and considerably fewer resources. Over recent years, however, as the effects of AIDS have become transparent and unavoidable, there have been moves towards a response. The private sector, in particular, has recognised the social and economic impacts of HIV and AIDS on staff and, subsequently, business. Companies have adapted their policies and working practices accordingly. In the world of international development, however, large-scale practical responses have been slower to emerge. The reasons for this are unclear. There may be an assumption amongst some policy-makers that social and economic impacts are being tackled through ongoing development projects and programmes, which are sensitive and flexible enough to respond to changing needs on the ground. Continued funding of generic development work is therefore considered to be a response in itself. At the same time, some donor and national ministry representatives (particularly in non-health sectors) have admitted that they understand the problem, but are unclear as to what the most appropriate and useful response should be. It appears that many are simply daunted by the enormity of the problem and the scale of the resources which may be required to make a difference.

In contrast, AIDS-affected communities and non-governmental organisations (NGOs) have been at the forefront of responding to the impacts of the epidemic. Many innovative local projects have emerged to tackle the devastating impact of HIV/AIDS on families and communities. Yet these have rarely been written up for public consumption, largely due to the pressures upon development practitioners working at field level. In recognition of this fact, and in order to facilitate the exchange of information and the sharing of lessons which have been learnt from experience to date, a project was initiated to bring together the experiences of development workers in mitigating the impacts of HIV/AIDS.

## **Methodology**

Following recommendations from specialists, including researchers, representatives of NGOs and regional information networks, a number of interventions were selected for analysis. Individuals who were involved in these interventions were invited to write up their experiences. A list of questions (see Appendix 1) was circulated to those who agreed to participate to assist them in focusing their analysis and producing a structured case study. An honorarium was offered to each contributor. A total of nine case studies were collected from four different countries: Uganda, Tanzania, Zimbabwe and Lesotho.

Regular communication with contributors took place to facilitate the write-up. Inevitably, the final case studies vary in terms of detail, style and level of analysis. Most of the case studies have been left close to their original form. This is to allow contributors to tell their own story and retain some of the 'narrative voice' of the projects. In some cases, however, the editor adapted the original case studies on the basis of follow-up interviews and e-mail discussions. The final versions reproduced in this report were all approved by the original contributors.

## Constraints

Identifying appropriate projects to be written up was a slow process and took considerably longer than planned. Although the specialists consulted during the early stages of this exercise were unanimous in the belief that many successful responses to the impact of HIV/AIDS exist, it was often difficult to locate these interventions, some of which are taking place at a very local level. In several cases potential contributors were identified but were unable to participate due to time and resource constraints. As a result, the final number of case studies is less than first envisaged.

One of the aims of the exercise was to include examples of responses in both anglophone and francophone countries in sub-Saharan Africa, in recognition of the lack of sharing of experience between different regions. Unfortunately, despite numerous communications with regional networks in francophone Africa, contributors could not be found.

A further aim of gathering these case studies was to identify possible 'best practice' approaches in relation to responding to the impacts of HIV/AIDS. Our experience has shown that effective assessment of 'best practice' will only be possible when more systematic monitoring and evaluation systems are in place, enabling more rigorous analysis to be carried out. This constraint has already been identified by other organisations which have attempted to develop similar 'best practice' models<sup>5</sup>.

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We very much hope that the work which is presented here will enhance understanding of the responses to the impact of HIV/AIDS which are clearly necessary amongst all affected communities and can be replicated both in SSA and beyond.

This report consists of two sections. Section 1 summarises and analyses the main findings from the case studies, while Section 2 contains the case studies in full. The summary note for each of the case studies was written by the editor. The views expressed in the case studies are those of the project staff consulted.

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<sup>5</sup> See Grainger et al., 2001. "The process of identifying and sharing good practices will depend upon greater collaboration between agencies and more systematic monitoring and evaluation". p.10

## Section 1 Analysis of Findings – Joanna White

The project confirmed that local organisations and NGOs (be they community-based or part of a wider network) are spearheading the response to the HIV/AIDS epidemic. This is exemplified by the fact that in a number of the cases presented here, projects have generated interest from local government, and project staff have advised government departments, donors, and in one case national committees, on appropriate responses to the impacts of HIV/AIDS.

### Project Approaches

The projects documented all emerged in different circumstances. However, in virtually every case interventions were planned in direct response to problems identified through participatory consultation with communities. The range of issues which emerged from these stakeholder consultations reveals the different kinds of impacts which HIV/AIDS has on individuals and communities (see Table 1). In some cases the priority areas which emerged were specifically related to HIV/AIDS but in many cases they reflected wider problems of poverty, including the vulnerability of particular groups, which had been severely exacerbated by the epidemic. It is notable that in one case community members referred to access to credit as the main problem they faced, while their second most important concern was the impact of HIV/AIDS. This reveals how critical it is to tackle existing poverty and resource constraints, while also understanding the interplay between HIV/AIDS and prevailing problems.

Many of the projects evolved from long-term development work. As the impact of HIV/AIDS became apparent in beneficiary communities, project approaches were adapted in consultation with stakeholders. For example, one of the projects in Uganda was originally set up to support children orphaned by the civil war in the country. As it found itself faced with a new 'long wave' of orphans due to the AIDS epidemic it therefore widened its approach to respond to the needs of the growing number of orphans and their carers. Similarly, the project detailed in the case study from Zimbabwe was aimed at resource-poor farmers but found itself increasingly working with households affected by HIV/AIDS and therefore developed new project activities to address the particular problems facing people living with HIV and AIDS (PLWHA) and their families.

Two of the projects documented emerged from programmes within the health sector. Health staff tasked with caring for PLWHA who were opting to return to their homes and home communities to be looked after began to recognise the psycho-social and economic impacts of AIDS on PLWHA, their partners and their children. This led to the emergence of new activities to meet the needs of these families.

### Targeting

Many of the organisations which have contributed case studies are operating in areas where virtually all families have been affected by HIV/AIDS in some way. In this context the distinction between 'affected' and 'unaffected' households and communities is artificial and possibly unhelpful. All have been touched by HIV/AIDS in one way or another due to the nature of family and community support, rural-urban linkages etc. As one community worker in Uganda stated, "AIDS is like clothing. Every family has it."<sup>6</sup> It could therefore be argued that project activities are equally relevant to all members of the beneficiary community who are experiencing poverty.

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<sup>6</sup> Kaleeba et al., page 50



Organisation	Problem(s) Identified	Target Group(s)	Main Activities
<i>Kitovu Mobile Farm Schools, Uganda</i>	High numbers of young people dropping out of school, especially orphans.	Teenage school drop outs.	Agricultural and vocational training. Artisan apprenticeship.
<i>Farmer Field Schools Project, Zimbabwe</i>	Widows vulnerable due to limited labour and cash availability and lack of training in farm management.	Marginalised farmers (principally widows and female heads of household).	Agricultural training and support. Training on healthy living with HIV/AIDS.
<i>UWESO Savings and Credit Scheme (USCS), Uganda</i>	High number of orphans. 'Care crisis' and limited resources for orphans and their carers.	Orphans; guardians of orphans.	Credit and loan schemes. Vocational training.
<i>Low External Input for Sustainable Agriculture (LEISA) Project, Tanzania</i>	Food Insecurity. Lack of income-generation opportunities. Pressure on resources due to PLWHA returning to rural home areas.	Farmers. Vulnerable groups, especially orphans and widows. Local authority and organisational structures. Fishing camp residents, and adolescents.	Agricultural training in appropriate farming techniques. Loans for purchase of locally fabricated transport technologies. Loans for income-generating activities. Awareness-raising on HIV/AIDS.
<i>African Rural Development Initiative (ARDI), Uganda</i>	Teenage mothers dropping out of school and turning to sex work to raise income. Vulnerability of PLWHA.	Young mothers. PLWHA. Young people.	Income support for young mothers. Counselling and home visits. 'Life skills' education.
<i>Maluti HIV and AIDS Project, Lesotho</i>	Psychological and social impacts of HIV/AIDS on PLWHA and their families.	Sick people and orphans.	Income-generation activities. Home-based care. Counselling. Orphan care.
<i>People with AIDS Development Association (PADA), Uganda</i>	PLWHA receiving little support.	PLWHA.	Home care and support. Counselling. Income generation activities.
<i>National Community of Women Living with AIDS (NACWOLA), Pallisa Branch, Uganda</i>	Vulnerability and stigmatisation of HIV positive women. Psycho-social problems faced by children of PLWHA	HIV positive women. Children of PLWHA. Communities of PLWHA.	Counselling, home care. Support for income generation. 'Memory' project. Awareness-raising.
<i>Mwanza Urban Livelihoods Project, Tanzania</i>	Lack of credit for the poor. Impact of HIV/AIDS on poverty.	Poor and vulnerable households, including those headed by women and children; orphans; widows. Groups at high risk of HIV infection; PLWHA; The wider community.	Provision of micro-finance and business training. Promotion of gender equity. Environmental sanitation. HIV prevention through Peer Health Educators.

**Table 1: HIV/AIDS related problems identified, target groups and activities of case study projects**

In its entirety, the collection of case studies reveals both how existing development work can be reviewed and adapted in the light of knowledge of the impacts of HIV/AIDS on beneficiary families and communities and also how specific activities can be devised to meet the particular needs of particular groups within communities. The first approach constitutes a 'mainstreaming' of HIV/AIDS into all project work, while the second involves targeting support at those perceived to be most vulnerable to the effects of the epidemic. Projects were found to follow distinct approaches to targeting within affected communities (see Table 1). As highlighted earlier, in most cases project staff responded to the stated needs of the communities with which they were working. Women, orphans and their guardians, young people and PLWHA regularly emerge as the groups most in need of support.

Women and their dependants should clearly be a central component of any intervention aimed at tackling the social and economic impacts of HIV/AIDS. This is based on the knowledge that women carry out the brunt of caring, both for family members who are sick, but also in supporting the dependants of those who are sick or die (though both male and female grandparents can play an important role in caring for orphans). Women-headed households are likely to be under particular pressure and in this sense the HIV/AIDS epidemic is bringing the limitations of women's rights into full relief. Perhaps the most vivid examples so far have been the struggle faced by AIDS widows in gaining access to land, and the practice of 'wife inheritance', whereby widows are married off to the male relatives of their deceased husbands. This latter practice has been strongly criticised, particularly for its contribution to the spread of HIV<sup>7</sup>. Women are in need of improved access to and ownership over a whole range of resources, and in most cases this will require a huge shift at all levels: policy, cultural and social. However, the case studies presented in this report reveal how even relatively small inputs which enhance women's access to financial capital can assist women in developing effective income-generating strategies which can benefit their entire family.

This persistent need to promote women's access to resources raises difficult questions about the successes of international development. The rise in awareness of gender issues and gender analysis in development over the past twenty years led to a clearer understanding of women's vulnerability and resulted in women becoming a key target group for many development interventions. Yet experiences many years down the line, and particularly in the light of HIV/AIDS, have revealed how vulnerable women remain, and highlight how development projects have been failing them.

Orphans are a further group in need of support due not only to the psychological impact of the loss of one or more of their parents, but their limited entitlement to resources such as land and even food, and their reduced chances of completing their education. Orphan-headed households have been found to be particularly in need, both due to the limited resources available to them and their vulnerability to abuse.

Young people in general are another critical target group as they constitute the future generation and in many cases will need to support their extended families and grandparents. Young people who have dropped out of school are particularly vulnerable, and require targeted training to enhance their livelihood opportunities. Any interventions which enhance the income-generation opportunities of young people will inevitably be making a significant contribution to the future of both these individuals and their societies. Such interventions have been proven to

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<sup>7</sup> Although it is understood to have had some positive aspects in terms of social and resource security for women. Little work appears to have been carried out on the impact of the decline of this practice. See the LEISA case study (IV) for the development of an alternative to this practice.

reduce the risk of young people resorting to transactional sex or migration, thereby decreasing the risk of their contracting HIV<sup>8</sup>.

Several of the projects documented were initially set up to directly address the specific problems known to be affecting PLWHA, particularly their individual need for home care, counselling, support in countering stigmatisation, and access to income-generating activities. However, in a number of cases project focus was quickly broadened as the vulnerability of the families of PLWHA was recognised, or the risk of increasing stigmatisation and causing resentment in the wider community was identified. As a result, a broader group of beneficiaries was targeted. This reveals some of the problems of targeting development activities in HIV/AIDS communities at PLWHA (quite apart from the fact that many PLWHA have not been tested and are unaware of their sero-status).

The projects demonstrate the need to understand the particular situation and needs of women, PLWHA and their families, orphans of AIDS, and the other target groups in order to be fully aware of the impacts of the epidemic. The situation of these groups obviously needs to be understood within the wider context of poverty. There are likely to be other community members who may also be vulnerable. However, at the very least it is likely that an in-depth analysis of the situation of PLWHA, women, orphans and young people at the outset of projects will elicit clearer understanding of the dynamics of poverty which exist in any community.

## **Responses Targeted at Livelihood Activities**

Despite the historical differences in how the various projects came about, some shared characteristics can be identified. There are three core areas of intervention targeted at livelihood activities: agricultural support and training, vocational training and the provision of credit and loan schemes. By enhancing livelihood opportunities these interventions can be seen not only to mitigate the impacts of HIV/AIDS but to contribute to HIV prevention.

### **Agricultural Training**

Several projects train beneficiaries in appropriate farming methods aimed at enhancing food security and income generation opportunities. Two principle (not mutually exclusive) approaches to agricultural training in AIDS-affected communities can be identified:

- Training in sustainable and profitable agriculture, particularly for groups who have previously had limited knowledge and access to training (such as orphans, teenagers, widows and women more generally);
- Promotion of agricultural techniques which use locally available inputs and are adapted to farmers' existing resource base.

Both of these approaches can be considered appropriate methods of supporting any poor farming communities. But HIV/AIDS has had a particular impact to which both approaches can be seen to respond. In terms of the first approach, HIV/AIDS has contributed to a rise in the number of vulnerable people who are in urgent need of agricultural training and support, such as young people, widows and guardians/carers (mainly women). Historically some of these groups have been excluded from traditional networks of training and support, such as extension services, and have limited knowledge concerning the production of cash crops. Also, young people, particularly orphans, are less likely to have received agricultural training from their immediate family, or may not consider agriculture to be a viable income-generating activity.

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<sup>8</sup> See the Kitovu Mobile Farm School case study (II) In Section 2 for a personal testimony to this effect.

Secondly, the human resource base and the capital assets of many families have been depleted by the epidemic. Interventions which focus on maximising production by using locally available materials and promoting agricultural techniques which decrease labour and/or other input requirements will be responding directly to the needs of such families. Dependence on chemical inputs is reduced through the promotion of locally available materials which can reduce farmers' costs.

The case studies also reveal how, given the right environment, the promotion of all-year round agricultural production enables AIDS-affected households, who often have limited or fluctuating assets to draw on, to spread the risks of their human and capital investments. Multiple farming systems are introduced to enable farmers to cultivate their fields during the dry season, which increases food security and income and results in less dependence on resource investment during particular seasons. The promotion of strategies such as multi-cropping can reduce the need for weeding and other inputs. This is in contrast with traditional seasonal farming, which relies on the availability of intensive inputs at particular times of the year. In addition, the diversification of outputs provides families with a wider range of crops for home consumption and sale. For example, training in horticultural production provides farmers with the possibility of generating additional income which they can fall back on when traditional crops perform poorly.

A further approach aimed at supporting food and nutritional security and lowering dependence on external inputs, is the promotion of traditional food crops, for example millet, cowpea and pumpkin. In some areas the production of such crops has declined due to the push for more market-oriented crops, but these traditional products can play a vital role in providing PLWHA and their families with a balanced, health diet. Knowledge of the production and processing of these crops often rests with the older generation (many of whom are responsible for caring for orphans due to the impacts of HIV/AIDS). This knowledge needs to be promoted and some provision of seeds and planting material may be necessary to stimulate a resurgence of low-input food crops.

Another method of enhancing agricultural production is through the provision of subsidised technologies, targeted at the most vulnerable, including HIV-affected households. This may be less sustainable but may be the only option for reaching the poorest farmers in the community and preventing them from falling into destitution.

Interestingly, none of the case studies describe interventions which relate to the post-harvest processing of food crops. Although agricultural production is likely to be the most labour intensive and seasonally demanding activity facing women, the processing of staple crops such as cassava also takes up considerable labour and time. Methods of reducing labour inputs into such activities would clearly benefit communities affected by HIV/AIDS.

### **Vocational and Artisan Training**

Several of the projects that are documented are involved in skills training. This stems from an awareness of the impacts that HIV/AIDS is having on the education of young people (orphans in particular), and, consequently, their livelihood options. Young people are increasingly being pulled out of school due to lack of financial capital and/or the need to support sick family members and compensate for the loss of family labour. This means they have few skills to support themselves. In response, a number of projects provide training fees and some materials to enable orphans to train in teaching, nursing, carpentry and joinery, brick making and laying, commerce and mechanics. In some cases formal apprentice schemes are

established. By providing young people with vocational skills, these projects contribute both to livelihood security and economic empowerment and may stem the migration of young people to urban areas where they may be more vulnerable. Other projects offer similar training and support as part of income generation schemes. For example, one promotes brick making and other activities such as petty trading; one promotes candle making on a group basis to meet an identified market demand in South Africa.

The potential problem of skill saturation has not been an issue as most of the activities have a constant local demand, but there is a need to ensure that projects innovate in terms of the activities they promote. For example, in the case of one project it has been observed that female orphans tend only to be interested in 'traditional' women's tasks, some of which do not always reap the most financial benefits and enable full economic independence. The organisation is now facing the challenge of encouraging girls to diversify into new livelihood activities.

### **Credit and Loans**

Credit and loan schemes form an important component of several of the projects. These interventions are aimed at enhancing the livelihood opportunities of vulnerable groups. Even relatively small amounts of credit (e.g. the 30,000 Tanzanian shillings - around US \$17 - offered by one organisation to young mothers as part of a revolving fund) offer new opportunities for clients. Credit is used in a number of ways. For example, investment in crop production has enabled beneficiaries to gain more profit from their agricultural activities. Credit has also enabled many families to diversify their income-generating activities into areas such as animal husbandry and small business development. This support has protected them from depleting their assets irreversibly. In many cases projects also provide training in functional literacy, bookkeeping and financial management which has enhanced local capacity and enabled beneficiaries to build up sustainable enterprises.

Most projects target their credit schemes at women (and/or guardians of orphans) due to their particular vulnerability to the impact of HIV/AIDS. By providing women with more options for income, such projects can also contribute to HIV prevention. As described earlier, women's limited access to independent income has, in many cases, left them susceptible to HIV infection as they have traditionally had limited independent access to capital and credit. They are therefore dependent on support from men, which, in some cases, may be provided on the basis of transactional sex. The majority of projects which operate loans disburse them to individuals through a system of self-selected groups which ensures local ownership over the intervention. Members are jointly liable for repayment, resulting in significant peer pressure which discourages defaulting.

Some development practitioners are increasingly seeing credit as a 'panacea' to the impacts of HIV/AIDS. Yet there are dangers in seeing credit alone as a magic solution to the problems posed by HIV/AIDS, or, indeed, poverty. One of the case studies raises the question as to whether it is possible to introduce credit to the poorest and most vulnerable groups whose resource base is too limited to enable them to embark on new livelihood activities, even if they are supplied with some seed money. In such circumstances other emergency support systems and livelihood interventions need to be in place.

Furthermore, the experiences of the projects reported here reveal how credit schemes need to be carefully designed to be responsive to local contexts. For example, the provision of micro-finance to PLWHA and their families can pose a high risk of default unless appropriate

measures are in place, such as the provision of short-term loans, transferable loans (so relatives of PLWHA can take on credit responsibility if the individual dies), emergency funds or insurance schemes. In another example, loan defaulting in some regions covered by one NGO has resulted in the organisation creating new packages of smaller loans and offering more intensive training in business management for certain geographical areas. Another particular challenge which faces such projects is how to enable credit clients to 'graduate' out of the scheme beyond the support offered by the project (possibly to formal credit institutions) in order to allow new clients to enter the scheme.

Some NGOs are known to provide other financial services specifically targeted at AIDS-affected communities, such as personal health insurance. Unfortunately these have not been included as case studies in this collection, partly owing to the fact that some micro-finance organisations which function as private business operations were protective about sharing information on the packages they provide.

A different approach to financial support is the targeted provision of assets. For example, in one of the projects detailed in the case studies, young mothers are given goats (traditional assets in local communities) to improve their food and economic security and provide them with a potential source of food security and savings. However, an evaluation of this project found that many women sold their goats almost immediately for cash – their priority was clearly to get immediate access to money to finance other activities. This experience highlights the need to meet both urgent and long-term economic needs in AIDS-affected communities. In scenarios such as this, the development of a credit scheme might be more appropriate.

### **HIV/AIDS Awareness-raising, Care and Support**

Most of the projects documented carry out a range of activities rather than specialising in one specific area. Often interventions form part of a wider programme which not only includes livelihood activities such as agriculture and income-generation, but can also include counselling, home care and support for PLWHA and their families, the promotion of 'positive living' for PLWHA (e.g. education on healthy diets, support in declaring sero-status and planning for the families' future), HIV/AIDS awareness-raising, activities to counter stigmatisation of PLWHA, and HIV prevention work.<sup>9</sup> As all projects are responding to specific problems which are related to the impact of HIV/AIDS (or, at least, HIV/AIDS is known to have exacerbated), awareness-raising activities and the promotion of discussions about the disease are included in virtually all activities. These more sensitive activities can only gain from the relationships of trust which project staff have developed with beneficiary communities through other livelihood interventions.

The particular 'mix' of activities very much depends on the historical background of the project and the key problems identified during initial consultations amongst target communities (see Table 1) but mean that projects generally work across sectors. This highlights the importance of a 'multi-layered' response to the impacts of HIV/AIDS. Unlike some HIV prevention activities which work in isolation, these activities make a particularly positive contribution by being part of a wider programme aimed at tackling the 'bigger picture' of HIV/AIDS, poverty and vulnerability.

One particular characteristic which is striking in many of the projects is their ability to respond swiftly to changing contexts, which has sometimes necessitated a change of approach (ironically, in several cases these changes have been forced upon projects due to the shifting

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<sup>9</sup> Some of the case study authors differ in their views of what form "HIV prevention should take". See especially Case Study II.

support of donors). In some cases this has necessitated a total change in project activities, in others it has resulted in the incorporation of new activities. This flexibility may be a characteristic of small projects and may only be replicable in larger-scale projects if funding mechanisms become more responsive.

## Measurement of Impact

Few of the projects documented have formal monitoring and evaluation systems in place, while several projects depend on sporadic review evaluations which are self-initiated or instigated by donor agencies. One project documents its achievements by writing up 'success stories' with particular beneficiaries. This lack of consistent project monitoring has made it difficult to draw objective conclusions as to the full impact of the projects which are detailed in the case studies and may reflect a wider problem. Local practitioners have limited time and resources to reflect, analyse and write up their experiences. This means that their work often remains low profile and wider lessons are not learnt from successes and failures<sup>10</sup>.

One project co-ordinator interviewed as part of the case study collection process highlighted the fact that staff who are skilled in developing responsive community-based projects in what is ostensibly a crisis situation amongst AIDS-affected populations, are not necessarily going to be best placed to carry out monitoring and evaluation. It may not be appropriate to expect such practitioners to perform such a function.

At the same time, for the real impact of projects to be monitored and for experiences to be synthesised for the benefit of the project (and others) it would be useful for some systems to be in place. As highlighted earlier, it is only if such systems exist that a rigorous assessment of impact and, hence, 'best practice' will be possible. The expectation that local practitioners perform this new, additional work may be placing an unrealistic burden on groups who are already stretched to their limits. External support agencies may have an important role to play in facilitating the analysis and writing up of project experience and the development of monitoring indicators. Similarly, external agencies may be useful in unearthing success stories and promoting them so they can be replicated/adapted more widely.

Despite the lack of formal monitoring systems, project staff have a clear sense of how they define project impact. Some of the indicators understood by project staff to signify progress are detailed in Box 1. As well as more traditional indicators (e.g. the number of beneficiaries involved in project work) some of these indicators emphasise the contribution which projects are perceived to make on the livelihoods of HIV/AIDS-affected communities, to reduce the vulnerability of PLWHA, increase awareness of HIV and also reduce the spread of HIV infection. In such cases they are 'proxy indicators' and not always measurable in relation to project inputs. However, they reflect how projects are understood to mitigate the social and economic impacts of HIV/AIDS and could be useful for the planning of future, multi-sectoral interventions.

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<sup>10</sup> For project experiences to be shared internationally may also necessitate practitioners writing in a second language (as was the case with the collection of the case studies presented here). This may pose a further challenge.

## Factors of Success

The case studies detail key factors which staff feel have contributed to project success. In many cases the use of participatory methods to design interventions is highlighted, as is working with existing local structures to enhance community involvement. In a number of cases local structures for engagement were established during the initial planning stage to ensure local ownership throughout the process.

### **Box 1: Indicators of the Impact of Projects Targeted at AIDS-affected Communities**

#### **Poverty alleviation**

- Number of beneficiaries receiving support from project.
- Number of PLWHA receiving support.
- Number of women- and child-headed households supported.
- Income levels and poverty status of vulnerable groups.
- Ability of credit clients to take on further loans after initial project support, or 'graduate' to more formal credit system.
- Enhanced household food security.

#### **Agricultural productivity**

- Reduction in the amount of labour required to sustain outputs.
- Reduced dependence on purchased inputs.
- Increased agricultural output.

#### **HIV/AIDS sensitisation**

- Levels of awareness of HIV/AIDS (including knowledge of causal factors and prevention methods).
- Increase in self-reported levels of condom use.
- Numbers of people voluntarily testing for HIV.
- Numbers of people disclosing their HIV positive status to their children and families.
- Reduction in stigmatisation of PLWHA and their families.
- Communities openly discussing HIV/AIDS.
- Local leaders speaking out openly about AIDS.
- Transformation of cultural norms which are known to influence the spread of HIV, e.g. wife inheritance.

#### **Local ownership and support**

- Spontaneous emergence of community support groups, e.g. women's groups, youth groups.
- Continuation of activities after project intervention come to an end/donor funds withdrawn.

Local political support for projects can be out of the control of project staff, but where positive relationships are developed this can make a critical difference. For example, several case studies emphasise the importance of engaging with community leaders and working with them to raise awareness of HIV/AIDS amongst the wider community and counter problems of stigmatisation. Similarly, local health educators are often drawn from the most respected and influential individuals at community level, particularly those with the ability to influence young people.



Traditional support groups and structures are often under strain as a result of HIV/AIDS, and there is often the need for capacity building to help strengthen these groups or even to establish complementary new groups in order to achieve impact. The case studies offer a number of examples of how established groups which originally focused their activities in one area, such as agricultural training, soon offer more than their original intention to beneficiaries and can provide an important source of both emotional and material support.

Another element of success is building regular reviews of progress with stakeholders into project cycles. This enables interventions to be adapted to local needs, and networking to share and learn from others' experiences.

## **Resources**

A key question concerning the orientation of development work towards the needs of HIV/AIDS-affected communities is to what extent this requires additional resources. Does the inclusion of HIV/AIDS and related issues simply require an adaptation of existing work? The case studies reveal the need both for additional resources and a re-distribution of existing resources. The importance of recruiting staff who have an understanding of the relationship between HIV/AIDS and development is raised in a number of case studies. To ensure staff understand and are sensitised to these issues, additional training courses and exposure visits are necessary. Some organisations have developed their own training courses and materials to facilitate the re-orientation of staff.

A number of case study contributors highlighted the need for resources to develop a sustainable cadre of staff and build training capacity. HIV/AIDS is resulting in the loss of staff across every sector and the on-going need to cultivate new generations of staff is crucial. This has implications for all organisations. New training strategies may be necessary, such as the training of larger numbers of staff to pre-empt later loss and a shift in staff profiles to include previously under-represented groups (e.g. recruitment of young people or older women to work as extensionists). All of these activities require substantial resources.

A number of projects which have become successful at a local level are now at a stage where they are widening their response to cover a larger population and geographical area. This has significant resource and support implications and also raises the question as to how effectively projects can be replicated from one region to another. Careful adaptation to the local context and the establishment of effective monitoring systems are critical. One way of replicating successful activities would be to facilitate organisations which have proven experience to become training bodies. This would require capacity building and resources beyond the current means of most NGOs detailed in the case studies and would inevitably require additional resources.

## **Partnerships**

Projects have varying relationships with government departments. For example, in one case, the AIDS department of the local government plays a central role and in several of the projects involved in agricultural training project staff work in partnership with government extension teams at district level. Such partnerships reveal the potential for collaboration between the government and non-governmental sector. This can be a two-way learning process as it is generally acknowledged that NGOs are further ahead in devising appropriate responses to the impacts of HIV/AIDS than government bodies. Also, given the impact of HIV/AIDS on institutional capacity at every level, such collaboration signals a practical pooling of resources.

Most of the projects have some relationship with international donors, although in a number of cases this is mediated through intermediary funding bodies and networks. The nature of the relationship with donor agencies can define the entire project trajectory. For example, in one case it was the donor's unwillingness to continue funding orphans' school fees which led to the development of farm schools training (a blessing in disguise perhaps, but this has not helped solve the problem of school attendance). In the case of another NGO, the selective and changeable nature of donor funding led to the virtual collapse of the project. In contrast, other projects have had a successful relationship with donors, although funding is often short-term and sporadic. Several contributors expressed the need for donors to offer longer-term commitment to projects.

## Networks

During the gathering of case studies we asked contributors to provide details of the networks they use to access and share information. The main networks currently used are listed in Box 2. The formal networks which are actively used were surprisingly few, particularly at regional and international level. Many contributors emphasised their need for more information and a greater sharing of experiences within countries and across regions.

<b>Box 2: Key Networks for sharing information on HIV/AIDS</b>	
<b>National</b>	
<i>Tanzania</i>	<i>Uganda</i>
Tanzania Netherlands Support Program to Control AIDS (TANESA)	Ugandan Network of AIDS Service Organisations (UNASO)
ANNEA (AIDS network in Tanzania)	AIDS Support Organisation (TASO)
National Institute for Medical Research	
<i>Lesotho</i>	
Lesotho Network of AIDS Service Organisations (LENASO)	
<b>Regional</b>	
African Medical Research Foundation (AMREF)	
Southern African AIDS Information Dissemination Service (SAfAIDS)	
ACORD network (for projects funded by ACORD)	
ActionAID network (for projects funded by ActionAid)	
<b>International</b>	
UK AIDS NGO Consortium	
UNAIDS	

Further information is gathered from other sources such as local and international newspapers and magazines and attending workshops and seminars, and, to a lesser extent, by accessing websites.

# Conclusions

## Towards 'Best Practice'

- Any development initiative in a region with significant HIV prevalence will be (whether knowingly or not) interacting with the impacts of the epidemic. This needs to be explicitly recognised. Lack of understanding of the complex dynamics between HIV/AIDS and poverty presents a risk that interventions may exacerbate existing problems further. The situation of women, orphans and young people are principal areas of concern. As these groups are particularly vulnerable to the impacts of HIV/AIDS, all interventions aimed at poverty alleviation should ensure that resources are invested in addressing their needs.
- NGO projects aimed at mitigating the impacts of HIV/AIDS are operating in several areas: the provision of livelihood skills (agriculture, artisanal and vocational training); income-generation; credit provision and home care and support. These interventions often target those who are most affected by the HIV/AIDS epidemic: young people, orphans and their guardians, women and PLWHA and their families.
- On the basis of the experiences presented here and elsewhere on the impacts of HIV/AIDS on agriculture and food security, policy makers and researchers working in regions affected by HIV/AIDS need to prioritise all-year round, sustainable, labour-saving agriculture which is suited to local resource bases. Any relevant research outputs or new innovations which have already been developed should be shared more widely as a matter of urgency. Low labour methods for food crop processing also need to be promoted.
- Factors of success for projects responding to the impact of HIV/AIDS inevitably vary from context to context. However, of particular importance are the use of participatory methods to design interventions and working with existing local structures to enhance impact. Efforts to involve and sensitise local leaders, 'gatekeepers' and those who have a standing in the local community to the aims of projects are also critical. Countries whose national leaders have publicly acknowledged the problems posed by HIV/AIDS and the need for action have seen the benefits of this through changes in attitudes and behaviour (and, subsequently, HIV prevalence rates). Similarly, the support of local leaders can play a critical role in mobilising resources, raising awareness and fighting stigmatisation.
- For many community-based organisations, responses to the local impacts of HIV/AIDS have evolved to include a range of activities which are not tied to one sector or discipline. Often the trust which is built from a positive engagement between communities and NGO specialists in the area of livelihood activities (e.g. agriculture, credit and loan systems) is built upon, and discussions and new interventions emerge in more sensitive areas, relating to sexual behaviour. For example, farmers' groups which have emerged as a result of new agricultural training are used as entry points for education and training in 'life skills', and HIV prevention. (Furthermore, the creation of community-based groups, which is often promoted by new interventions, can create the potential for other benefits, e.g. many formal credit operators only provide credit on a group basis). This approach moves interventions away from a narrow sectoral focus and should be promoted.

- There are likely to be some vulnerable groups which are severely affected by the HIV/AIDS epidemic but, owing to their lack of access to some of the most basic resources (e.g. land, labour, capital), are not able to benefit from certain interventions. In such cases targeted welfare support will be necessary to ensure that these groups do not fall further into poverty. For example, intensive home care for PLWHA who are isolated and food insecure; the provision of subsidised agricultural inputs for resource-poor farmers; food or financial aid to ensure that young people are able to finish school or complete vocational training. The particular livelihood patterns of some groups (e.g. the transitory squatters detailed in one of the case studies; seasonal migrant workers; pastoralists) may result in their exclusion from mainstream projects and strategic interventions will be necessary to support these groups.
- The monitoring and evaluation which takes place is limited and depends on the level of resources which are available to each organisation. More formalised monitoring and evaluation of existing projects is required, in order to develop a consensus on best practice. This may require defining appropriate indicators of impact for projects operating in an AIDS-affected environment. Project experience has revealed that indicators are needed which recognise the wider social and economic aspects of HIV/AIDS impact and local vulnerability, and the contribution which projects can make in these areas. Examples of possible qualitative and quantitative indicators provided by the case studies can be categorised into four areas: poverty alleviation, agricultural productivity, HIV/AIDS sensitisation and local ownership and support.
- By working together on the development of appropriate indicators, practitioners and funding agencies may be able to develop a firmer consensus on realistic aims and goals for projects working in HIV/AIDS-affected communities.
- In the light of the impact of HIV/AIDS, donors now, more than ever, need to recognise the implications of short-term funding and the withdrawal of funds, and the need for a flexible funding base to respond to changing situations amongst partner communities and organisations.

## **Replication of Successful Approaches**

- There is considerable potential for the replication of many of the innovative responses being pioneered by NGOs. For this to take place, initial research into the local situation is necessary to ensure that approaches are adapted to new communities/geographical areas. Organisations which already have a long-term involvement in successful initiatives need to be facilitated to act as a training resource, in order to 'scale out' approaches which have already proven to work well. One starting point could be the identification of several 'high impact' interventions and the development of tools to enable these to be replicated in different regions within a country or across a region. Small training teams could be set up in collaboration with experienced staff on a pilot basis.
- Awareness-raising on the links between HIV/AIDS, poverty and development is critical for staff working on projects in HIV/AIDS-affected communities. A number of organisations (including several that have contributed case studies to this collection) carry out training in this field as a matter of course. Their expertise needs to be shared.

## Information Sharing

- Enough is now known about the links between HIV/AIDS and livelihoods that those involved in poverty alleviation programmes, particularly those tasked with HIV/AIDS impact mitigation, should now be clear as to how they should respond. Sharing of information about the success of existing successes in supporting HIV/AIDS-affected communities and lobbying for further targeted interventions are therefore critical priorities.
- NGOs are spearheading the response to the impacts of HIV/AIDS on rural communities, but their work is scattered over a wide area and experiences are not consistently shared. The analysis and writing up of experiences needs to be promoted. External agencies (e.g. network organisations or donor agencies) could provide valuable support in this sphere.
- Existing information networks need to be closely reviewed in terms of their role and potential to improve the strategic sharing of knowledge and experiences and to channel funds. The active networks reported by case study contributors should be supported and sustained.
- The sharing of experiences between Anglophone and Francophone Africa appears to be particularly weak. An initiative to facilitate the sharing of information across this linguistic divide would be beneficial.

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## Section 2 Case Studies

### (I) Kitovu Mobile Farm Schools Project, Uganda

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#### Summary

A potentially catastrophic situation, whereby a key funding agency withdrew its support from orphans' education, was salvaged to some degree by the development of an innovative training project for young people. This project has since emerged as a successful intervention in its own right, and is already being replicated. The project aims to provide teenage school dropouts with new skills in sustainable agriculture, animal husbandry and farm business. This is provided through intensive residential training and on-farm demonstrations, followed by supervised practical work in the teenagers' home communities. While this training would probably be relevant to most young people in rural areas, it is particularly valuable in AIDS-affected communities where teenagers (in many case orphans) cannot afford formal education. This leaves them with limited knowledge and skills, particularly as they often miss out on training in livelihood activities from parents and other family members.

This project has provided beneficiaries not only with an opportunity to enhance the food security and income of their households, but has offered them access to modern agriculture which provides adequate financial returns. This has not only transformed young people's views on the potential profitability of farming but has encouraged them to remain in rural areas and contribute to the local economy.

#### History

Uganda was one of the first countries to experience the full impact of HIV/AIDS. In 1991 the HIV prevalence rate in the country was 30% and although this has since dropped, the impact of the epidemic remains devastating. Over 1.9 million children are estimated to be orphans, in most cases due to the death of their parents due to AIDS. Average HIV prevalence rates in Masaka district, one of the areas where the project detailed in this case study is active, are 6.9% (MRC Annual Report 1988) and 60% of children are estimated to be AIDS orphans. A similar picture emerges in neighbouring districts.

The Kitovu Mobile Farm Schools Project is a component of the Kitovu Hospital Mobile AIDS Home Care and Orphans Programme (MAHCOP), an outreach community programme which evolved out of a local Primary Health Care Programme at the beginning of 1987. At this time, AIDS care had become an integral part of health care activities in Masaka and Rakai Districts, two of the districts most devastated by the initial impact of HIV/AIDS. Consequently staff working in the community-based health care programme in these districts found themselves responding to the needs of people living with HIV/AIDS (PLWHA) who were increasingly opting to be cared for within the confines of their homes and community environment. Sister Ursula Sharpe who was responsible for the health programme, thus became an advocate for AIDS home care and appealed for a wider response from the care community, both nationally and

internationally. At the same time, her organisation, the Medical Missionaries of Mary (MMM) embraced support interventions for HIV/AIDS-affected communities as a worthwhile cause. The Kitovu Health Care Complex (KHCC) in Masaka, run by the MMM, was established as a base for the new activities. CAFOD responded quickly and made funds available for the Programme. As MAHCOP was run by the KHCC, this represented an innovative multi-sectoral partnership. More recently the KHCC has undergone a transition. In December 2001 it was handed over to be run independently by the Daughters of Mary Sisters. As a result MAHCOP will soon become totally autonomous and will be run by an independent management team and board of governors.

The programme mainly responds to the needs of people infected and affected by HIV/AIDS as they arise. Orphan care and support have become key activities. Since its inception the programme has mainly engaged with beneficiary communities through local volunteers known as Community Workers (CWs). So far the programme has trained over 750 CWs who are active at the grassroots level. The programme aims to target the poorest and most needy and the assessment of who is most in need is carried out by the CWs in conjunction with the local leaders in the area, and this approach works well.

Project experience has revealed that the best way of dealing with stigmatisation is sensitising and raising awareness in communities and encouraging them to get involved in HIV/AIDS care and prevention programmes. During the late 1980's, when the Programme had first started working with HIV/AIDS-affected families and communities, and when very few people knew about the disease, stigmatisation was a problem. This is no longer a major issue as 90% of Ugandans are now aware of how HIV is spread and its effects and many are involved in caring for the infected and affected. The disease has now attacked almost each and every family in the programme's target region. This means that many PLWHA are now open about their HIV status.

## **Evolution of the Programme**

Initially the main thrusts of the programme were the care of PLWHA and HIV prevention education for a range of target groups. To date the programme has supported over 3,000 PLWHA. The programme has also established a full time counselling programme for orphans and their families, which focuses on bereavement and peer counselling and is intended to reduce the long-term psychological impacts of HIV/AIDS on those who encounter multiple losses of their loved ones. A further component of the programme emerged from observations that as PLWHA were dying, their children faced an uncertain future. The orphans' school support project was therefore established in 1988 to pay for school fees, uniforms and scholastic materials. By the end of 1997 over 8,000 orphans were being supported at all levels of education: primary, secondary, tertiary, and university, although, as will be described below, this support has since declined. Income generating activities are also a key component of the Programme and are initiated through the provision of training and grants to orphans which helps them to ensure food security, and, over time, to raise income for other uses. Assistance in house construction and repairs for the families of PLWHA and AIDS orphans is a further component of the programme, aimed at addressing immediate needs.

Currently the programme works in three districts, Rakai, Masaka and Ssembabule (the latter two districts were formerly one district). It targets PLWHA and their families, orphans and their families, teenage school dropouts and their families, youth (both in and out of school), womens' clubs and community workers.

## **Emergence of the Farms Schools Project**

With the introduction of Universal Primary Education (UPE) in 1997 in Uganda, one of the main donor agencies cut back funding to the orphans' school support project as it felt (mistakenly) that the government of Uganda would now be ensuring that all children could access free education. In practice UPE was only catering for primary level education and the additional costs of building funds, scholastic materials, uniforms etc. meant that the families of many children could not afford to pay the costs. Orphans were at a particular disadvantage as in many cases they had guardians who were poor and elderly, and often in poor health. In some cases they had no guardians at all.

Despite the withdrawal of donor funds, MAHCOP continued to support approximately 1,000 orphans, particularly those in secondary education and undergoing vocational training in areas such as teaching, nursing, carpentry and joinery, brick making and brick laying, mechanics and commercial training. However, as a result of the programme cutting back on its support for orphans in formal education, many young people dropped out of school and it was clear that a mitigation strategy was necessary.

A participatory baseline study was carried out with support from funding agencies and found that one of the main problems affecting local communities was the high number of teenage school dropouts who had few skills and little to occupy their time. These were becoming one of the neediest groups and there was a significant risk that they would become disaffected, facing a bleak future, unless specific support was provided to them. As a result, MAHCOP staff began planning informal training for teenage school dropouts (including orphans) in collaboration with community/local leaders and young people. As a result, the Mobile Farm Schools Project was set up in August 1998 and donor funds were diverted to fund the project. The schools were originally set up to operate for two years and were implemented in five sub counties in Rakai, Masaka and Ssembabule Districts (Kabira, Lwankoni, Kyanamukaaka, Kisekka and Lwengo). The pilot trainees graduated in December 2000. Due to its success, the project is training a new group over a further two-year period. This group will graduate in 2002 and it is hoped that the project will continue beyond this period.

## **Rationale, Targeting and Activities of Project**

The aim of the project is to train needy children in modernised sustainable organic farming. Each of the targeted sub-counties has 110 trainees, grouped into two classes of 55 each. The ratio of girls to boys is approximately 3-5 respectively.

The project is open to all teenage school dropouts - those who have the capacity to continue with formal education are discouraged from joining. Priority is given to the most needy and in most cases these are orphans or vulnerable children from very poor families or with parents bedridden with AIDS. To minimise the number of children dropping out during the first phase of the project, recruitment is highly selective. The heads of households of successful recruits have to sign memoranda of understanding which stipulate responsibilities. Successful recruits receive counselling from past beneficiaries.

The training programme runs for two years. Intensive residential training and farm demonstrations take place one week per month at various local schools (both primary and secondary) in each of the sub-counties. The project provides desks, tables and other materials to be used in class, thereby benefiting participating schools which often lack resources. Both schools and local communities provide the land for farming demonstrations.



For the remaining three weeks of the month trainees carry out practical agricultural work back at home where they are regularly supervised by project technical staff and field officers. The trainees are provided with materials (e.g. seeds, tools etc) that help them practice the skills they have been taught. They practice their farming skills on land provided by their families or guardians within their homes, or otherwise borrow land from other community members. In relatively few cases orphan trainees possess their own land which they have inherited from their parents, or the project has supported them in purchasing.

The agricultural training is carried out by qualified agriculturists who are employed by the project. These individuals collaborate with the government agricultural extension staff working at district level, with whom the curriculum for the agricultural training component of the Farm Schools was first developed. Final exams are set in consultation with the district office and the Certificates offered to the trainees that graduated in 2000 were co-signed by the Production Officers of the two targeted Districts, which therefore provided them with an official form of qualification.

The training includes the following areas:

- ❑ Modernised agriculture (climate and weather; intensive, sustainable organic approaches; fabrication, use and repair of simple farm tools and equipment);
- ❑ Crop Production (introduction to crop husbandry and agro-forestry; soil and water conservation measures; irrigation methods; crop pest/disease identification; use and advantages of organic and chemical control measures). Crops promoted include sweet potatoes, cassava, Irish potatoes, yams, sorghum, millet, maize, coffee, cocoa, peas, soya beans, ground nuts, horticultural crops, and fruits.
- ❑ Harvesting and post-harvest handling and storage methods.
- ❑ Animal production, bee keeping, poultry raising and fish farming;
- ❑ Marketing skills and formation of co-operatives;
- ❑ Maintaining farm records; running a farm business;
- ❑ Literacy and numeracy;
- ❑ Extra curricular activities: home economics, music, dance, drama, games and sport.

In addition project staff facilitate HIV/AIDS awareness and stimulate discussions about behaviour change to prevent HIV among the trainees. Psychosocial support is also provided: individual/peer/family counselling is made available to farm school trainees and their families.

### **Measuring the Success of the Project**

The project employs several methods to track its success. Monitoring forms, designed according to the set objectives, activities, expected outputs and indicators of the project, are regularly completed. Other methods include the use of regular reports, feedback discussions during monthly meetings and observations throughout the training period.

### **Impact on Beneficiaries and their Families**

To date, approximately 75% of the students who enrolled managed to complete the training course in sustainable organic farming. At least 70% of graduates continue to farm in their local areas and the majority of these have now adopted the modern farming techniques and systems in which they were trained. Many have managed to produce enough crops for consumption and also generated a surplus to raise income. This has had a huge impact on the social and economic well being of young people and their families. For example, food security has improved, and because of the emphasis on vegetable growing, the diet of trainees' households

has also been enhanced. Furthermore, 15 % of these young people who have graduated from training have managed to generate enough income to buy land for permanent settlement.

Diversification of farming enterprises has also been observed, for example, several families have now adopted animal raising (cattle, pigs and goats) as an enterprise for obtaining manure in the short term and cash in the long term. This use of manure has helped to improve the quality and quantity of crop yields. Many of the young trainees have come to recognise farming as a business. 75% of trainees have managed to improve on their reading and writing skills and record and bookkeeping have been adopted, which has helped the trainees to ascertain profit and loss in relation to farm business. This is an important new development as previously many young people believed that farming was not a profitable livelihood option for them - they associated it with the older generation and considered it a subsistence activity, not one with potential income and profit. Now, in contrast, young people are seeking to join the farm schools and learn more about agriculture.

### **Impact on Local Communities**

The young trainees have gained status and respect within their communities. They have become very hard working, with a new focus on their own livelihood development, and some have turned out to be model farmers within the community. Villagers regularly come to view trainees' gardens and trainees are often called upon to advise other farmers. In this sense local communities have benefited from the farmer schools as they have learnt and adopted new skills from the young trainees. The project has also helped to increase the communities' willingness to participate and contribute to development activities as local people provide buildings and other local venues for training and additional home care services.

### **Personal Testimonies from Graduates of the Mobile Farm Schools**

Both of N\_\_\_\_\_'s parents died in 1990 when she was eight years old. She was formerly sponsored by MAHCOP and dropped out of school when the programme cut back on its support for orphans in 1998. In the same year she joined Kyanamukaaka Mobile Farm School as a trainee. She is now living with her elder sister. Before joining the Farm School, she was at home doing household chores. She had no source of income and there was little food at home. Below is her story:

*"Due to lack of money I decided to become sexually involved with a senior secondary student from the next village to get money to help me meet some of the essential needs at home. When the Mobile Farm School was initiated in the area, I joined. I studied in the Farm School for two years i.e. 1998/2000 and graduated in December 2000 with a certificate and many skills acquired. In the Farm School I learnt the basic facts about HIV/AIDS and attitude/behaviour change process. From this knowledge, I came to realise that my life was in danger of contracting HIV/AIDS and becoming pregnant if I carried on with my sexual encounters. With the knowledge acquired in modern agriculture and the information attained from the behaviour change programme in the Farm School I have become self-reliant and I am able to meet the basic needs at home. I will not engage in casual sex again for money as I now know the dangers and besides that I have enough income from farming to support myself and the rest of the household. Anyway, I do not have enough time to associate with boys as most of the time I am busy in my gardens and on other projects. Nowadays other young girls and their guardians/parents come to me for advice and education".*

F\_\_\_\_ is now 20 years old, living with his grand mother as a family of eight, owning 1 1/2 acres of land. In 1997, when he was in primary seven, his formal education ended when the MAHCOP orphans school support project stopped paying school fees for orphans. He started casual work mainly coffee trading from which he used to get so little money that he cannot even recall how much it was. The money earned was used to buy food because the land owned by the family was too barren for crop growing. He became a Mobile Farm school trainee at age 18. Here is his story:

*"In August 1998, I joined the Mobile Farm school from which I have learnt modern farming practices that have enabled me to utilise our land more profitably. I have and put into practice several agricultural skills of both crop and animal husbandry. Currently, I have the following projects on just a small piece of land: Rabbits, poultry and cattle keeping; beans, groundnuts, maize, vegetable, cassava, sweet potato and fruit growing. This originally being a barren land, the regular application of animal and plant manure to the crops has increased production on the farm. I am now able to have enough food at home and sell the surplus to the nearby local markets to meet my other basic needs and those of the family".*

## **Impact on Policy Makers**

The project has resulted in increased awareness amongst policy makers, mainly at district and local council level, of the need to design projects for young people in communities affected by HIVAIDS, particularly teenage school dropouts, in order for them to learn skills that can sustain them later in life.

## **Other Impacts**

The environmental awareness promoted by the project has stimulated a movement for planting trees with a slogan "cut one, plant three". At the same time, local soil fertility has improved as a result of new innovations such as the application of organic fertilisers, and the use of natural pesticides.

As this project is the first of its kind in the region and the country in general, many groups of people, individuals and organisations from within and outside the country have come to visit and learn from its approach. As a result, other organisations have already replicated similar projects in their local areas.

As the project offers some encouragement for young people to remain in rural areas, it thereby prevents (or at least stalls) urban migration and the likelihood of young people moving into more risky income-generating activities. It can therefore be understood as playing some role in preventing the spread of HIV.

## **Current Challenges**

- During the first phase of farm school training, almost 15% of the trainees failed to implement the farming skills they learnt due to domestic problems such as lack of access to land, sickness and the death of guardians who were supporting them. Furthermore, at least 25% of the initial trainees dropped out of the course. Some of these were girls who left due to unplanned pregnancies, early/forced marriages and other domestic problems. A number of boys also left due to various reasons, including lack of interest. In more positive cases, some trainees left to continue with formal education after raising some income from farming. Some trainees even managed to return to school and complete their studies while continuing to participate fully in the Farm School.
- Problems in land accessibility have meant that now only young people who have access to land, either inherited, or purchased by MAHCOP or the orphan him/herself can enrol in the farm schools in order to ensure significant and sustainable project impact. Some community members willingly provide land to orphans on a temporary basis but this is not reliable as the owner can reclaim the land at any time.
- The successful training of young people from orphan-headed households has posed major challenges. Some trainees from these households have often found it difficult to attend the week-long residential training due to their responsibilities at home and the fact that when they are away at school, their property and crops are vulnerable to being destroyed or stolen. Similarly, when based at home they are over-burdened with other household responsibilities and have little time to put their training into practice. This problem highlights the need for additional support to orphan-headed households.
- Some farm school graduates experience the destruction of their produce due to poor storage facilities at home. During the rainy season, much of the harvested crops such as maize become spoiled and beneficiaries are forced to quickly sell off the produce at a very

low cost. The project is planning to address this problem by building communal granaries to be shared between families. Beneficiaries also face marketing constraints due to continuous price fluctuations. This problem could be partially solved by the formation of co-operatives to attain a higher purchasing power, although no such initiatives have emerged so far.

- Prevailing inflation within Uganda has had an impact on the finances of the project. For example, soaring fuel prices have forced a rise in price of many commodities. Addressing this problem is beyond the project's capacity.

## **Project Resources**

This project required both additional resources and a re-distribution of existing resources. As project activities cover a range of areas, including specialist skills in agriculture and general awareness raising, all project staff required some additional training and exposure visits to equip them with appropriate skills. There was need to purchase the necessary equipment for the project. As the project was initially funded on a pilot basis there was an urgent need to secure funding to continue with the project in the future.

## **Sharing of Experiences with other Practitioners**

Project staff share their experiences with other practitioners locally, nationally and internationally mainly through the production of regular reports. Project activities have also been recorded on several occasions on video/media. Development practitioners both from within and outside Uganda have also visited the project to share experiences. One organisation, Humuliza, based in Kagera, Tanzania, has adapted the Maluti approach, and provides one week farm training sessions for young people in their local setting. The farm groups which are established and supported by rural communities are also involved in lobbying for improved land access for orphans<sup>11</sup>.

However, there is a need for the project to improve collaboration with other actors, particularly those in the Government, in order to improve and expand resources for vulnerable groups of people, including those affected and infected by HIV/AIDS.

## **Sources of Funding**

The project and the MAHCOP programme as a whole operate principally on the basis of external funding. Since the inception of the programme, several funding agencies have provided support for a specific period. Agencies that have subsequently withdrawn support but were very fundamental in the development of the programme are Caritas Norway, OXFAM and UNDP. Currently, Kindernothilfe (KNH) Germany and GOAL fund the Mobile Farm Schools. GOAL funding is only guaranteed on a short-term basis, although KNH funding has been agreed up to 2005.

Local communities also make a significant contribution through the work of community volunteers, provision of accommodation and training venues for trainers and facilitators, and the provision of labour and other materials by the guardians and families of orphans and young people.

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<sup>11</sup> For more information please contact Humuliza, PO Box 56, Muleba, Tanzania. E-mail: repssi@africaonline.co.tz

## **Partner Organisations**

Communities and local school administrations are critical project partners. The wider MAHCOP programme is primarily affiliated to the Uganda Network for AIDS Service Organisations (UNASO), and also liases with other sister NGOs in the fight against HIV/AIDS. These include the Aids Support Organisation (TASO), the Rakai AIDS Information Network (RAIN), the Rakai Project, Orphans Community Based Organisation (OCBO), Concern, International Care and Relief (ICR), World Vision and other smaller community-based organisations at the grassroots. The programme also works in close collaboration with the Ministry of Health (MOH), the Ugandan AIDS Commission (UAC) and government staff at district level.

## (II) Farmer Field Schools for Organic Cotton Production, Zambezi Valley, Zimbabwe

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### Summary

In response to the needs of resource-poor women farmers, a project was established to increase the profitability of smallholder cotton production through farmer field school training. While the project did not explicitly target families affected by HIV/AIDS, the fact that it was aimed at the poorest families meant that those disadvantaged by the epidemic benefited equally. Many of the women who joined the project were widows due to AIDS or were nursing sick husbands or other relatives.

Cotton had traditionally been a crop cultivated by men in this region and, faced with increasing responsibility for its cultivation, women were experiencing difficulties due to their lack of expertise in cotton cultivation and inability to pay for chemical inputs. Farmer groups were established and training in organic cotton production was provided through weekly field schools, supported by community-based farmer field workers. The methods of production which were promoted were suited to the low income status of beneficiaries, for example, focusing on inter-cropping to stimulate the presence of 'natural enemies' rather than relying on costly pesticides. Given the increasing impacts of HIV/AIDS on the livelihoods of local farmers, new educational activities on healthy living with HIV were introduced. These included the promotion of nutritious traditional food crops for PLWHA.

It soon became apparent that the farmer groups were using the field schools established by the project as a wider support forum for obtaining information and sharing knowledge and labour. Many of the widows who had lost husbands to AIDS gained strength from the support they gained from attending farmer field schools, rather than facing the consequences of the disease in isolation.

### Background

Zimbabwe has one of the highest rates of HIV prevalence in Africa, with an adult infection rate of around 26%, or 1.5 million living with HIV. Deaths from full-blown AIDS are now occurring at the rate of 2,000 per week. People in every walk of life, from those in government institutions and commercial companies to farm labourers and rural peasants are all affected, yet stigmatisation of those affected by HIV and AIDS remains a serious problem. With the collapse of the health service and the 'meltdown' of the economy, poverty and disease are increasing at an alarming rate and Zimbabweans are facing an uncertain future. As a result, the whole society is now living in a state of 'short-termism', while the current government neither publicly recognises the immediate implications nor the long-term consequences of HIV/AIDS. Recent policies such as violent farm occupations and forced resettlement, are increasing economic insecurity and migration, two critical factors which underlie the spread of the pandemic.

In the Zambezi valley, widows currently head more than one third of all families, while increasing numbers of child-headed households can be found. Communities affected by HIV/AIDS in this region are facing further constraints due to the depletion of natural resources. Since the partial eradication of the Tsetse fly and the introduction of cotton, the Zambezi Valley has become rapidly degraded. This is mainly due to the widespread clearance of woodland and use of toxic pesticides by the smallholder farmers who have been resettled in the area.

## History

In 1995, approximately 40 resource-poor women farmers requested assistance from a local NGO, the Lower Guruve Development Association (LGDA) in the production of pesticide-free cotton. In this region, cotton had traditionally been promoted as a cash crop and was therefore considered to be the responsibility of men. There had been a long-term reliance on pesticides in order to get higher yields. The women farmers were experiencing difficulties in paying for pesticides and were becoming increasingly aware of the environmental changes which had taken place due to long-term pesticide use and deforestation. They had observed, for example, that there were less fish in the rivers than before and there were no longer bees in the forest areas surrounding their villages. As institutional knowledge to assist the farmers was limited, the LGDA drew on external assistance to support a new project of research and training for the promotion of organic cotton. The Zimbabwean branch of a multinational and two local companies, Cargill (Zimbabwe) Ltd. (the ginner) Zimbabwe Spinners and Weavers (the processors) and DeZign Incorporated (the T-shirt manufacturer and exporter) offered support in terms of buying the cotton, keeping it separate for the purposes of international certification and passing a proportion of the premium back to the farmers.

A partner NGO in the UK put the LGDA in touch with consultants from a company acting on behalf of the Export Promotion of Organic Products from Africa (EPOPA), a programme operated by the Swedish International Development Agency (SIDA). This programme was considered relevant as it was concerned with bringing Africa into the global economy, and its consultants were tasked with setting up the production, organic certification and marketing of the cotton. It soon became apparent that the farmers would need training in a range of agronomic and other methodologies, including internal control and organisation building, before they could convert to fully organic production. A local NGO, African Farmers' Organic Research and Training (AfFOResT) was asked to conduct this training. However, SIDA declined to fund this exercise as its mandate was to support business, not development, and training was considered to be a development activity. Furthermore, the agency preferred to support an 'out-growers scheme' (in which the responsibility for the production would lie with the ginner rather than the farmers). As a result, SIDA pulled out of the project.

Instead, Novib agreed to provide funding for the farmer training. Additional funding was provided by PAN UK for research, while the ginner, processor and exporter were persuaded to share the costs of the organic inspectors. However, the project continued for the next three years without funds for managing either the internal control or production in the field. The consultant gave his services for free and AfFOResT paid the Project Supervisor's salary out of their training funds. However, the local trainers were not paid and this led to resentment. Requests to Novib for additional support failed to secure funds for salaries. After the initial three-year period was over (1999), Novib did not provide any further funds on the grounds that production of organic seed cotton had been lower than predicted. The project managed to continue up until 2001 by cutting back activities and a reduction in salaries, but its future is now uncertain.

## Project Approach and Target Groups

The overall aim of the project was to increase the profitability of smallholder cotton production through the elimination of external inputs and the creation of a local and international market for internationally certified organic commodities. This was to be carried out through a training and support programme for "Farmer-leaders", community-based farmer field workers (FFWs) who would be responsible for promoting organic cotton production through weekly Farmer Field Schools (FFS).

The target groups for activities were resource-poor, semi-literate and illiterate farmers. The impact of HIV/AIDS on local communities meant that many of the women who joined the project were "widows from AIDS", while some were nursing sick husbands and other relatives. These women were often extremely poor, middle-aged and caring for six or more children. They were in critical need of income and wanted to learn how to grow a cash crop, such as cotton, without costly fertilisers and pesticides.

Early into the project, it became apparent that many of the women farmers were using the FFS set up by the project as a support group, a forum for obtaining information and sharing knowledge and labour. Research was therefore carried out on the situation of 11 women (including widows from AIDS and women whose family members were facing chronic illness) to assess their particular needs and the role that the organic cotton project could play in alleviating their problems. The results of these interviews indicated that the widows faced three main constraints: shortage of labour, shortage of cash and lack of financial and management skills.

### 1. Labour Shortages

Most of the widows were attempting to farm more than a hectare of land with only a hand-held hoe. Yields of the main crops (cotton, maize and groundnuts) were declining due to late planting, insufficient weeding and generally poor management. One woman described how:

*"The farming activity most affected is weeding and we are delayed in picking cotton. It is impossible for me to go to the field and it won't be possible until next season either or until (my husband's) illness goes. No one has relieved me since he got ill".*

Another woman commented:

*"There's only me, my 12 year-old son and my mother-in-law who work on the land now. When my husband was alive we would plough one acre in a day but now we can only plough half an acre".*

### 2. Cash Shortages

Since colonial times, women have been systematically excluded from the cash economy in Zimbabwe's rural areas. Most of the income generating activities such as labouring off-farm for cash or producing and marketing cash crops have remained the preserve of men. In contrast, the most labour-intensive, unpaid chores, such as planting, weeding, harvesting and winnowing, child care and caring for sick relatives, are considered to be women's work. As a result, on the death of their husbands, widows are left with a limited income and are often forced to sell valuable commodities to raise capital. One woman described how when her husband was alive they had farmed seven acres of cotton but since his death she had only managed to plant five. In such cases women are often forced to sell assets to sustain the family.



### **3. Lack of Farm Management and Financial Skills**

The continuing tradition whereby women are less involved in the cash economy in rural areas than men impedes their ability to make important financial and farm management decisions. This situation has been perpetuated by local extension services, which normally do not include women in demonstrations involving cash crops such as cotton. One widow who was interviewed admitted that she found it difficult to make important decisions concerning the timing of planting, thinning and scouting cotton and said that training in these activities would help.

Despite their involvement in cotton production, women can also be disenfranchised from the financial profits made from such cash crops. For example, at harvest time the payment cheques from private cotton companies are made out to men. One woman whose husband was dying of AIDS was unable to cash a cheque from the Cotton Company as it had been made out to her husband. This reveals the need for women farmers to have more control over the farming and marketing of the crops for which they are increasingly responsible.

### **Project Activities**

AfFOResT's approach was to make science accessible to some of the most resource-poor farmers in order to increase innovation and reduce dependency on external inputs. FFWs were provided with scientific training in natural soil fertility and pest management at AfFOResT's Eco-Lab. This enabled them to produce cotton and other crops without the need for costly fertilisers or pesticides, thereby increasing profits and improving household food and economic security. The training course also included field trips to large-scale commercial farms and the local Cargill ginnery to give FFWs some understanding of the industrialised world. To increase the diversity needed to attract 'Farmers' Friends' (natural enemies) into the system, the farmers were encouraged to intercrop their cotton with food crops such as sorghum, millet, okra, cowpea, groundnuts and pumpkins.

On returning to their home communities, FFWs were responsible for facilitating weekly, community-based, Farmer Field Schools (FFS) which promote "learning through discovery" among 10 other farmers in their community. They were also given specific training to enable them to be responsible for operating the internal control system according to rules laid down by the European organic inspectors (Ecocert) and co-ordinating the marketing of the seed cotton. All training was carried out in the local language, Shona. AfFOResT staff followed up the activities of the FFWs and the other farmers in the FFS at monthly intervals throughout the growing season.

Between 1996 and 1999, up to 30 farmers were trained each year at a four week training course held at the Eco-Lab over a three-month period during the dry season. Although the project was set up at the request of female farmers, gradually many men also became involved. Initially they were afraid of being ridiculed by the extension service and their male peers for not using pesticides, but soon overcame these fears. In order to continue promoting women's autonomy in agriculture, attempts were made to find further profitable markets for women in organic groundnuts for the production of peanut butter.

Over time, several of the FFWs and the farmers in their groups began implementing a system of farmer-participatory research in which the farmers generated research questions during the initial training and conducted their own on-farm research. Useful results from these activities were offered as new, alternative methodologies for organic production amongst the wider group

of farmers. In this way a strategy for the sustainable production of zero external input/organic cotton and groundnuts was developed.

A further key activity was fund-raising. As some of the funds originally pledged either arrived late or not at all, regular attempts were made to raise funds for the production costs from other donors.

### **Activities Undertaken in Direct Response to the Impact of AIDS**

Given the relevance of information on HIV/AIDS to local communities, it was initially decided to invite a consultant from an internationally funded NGO to give a talk on AIDS prevention during farmer training at the Eco-Lab. However, it was soon realised that this hard hitting talk, with instructions on the use of male and female condoms and video footage of people dying of AIDS, was merely disturbing to the farmers, especially women. This was because it did not provide them with the means to take control of their sex lives and reduce their own vulnerability. At discussions following the talk the men retreated into denial of the AIDS problem, while the women described their depression due to their powerlessness. Some women described how poverty and the lack of indoor toilet facilities would make it difficult for them to use condoms, and there was also concern that their husbands would be angered by the idea that they were being accused of infidelity if their wives asked them to use condoms. It was therefore decided to engage the farmers in discussion on AIDS through raising issues of responsibility and healthy living. This approach gained a much more positive reaction from our farmers, so AfFOResT went on to design a 3-day course called *Healthy Living and Living with HIV*, covering the following topics:

- ❑ Structure and function of a healthy body
- ❑ Physiology of diseases
- ❑ The immune system and the effects of immuno-suppressing agents
- ❑ Healthy eating
- ❑ Gardening for nutrition
- ❑ Living with HIV
- ❑ Herbal remedies

These topics were developed in recognition of the fact that most rural people have little knowledge of how their bodies work or the causes of disease. Learning about the basic components of good nutrition and the need for healthy eating is also a new area for many farmers and provides them with new opportunities for self-sufficiency. For people living with HIV and AIDS and their families information on the production and benefits of nutritious food crops and herbal remedies offers hope, rather than creating fear. Often traditional food crops, such as millet, cowpea, *bambara* and pumpkin are more nutritious and cheaper to produce than maize, have fewer pests and can be grown without fertiliser. Yet farmers have increasingly depended on the monotonous diet of refined maize-meal *sadza* and rape, as market-oriented crops such as maize have been aggressively promoted over the past 60 years. It is the older women who have the knowledge on the production and processing of traditional food crops and it is these women who are often left caring for their orphaned grandchildren, so the potential for re-introducing these crops is strong. This is most feasible in areas where farmers still retain the seeds/planting material for the traditional food crops. Where this material is lacking funds will have to be provided for the promotion of "seed exchange fairs" in the rural areas

## Impact on AIDS-affected Households, Communities and Policy-makers

Considering that more than a third of adults are HIV positive in Zimbabwe, and few people know their status with regard to the disease, it was not possible for the project to directly target people infected or affected by HIV/AIDS. In fact, in common with all countries of southern Africa, it is a sad fact of life that all families are now either infected or affected by HIV/AIDS, and this makes the notion of targeting households affected by AIDS problematic. However, one of the biggest impacts of the epidemic is that it impoverishes affected families (through loss of cash income and loss of labour as well as repeated payments for medication and funerals). Therefore, while the project did not directly target families affected by HIV/AIDS, the fact that it was aimed at helping the poorest families through the provision of training and support to farmers and community-based workers meant that those disadvantaged by HIV/AIDS benefited equally. In addition, many of the widows who had lost husbands to AIDS gained strength from the support they gained from attending the FFS, rather than facing the consequences of the disease in isolation.

The idea of using community-based FFS as support groups for farmers infected or affected by HIV/AIDS has been recognised as a “best practise” by FAO/UNAIDS<sup>12</sup>. Furthermore, the need to promote longevity in HIV positive mothers through improved nutrition and the promotion of safe alternatives to immuno-suppressing organo-phosphate pesticides commonly used for the cultivation of cash crops has also been accepted by the UN Division for the Advancement of Women<sup>13</sup>. Unfortunately, these approaches are unlikely to be taken up by government policy-makers in Zimbabwe while current political uncertainty prevails. Furthermore, national policy-makers still have limited awareness of the fact that HIV/AIDS is not just a health issue, but one of poverty and lack of access to resources.

The local impacts of the Organic Cotton Project can be measured in terms of the following indicators provided from the project monitoring system:

- Involvement in the project has led women farmers to prefer growing cotton organically as it improves their food security, reduces labour costs and requires less costly inputs. For example, organic farmers reduced their labour requirements from 15hrs per week spent doing tasks associated with pesticide use, to 2hrs spent attending FFS and 1 hour spent scouting for Farmers' Friends. As one widow said:  
*“I will grow only organic cotton next year because of the low labour requirement. There is less labour needed for weeding because some parts of the field are covered by cowpea. Less labour is needed for spraying too because the herbal sprays are made from plants in the bush nearby. I will not do any conventional cotton production because I have no money to buy inputs”.*
- The organic producers consistently profited from their enterprise, despite producing a lower yield than previous years. In contrast, a survey of 334 conventional, smallholder cotton producers indicated that more than half of them made a loss in 1999, due to the high input costs.

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<sup>12</sup> See FAO and UNAIDS Joint Publication, UNAIDS Best Practise Collection: *Sustainable Agricultural/Rural Development and Vulnerability to the AIDS Epidemic*, Dec 1999.

<sup>13</sup> See *Longevity in HIV+ Mothers: The Need to Promote Good Health, Household Food Security and Economic Empowerment to Ensure Family Survival in Southern Africa* in the Report of the Expert Group Meeting: *The HIV/AIDS Pandemic and its Gender Implications*, 13-17 Nov 2000, Windhoek, Namibia.

- More than 80 FFWs were trained and supported by *AfFOResT*.
- A complete strategy was developed for successful smallholder production of zero external input/organic cotton.
- In 2000 the lint from this project was processed into a consignment of internationally certified organic cotton T-shirts and exported by DeZign Incorporated to Japan.
- Despite the fact that no funds are currently available to support the organic cotton project, more than 100 mainly women farmers (including many “widows from AIDS”) have pledged to continue the project.

The main factors which have contributed to the success of the project are that it empowered women as farmers, and offered farmers the opportunity to use and develop their knowledge, instead of depending on prescriptive extension messages.

## **Partnerships**

### **Local Partners**

Fruitful partnerships between local farmers, staff and commercial companies have been instrumental in the success of the project. The commitment of farmer participants to the project is reflected in their willingness to sustain activities, despite receiving no more external funding.

The project has not been working closely with government bodies. Given the current political climate it is unrealistic to expect the Zimbabwe government to support work which may be viewed as empowering rural people.

### **Partnerships with International Donors**

The project has faced some problems with certain donor partners. The experiences of the Organic Cotton Project reveal how short-term support and the sudden withdrawal of funds can constrain project sustainability. Also, some donors have had unrealistic expectations of smallholders’ ability to shift to organic cotton production and be able to trade within the global economy within just three years.

The use of intermediary funding bodies by international donors also slowed down project activities. With local NGOs operating at the forefront of the struggle against HIV/AIDS, direct funding of these organisations is likely to achieve greater impact.

## **Future Activities**

It is becoming increasingly difficult for local NGOs in Zimbabwe to obtain funding due to the prevailing instability. No funds are currently available to continue the activities of the Organic Cotton Project. However, *AfFOResT* has been granted funding for one year to implement a project aimed at building scientific capacity within community-based organisations in southern Africa in order to enhance their ability to promote sustainable livelihoods in the face of the HIV/AIDS epidemic. This new initiative will use the experiences gained from the organic cotton project to build capacity in other organisations that are trying to mitigate the impact of HIV/AIDS in rural areas.

Given appropriate funding, the original project could be revived in the Zambezi Valley and would be appropriate for replication in two other cotton-growing areas of Zimbabwe, as well as in other African countries, namely Mozambique, Zambia and Tanzania.

The project no longer instigates HIV prevention activities such as the promotion of condoms. Experience has led project planners to understand that AIDS prevention in southern Africa depends more on the elimination of poverty and the creation of hope for a better life than the promotion of "AIDS awareness" and the availability of condoms. This wider 'prevention' requires economic and political changes, such as the creation of local employment to reduce migration, the implementation of fair-trading to ensure that farmers have unhindered access to world markets, and the reform of the World Trade Organisation so that African farmers can receive similar subsidies to their counterparts in Europe and the USA. It is felt that the HIV/AIDS crisis has merely accentuated all the vital social needs that more than 50 years of development has failed to fulfil. These are access to clean water, nutritious food, health-care, education and sustainable livelihoods. If everyone in the developing world had access to these necessities then few people would be vulnerable to this disease and those that are already infected would be able to live longer and healthier lives.

### (III) The UWESO Savings and Credit Scheme (USCS), Uganda

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#### Summary

The current activities of the Uganda Women's Effort to Save Orphans (UWESO) stem from its early work in post-civil war Uganda. The focus on orphans has continued to be relevant over time due to the catastrophic impact of HIV/AIDS in the regions where the NGO is active. This case study provides details the activities of the UWESO Savings and Credit Scheme (USCS). The USCS targets orphans and their families/care-givers, particularly the most vulnerable who are the least likely to be in a position to access credit from larger financial institutions, such as families headed by an elder child, grandparent (or grandparents), a single mother or female relative.

Uganda has a burgeoning micro-finance sector, with different organisations following quite distinct approaches, some more 'business-oriented' than others. UWESO follows a developmental model. For example, a range of livelihood indicators is used to monitor the impact of the scheme over the short and long term, in addition to more traditional financial indicators. The groups established through the USCS are also used as an entry point for wider social development interventions by partner organisations (including district government bodies). These groups are encouraged to 'graduate' from the scheme and build up viable institutions of their own, or, if they have performed very well under the scheme, are facilitated in accessing bigger loans from a commercial source. UWESO also recognises the importance of education and training to enhance orphans' prospects for the future. The fact that the credit scheme has enhanced families' ability to send orphans to school is recognised as an important indicator of impact. In addition, the organisation also runs an artisan apprenticeship scheme specifically for orphans which is linked to local market demand.

As one staff member described, the project is only "a drop in the ocean", but sustained advocacy work has ensured that UWESO's work, and in particular the USCS, has become well-known by policy makers both in Uganda and beyond.

#### History and Background

After two decades of civil strife in Uganda, many children had lost their parents by the mid-1980s. UWESO, a local NGO, was founded in 1986 with the mission of improving the life of needy orphans. The First Lady of Uganda, Mrs Janet Museveni, was instrumental in establishing the organisation and it has enjoyed a high profile since its inception.

UWESO membership is open to all Ugandan women who are prepared to voluntarily commit their personal finances, time and moral support to enhance the NGO's objectives. Members pay an initial joining fee and an annual subscription. Membership currently stands at about 10,000 volunteers who span the socio-economic spectrum. The UWESO Development Programme (UDP) was set up in 1995 as a volunteer-based organisation targeted both at

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<sup>14</sup> Drawing also on secondary documentation: Programme Design Document, IFAD May 1999), Assessment of the Impact of the UWESO Savings and Credit Scheme (USCS) on the Clients (UWESO Secretariat, October 1999), UWESO Development Programme Supervision Report (UNOPS, May 2001)

orphans and individuals/families caring for them, in particular families headed by an elder child, a grandparent (or grandparents), a single mother or female relative. The overall ethos of the programme was to move from direct welfare assistance to support aimed at empowering orphans and their families. This support included the development of a savings and credit scheme, artisan apprenticeship, formal vocational training and primary school sponsorship. The UDP operates in nine core districts: Mbarara, Msaka, Lira, Kumi, Ibanda, Mukono, Bushenyi, Wakiso and Soroti.

This case study focuses on one key area, the UWESO Savings and Credit Scheme (USCS), a high-profile project which has expanded over recent years.

## **The Impact of HIV/AIDS**

Since UWESO was first established the mortality rate in Uganda has accelerated drastically due to HIV/AIDS and this has exacerbated the country's orphan crisis. By 1997 the number of AIDS cases had reached 200,000 with more than 1.5 million Ugandans infected with the HIV virus. In 1999, 9 million of the country's 20 million people were children under 18 of whom over 2 million were estimated to be orphans. Although infection rates are now on the decline, the effects of HIV/AIDS will be felt for the foreseeable future. The number of adults in the productive age range will decline over coming years as a result of AIDS, thus the number of orphans will continue to rise and the dependency ratio will increase dramatically.

It is estimated that 41% of children in Uganda are now living with their grandparents and one in four households is fostering children. Households with several orphans which are headed either by an elder child, by a grandparent, by a surviving parent (in most cases a single mother) or by a female relative have a high probability of being one of the poorest and most vulnerable groups in a community. A recent study highlights the fact that most orphan households have an average of 7.5 people in each household, and a correspondingly high dependency ratio<sup>15</sup>. About 37% of Ugandans live below the poverty line, and most orphan households belong to this category.

A major impact of the HIV/AIDS crisis is on women who care for orphans. They face serious labour constraints, inheritance problems, reduced purchasing power, deteriorating food security, nutritional status, and limited ability to pay for healthcare, the education of their children and the increasing number of dependants for whom they are responsible.

## **UWESO Savings and Credit Scheme (USCS)**

Given the dramatic impacts of HIV/AIDS and the prevailing problems facing orphans, UWESO members decided that this situation of poverty had to be addressed directly. It was therefore decided to establish a specific programme to provide families with orphans with the knowledge and resources to establish small-scale income generation projects. The original idea was to develop a system whereby warehouses were constructed and beneficiaries offered credit in-kind. However, an initial evaluation of this scheme found that this would be too risky and difficult to implement. Instead the UWESO savings and credit scheme (USCS) was established in 1996. It now operates in 28 sub-counties throughout Uganda.

## **Targeting**

The aim of the scheme is to target those who bear the brunt of the impact of HIV/AIDS: orphans and women. This approach is based on the recognition that even though not all

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<sup>15</sup> Orphan Situation Analysis, commissioned by Unicef, 2001.

orphans will necessarily be in need, it is a fair assumption that many will be disadvantaged, vulnerable and requiring support. Women-headed households and orphans therefore compose the majority of beneficiaries.

Most members use the credit provided to expand petty trade activities, trade in high-demand commodities, especially foodstuffs such as maize, beans, and fruit, general groceries and charcoal. Other activities which are undertaken include running hair salons, drink stores or mini 'hotels' to take advantage of weekly markets in local towns.

## **Organisation**

The USCS scheme is organised on a group and 'cluster' basis. Individuals take on loans but they have to belong to a self-selected group of five people who guarantee each other's loans. This system both enhances mutual support and responsibility and provides some kind of control over the misuse of funds. Measures are taken to ensure that members of the same family (including extended family) do not belong to the same group. Ten groups make up a 'cluster'. Both groups and clusters have self-elected leaders who hold specific responsibilities.

As some male orphan guardians and carers were also keen to get involved, the scheme later opened itself to both women and men, although only a maximum of two men are permitted in a group of five people, and men do not hold group management positions such as chairperson and treasurer.

Public meetings are held to discuss the scheme and its progress and ten weeks of training are provided to new beneficiaries before groups are established and loans committed. This training focuses on financial management and group formation. Roles and responsibilities are explained and study tours are carried out to enable groups to learn from each other's experiences. Not all clients are literate so UWESO uses some donor funds to provide training in functional literacy and record keeping where necessary. This experience has shown that small business management does not necessarily require long-term, formal education. Many semi-literate clients are well equipped to calculate and monitor costs, income and profits. Also, in cases where enough funds are available for the children of the families of members to go to school, these young people assist in record-keeping and business management.

The maximum initial loan per client is 150,000 Ugandan shillings (c. US\$ 80). The loan cycle can be repeated up to ten times, up to a maximum cumulative loan amount per client of 1 million Ugandan shillings (c. US\$ 588). It is then hoped that clients can 'graduate' from the scheme, enabling the entry of new beneficiaries. USCS assists these 'mature' clients to consolidate their businesses and link up with other finance institutions. One of the unique features of the USCS identified by a recent evaluation, was the speed with which clients have taken advantage of the opportunities provided by graduation from the programme. For example, several clusters have already registered a village bank with a capital fund of 6 million Ugandan shillings (c. US\$ 3,530) which is receiving technical advice from UWESO. This 'graduation' process contributes to the sustainability of the income-generation projects initiated by the scheme.



## **New Innovations**

Since its inception, a number of innovations have been introduced to improve the efficiency of the scheme:

1. An emergency fund has been set up to cover outstanding payments if beneficiaries stricken with AIDS pass away. UWESO also encourages clients to join the savings scheme and save some of their profits, where feasible.
2. A quarterly review (and revision, if necessary) of loan administration procedures has been established and the role of cluster leaders has been transformed so that they take responsibility for weekly savings, repayments and the co-ordination of cluster-based training.
3. Extended, cluster-based training programmes have been established to provide an entry point for specialist district government staff and NGOs specialising in social development, who train members in areas such as health, sanitation, nutrition, agriculture and HIV/AIDS. These programmes were developed as a result of UWESO staff's observation that lack of money was not the only problem facing vulnerable families - the need for education and awareness raising was also critical. This training has been well received, and moves are afoot to ensure that it is refined, in order to increase the likelihood of it leading to positive behaviour change amongst beneficiaries.
4. 'Children's days' have been introduced. Every quarter during school holidays children from USCS member households hold a weeklong series of activities aimed at enhancing their participation in affairs which affecting their lives. Activities include discussions on growing up, their rights and responsibilities, HIV/AIDS protection and control and counselling.
5. In one pilot area, UWESO is developing a partnership with a non-profit organisation (Microrate) to provide health services through an insurance scheme. This will allow USCS clients to subscribe to health insurance which would enable them and orphans in their households to access health services from particular clinics. This new move is an attempt to improve the overall quality of life of orphans and their caregivers and reduce the current mortality rate amongst families suffering from HIV/AIDS and malaria.

## **Measuring Success**

The USCS scheme assesses its impact through financial monitoring and the collection of individual case studies. Project staff pay particular attention to tracking beneficiaries several years after they have been involved in the scheme to ascertain how USCS may have contributed to the school attendance of dependants and standards of living over the long-term. UWESO and the donors who contribute to USCS also carry out formal evaluations. Some project staff argue that one of the strengths of UWESO's approach is that the organisation understands and measures impact beyond financial indicators. While levels of repayment and savings are significant, the organisation tries to look beyond what one staff member described as the "worrying focus" on economic indicators used by many other micro-finance institutions. Additional, complementary indicators of impact have been developed, which give a picture of the overall impacts of USCS on local livelihoods.

### **Impact on Aids- Affected Households**

Since 1999 the USCS moved beyond its original coverage targets and has expanded into four new geographical areas. As of June 2001 around US\$ 2.5 million has been disbursed to local groups and round US\$ 200,000 has been placed in small savings accounts. As of August 2001, 12,101 households are drawing on credit provided by the scheme (a client base of over 180 'clusters') which by UWESO's estimate means that around 100,000 children will be receiving some kind of benefit. Many of the families affected will include PLWHA or will have been immediately affected by the epidemic.

The impact of USCS on the overall well being of client families was assessed by an UWESO-led evaluation, carried out three years after the initial provision of credit. This evaluation found that client homes were found to have greater food security than potential client homes, reflected in the higher number of meals available per day to both adults and children. Another characteristic of USCS client families was the higher level of the quality of housing: 77% of USCS clients were resident in households with walls classified as either excellent or good whilst only 57% of non-clients attained that standard. The proportion of USCS clients using an improved source of lighting at night (hurricane or pressure lamps or even electricity) was nearly twice that of non-clients. Client homes were also found to have more domestic animals than non-client homes. A number of clients (66%) were seeking more loans to fund the higher education of their dependants (including orphans), the expansion of income generating projects, house construction and other activities. Furthermore, nearly 30% of client households intended to diversify their sources of income through animal husbandry, agricultural cultivation or the creation of new businesses. Very few planned to quit or reduce their borrowing. A more traditional indicator used to demonstrate project success was the relatively low level of defaults in payment. On average, a default rate of less than 95% of repayment was achieved each month, a level of success envied by most local commercial banks who are gradually introducing micro-finance packages.

The training and practical experience in taking on new responsibilities has not only helped clients to become more financially independent but has enabled them to build up their confidence. While this impact is hard to measure quantitatively, women, in particular, are known to have benefited from these new skills.

In many cases the income raised by USCS has enabled more orphans to go to school. It has also been found that more orphans in beneficiary communities are not only attending primary school but also high school and college training. These orphans apply their growing literacy and analytical skills to assist their guardians in the running of income-generation activities. This benefits not only the individuals concerned, but also the wider community.

### **Impact on local communities**

As described above, the UWESO programme has empowered the local community, not only by facilitating the generation of income but also through enhancing local leadership skills. Some members having become cluster leaders and project resource persons who specialise in the management of funds and the promotion of social development activities. Many members establish links with formal creditors such as local banks. In such cases women who never dreamt of stepping into a commercial bank are now proud owners of their own bank accounts and transact business with banks which, in the long run, can encourage beneficiaries to 'graduate' from the USCS.

In addition, a policy of 'breaking of the silence' surrounding HIV/AIDS, which is facilitated by UWESO staff who promote open discussions amongst communities, has been seen to result in less stigmatisation of PLWHA and their families.

### **Impact on policy makers**

The success of the USCS, coupled with fact that Uganda's First Lady was instrumental in establishing UWESO, has undoubtedly provided the organisation with a significant national and international profile. Building on this, UWESO is energetic in its advocacy work, which is based on the organisation's comprehensive experience at field level. UWESO staff actively engage with policy makers wherever possible, highlighting the situation of orphans and their guardians and the need to include HIV/AIDS in all development interventions, and lobbying for local capacity-building rather than just welfare support. UWESO representatives actively participate in the National Council for Children and have been appointed to a number of national and international-level committees, including the Uganda AIDS Commission, the Uganda network for AIDS Services Organisations (UNASO) and two technical committees at UNICEF.

It is notable that UWESO (sponsored by UNAIDS) was the only Southern NGO to host a side event on the plight of orphans during the 2001 UN General Assembly Special Session on AIDS (UNGASS). This side event was attended by over a hundred people from all over the world and UWESO used it as a forum to highlight the impacts of HIV/AIDS as a critical issue and the importance of community-based orphan care.

### **Notions of Good Project Practice**

In the light of the experiences of USCS and other UWESO interventions, project staff understand the following approaches to constitute 'good practice' in responding to HIV/AIDS:

- Focusing support in rural areas. While there may be success stories of responses to HIV/AIDS in urban areas these rarely spread to the rural regions where work can be more challenging and expensive to carry out.
- Combating poverty at household level. By improving local livelihood systems, interventions can also lower the risk of HIV infection (and re-infection) as families can afford for children to stay in school longer and young people are provided with more opportunities for generating income.
- Community mobilisation, based on the premise that individuals and communities are responsible for their own lives. It is important to build support beyond individuals and households. The group and cluster approach promoted by UWESO generates a wider support network for those affected by HIV/AIDS and the communities in which they live.
- Creating opportunities to share experiences. New ways need to be found for facilitating community-based discussions about HIV/AIDS and its impacts, as it is often a hidden problem. When these discussions take place successfully they are not only therapeutic for those most affected but encourage more openness and tolerance amongst communities. The active contribution of PLWHA is a critical aspect of such work.

## Challenges

While generally repayment levels in the USCS have been acceptable to date, some loan defaulting has occurred due to the ill health (and in some cases death) of care givers and beneficiaries and the failure to sell commodities in which credit was invested. There have also been some long-term defaulters due to the inappropriate diversion of credit funds (in contravention of the USCS guidelines). It was found that women were more reliable at paying back loans than men, although some women had problems with repayments due to the pressure exerted by men in their households. For example one woman who wanted to take a loan, completed her forms but then did not take the loan, confiding in a Project Officer that she feared pressure from her husband to divert the loan money. In another case a man was provided with a loan and used it to take another wife (!) which led to problems with repayments. Such incidents have frustrated USCS staff and led to a relatively negative view of men as creditors. The USCS now aims for an overall repayment rate of at least 95%.

Certain regions have been found to be more prone to loan defaulting and this has been attributed to disparities between these regions and areas where the scheme was first piloted. The local economy, marketing links, weather conditions for agriculture, culture and previous experiences of aid projects were all found to influence local attitudes to credit and hence the financial viability of the USCS. This provided an important lesson in terms of the 'replicability' of interventions. It was decided that finance packages should be closely tailored to the local situation and more extensive training and smaller loans would be provided in certain regions.

More generally, the political situation in Uganda has affected the pace and quality of programme implementation. For example, political anxiety over the Presidential elections in 2001 was found to stall activities. This was beyond UWESO's control.

## Orphan Artisans

UWESO not only supports the livelihoods of orphans and their families/care-givers through the provision of the USCS, but also runs an artisan apprenticeship scheme. Funds are provided to local artisans who then train local orphans in skills which will enable them to make a living within or close to their home community. A total of 400 artisans have been trained and in some cases graduates of the scheme have become trainers themselves and impart the knowledge and skills they have gained to their peers. The current target is to train 100 orphans each year. Training is currently provided in the areas of carpentry, bicycle repairs, radio repairs, sewing and hairdressing and UWESO is in the process of broadening its support to new enterprises which are known to be marketable but require larger investment for training, such as mechanics.

## Sources of Funding

The work of UWESO and the USCS is funded by a range of donors, including IFAD, USAID and UNICEF. Funds from each donor are used to fund activities in particular geographical areas, which enables the donor agencies to get a sense of the impact of their specific support. Funds are also raised by members' contributions, through a joining fee and annual subscription charges. UWESO also carries out its own profit-making activities and draws on locally mobilised funds by organising dinner dances, working with the private sector, and running an endowment fund. But this range of sources does not mobilise enough funds to match the magnitude of the problem that UWESO is attempting to address. For example, the UWESO programme is founded on a belief in the importance of capacity building and training of local community members. Not all donors are willing to pay for this work, which poses some challenges. Also, donor funding is short-lived and is not guaranteed for long periods of time.

The exponential growth of the orphan population in the coming years will require the mobilisation of resources on a massive scale.

### **Main Challenges For the Future**

1. The capacity of the USCS needs to be developed to cope with geographical expansion. One solution may be for UWESO to conduct training of trainers, inviting other agencies interested in the USCS model to learn from UWESO's experience. UWESO could then backstop the implementation of new activities by other partners.
2. Vigorous resource mobilisation will be necessary before 2005 to raise enough funds for the current activities to continue, including programme operational costs.
3. Micro-finance schemes targeting the poorest of the poor are not necessarily profitable, and there is a need to explore indicators of success than the profitability of such interventions.
4. In terms of orphan vocational and artisan training, project staff have observed that girls who receive training tend to be interested in stereotypical female activities such as tailoring and catering which do not raise very high incomes. A challenge facing UWESO staff, therefore, is to encourage teenage girls to raise their aspirations and diversify into a wider range of activities.

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## **(IV) Low External Inputs for Sustainable Agriculture (LEISA) programme, Nyamirembe Division, Biharamulo District, Tanzania**

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### **Summary**

The LEISA experience reveals how an agricultural programme integrated HIV/AIDS into its wider activities, on the request of beneficiary communities. The original project focused on training farmer groups in the use of locally available inputs to enhance agricultural production. Through a process of project re-orientation, initial activities were maintained but staff received training in the links between HIV/AIDS and rural development. HIV/AIDS awareness raising was carried out amongst beneficiary communities and an AIDS Support Fund was established to assist vulnerable groups, particularly orphans and widows, providing them with legal support and advice and credit for income generation activities.

The project demonstrates how the use of participatory methods to design programme intervention, working closely with local community structures and pursuing a 'holistic' approach to development, which moves beyond separate sectoral activities, are all key factors to successful interventions. Valuable indicators for measuring the success of interventions aimed at responding to the social impacts of HIV/AIDS have been developed by the communities involved and are now being used by the project.

### **History and Background**

The international NGO ACORD started working with resource-poor farmers in Biharamulo District, Tanzania in 1991, initially to promote agro-forestry practices in order to optimise land productivity and stimulate more effective management of the environment. This resulted in the Biharamulo Capacity Building Programme, funded by the Department for International Development (DFID) and the Netherlands Organisation for International Development Co-operation (Novib). The programme works in partnership with government extension teams at district/ward levels<sup>16</sup>. In 1998 a participatory review with farmer partners identified the main constraints to food security and income as low agricultural productivity, which was attributed to inadequate agricultural extension services, and low income which was linked to poor access to favourable crop markets.

The review therefore recommended the programme focus its support on promoting agricultural practices likely to improve crop productivity. Two options were considered:

- (i) Increased use of industrial inputs purchased through co-operative unions
- (ii) The promotion of inputs which were locally available

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<sup>16</sup> The same teams are also linked to the Netherlands-Tanzania Livestock Improvement Project (Kagera Livestock Improvement Project - KALIDEP) which maximises resources and makes for good institutional linkages.

Farmers considered the first option to be costly and unsustainable. In contrast, the second option was felt to be feasible and within farmers' reach through their own resources or local networks. The programme therefore pursued the second alternative, within a broad programme framework of developing Low External Inputs for Sustainable Agriculture (LEISA) through participatory technology development for poverty reduction.

## **The LEISA Programme**

Working through farmer groups of 8 – 10 people the programme builds on indigenous knowledge and makes use of inputs that farmers can obtain close to home. Using their existing networks, beneficiaries in the programme area organise themselves into farmer groups. These are usually heads of household and around 30% are women. Identified members from the groups are trained by ACORD and work in villages as para-professionals to support other farmers in improving agricultural and livestock production. The para-professionals are called Village Agriculture and Livestock Attendants (VALA). VALAs support other farmers through on-site visits, exchange visits and joint experimentation. They are linked to both district and ward government extension staff. Each programme runs for two years, over two farming seasons.

Initially the programme was active in 17 villages in eastern Biharamulo. In 2000, geographical coverage spread to a further 14 villages. Emphasis during the current phase is on developing the capacity of local organisations and structures such as the farmer groups to increase agriculture and livestock productivity and enhance common resource management at village level.

## **Low-Input Agricultural Techniques**

The farming techniques promoted as part of LEISA included:

- ❑ The application of animal manure as compost by livestock keeping households.
- ❑ The use of ashes from the burning of crop residues as fertiliser.
- ❑ Using crop residues for mulching instead of burning or taking them away.
- ❑ Using ashes and different organic compounds derived from various indigenous herbs and shrubs for pest control.
- ❑ Micro-catchment areas for water in farmers' fields.
- ❑ Record keeping to monitor production and act on changes.
- ❑ Ethno-veterinary practices focusing on the quality/health of animals reared instead of numbers.
- ❑ Promotion of exchange visits among farmer groups, farmer-to-farmer networks and Farmers' Field Days (organised by the programme in collaboration with the District Agricultural and Livestock Extension Office).
- ❑ The development of locally fabricated transport facilities, such as wooden wheelbarrows. Local artisans are trained in the construction of wheelbarrows, using local timber and wheels supplied from the main town of Mwanza. Farmers were loaned the money to buy the barrows and the loan (10 – 15,000 TSh/c. US\$ 13 - 19) had to be repaid over a one year period.

## **Community-Based Natural Resources Management**

The programme also works to build the capacity of Village Environmental Committees and link them with sectors and departments at district level. Networks for common property resource management are promoted and support is provided to specific initiatives, e.g. the training of groups of nursery operators who raise tree seedlings for sale, and of bee-keeping groups.

## **Identification of AIDS as a Problem**

During the first phase of the programme, (1991-94), HIV/AIDS was identified as a major problem amongst local communities. During participatory meetings with beneficiaries and other partners, heads of households expressed concern about the burden of caring for relatives who were being brought home terminally ill from urban centres and fishing camps<sup>17</sup>. By then, ACORD had developed a regional support unit for HIV/AIDS: The East Africa Regional AIDS Programme, based in Kampala. The regional programme advised that HIV/AIDS should be integrated into core activities, and the planning of interventions should involve all stakeholders, from beneficiaries to donors.

Plans for the integration of HIV/AIDS began with a baseline study on the knowledge, attitude, behaviour and practices that promote the spread of the pandemic. The findings of this study provided the basis for new interventions. Target groups for the new activities were identified in collaboration with community members and local leaders with the aim of encouraging participation and promoting local ownership of activities. The same staff working on the LEISA programme, including the original farmers' groups, acted as facilitators in identifying beneficiaries and making links with local structures.

## **Specific Responses to the Impact of HIV/AIDS**

### **Awareness Raising**

The entire population in the programme area was targeted for awareness raising on HIV/AIDS prevention and control. Certain social groups, such as men and women in fishing camps and adolescents were targeted for special interventions which included HIV awareness raising and prevention, and the social marketing of condoms. Retailers were also trained in the promotion and safe storage of condoms. In addition, 'peer educators' were selected by village leaders. These were trusted and influential individuals from local communities, both female and male, and included both teenagers and older people. They were trained in promoting awareness of HIV/AIDS and advocating support to people living with HIV/AIDS, vulnerable groups and affected families and in the social marketing of protective devices (male and female condoms).

### **AIDS Support Fund**

An AIDS Support Fund was set up to assist vulnerable groups, particularly orphans and widows. The Fund works to uphold the basic rights of these groups, including legal and inheritance rights, as well as increasing access to credit for income generating activities (IGAs). In 1996 the Tanzanian government set up Village Widows and Orphan Committees to generate support for the most vulnerable groups within communities. The programme worked with these committees to identify which households could most benefit from the IGAs promoted by the AIDS Support Fund. Seed money is provided as loans to individuals or groups, ranging from 60 - 100,000 TSh (c. US\$ 75 - 125) which had to be repaid in instalments over six months. Beneficiaries use these funds for a range of activities, including vegetable growing in the dry season, petty trade, and running small teashops. The programme also trains the Village Widows and Orphan Committees in leadership skills, fund-raising and financial management.

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<sup>17</sup> Fishing camps around Lake Victoria become temporary homes for fishermen at certain times of the year. Many of these are on islands on the Lake. Camps which record a higher catch attract more fishing groups than others. When it is the lowest catch season, many fishermen go back to stay with their core families on the mainland where they have permanent settlements.



## **Counselling and Home Care**

People living with HIV/AIDS (PLWHA) are counselled and given advice on positive living and receive home based care and support.

## **Re-orientation of Programme**

The new activities established in response to the impact of HIV/AIDS necessitated an increase in the number of staff with clear understanding of the relation between HIV/AIDS and rural development and counselling skills for dealing sensitively with PLWHA, their families and home communities. Existing staff therefore needed specific training on the links between HIV/AIDS and sustainable agriculture and ways of integrating HIV/AIDS into current programme activities. This training often needs to take place over a period of several months. ACORD has its own training material to support this process. One of the most useful approaches in this training has been helping staff to understand the specific impacts of HIV/AIDS on individual households and the kinds of coping strategies which emerge. This leads to a wider understanding of the impacts of the epidemic on community livelihoods. Staff also receive training in gender sensitivity, which is a vital aspect of dealing with the impacts of HIV/AIDS. In addition, audio-visual equipment is used for awareness-raising activities, particularly in low literacy areas.

Further resources were also invested in epidemiological studies. The programme worked with the National Institute for Medical Research to establish local prevalence rates (5-8%) and clarify certain medical issues. The results of this work were used for advocacy and training. Networking was also carried out with organisations with skills and experience in responding to HIV/AIDS, and this required additional resources. For example, institutional links were made with Population Services International to learn more about training on reproductive health issues.

## **Impact of Programme Activities**

Currently, about 75% of the farms targeted are managed under LEISA. The use of LEISA techniques and locally available inputs for crop and livestock production has led to farmers experiencing increased productivity at lower investments than before. A number of specific changes have taken place since the project was initiated:

- On average, crop production has increased by 51% with LEISA. For certain crops, production has increased even more. For example, farm productivity for maize (a key food and cash crop in the area) increased from 550 to 1500 kg per hectare. Food security has greatly improved and farmers are selling surpluses to meet cash requirement.
- A reduction in dependency on the supply of agricultural inputs by government and co-operative societies. Previously about 80% of farmers were using industrial inputs as government extension services were promoting their use and farmers were being supplied with them on credit through co-operative unions. The amount of industrial inputs purchased annually in the programme area has decreased and now these are only used when absolutely necessary. The use of industrial fertilisers has declined by 70% and that of agro-chemicals by 90%.
- Increases in animal production. Between 1995 and 2000, farmers reported an increase in milk production from an average of 2 to 4.2 per litres per cow per day. Average egg production increased from 10 to 18 eggs, per chicken for every laying period. Animal mortality rate was reported as decreasing by 55%.

- The emergence of multiple farming seasons. Farmers are now able to grow crops during the dry season, which was traditionally off- season.
- Increased horticultural activities, which farmers can fall back on when major crops perform poorly. Vegetables are also fetching higher prices due to improved quality and minimal attack by pests and diseases. Increased revenue from market gardening is greatly contributing to the cash flows of poor households (see Table 2).

**Table 2: An example of vegetable production on a 0.1 ha plot:**

Crop	Yield without LEISA	Yield with LEISA	Local market prices (TSh)
Tomato	600-1,200 kg	Average 3,600-4,500 kg	75 –125
Onions	40-60 kg	Av. 560-760 kg	125 -250
Cabbages	275-450 kg	1,200-1,400 kg	150 -200

- Enhancement of farm value. In the past, Nyamirembe division was regarded as a transit settlement for families who were looking for more productive land. People moved into the area on a trial basis, expecting to move to other areas if the land proved to be unproductive. Land would be allocated to new comers through the village governance system and the household would decide on the land management/use according to what they were used to. This land became the family's land. Yields were low and there was little agricultural intensification. This has changed and families are now deciding to settle and developing their farms. Land ownership is more valuable than before.

### **Impact of Programme on AIDS-affected Households**

Techniques promoted by LEISA, as described above, which enable farmers to increase farm and livestock productivity with less labour requirements, have not only made a significant impact on resource-poor farmers but are particularly suited to AIDS-affected households. For example, the reduction in the cumbersome handling of chemicals, the use of locally-fabricated transport facilities like wooden wheelbarrows, the use of certain crops to suppress weeds which has resulted in lower weeding requirements, and water conservation techniques, have meant that more labour can be diverted to other activities such as caring for the sick at home. The lower level of investments required for higher productivity means that household food security is less at risk and household income can be conserved. PLWHA and their families are therefore less vulnerable when household income has to be diverted to pay for special home care and medicines<sup>18</sup>.

### **Impact of Programme on Local Communities**

The specific programme activities on HIV/AIDS have led to heightened community awareness of the causes and means of prevention of HIV/AIDS. Awareness of the epidemic, including means of transmission and prevention, has risen from less than 25 % in 1995 to 70% in 1998. A reduction in stigma towards families who have lost their heads of households or close relatives has also been observed.

<sup>18</sup> In contrast, one unforeseen consequence of the programme is that the cost for hired farm labour has increased, as would-be labourers are choosing to work on their plots and get higher yields than before. Thus, while smaller and poorer farmers are benefiting, some farmers who are used to (or are interested in) expanding their cultivated areas within a farming season by increasing labour force are finding this problematic.

Local structures have also been strengthened in their ability to respond to the HIV/AIDS crisis. For example, community support structures for HIV/AIDS prevention and care in the community have been set up and any new development activities that are now planned take the impact of HIV/AIDS into account. Local governance structures, at village, ward and district level now understand their roles and responsibilities in supporting measures for HIV/AIDS prevention and care. For example, some cultural adaptation of the tradition of wife inheritance has been reported, whereby the local clan assembly assigns one of the close male relatives of the deceased (usually a brother) to be the caretaker of the widow's household, but without having a marital relationship with her.

### **Measuring Success**

Communities that have been working with the LEISA programme have identified the following indicators of success:

- A reduction in the cases of wife inheritance and 'cleansing'<sup>19</sup>.
- Local leaders talking about AIDS during community gatherings.
- Planned community support to orphans and widows.
- Increased legal rights support to vulnerable groups.
- Increased independent income generated by vulnerable groups.
- Increased awareness of gender equality and equity.

The programme is now endeavouring to use these indicators at project level.

### **Areas to be Improved**

The programme faces particular challenges concerning the creation of community-based strategies to change individual sexual behaviour and the promotion of the empowerment of women through HIV/AIDS interventions. There are still cultural barriers to women participating fully in programme activities. Careful monitoring and analysis needs to be carried out to ensure women are not excluded from interventions.

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<sup>19</sup> Traditionally, when a wife dies, her husband is believed to have bad luck, and the method for removing this is sexual contact with young unmarried women.

## (V) The African Rural Development Initiative (ARDI), Uganda

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### Summary

The African Rural Development Initiative (ARDI) provides an example of a local people's movement that has arisen to both mitigate the effects of the AIDS pandemic and promote adolescent reproductive health. The founders of the initiative were community development workers, teachers and parents. In response to the increasing problem of unplanned pregnancies amongst teenage girls and the vulnerability of these young women to HIV infection, a range of activities were initiated. These included life skills education for teenagers and targeted support, including loan schemes, for young mothers, functional literacy classes and counselling and home visits for PLWHA. Despite a critical lack of resources, ARDI's activities are perceived to have made a significant difference in the lives of beneficiary communities. For example, the proportion of young mothers able to support themselves financially has increased, a youth-led movement against early sexual involvement and unsafe sexual practices has emerged and PLWHA now make their status more public and are increasingly involved in sensitisation activities. Community ownership of the project is understood to have made a fundamental contribution to its success.

### Background

ARDI is active in Bumwoni and Bubutu sub-counties of eastern Uganda, which are located below the slopes of Mt. Elgon, 50km east of Mbale Town on the Kenyan border. Cross border trading is the key economic activity in the area and the trading centre of Lwakhakha has become a cosmopolitan centre for trade on either side of the border. The local social infrastructure includes government-assisted health units in each of the sub-counties and a hospital in Lwakhakha trading centre. Male circumcision is a common cultural practice in the region, as part of the initiation of male adolescents into adulthood. The festivities surrounding circumcision provide an opportunity for young people to interact freely with little or no adult control for many days. Unrestricted sexual activities during the circumcision ceremonies and consumption of large amounts of alcohol impair decision making, increase risk taking and reduce the ability to negotiate safe sex, increasing young people's vulnerability to sexually transmitted diseases (STDs) and unplanned pregnancies.

### History and Approach

The AIDS epidemic has been an eye opener to Ugandan communities on other reproductive health problems, most notably those of young people, and the problems facing young women who become mothers as a result of unplanned pregnancies. ARDI was set up in 1999 following research which focused on adolescent girls (13 – 18years of age) in Bumwoni and Bubutu sub-counties. Findings from the research showed that these areas have a high teenage pregnancy rate. Many of the girls that became pregnant were unable to continue with their education, a

situation that increased their vulnerability since, as a result, they had limited skills and means of generating income. For many, sexual favours in exchange for cash become the only way to ensure survival, and this increased their vulnerability to STDs, including HIV.

ARDI was therefore established to:

- Provide basic care and support to HIV positive people;
- Mobilise individuals and groups of people to become more responsive to HIV/AIDS and the needs of young mothers; and
- Create awareness on the spread of HIV/AIDS

The primary targets of ARDI's interventions are HIV positive people and adolescent unmarried mothers (below 18 years of age) who have experienced unplanned pregnancies. The organisation also targets young people and the wider community. It aims to build on the African spirit of togetherness and traditions of family support and mutual obligation. These traditions provide a key starting point for responding to the impact of HIV/AIDS and building stronger communities. ARDI tries to achieve its objectives by mobilising the various community institutions, groups and personalities to become more responsive to the concerns of young women and PLWHA.

ARDI emerged as a response by communities and other local people to the problems posed by HIV/AIDS. The founders were government community development workers, teachers, and parents from the local community. However, ActionAid provided some necessary technical support and contracted consultants who, together with key stakeholders, designed approaches to address HIV/AIDS and the sexual reproductive health problems of young people. Further interventions were also designed with the aim of positively influencing communities who had been socially and economically damaged by the HIV/AIDS epidemic. At the outset, consultative meetings were held with community groups to identify ways of networking and collaborating. At a later stage, meetings were also held with religious and political leaders, parents, teachers and health workers, to gain wider commitment to the planned interventions.

## **Main Activities**

Currently ARDI membership includes: teachers, parents, young people, community development workers, religious and political leaders. All members work under the principle of voluntarism. Key activities include:

### **Life Skills Education**

'Life skills' can be defined as special abilities that enable us to deal with the challenges and demands of everyday life and to adopt positive behaviour. Broadly, these include: skills in understanding and dealing with oneself, skills in understanding and relating to others, and skills in making effective decisions. ARDI supports youth both in and out of school in building peer support groups as a means of promoting positive behaviour and to encourage the prevention of the spread of HIV/ AIDS. The programme also works with adult 'gatekeepers' (those who influence the decisions of young people) with the aim of increasing inter-generational dialogue and creating a positive environment for young people.

### **Long Term Support to Young Mothers**

Young mothers, regardless of their sero-status, are identified by the local leaders in the communities. These include young girls in extremely constrained circumstances who have no social support systems through their immediate or extended families. Selected beneficiaries are

placed in support groups of up to ten people. These young mothers are then provided with goats in order to reduce their economic vulnerability and improve their ability to cope with financial crises. Traditionally, goats are seen as a form of wealth and savings and are sold from time to time when necessary. The beneficiaries are trained in goat keeping and discussions are held frequently with ARDI staff to monitor their progress in raising the animals.

### **Loan Scheme for Young Mothers**

Findings from evaluations of similar projects supported by ActionAid, revealed that supporting vulnerable groups through the provision of goats alone cannot significantly help increase incomes in the short term. Benefits from rearing goats are only realised after several years; a period too long to ensure that the livelihoods of young mothers are improved enough to reduce vulnerability, and there is a risk that goats would be sold immediately to meet pressing needs for cash. A micro-credit scheme was therefore seen as a viable venture for supplementing the incomes of the young mothers. The small loan scheme is run as a revolving fund and provides young mothers with small loans of about 30,000 Shillings (c. US \$17) at an interest rate of 10% for a period of four months. Loans are given to individuals but are guaranteed on a group basis.

Though small, these loans have enabled many young mothers to become economically independent and to support themselves and their children, particularly from the retail of agricultural products such as vegetables. Other activities include the petty trade of second-hand clothes, and trade in household products from Kenya. A review of the loan scheme is planned to explore opportunities of increasing the loans given and how the loans can more gainfully be extended to PLWHA.

### **Functional Adult Literacy Classes (FAL)**

ARDI runs five literacy classes in Bumwoni sub country. The FAL programme has gained recognition from the district development office which has sent two trainers to support this intervention. Family life education, counselling, reading and writing are just a few of the main topics included in the classes. These classes present an opportunity for learning both for adults and for young people who have dropped out of school.

### **Counselling and Home Visits**

This area of work is aimed at providing psychosocial support to young people and PLWHA. Counselling for young people is carried out in schools and at the ARDI office. This includes guidance on decision-making, options for young mothers on how to take care of their babies and how to cope with stigmatisation.

Home visits/care and support for PLWHA are aimed at meeting their physical, and psychosocial needs. Where possible, the counsellors take foodstuffs to those who are bedridden. However, due to the fear of stigmatisation of their families, many HIV positive people have not welcomed the home visits.

### **Community Sensitisation**

ARDI undertakes sensitisation activities in the community on AIDS and the general needs of young people to create a positive environment within the community for HIV prevention. Although this activity initially targeted groups of young people, it has now grown to include women's groups, drinking clubs (for reaching men), teachers, churches and the wider community.

Virtually all of these activities can be seen to not only tackle the impacts of HIV/AIDS, but also contribute to HIV prevention (see Figure 1).

**Figure 1: Links between ARDI activities and HIV prevention work**

Sensitisation and counselling	-	Ensure informed and confident decision making
HIV tests	-	Encourage positive living with ones status
Life skills	-	Promote safe sexual behaviour
Income generation	-	Reduces vulnerability to risky behaviour
Community sensitisation	-	Creates supportive environment



### **BEHAVIOUR AND LIFE STYLE CHANGE**



### **HEALTH**



### **QUALITY OF LIFE AND PREVENTION**

#### **Impact of the Project**

For indicators of success ARDI relies on the reactions and comments of people in the community. Methods of measuring impact include the documentation of success stories resulting from the intervention of ARDI, and monitoring visits by staff and volunteers.

The following are ways in which ARDI members and beneficiaries feel the organisation has made a difference:

- It has succeeded in encouraging community participation in all activities, and fostering a feeling of community ownership. Staff members believe that this has helped them to provide services and undertake their activities much more easily.
- More people are now taking HIV tests as a result of local sensitisation.
- ARDI has contributed to the development of a youth-led movement in schools against early sexual involvement and unsafe sexual practices.
- PLWHA now make their status more public and are increasingly involved in sensitisation activities.
- The percentage of young mothers able to support themselves financially has increased.

These successes are attributed to an accurate problem analysis, through a process that involved the key stakeholders, the dedication and the spirit of voluntarism shown by the members and the effective collaboration and networking with other community-based organisations. However, ARDI's capacity to respond to the impacts of HIV/AIDS does not in any way match the scale of the problem. There are many young mothers and PLWHA who still require support. Additional resources are required to implement current activities more effectively, both in terms of creating a cadre of well-trained and supported staff and materials and transport to provide direct support to young mothers and PLWHA. Despite a critical lack of such resources, ARDI has instigated significant changes in the lives of beneficiary communities.

### **Scope for Improvement**

Working with HIV positive people and young mothers still remains an uphill task and there are a number of improvements which ARDI is working towards in order to fully realise its goal:

- (1) Develop staff skills in adolescent reproductive health and basic home-based care and support.
- (2) Scale up home-based care and support to reach more PLWHA. This support needs to be made more affordable, accessible, equitable and efficient. Stigmatisation remains a problem which can deter PLWHA from accepting home care.
- (3) Increase the loans made available to young mothers.
- (4) Subsidise or provide free drugs to HIV positive clients for the treatment of opportunistic infections.
- (5) Develop documentation and communication systems for the purpose of sharing experiences with people in other localities.

### **Partnerships**

Close partnerships have been established with community youth groups, schools, local development initiatives, government departments and health units. Other key partners and 'promoters'<sup>20</sup> have been larger organisations like AIDS Counselling Education and Training (ACET) and ActionAid Uganda. ACET has been instrumental in training staff and volunteers in life skills for young people, AIDS counselling and communication skills.

### **Funding**

Since its inception, ARDI has largely depended on the generosity and contributions of its founders. An acute shortage of the funds necessary to both 'kick start' and sustain activities has been a major constraint and the project has faced problems in developing a resource mobilisation and utilisation strategy. A one-year grant has now been allocated to the project by ActionAid to scale up activities.

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<sup>20</sup> These are organisations and individuals actively involved in supporting the work of ARDI.



## (VI) The Maluti Adventist Hospital HIV and AIDS Project, Lesotho

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### Summary

In response to the socio-economic needs of PLWHA and their families, a partnership was developed with the Ministry of Agriculture in Lesotho to provide training in agriculture and income-generation, business and leadership skills. In addition, the project provides HIV counselling and home based care, with PLWHA encouraged to train as peer educators in home care and support. The vulnerability of orphans to poverty and sexual abuse led to a targeted orphan care scheme, with project staff liaising with hospital staff and villagers to identify orphans in need. The initial target groups for all project work were HIV-positive women and their children, but to avoid stigmatisation, the project has broadened its scope to include all sick persons and orphans.

### Background

Maluti Hospital is located in Mapoteng, Berea District, Lesotho. Migration to work in the mines of the Republic of South Africa (RSA) has long been the major source of employment to men from this region of Lesotho and, historically, Mapoteng has been one of the biggest suppliers of labourers.

Lesotho families benefit from the migrant labour system through remittances and the provision of regular employment. However, the majority of the families of migrant workers have faced severe social problems as a result of the prolonged absence of male workers. Some men left their families and never returned, others came home after prolonged periods of time, and family relationships broke down as a consequence. Many men died in the mines because of lack of safety procedures and others contracted TB and died. Agricultural production suffered as women who were left behind lacked the muscular strength to handle some of the cultivation tasks which would previously have been the responsibility of men. For some women, sex work became the best option for making ends meet after being abandoned or widowed.

Today problems have become aggravated by the spread of HIV. Thousands of men are being retrenched from the mines, and many come back to their homes because they are sick from HIV and AIDS. When this happens, the wife, who may already be sick herself, still has to care for her husband and children increasingly take on the role of carers. Often the couple die in close succession, leaving their children orphaned.

### The Maluti Adventist Hospital

The Maluti Adventist Hospital is a member of the Christian Health Association of Lesotho (CHAL) whose secretariat is based in Maseru. The hospital is the main health care provider to the people of Mapoteng. The hospital's AIDS Unit was established in 1995 after it was realised that HIV and AIDS had become a serious problem in the area. People often experienced

trauma on discovering that they were HIV positive and the psychosocial impact of being orphaned was devastating to the children left behind.

The AIDS Unit team is made up of seven members, including social workers, nurses and other health care professionals. The initial role of the Unit was to follow up on HIV positive patients and provide them with counselling and support. As the socio-economic needs of PLWHA and their families became more understood, new activities were undertaken. A partnership was developed with the Ministry of Agriculture (MOA) which provided assistance in training in agriculture, income-generation skills, business activities and leadership skills. A full time specialist was also recruited to work on the critical area of agricultural production.

## **Targeting Beneficiaries**

The main target groups for the project are HIV-positive women and their children. However, targeting those affected by HIV and AIDS as beneficiaries has posed a problem. It was found that it was very difficult to go to villages to see only those people who were sick from AIDS, or assist only those children who are orphaned by AIDS. Therefore the project aims to assist all sick people and all orphans wherever possible, with the aim of avoiding stigmatisation.

## **Project Activities**

### **Poverty alleviation through income generation**

This includes the provision of small scale income generation training to equip participants with business skills. This component comprises:

#### **1. Agricultural Production and Share Cropping**

It was realised that negative attitudes towards farming and lack of farming inputs had led to limited innovations in agriculture in Mapoteng and surrounding areas. The project therefore provides people with the knowledge and skills to help them improve their farming methods. A key intervention has been the introduction of ploughing which enables farmers to maximise the use of their fields throughout the year, rather than leaving them fallow as was the tradition. Other activities which are promoted include vegetable production both for home consumption and sale and leadership skills to enable community-based organisations to function effectively.

Share cropping has been set up between farm owners and the AIDS Department of the Ministry of Agriculture whereby the AIDS department provides tractors, seeds and fertilisers to enable farmers to cultivate a range of crops. The proceeds from the fields are then shared between the team and the field owners.

#### **2. Candle-making**

Candle making was chosen as an appropriate income-generation activity for those volunteers who are infected or affected by HIV/AIDS. After training in candle production, working groups are provided with small capital to start businesses. Thousands of candles are now shipped to Republic of South Africa to be sold every month and proceeds from the sales are shared among the participants.

### **Counselling**

Outpatients at the hospital are given pre-and post-test HIV counselling. An average of 6 people are given counselling every day, and when the test results come out, 5 out of 6 normally turn out to be positive. The post-test counselling has been so successful that now many people are coming for voluntary testing.

### **Home Based Care**

The project's approach to HIV/AIDS education and home-based care follows the national guidelines developed in Lesotho. The project team makes home visits to everybody who is sick to avoid stigmatisation of people who are sick from AIDS. They recommend basic medicines to patients and in some cases provide medication. PLWHA who have come out about their status and are living openly with HIV are trained as peer educators in home based care.

### **Orphan Care**

The situation facing orphans in Mapoteng can be critical. Villagers have reported some children living alone, unable to feed themselves, and orphans being sexually abused by men (including relatives and neighbours) in exchange for food or money.

One of the major activities for which the project team is responsible, therefore, is caring for orphans. Three types of orphans have been identified: those who have lost one parent, those who have lost both parents and those who have lost parents due to AIDS. The team liaises with villagers, encouraging them to report orphan cases. Some of these are easy to trace as their parents or the orphans themselves would have been patients in the hospital. The orphans are then provided with care and support in meeting their basic needs.

### **Support to Out-Patients**

Follow-up support to outpatients constitutes one of the important activities of the AIDS team and Village Health Workers (VHWs) assist them with this task. The VHWs identify the situation of outpatients, such as whether they need to be hospitalised and whether they are destitute. In cases of destitution the local church gives free health care and some money towards basic requirements. In some cases school and exam fees are paid, and uniforms and shoes are provided for the children of out patients. About 11 children currently receive this kind of support. As funding has been limited some members of the AIDS unit team have even provide money from their own pockets to provide on the spot needs for the children of PLWHA, they say their hearts are so touched.

One-off assistance has also come from the Royal Family. For example, in his visit to the project His Majesty the King presented children of PLWHA with a contribution, and presently the Royal Family is supporting two children to attend school for five years. The First Lady has also sought assistance from external donors in the form of food and clothing for the orphans.

The project team also assists the destitute with burial arrangements, as this need cannot be ignored. This activity, coupled with the child scholarship programme, has proved to be the most expensive.

### **Influence on Policy Makers**

As Lesotho was relatively late in developing awareness of the HIV and AIDS epidemic, political commitment to responding to the epidemic has been slow in emerging. However, in recent times, political leaders have made a commitment to support all HIV and AIDS activities in the country. Despite this commitment and the fact that the Ministry of Health was the pioneer Ministry in HIV and AIDS work, the project's AIDS Unit team has found this ministry difficult to work with, due to bureaucratic 'red tape'.

Project staff have had more success in influencing local leaders in issues related to HIV/AIDS. So far 40 chiefs, some religious leaders, teachers, scouts and prominent ladies in local

churches have been trained in HIV and AIDS and home base care. The team also networks with a number of local organisations dealing with HIV and AIDS and has participated in workshops held across Africa, in Europe and in the US.

### **Lessons Learnt**

Initially the project team did all the work themselves. They soon realised that this could easily cause 'burn out' as their workload was constantly increasing. They therefore started to collaborate with partner organisations such as Save the Children UK (SCUK), US Peace Corps, Village Health Workers and trained volunteer care givers in the villages in order to ensure that responsibilities could be delegated effectively.

The income generation projects have been reorganised to promote ownership by the people and to reduce dependency on the team for provision of capital. The simple business management and leadership training provided by the MOA has facilitated this change of approach. Involving the community and recognising them as custodians of their own projects is important for the team. This promotes learning by the people to be more accountable and responsible and less dependent.

### **Resources**

The major funding source for the project is the Seventh Day Adventist Church which has provided funds and a vehicle to facilitate the monitoring and follow-up of activities. Bristol-Myers Squibb provides additional funding which covers 10 villages out of 264 villages. SCUK also funds some of the interventions aimed at children.

## (VII) The People with AIDS Development Association (PADA)

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### Summary

This project was set up with the express purpose of bringing together PLWHA and supporting them in addressing the problems of poverty, isolation and fatigue which they faced. Income generation activities, home care and support and education on healthy living are carried out to support PLWHA who are encouraged to disclose their status to immediate family and friends in order to live positively with the disease and organise for their childrens' future. The community awareness raising also carried out by the project, in which PLWHA often participate, has led to higher demand for local HIV counselling and testing services.

### Background

The People with AIDS Development Association (PADA) is a small community-based association which was set up with the purpose of bringing together people living with HIV/AIDS in Bulamogi sub-county, Iganga District, Uganda. Local villagers were painfully aware of the prevalence of HIV/AIDS and related problems. Clinical data from the nearest health unit revealed increasing cases of HIV/AIDS yet nothing was being done to address the issues. In the light of this, it was decided to set up a group to champion HIV/AIDS issues with the aim of empowering PLWHA to live positively with the disease and to tackle the unique problems which they faced. These included stigmatisation, poverty, fatigue, stress and lack of support. It was also thought that by establishing such a group, greater community awareness of HIV/AIDS could be created which would further halt the spread of the disease.

PADA's target group is PLWHA (both men and women) in the sub-county. The organisation has a total of thirty-three registered members, thirty women and three men, and is managed by a project manager, treasurer and a secretary. Early in its development, PADA established a partnership with ActionAid Uganda which now funds many of its activities.

### Current Activities

#### Community Awareness Raising

PADA carries out large-scale HIV/AIDS awareness-raising campaigns in every village in the sub-county. A music and drama group run by the organisation moves from one village to another to spread messages about HIV/AIDS prevention, encourage openness about sero-status and advocate against the stigmatisation of PLWHA. Community meetings are held where PLWHA share their personal testimonies. Local radio broadcasts are used to raise awareness. These activities are known to have brought about behaviour change among members of the target communities. The organisation has documented key messages on HIV/AIDS on radio tapes which are sold locally. These activities form part of a wider advocacy programme run by PADA. The music and drama group occasionally performs publicly, for example to promote new books and videotapes produced by partners such as ActionAid.

## **Promotion of Voluntary Counselling and Testing**

PADA actively encourages people to go for voluntary testing to find out their sero-status. Those who test positive are encouraged to be open about this and to seek ways of living positively with the disease. PADA considers counselling to be imperative in empowering PLWHA to make informed decisions to improve their quality of life. PADA clients are counselled, for instance, that testing HIV positive is not the end of life, one can still live for many years and play a useful role in society. Clients are also counselled on how to disclose their sero-status to their immediate family members and their friends and how to organise their lives and help their families before they die e.g. by making a will.

## **Home Care and Support to the Infected and Affected**

PLWHA can often be secluded and feel isolated. Home visiting therefore becomes very important. PADA members carry out home visits, both to fellow PADA members and to other PLWHA, to show love and care. These visits can also include therapies such as reflexology, which help relieve pain. When possible, PLWHA and their immediate family, particularly orphans, are provided with goods to meet some of their basic needs (e.g. sugar, rice, salt, soap, medicines). Where appropriate, counselling, education on hygiene, and health referrals are also carried out during these visits. PADA encourages those living with HIV/AIDS to:

- Acknowledge that they have the virus.
- Eat a well balanced diet.
- Take physical exercise.
- Try and avoid stress.
- Have enough rest (at least 8 hours per day).
- Practice safer sex (condom use).

## **Income-generating activities (IGAs)**

PADA is aware that most of its member are of low economic status and have limited resources. Basic IGAs are therefore promoted for PLWHA and their families. These include brick making, petty trade, and simple agriculture. These activities bring in some income for PADA members which can be used to buy drugs and recommended foods maintain their health. The funds raised are also used to maintain PADA's simple office.

## **Impact of Project**

### **Countering Stigma**

Before PADA was formed PLWHA faced stigmatisation, and were often felt to be worthless to society. Phrases such as: "He is wasting time, he is dying any time"; "These are gone cases" were common. However, community awareness activities by PADA have helped reduce these attitudes. PLWHA are now looked at people who can still be productive in society. HIV/AIDS is now understood like any other disease - any one is at risk of contracting it.

### **Voluntary Testing (VCT) and Positive Living**

Before PADA was formed, people were afraid to be tested and know about their sero-status. PLWHA were fearful to admit to their sero-status due to concerns about stigmatisation. PADA's efforts to raise community awareness raising have meant that local voluntary HIV counselling and testing services are in higher demand. Those who are HIV positive are learning positive living skills to enable them to cope with the challenges of the disease.

## **HIV Prevention**

PADA, together with other stakeholders active in this area, has contributed to HIV prevention in Bulamogi sub-county and much of Iganga district. Some remarkable behaviour change has been observed in the community i.e. abstinence from sex, faithfulness to one sexual partner and practice of safer sex (condom use). The local health unit is reporting reduced HIV prevalence rates.

## **Recognition of the Needs of PLWHA**

Due to the advocacy work carried out PADA, policy makers and legislators at district level have recognised the need to give support to PLWHA. There is a plan for PADA to be one of the organisations to benefit from government funds meant for the HIV/AIDS control programme.

Due to the impact of the work carried out to date in all these areas there are now plans to expand activities to Malongo sub-county.

## **Factors of Success**

PADA members attribute their success to the use of community workers with basic skills in counselling, committed local staff, the approach of voluntarism, successful networking with other organisations for learning purposes and the political support which the association has received, particularly from local community leaders. Core funding from ActionAid Uganda has also been instrumental in maintaining activities.

## **Sources of Information**

As most of the members of PADA are illiterate (except for the project manager), sources of information are limited. They include training sessions and workshops, posters, radio talks, networking with other organizations involved in AIDS work like The AIDS Support organization (TASO) and UNASO, and some books and local newspapers (e.g. Bukedde). Information on sources of funding is particularly limited and hard to find.

## **Scope for Improvement**

PADA is currently in need of better organisational and management skills, and capacity building for counsellors on HIV/AIDS related work. More resources are required to continue supporting PLWHA with material support and the establishment of income generating activities, particularly as the organisation is keen to expand its area of coverage and provide greater support to orphans of AIDS. While PADA is interested in sharing its experiences with other practitioners, there are few resources to do this. The exchange of experience is currently limited to meetings held in Eastern Uganda, such as those facilitated by ActionAid.

## **Sources of Funding**

The organisation runs on money raised from the membership fee levied from every member, income from cassette tapes, grants from donor funding (particularly annual community-based organisation grants provided by ActionAid Uganda) and donations from individuals.

## **Partner Organisations**

The main partners of the association are Integrated Development Activities and Aids Concern (IDAAC), The AIDS Support Organisation (TASO) and Uganda Network of AIDS Service organisations (UNASO).

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## **(VIII) National Community of Women Living With AIDS (NACWOLA), Pallisa Branch, Uganda**

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### **Summary**

NACWOLA provides direct support to HIV positive women and their families through the activities of local branches of the organisation, run by registered members. Pallisa Branch has been particularly active in livelihood skills training, home care and counselling, a 'memory project' to enable children to cope with the challenges posed by the death of one or more parents, and awareness raising activities to advocate for the rights of HIV positive women. The success of community awareness raising is exemplified in the fact that wife inheritance practices have declined since the project was initiated.

### **Background and history**

Women in Uganda, as in many parts of Africa, are a marginalised group in society. Social, economic and health problems increase their vulnerability. HIV/AIDS can make them particularly vulnerable as HIV positive women are often stigmatised by their families and denied access to land and other important family assets. The National Community of Women Living with AIDS (NACWOLA) is a membership-based NGO run by women living with HIV/ AIDS. It is the only organisation of its kind in Uganda. The involvement of HIV positive women is a cornerstone of its approach as it is founded on the belief that HIV positive women have a better understanding of their problems and should therefore be involved in the designing and implementation of activities aimed at improving their lives.

NACWOLA provides direct support to HIV positive women and their families through counselling, home care, skills training and other activities aimed at increasing their coping capacity. The mandate of the organisation also extends to advocating for the rights of HIV positive women of sensitising the public about their situation.

The organisation follows a 'positive living' approach. This is based on the concept that people living with HIV and AIDS (PLWHA) should have an optimistic attitude towards themselves and others. With a positive mental attitude and responsible decision-making, a person living with HIV/AIDS can prolong her life and promote greater responsibility amongst others who are not infected. All members are encouraged to gain skills to enable them live positively with AIDS. This includes sharing one's sero-status with others and encouraging those that are not yet infected to safeguard themselves against acquiring HIV.

Initially, HIV positive women were the organisation's only target group and all activities centred on them. However, over the years it was recognised that the families of these women also face the traumatising effects of AIDS. Most of the psychosocial problems faced by HIV positive women result from the deteriorating conditions at home with their families. On realising this, consultative meetings were held with the families of NACWOLA members. This led to the

introduction of the child-centred approach, first established through the memory project (see below). Also, care and support activities now focus on families and, as far as possible, activities are undertaken at the home (e.g. home visits, income-generation activities and counselling). The aim of this is to increase the involvement of family members.

Currently, NACWOLA operates through 18 branches scattered throughout Uganda. NACWOLA's experiences are shared through various channels. At the national and district levels NACWOLA staff attend workshops and conferences. In addition, the NACWOLA head office sends delegates to international conferences with the aim of sharing lessons learnt in the creation of community and family-based support for HIV positive women. A newsletter is produced which highlights the experiences of the different branches.

This case study focuses on the work of Pallisa branch which is located about 175 kilometres from Kampala in eastern Uganda.

### **Pallisa Branch**

The NACWOLA Pallisa branch began as a community-based organisation set up by fifty women in Pallisa district with the aim of addressing the needs of HIV positive women. AIDS was first identified as a problem to be addressed in Pallisa in the light of research conducted by the NACWOLA head office in 1997. This research was aimed at establishing HIV prevalence and the vulnerabilities of HIV positive women in the local area. It revealed that local women depended on men for their livelihoods and had no right to property especially land. As HIV positive women were already economically and socially dependent, their HIV status further increased their vulnerability. Pallisa was also found to be an area with a high number of orphans due to AIDS.

Initial funds were provided by NACWOLA Uganda and the group was also able to obtain funding from ActionAid. Links have since been made with other funding bodies, including Comic Relief and International Care and Relief (ICR). However, funding is short term and undependable as it is limited to contracts of up to one year.

### **Aims and approach**

The Pallisa branch has the following objectives:

- To fight stigma and abuse of HIV positive women in Pallisa District by sensitising families and involving key community leaders in advocacy campaigns.
- To promote information about HIV/AIDS so as to reduce fear and isolation among women living with the disease.
- To empower women living with AIDS economically to reduce their vulnerability and dependence.
  - To unite all women living with HIV/AIDS so as to act as a strong voice in the fight against AIDS.

Currently the branch has over 317 registered members and works in seven sub-counties of Pallisa district. The branch is run by an executive committee, which is headed by a chairperson elected every year by all registered members. Each of the sub counties is co-ordinated by a volunteer team, led by a volunteer leader. This team is in charge of organising the rest of the members to conduct home visits, sensitisation meetings and co-ordinate with the branch office. NACWOLA head office has posted a co-ordinator at branch level to provide technical support. Plans are underway to expand work into two further sub-counties and eventually the whole district.

## **Principal activities**

The branch is active in a number of areas:

### **Home visits to HIV positive women**

NACWOLA supports the principle of home-based care and support. The branch conducts home visits to members, especially those that are chronically ill, in order to provide psychological support and palliative care.

### **Counselling and guidance**

Counselling helps HIV positive women cope with living with HIV/AIDS, assists them in obtaining early medical intervention and helps them make decisions on family planning and contraceptive use. The branch office is open to all women who need counselling and guidance at any time.

### **Livelihood skills and Income Generating Activities**

Women are trained in small businesses such as the cultivation of agricultural products for sale and animal husbandry (rabbit, goat, and heifer-raising projects). This includes the care of animals and the marketing of animal products. These commercial projects are popular among women nearer the trading centres and the main town of Pallisa. Such activities enable women to become self-sufficient, enhance the resources to care for family and community members affected by HIV/AIDS and foster a spirit of entrepreneurship.

### **Memory project**

The aim of this project is to help parents establish some kind of dialogue with their children about their sero-status, the history and future of the family so that, so that children will be better able to cope with the challenges posed by the death of their parent(s). Tools used to facilitate this process include the writing of family histories and the creation of albums of family pictures.

### **Education through Music, Dance and Drama (MDD)**

Music and drama are used as a means of communicating messages about HIV prevention through behaviour change and of advocating for the rights of HIV positive women. PLWHA share their testimonies and experiences during public meetings.

## **Impact of the project**

Programme monitoring is carried out by the NACWOLA executive on a monthly basis to ensure that activities are implemented to quality standard. Evaluations are also conducted every six months to assess achievements against objectives.

Some of the general impacts of the work of the Palissa branch can be understood as follows:

### **Household Level**

Mothers have learnt how to disclose their HIV status to their children and families in general. Testimonies reveal that this approach can result in a sense of empowerment as women use their status to promote awareness of HIV/AIDS and facilitate more open discussions about the epidemic in their home communities. Knowledge of their status also encourages them to pay more attention to their health and diet, and to plan more effectively both for their future and the future of the dependents which they will leave behind.

Members of NACWOLA have prevented the spread of HIV by cautiously avoiding circumstances that would infect people in the family. For example, wife inheritance<sup>21</sup> has been strongly condemned resulting in the reduction of cases.

### **Local community**

The programme is understood to have contributed to the prevention of the spread of AIDS through sensitisation meetings which mainly encourage protected sex, faithfulness to one sexual partner and abstinence.

### **Policy makers**

NACWOLA Pallisa has been involved in lobbying for more funds to support programmes working with HIV positive people at district level. As a result NACWOLA has been included on a list of organisations to receive support from the district HIV Control Project. The organisation has gained considerable local credibility and has, on several occasions, been consulted by the government programme, District Response Initiatives to HIV.

### **Factors of Success**

Local members attribute the success of the work of NACWOLA's Pallisa branch to a number of factors.

- The voluntary support of the members in the implementation of the activities.
- Support from partners and donors.
- The good will of both political and cultural local leaders towards the organisation.
- The involvement of the district department and other relevant stakeholders.

### **Scope for Improvement**

To a large extent, the project has managed to develop successful approaches in the provision of care and support to HIV positive women. However, it is felt that several components of the work need reinforcing. There is a need to establish a 'care continuum', which includes counselling, clinical care, community - and home-based care, and social support services. In addition, the branch infrastructure and organisation needs to be strengthened so that the organisation can reach more members.

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<sup>21</sup> Traditional system whereby widows are married to a male relative of their deceased husband.

## (IX) ACORD Mwanza Urban Livelihoods Programme, Tanzania

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### Summary

This programme provides social development and micro-credit support, working through local community structures. Many of the target beneficiaries are women, child-headed households and young people who are poor, vulnerable and affected by HIV/AIDS. The only case study of HIV/AIDS mitigation activities in urban areas, the Mwanza Urban Livelihoods Programme reveals the challenges of working to address poverty and the impacts of HIV/AIDS in an urban context. For programme activities to have an impact, they need to be targeted at families who were involved in local social and economic networks, which excludes some of the transitory population in the target area who were the 'poorest of the poor'.

### General Background

ACORD's Mwanza Urban Livelihoods Programme is based in Ilemela Division, Mwanza City, Lake Zone. The programme was set up in 1999, following a participatory needs assessment and a series of consultative meetings with local authorities at district and regional levels as well as with community representatives in Mwanza municipality. During these meetings, Ilemela Division was identified as the area receiving the least external support, partly owing to difficulties in settlement patterns. The area is characterised by a relatively high squatter population in the hilly areas and impoverished peri-urban communities with poor links to the urban centre.

The programme's overall goal is to *'support marginalised and poor urban communities in Ilemela Division through improvements in their access to and management of productive resources (material and financial), whilst also addressing the social problems that undermine the ability of the most vulnerable economically – active households to raise their standard of living'*. The more specific purpose of the programme is to build the capacity of women and youth groups. This is to be done by addressing key social problems, increasing HIV/AIDS awareness, improving general health conditions and environmental sanitation, improving access to education for girls, and providing micro-credit. The programme is funded by The Community Fund of the United Kingdom.

### Development of Programme

Participatory needs assessments were carried out with community representatives and local leaders to identify problems, prioritise issues for interventions and define potential partners for implementation. Structures for community collaboration with the programme were also identified through this consultative process. During this assessment community members ranked households according to comparative poverty levels to assist staff in understanding local poverty dynamics and possible target groups (see Table 3).

Research was also carried out during the planning of the programme. This found the following:

- The latest HIV surveillance in Mwanza indicated a prevalence of 11.8%<sup>22</sup>. However, accurate knowledge about the causes of HIV was not widespread. Over a third of respondents (37.5%) said they had never used a condom and 30% of married respondents engaged in casual sexual intercourse outside of marriage.
- Women were most likely to be affected by poverty, particularly female heads of household. Women had no ownership over property and limited control over decision-making at family and community level. There was a need to facilitate processes that would lead to women's capacity for negotiation to be improved. This would enhance their ability to negotiate their sexual and reproductive rights and hence help to reduce the spread of HIV/AIDS.
- Formal and informal credit schemes already existed in beneficiary communities and these could be strengthened and made more sustainable.

**Table 3. Ranking of households according to poverty level**

<i>Group</i>	<i>Characteristics</i>	<i>Percentage of Community</i>
Very rich	Cement block house(s) on low density plot, piped water, electricity, latrines, owning houses for renting, may own a vehicle	4%
Rich	Cement block house on medium density plot, piped water, electricity, latrines	7%
Moderate	Cement block house on high density plot, sharing piped water with neighbours, permanent pit latrine, not able to afford electricity throughout	13%
Poor	Earth(mud) block house on non-surveyed plot(may be zinc sheet or grass thatched) , non permanent pit latrine, depending on public water points, no electricity	58%
Very poor	Earth(mud) block house on non-surveyed plot, grass thatched, shared temporary or no latrine , water available from far away public distribution points, no electricity	18%

## Identification of AIDS as a Problem

During the participatory needs assessment with community representatives and community-based organisations (CBOs), HIV/AIDS was identified as a cause of households remaining in poverty. However, interventions on HIV/AIDS were the second priority during the identification of required responses. The first priority was access to credit for small scale businesses.

## Programme Activities

Implementation of the programme was therefore planned as two major components: Social Development and Micro-credit and business development. The two components are not mutually exclusive. For example, it was felt that economic empowerment should be complemented by sexual and reproductive health skills for women to enable them to make informed decisions about family affairs.

The programme was set up to work through community structures, in partnership with local leaders and CBOs. These groups participate in the whole programme cycle, from planning and implementation to monitoring of activities.

<sup>22</sup> Released in 1996. There has been no update since then, and conclusions are currently based on proxies.

## Social Development Component

The target groups for this component are: orphans, widows, village/street health committees, associations of people living with HIV/AIDS (PLWHA), in and out of school youth; work places/ and institutions. Core activities include:

1. **Creating awareness about the implications of HIV/ AIDS/ STDs infection through Information, Education and Communication (IEC).** The different IEC strategies of the programme are implemented in collaboration with trained community peer health educators who are identified by local people. This work is aimed at promoting behaviour change among target groups with high risk sexual behaviour, as well as the community at large.
2. **Social marketing of condoms.** This involves the promotion and distribution/sale of male and female condoms by peer health educators and shop retailers.
3. **Support to associations of PLWHA.** Counselling has led to PLWHA setting up their own associations-known as *Kikundi cha Tumaini Jema* (Good Hope Groups). Support to these groups includes the provision of generic drugs for opportunistic infections to streets and villages and facilitating linkages between associations and government health facilities which provide free medical services. Support is also provided to link the associations to other organisations providing care and support like *Walio katika mapambano na AIDS* (WAMATA -People confronting AIDS).
4. **Participatory technology development for low-cost environmental sanitation.** Groups of local artisans are trained in low-cost sanitation technologies such as latrines. The artisans then help poor households to construct such technologies with the support of industrial materials from the programme. Groups for participatory technology development on environmental sanitation are set up in consultation with local leaders and structures such as community health committees.
5. **Sensitisation of communities on gender equity and equality.** This includes awareness-raising with the aim of improving relationships between men and women and enhancing the position of women. This is operationalised through 'Gender Action Groups' which are identified through meetings with community representatives and local leaders.
6. **Working with school committees for the promotion of girl-child education.** Focus group discussions are held to explore ways of promoting girls' enrolment in school and the completion of their education. The programme also provides infra-structural support – supplying desks and cement, timber and corrugated iron sheets for the construction of latrines.
7. **Capacity building for community initiatives.** This includes the provision of non-locally available materials, for the building of health units, for example.

## Micro-credit and Business Development Component

The target groups for this component are 'resource poor' households and groups which earn some income but are in need of micro-credit. Core activities include:

1. **Economic support of the most vulnerable households through a micro-credit scheme.** Beneficiaries for micro-credit support are identified in collaboration with local leaders and community structures. The core criteria agreed with beneficiaries are:

- ❑ Women- and child-headed households first, followed by households with elderly heads
- ❑ Households with long term vulnerability
- ❑ Households with unstable livelihoods

The target households identified were not the “desperately poor”<sup>23</sup>. They are involved in some economic activities, recognised within local social and economic networks, and believe that they can improve their status. However, many of them are poor, vulnerable and affected by HIV/AIDS. Women and child-headed households are most affected by the epidemic and are often struggling to eke out their livelihoods through casual labour and petty business. When the bread-winner of the household becomes weak or dies, the family become stigmatised in such a way that they are unable to meet social and economic needs. Often economically vulnerable girls and women resort to prostitution, particularly when they lack livelihood opportunities

The support provided to these households by the micro-credit scheme involves loans to increase business activities, and business counselling. This has enabled beneficiaries to diversity into activities such as selling vegetables, fish processing and food vending.

2. **Micro-credit support and business training for small-scale entrepreneurs through groups and CBOs.** The micro-credit package includes disbursement of starter loans and loans to increase working capital. This capital leads to increased volume of business to enhance profit and/or diversification of business which ensures livelihoods are maintained from different sources and minimises risk. With consistent loan repayment, groups are eligible for second and third loan cycles. The income-generating activities (IGAs) undertaken include the trade of grains, vegetables and fish, and small-scale urban agriculture, such as the cultivation of amaranthus. The profits realised from the IGAs are used for buying food, meeting medical costs and school fees, paying house rent for longer periods to provide security, and savings.

## Partnerships

Community members are central partners to this programme. To facilitate project activities wider partnerships have also been developed with government agencies (the City Medical Officer of Health and Community Development Officer), the African Medical and Research Foundation (AMREF - for cross learning and information sharing on HIV/AIDS), the Roman Catholic Archdiocese of Mwanza (for providing support to PLWHA), the National Micro-finance Bank for credit management and Population Service International (PSI) for the supply of male and female condoms.

## New Resources

Activities undertaken in response to HIV/AIDS have required additional resources than previously planned, such as the recruitment of staff who have understanding of HIV/AIDS as a development issue, training of existing staff to ensure they internalise the HIV/AIDS-poverty linkages, and the establishment of a resource centre at Ilemela Divisional headquarters for information exchange and training.

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<sup>23</sup> Unfortunately the desperately poor in this particular urban context (as identified by communities), such as transitory squatters, do not identify themselves with local networks and are therefore not recognised by them. It was therefore almost impossible to target these groups through the project approach. It was felt that impact would be extremely limited if this group was targeted.



## Programme Impacts

Since the initiation of the programme, the major changes which have taken place include:

- Increase in knowledge about HIV/AIDS from about 50 % during the 1999 baseline study to 80% reported by a review in 2001.
- Increase in (self-reported) consistent condom use and a reduction in casual sexual partners, including amongst individuals in high-risk groups. Slogans related to HIV/AIDS prevention, like *Utakanyaga miwaya* (literary meaning “don't step on live electrical wires”), are increasingly common.
- Six streets have initiated community - based care and support services for PLWHA and families affected by AIDS.
- Reduced stigmatisation within families. Family members are changing attitudes towards HIV positive members and provide them with effective care and support.
- Gender relations are improving and more women are reported to own resources (e.g. bank accounts) in their own names.
- There is an increase in institutional commitment shown by city leadership to support efforts being undertaken by ACORD and other NGOs based in Mwanza city in fight against AIDS. This is proven by the allocation of resources specifically for HIV/AIDS intervention at ward level, which was previously left to NGOs, CBOs and faith-based organisations. Local authorities are facilitating the formulation of by-laws guiding operations of entertainment centres so as to promote risky practices in such places.

## Measuring Success

Success is measured using both qualitative and quantitative indicators. Qualitative indicators include: sexual behaviour change reported among high risk groups, as established through focus group discussions and peer health educator reports; more open discussion about HIV/AIDS at household level; and more women being able to speak out during community meetings on HIV/AIDS

Quantitative indicators include: Increases in the number of male/female condoms sold, as reported by Peer Health Educators and retailers; the number of people visiting the resource centre for counselling; the number of PLWHA supported by the programme and the number of women- and child-headed households supported by the programme

## Factors of Success

The success of the programme rests very much in its multi-disciplinary, participatory approach, which has led to the ownership of the entire programme process by beneficiaries. Several activities have particularly contributed to this success:

- Working through local structures which are trusted by the community.
- Regular reviews with beneficiaries and other partners to enable timely adjustments and strengthen the effectiveness of interventions.
- Networking with other organisations and institutions to share information on good practices and lessons learnt.

## Areas for Improvement

Two aspects of programme work are in need of some improvement. Local structures and community representatives need to explore new ways of influencing individual sexual behaviour. Also, ways need to be found for group discussions and home visits by peer health educators to be used as a means of promoting voluntary counselling and HIV testing.

# Appendix 1

## Questions circulated to case study contributors

1. What is the general background to the project?

Please include:

- History (including reasons for establishing the project)
- approach(es)
- target groups
- sources of funding
- partner organisations
- any major changes which have taken place since the project was initiated

2. What are the main activities which are currently undertaken by the project?

3. How was AIDS identified as a problem to be tackled through your project work and by whom?

4. How did you go about changing your approach or developing new activities to tackle the impact of AIDS?  
Who made the key decisions? Who carried out the planning?

5. What is your approach to targeting beneficiaries? For example, do you target AIDS-affected households? If so, how is this carried out and are there any problems with this approach? If not, what is your approach, and why?

6. Have the activities you have undertaken in response to the impact of AIDS required additional resources or the re-distribution of existing resources, e.g. staff, equipment, training, external inputs.

7. What kind of impact do you consider your activities to be having on (i) AIDS-affected households (ii) local communities (iii) policy makers (iv) other significant groups?

8. How do you measure the success of your work? (NB this can include formal indicator monitoring or informal methods such as observation/feedback discussions).

9. What do you think are the main factors of success in your work?

10. What areas do you think could be improved and how?

11. What are the links between your activities and HIV prevention work? (conceptual or practical)

12. What kinds of information do you find most useful in your work?

13. What are your main sources of information on AIDS and AIDS-related issues?

14. Is there any additional information which you find hard to obtain and which would help you with your current activities or in planning new activities?

15. Do you share your experiences with other practitioners, either locally, nationally or internationally? If so, what information networks or other media do you use?
16. How is your work currently funded? Is this support guaranteed over the long term? What do you have to do to secure funding?
17. Have you encountered any problems with the stigmatisation of individuals or families affected by AIDS? What do you think are the best ways of dealing with this?
18. Please add any more details which you are interested in sharing with us and other practitioners.