

Mitigating impacts of HIV/AIDS on rural livelihoods: NGO experiences in sub-Saharan Africa

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HIV/AIDS is having profound impacts on livelihoods in sub-Saharan Africa. These include the deaths of working-age adults, the diversion of resources to caring, and the rupture of traditional chains of knowledge transmission. NGOs are responding by providing assistance to communities affected by the epidemic in the fields of agriculture, skills training, and microfinance, as well as by offering home care and support. A key feature of such initiatives is the focus on previously neglected groups such as women, school dropouts, and orphans. Factors of success include the use of participatory processes to identify target groups, and the involvement of local political leaders and adults trusted by young people in project activities. Challenges include improving monitoring systems, effectively disseminating lessons learned, and persuading donors, whose responses to the epidemic are currently focused on preventive and curative health services, to support livelihoods interventions as a matter of urgency.

Introduction

In sub-Saharan Africa, around 26.6 million people are believed to be living with HIV/AIDS (UNAIDS/WHO 2003), while the estimated number of children orphaned in the region as a result of the epidemic stands at around 11 million (UNAIDS 2002). The aggregate impacts of AIDS are increasingly visible, and include dramatic reductions in life expectancy, the loss of adult workers in every sector, and a striking increase in the number of orphans and other vulnerable children (UNICEF 2002).

At household and community levels, the increasing ill-health and mortality of large numbers of 'prime-age' adults who had played a fundamental role in income generation, the protection of assets, and social reproduction, have severe repercussions. The composition of households is transformed and dependency ratios increase as adults grow sick and die, and as orphans are taken in to be cared for. This can place enormous pressure on resources. Furthermore, households are more likely to be headed by the elderly or by young people, many of whom are ill-equipped to cope (White and Robinson 2000). Over the long term, the transmission of knowledge concerning livelihood strategies and cultural and family heritage can be negatively affected.

A growing problem in many parts of Africa is the severe damage the epidemic is inflicting on rural communities. The direct loss of human capital and the diversion of resources and income

to health-seeking and caring activities are having a critical impact on the various livelihood activities on which rural families depend for securing food and income, such as farming, fishing, food processing, petty trade, and the hiring out of labour.¹ Material and financial assets are gradually depleted due to decreasing incomes and the cost of healthcare, while traditional support mechanisms break down, heightening the vulnerability of rural communities to other shocks (De Waal 2002). This situation is exacerbated by the fact that many of those stricken with HIV/AIDS who were living in urban areas return to their native villages to be supported by relatives.

Given the current scale of the epidemic, the social and economic impacts of HIV/AIDS will persist long into the future, regardless of the success of HIV prevention messages, increased access to anti-retroviral (ARV) drugs, or even the development of an HIV vaccine. Yet the lion's share of donor funding is still channelled towards preventive and curative health interventions. There have been few large-scale practical responses or shifts in policy aimed specifically at addressing the wider impacts of HIV/AIDS on livelihoods (Baylies 2002). The reasons for this are not clear. It is not simply a question of resources, although clearly the scale of the task and the probable associated costs may be daunting. There may be an assumption that generic development programmes and policies, which are aimed at mitigating poverty, can somehow address the impacts of HIV/AIDS (World Bank 1997); hence the continuation of existing approaches is understood to be a response in itself. Yet HIV/AIDS has served to expose the glaring inadequacies of standard development strategies to date, and their failure to ensure that the rights and livelihood needs of vulnerable population groups such as women, who are particularly affected by the epidemic, are met. Not only have clear links been established between patterns of HIV transmission and gender inequalities, but the impacts of the epidemic on families have also proved to be linked to prevailing discriminatory social and economic structures. For example, a large number of AIDS widows have been unable to uphold, or been actively deprived of, their rights over land. The limited access of women carers to credit and other resources has also posed significant constraints. Such realities suggest that existing development approaches may need to be re-examined in the light of the epidemic.

A crucial problem is that staff who are working outside the health sector are often uncertain about what should be done. Even individuals who have been allocated budgets explicitly aimed at tackling the impacts of HIV/AIDS on agriculture are often hesitant about how best to use such funding.² This raises the question as to whether current knowledge concerning effective means of addressing the social and economic impacts of HIV/AIDS is sufficient. At the same time, however, many local initiatives are now tackling the effects of the epidemic on rural communities. A key problem appears to be that information about such interventions is not widely disseminated. Personnel have limited time and resources to analyse and write up their work so the lessons learned from project successes and failures are not shared, and experiences at grassroots level do not reach key decision makers.

This paper details the main findings of a review to examine projects in sub-Saharan Africa dedicated to mitigating the impacts of HIV/AIDS on rural livelihoods. Carried out between 2001 and 2002 by the Natural Resources Institute (NRI), the review aimed to raise awareness of approaches to counter the impacts of the HIV/AIDS epidemic in resource-poor settings. The article outlines the problems which current interventions are seeking to address, the focus of project activities, and perceived factors of success.

Projects reviewed

Field practitioners and other specialists recommended the projects to be reviewed and a total of nine projects were selected in four countries: the Kitovu Mobile Farm School Project, the

UWESO Savings and Credit Scheme, the African Rural Development Initiative, the People with AIDS Development Association, and the National Community of Women Living with AIDS in Uganda; the Low External Inputs for Sustainable Agriculture (LEISA) and the ACORD Mwanza Urban Livelihoods programme in Tanzania; the Farmer Field Schools for Organic Cotton Production Project in Zimbabwe; and the Maluti Adventist Hospital HIV and AIDS Project in Lesotho. Project staff were asked to write up activities and experiences according to a checklist of questions, which resulted in a collection of case studies. Some of the details are summarised in Table 1.

Starting with people

NGOs, often local organisations operating on very small budgets, were found to be spearheading the response to the epidemic. The case studies revealed both how new projects had been developed in direct response to the impacts of HIV/AIDS, and also how existing work was adapted or new activities introduced as a result of growing awareness of the effects of the epidemic on intended beneficiaries. In every case, activities were planned with local communities through an often long process of stakeholder consultation. Despite the considerable time and resources devoted to this participatory process, it was found to be invaluable, providing project staff with the confidence that the activities promoted would best meet the needs of communities affected by HIV/AIDS. Moreover, in a number of cases the participatory planning process led to the identification of sectors of the population who are often unintentionally neglected by standard development programmes.

During the early stages of stakeholder consultation, communities were encouraged to highlight issues associated directly with HIV/AIDS which they felt to be of particular concern. The main issues identified are described below.

School dropouts

An increasing number of young people, especially orphans and teenage mothers, were being forced to leave school early due to pressures on family resources. As a result of their curtailed education, these young people were being left with limited means to support themselves, which increased the likelihood of their resorting to high-risk behaviour, such as transactional sex, to secure basic goods and cash.

Vulnerability of women

Women, often widows and elderly grandmothers, often bore the brunt of caring for people living with HIV and AIDS (PLWHA), while also being responsible for securing household food and income. Many of these individuals faced critical resource and information needs. For example, as a consequence of being widowed, women lacked the knowledge and resources needed to sustain the production of cash crops which had previously provided a vital source of income. In addition, their lack of access to credit, a long-standing constraint, had been exacerbated by the loss of male relatives who had had wider access to sources of financial support that had benefited the whole family.

Orphan 'care crisis'

While traditionally extended family and community support networks had absorbed orphans, the increasing number of children left without parents as a result of HIV/AIDS was placing

Table 1: HIV/AIDS-related problems identified, target groups, and activities of projects reviewed

Organisation	Problem(s) identified	Target group(s)	Main activities
Kitovu Mobile Farm Schools, Uganda	High numbers of young people dropping out of school, especially orphans	Teenage school dropouts	Agricultural and vocational training Artisan apprenticeship
Farmer Field Schools Project, Zimbabwe	Widows vulnerable due to limited labour and cash availability and lack of training in farm management	Marginalised farmers (principally widows and women heads of household)	Agricultural training and support Training on healthy living with HIV/AIDS
UWESO Savings and Credit Scheme (USCS), Uganda	High number of orphans. 'Care crisis' and limited resources for orphans and their carers	Orphans; guardians of orphans	Credit and loan schemes Vocational training
Low External Input for Sustainable Agriculture (LEISA) Project, Tanzania	Food Insecurity Lack of income-generating 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
African Rural Development Initiative (ARDI), Uganda	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 visits 'Life skills' education
Maluti HIV and AIDS Project, Lesotho	Psychological and social impacts of HIV/AIDS on PLWHA and their families	Sick people and orphans	Income-generating activities Home-based care Counselling Orphan care
People with AIDS Development Association (PADA), Uganda	PLWHA receiving little support	PLWHA	Home care and support Counselling Income-generating activities
National Community of Women Living with AIDS (NACWOLA), Pallisa Branch, Uganda	Vulnerability and stigmatisation of HIV-positive women Psychosocial 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
Mwanza Urban Livelihoods Project, Tanzania	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 microfinance and business training Promotion of gender equity Environmental sanitation HIV prevention through Peer Health Educators

such systems under considerable strain. Orphan-headed households were increasingly common and were at particular risk of abuse and destitution.

Vulnerability of PLWHA and their families

PLWHA and their families were not only experiencing the psychosocial impacts of chronic illness and bereavement but were also being stigmatised by the local community. This made these individuals less likely to seek support or to be open about their sero-status to their family and others. It also inhibited other members of the community from making use of HIV testing services.

Focus of activities

The interventions developed as a consequence of the stakeholder consultation process focused on four main areas: agricultural training; artisanal and vocational training; credit and loans provision; and HIV/AIDS awareness-raising, care, and support.

Agricultural training

Up to 80 per cent of people in the countries most affected by HIV/AIDS depend on agriculture for their subsistence (Villareal 2002). The epidemic is already having a serious impact on activities such as crop production and processing, and is thus undermining food and income security. Support to the agricultural sector is therefore crucial. Two principal (though not mutually exclusive) approaches to agricultural training and support were pursued by the projects reviewed. While these approaches may be appropriate for supporting poor farming communities in general, they can be seen to be responding directly to the particular impacts of HIV/AIDS.

Promotion of agricultural methods which use locally available materials and are adapted to farmers' existing resource base The agricultural training undertaken focuses on promoting farming techniques which maximise production using materials that can be obtained locally at limited or no cost, minimise the intensity of labour and/or other input requirements, and lower the risks involved. This is in direct response to the fact that the human resource base and the resilience of capital and other assets have been depleted due to HIV/AIDS. Lowering, or smoothing, the levels of investment required while still sustaining productivity means that household food security is less at risk and incomes can be conserved. PLWHA and their families are therefore less vulnerable when household resources are diverted to pay for home care and medicines.

Clearly the techniques promoted to meet this end depend on the local context and agricultural system. Year-round agricultural production, for example, may be suitable only in some areas, but enables AIDS-affected households to spread the risks of their human and capital investments more effectively. The introduction of multiple farming systems enables farmers to cultivate their fields during the dry season, which can both enhance food security and income and reduce dependence on larger scale inputs. This is in contrast with traditional, seasonal farming, which relies more on intensive inputs at specific times of the year.

Similarly, the promotion of strategies such as multi-cropping using carefully selected crops can reduce the need for weeding and other inputs. The use of locally fabricated transport facilities, such as wooden wheelbarrows, and water conservation techniques can all save on

household labour, which can then more readily be diverted to other activities, such as caring for the sick and earning income from alternative sources.

Encouraging crop diversification provides families with a wider range of goods for home consumption and sale. Training in horticultural production, for instance, provides farmers with the possibility of generating additional income on which they can fall back when other crops perform poorly.

A number of projects promote traditional food crops, which are nutritious and relatively cheap to produce. The production of such crops has declined significantly in many areas due to the push towards more market-oriented products. Traditional food crops can play a vital role in providing PLWHA and their families with a balanced, nutritious diet, and even prolonging life. Knowledge of the production and processing methods related to these crops often rests with the older generation, many of whom are responsible for caring for children orphaned as a result of HIV/AIDS. This indigenous knowledge is at risk of being lost to rural communities. In some cases, therefore, projects provide not only seeds and planting material but support the transmission of knowledge in order to stimulate a resurgence of such traditional crops.

Training for groups with limited knowledge and who have previously been excluded from such support The demographic impacts of HIV/AIDS have led to a transformation in responsibilities. Orphans, teenagers, widows, and women more generally are now playing an increasingly critical role in heading households and securing livelihoods. Historically these social groups were excluded from agricultural support services, including government extension services. Also, young people, particularly orphans, are less likely to have benefited from hands-on training in agricultural methods from their parents and may not have considered farming to be a viable income-generating activity. By directing training towards these particular groups, projects can not only empower individuals and benefit families but also contribute to the local rural economy.

The Farmer Field Schools project in Zimbabwe, for instance, provides training to poor women farmers (many of them 'widows from AIDS' or nursing sick husbands or relatives) in the production of cotton, a cash crop for which men had traditionally been responsible. The field schools promote organic methods of cultivation which can reduce capital and, in some cases, labour requirements. The project has also taken active measures to revive the cultivation of traditional food crops. Home-garden production of millet, cowpea, *bambara* nuts, and pumpkin as well as the staple crop, maize, is supported through the provision of seeds, and education and training. The farmers' groups that have emerged as a result of this project have subsequently evolved into wider support groups that provide a forum for emotional support and the sharing of knowledge and labour.

The Kitovu Mobile Farm Schools Project in Uganda provides teenage school dropouts, including orphans, with new skills in sustainable agriculture, animal husbandry, and farm business. The project not only offers young women and men the opportunity to enhance the basic food security and income potential of their households, but also provides them with access to new, profitable agricultural techniques, thereby encouraging them to remain in rural areas and pursue farming as a viable livelihood option. The farm schools run for two years and involve intensive residential training and practical demonstrations using resources provided by local schools and communities. Groups of students are trained in a range of areas, including organic agriculture, small animal production, marketing, literacy, arithmetic, and record keeping. They put the skills they have learned into practice by farming on land provided by their families or guardians, or borrowing land from other community members. Box 1 offers a first-hand example of what the Kitovu Mobile Farm Schools Project seeks to achieve.

This project has made a significant difference to the food and income security of the households of the young men and women involved. At the time that the project was reviewed, at least 70 per cent of graduates were continuing to farm in their local areas and around 15 per cent of graduates had generated enough surplus income to purchase land. Some had even been able to fund their completion of formal education while still maintaining farming activities.

The relevance of the approach adopted by the farm schools project is evident from the fact that it has already been replicated by an NGO in Tanzania, although the curriculum has been shortened and adapted to a new context. The youth-based farmer groups that were initially established as a result of the Tanzania initiative have, with support from their local communities, begun lobbying village governments to recognise orphans' rights to land. This is an important development. The provision of agricultural training for groups made vulnerable by HIV/AIDS will have a sustainable impact only if there are parallel initiatives that ensure that such groups are provided with secure access to land.

Two other possible interventions in the field of agriculture which anecdotal evidence suggests are already occurring but which were not components of the particular projects reviewed are the design and construction of lighter and more manageable farming tools for women and children, and the provision of economic support for child-headed households to enable them to hire agricultural labour to carry out activities which are beyond their physical strength, such as land clearance. Other innovations are also likely to be taking place which have not yet been shared with the wider development community.

Artisanal and vocational training

As described above, it is increasingly common for children, particularly orphans, to be removed from school early due to lack of financial capital, and the need to care for sick family members and/or compensate for the loss of family labour. This leaves school dropouts with limited livelihood opportunities for their future. In response to this problem, a number of projects provide financial support and materials to enable orphans to train in fields such as teaching,

Box 1: Personal testimony from a graduate of a Kitovu mobile farm school

Both of N's parents died in 1990 when she was eight years old. She dropped out of school 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.

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 (1998/2000) and graduated in December 2000 with a certificate and many skills acquired. In the Farm School I learned the basic facts about HIV/AIDS. From this knowledge, I came to realise that I 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. Nowadays other young girls and their guardians/parents come to me for advice and education.

nursing, carpentry and joinery, brick making and laying, commerce, and mechanics. One project in Uganda operates an apprentice scheme which provides funds to local artisans to orphans in carpentry, bicycle repairs, radio repairs, sewing, and mechanics; activities which enable beneficiaries to make a living in or close to their home community.

Other projects offer similar training and support but in the form of focused income-generation activities. The Maluti project in Lesotho, for example, trains groups in candle making to meet an identified market demand in South Africa; the project run by the National Community of Women Living with AIDS in Uganda provides specialised training and support in small animal husbandry and marketing.

The potential problem of local skill saturation has not yet been an issue as most activities have been geared towards a consistent, identified demand. There is, however, a recognised need to ensure that projects innovate in terms of the activities they promote. Staff of one project, for example, observed that female orphans tend to be interested only in 'traditional' women's tasks, such as hairdressing and sewing, which are not always well remunerated activities or enable full economic independence. The NGO in question is now encouraging young women to diversify into new livelihood activities.

Credit and loans

Microfinance schemes aimed at enhancing the economic opportunities of vulnerable groups form an important component of a number of the projects reviewed. The credit provided has enabled beneficiaries to diversify into economic activities such as animal husbandry, horticultural production, and small business development. Even relatively small amounts of credit, such as the 30,000 Tanzanian shillings (around US\$17 at the time of the review) provided by one NGO to young mothers as part of a revolving fund, has offered new opportunities for clients. Most of the projects that operate loans disburse them to individuals through a system of self-selecting groups which share liability. This ensures local ownership over the intervention and instils peer pressure, which can discourage defaulting. In many cases such projects also provide training in functional literacy, book-keeping, and financial management, which has enhanced local capacity and self-esteem and enabled beneficiaries to build up relatively efficient and well-managed enterprises.

A number of projects direct their credit schemes towards women and/or guardians of orphans. For example, the UWESO Savings and Credit Scheme in Uganda is aimed at those who bear the brunt of the impact of HIV/AIDS. Women-headed households and orphans therefore comprise the majority of beneficiaries. The scheme works through self-selecting groups of five people who guarantee each other's loans. Ten groups make up a 'cluster', with both groups and clusters having elected leaders who hold specific responsibilities. Many clients use the credit provided to expand petty trade activities, often in relation to commodities in high demand such as maize, beans, fruit, general groceries, and charcoal. Other enterprises include hairdressing salons and drink stores. As income is consolidated clients can use the funds to ensure that orphan dependants are able to stay in school and/or, in some cases, diversify into new business enterprises. By August 2001 over 12,000 households were benefiting from the initiative which has empowered local communities not only by facilitating the generation of income but also through enhancing local leadership skills. In addition, a policy of 'breaking the silence' surrounding HIV/AIDS, which is promoted by UWESO staff in their discussions with clients, has resulted in less stigmatisation of PLWHA and their families.

There are clearly dangers in seeing credit alone as a 'quick-fix' solution to the problems posed by the epidemic (or, indeed, poverty itself). The experiences of the projects reviewed

reveal how credit schemes need to be carefully designed in order for them to be responsive to the context of local livelihoods. For example, in the case of the UWESO project, loan defaulting in some regions resulted in the NGO creating new packages of smaller loans and offering more intensive training in business management for particular geographical areas.

The provision of microfinance to PLWHA and their families can pose further challenges. For example, there may be a high risk of default unless appropriate measures are in place. The provision of short-term, transferable loans (so relatives of PLWHA can take on credit responsibility if the original client dies), emergency funds to cover payments still outstanding when clients die, or insurance schemes, are some of the options pursued. There is a growing field of expertise in the area of microfinance for clients affected by HIV/AIDS (Donahue 1999; Donahue et al. 2001; Allen 2002) and the value of exploring alternative strategies, such as savings-led approaches, was recognised by project staff.

Some projects have faced a dilemma as to whether it is possible to introduce credit to the poorest and most vulnerable groups, such as seasonal migrants and transitory squatters, whose resource base is too limited or whose livelihood system too fluid to enable them to embark on sustainable new enterprises, even if they are given some seed money. In such circumstances it has been found that other support systems and interventions are required and social welfare is necessary to ensure that such groups do not fall further into poverty as a result of the impacts of HIV/AIDS.

Another approach is the direct provision of material assistance. In one of the projects in Uganda, for example, goats were provided to young mothers who had dropped out of school and were considered to be at risk of HIV infection because of their economic vulnerability. Goats are traditional assets in local communities and were intended to improve the food and economic security by providing the young women with a potential source of savings. However, an evaluation of this project found that many women sold their goats almost immediately for cash—their priority was clearly to gain immediate access to money to finance other activities. This experience highlights the need to address both immediate and long-term economic needs in AIDS-affected communities. Clearly in this particular case the development of a credit scheme for young mothers might have been more appropriate.

Awareness-raising, care, and support

All nine projects reviewed are responding to specific problems related to the impact of HIV/AIDS (or at least that the epidemic is known to have exacerbated). In addition, HIV awareness-raising activities and the promotion of discussions about the disease with target communities have also become an integral part of the work of some NGOs in order to counter stigmatisation and prevent the spread of the epidemic. A number of projects also undertake HIV/AIDS-specific activities, including counselling and the provision of support for PLWHA such as home visits, palliative care (massages etc.), as well as supplying food and blankets, and providing assistance with house building and home repairs. Such basic support can alleviate the various pressures faced by households affected by HIV/AIDS, and allow family members to pursue livelihood activities that can secure food and income more effectively.

The promotion of 'positive living' is also an important area. This includes education on healthy diets and the development of home gardens to enhance household nutrition. For PLWHA, information on the production and benefits of nutritious food to sustain their health offers hope, in contrast with the climate of fear often surrounding the epidemic.³ 'Positive living' also involves supporting PLWHA in disclosing their sero-status to their immediate family members and friends and assisting them in organising their lives before they die by

making a will, for example, and making plans for the future of their children. The creation of 'memory books' by PLWHA and their families is also a positive activity. It can assist young children in remembering their parents and their experiences together, raise their awareness concerning their ancestry, and ultimately enable them to cope more effectively with the bereavement they experience.

There is often a risk that the introduction of new support activities that are outside the initial brief of a project can become 'add-ons' of dubious quality, which divert scarce resources. Indeed, in the case of at least one of the NGOs consulted, staff concluded that it was more beneficial to communities to facilitate the introduction of HIV-prevention activities by another agency with particular expertise in this field than for staff to attempt to diversify into this area themselves. However, others found that the introduction of HIV awareness-raising, care, and support activities was enhanced by the relationships of trust already established with beneficiaries through earlier, practical areas of work. Existing livelihood interventions can therefore provide an effective entry point for other, more sensitive, areas of work.

Lessons learned

Staff involved in the projects under review highlighted a number of issues as having been especially important in contributing to the success of their work. These are outlined below.

Participatory, partnership-based approaches

A considered process of stakeholder consultation was a vital approach to devising new interventions. This process enabled the development of well-focused activities and the establishment of local commitment to new activities, all of which ensured projects a greater chance of lasting impact. In addition, interventions were reviewed with beneficiaries on a regular basis and adapted according to changing needs. This responsiveness was considered a critical aspect of project success.

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, project experience revealed how involving influential community figures from the outset of project activities provided significant results. A reduction in the stigma faced by PLWHA was observed in projects where support from local political leadership was strong, for example. Furthermore, in Uganda, a decline in the cultural practices which are known to influence the spread of HIV, such as wife inheritance, were observed in some areas where traditional leaders had been involved in project development.

Project staff also found that working with adult 'gatekeepers' (those who provide information to and influence the decisions of young people), has been important. The involvement of adults who are trusted, admired, and chosen as intermediaries by young people has been an effective way of increasing inter-generation dialogue on HIV/AIDS. It has created a positive environment for young people at risk of HIV exposure to discuss the issues that affect them, and enabled orphans and other vulnerable children to share their problems.

An area which may need further development is the establishment of partnerships among organisations, both non-governmental and governmental. While project staff occasionally cited examples of engaging with external agencies which could provide complementary expertise, or facilitating exposure visits for staff from other organisation who were interested in learning from and replicating their work, this was the exception rather than the norm. Linkages with government institutions were particularly poor.

Multi-sectoral approaches

Rather than focusing on one area in isolation, all of the projects reviewed are founded on an understanding of the links between HIV/AIDS, poverty, and vulnerability, and respond on a variety of levels. While some projects originated in the health or agricultural sector, over time staff realised the importance of tackling other, wider problems facing PLWHA and their communities, leading to the projects working across sectors. Where this is not possible, staff can make the institutional links necessary to meet wider needs. For example, in the case of one of the projects providing microfinance, the groups established for the distribution of loans became entry points into the community for district government staff and NGOs specialising in social development.

This highlights the importance of an integrated response to the impacts of HIV/AIDS. Even with the advent of new developments such as access to ARV treatment, interventions that enhance food security, income, and the living conditions of PLWHA and their families will remain critical.

Targeting

In most cases projects do not focus their activities specifically in relation to HIV/AIDS, except for cases of home care and support for PLWHA. Instead, particular categories of people such as resource-poor farmers, women, widows, orphans and those responsible for them, or young people, are the defined beneficiaries, with the assumption that most of these will have been affected to a large extent by HIV/AIDS.

Targeting needs to be handled sensitively, as the success of project interventions very much depends on the responsiveness of the intended beneficiaries. In some cases, attempts to define activities in specific response to the epidemic have faced problems in terms of stigmatisation and resentment within the local community. Furthermore, staff of several projects had experienced situations where PLWHA had refused home care due to the unwanted attention it would draw to their households. It should also be recognised that in a context where people are often unaware of their sero-status, attempting to focus activities on those most immediately affected by HIV/AIDS is often impossible and may not even be advisable. Not all orphans in need are necessarily AIDS orphans, for example, and *all* children who become heads of household, for whatever reason, require support and protection. Attempting to target livelihood support purely on the basis of a relationship with the epidemic can therefore be artificial. Furthermore, it is not only orphans who face increased hardship—HIV/AIDS has heightened the vulnerability of many young people. Children in households that have taken in a number of dependent relatives, and children who are responsible for caring for sick parents or relatives, are all adversely affected.

Project experiences reveal the importance of understanding and responding to the needs of a whole range of vulnerable groups. What makes some interventions especially innovative and appropriate for AIDS-affected communities is their flexibility to adapt activities for hitherto neglected sectors of the population. Not all of the problems facing these groups are unique to PLWHA or HIV/AIDS-affected communities; in some cases they are continuing problems of poverty. However, it can be seen that HIV/AIDS has exacerbated existing problems and, together with the previous failures of the development process, have left certain individuals and their households even more in need.

Contribution to HIV prevention

One of the known links between HIV/AIDS and poverty is that the impacts of the epidemic can themselves increase the susceptibility of certain social groups to the spread of HIV. For

example, women who face economic difficulties and have limited livelihood options (e.g. teenage school dropouts, single mothers, widows) may resort to transactional sex as a means of supplementing income and therefore be at increased risk of HIV infection. Similarly, young people orphaned by AIDS who experience social exclusion in their home communities may migrate from rural to urban areas and are vulnerable to exploitation, which leaves them more exposed to the risk of contracting HIV (UNICEF 2002). By responding to the needs of such groups, livelihood interventions and other efforts to eliminate poverty may play as vital a role in HIV prevention as more conventional activities such as the distribution of condoms.

Impact of HIV/AIDS on the entire human resource base

A further issue which, fortuitously, had not yet affected the interventions reviewed, but of which project staff were certainly aware, was the impact of HIV/AIDS on organisational capacity. Increased absenteeism, staff sickness, and death are now widespread phenomena in every sector, resulting in the loss of experience and skills, growing costs to organisations, and an overall reduction in the capacity to respond to the impacts of HIV/AIDS. New measures, such as supporting staff in gaining access to healthcare and, in particular, ARV drugs (through staff health insurance programmes, for example), job sharing, and the mentoring of younger, more inexperienced staff by those with more substantial knowledge and skills, will need to be institutionalised in order to protect organisations from the impacts of HIV/AIDS on their human capital base.

Replicating successful approaches?

The work carried out by NGOs to date reveals how communities affected by HIV/AIDS can be successfully supported in their struggle to combat the consequences of the epidemic. Clearly, greater commitment by donors—whose responses to the epidemic are currently focused on preventive and curative health services—to interventions such as those reviewed could make a significant difference, in terms both of the outreach and the sustainability of such responses. Such a commitment is urgently required.

There is a huge potential for the valuable insights gained from existing project experience to be shared with others who are endeavouring to establish similar initiatives. Information sharing is weak, however, and depends largely on local collaborations and sporadic exchange visits with other local projects. Although a number of information networks (often Web based) are used by project staff, they play a limited role in exchanging experiences. The creation of systematic means of sharing of information could be instrumental not only in ensuring the more effective promotion of successful approaches but also in facilitating the development of new partnerships, a critical and underdeveloped area. The promotion of information networks which reach grassroots practitioners, and the establishment of regular national, regional, and international gatherings aimed at promoting networking and the sharing of experiences could, therefore, play a key role. More systematic and rigorous monitoring and evaluation systems may also need to be instigated across all projects, in order to enable a more structured learning of lessons, and a clearer identification of ‘best practice’ interventions, an issue which has already been identified (Grainger et al. 2001). However, local practitioners may not themselves have the resources, time, or professional skills to carry out these activities. Facilitating the sharing of experiences and the dissemination of lessons learned, and establishing systems for the monitoring and evaluation of progress, may therefore be important roles for external support agencies. All of these activities could make an important contribution to the replication of approaches known to achieve impact.

In many cases project staff are now facing the dilemma of how to increase the impact of their work on a wider scale. Although the concept of 'scaling up' is seductive, a 'one size fits all' approach is unworkable. Experience has revealed the importance of responding to the needs identified by local communities and adapting existing approaches to the particular context in which new work is to be developed. While this is a resource-intensive approach, it is the only means of ensuring that interventions are appropriate and focus on groups most in need of support. This does not, of course, preclude the promotion of successful approaches. Organisations with a proven track record in a particular area could, for example, act as a training resource, in order to facilitate the adaptation of activities that have worked well. This would require external funding support as the capacity building and resources required would be beyond the current means of most small NGOs.

The replication of successful approaches on a wide scale will require systematic commitment from donors. At the very least, sustained support will be required to ensure that the experiences of those at the forefront of the struggle to combat the impacts of the epidemic are shared both regionally and internationally.⁴

Conclusions

The NGO responses to HIV/AIDS in sub-Saharan Africa summarised in this paper demonstrate the potential range of multi-sectoral interventions which can be undertaken in order to support vulnerable groups, such as women, orphans, and young people, who are bearing the brunt of the epidemic. The promotion of appropriate technologies for agricultural production, skills training, strategic income-generation activities, and the provision of credit, are approaches which are already being seen to have made a difference to AIDS-affected communities.

A major challenge is the introduction of appropriate monitoring and evaluation systems and wider sharing of experiences and lessons so that similar activities are promoted as a matter of urgency. Efforts also need to be made to ensure that donors increase the funding made available for initiatives to mitigate the impacts of HIV/AIDS. It is therefore critical that rigorous analyses of experiences and achievements to date are carefully disseminated to donor agencies as well as to other practitioners.

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Notes

1. See www.livelihoods.org for further information concerning the diverse range of livelihood activities on which rural communities in sub-Saharan Africa rely.
2. This view was expressed by a number of government representatives who attended an FAO Technical Meeting, December 2001.
3. This is particularly important in an environment where there is limited medical support. At the time of writing, none of the projects reviewed was involved in facilitating access to ARV drugs for the treatment of HIV/AIDS.
4. Since the preparation of this paper, there have been several donor-supported meetings focused on HIV/AIDS, agriculture, and livelihoods. See, for example, www.sarpn.org.za/mitigation_of_HI-V_AIDS, the webpage of a 2003 conference on the mitigation of the impacts of HIV/AIDS on agriculture and rural development.

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