Livelihood and economic strengthening in communities confronting HIV and AIDS

An exploratory study in Uganda and Ethiopia
Livelihood and economic strengthening in communities confronting HIV and AIDS
# Contents

Executive summary ............................................................................................................4

Introduction .......................................................................................................................6
  Background and objectives ............................................................................................6

Recent literature (2008-2011) on HIV, AIDS and livelihoods ........................................7
  STOP AIDS NOW! Strategic Plan 2010-15........................................................................9

Conceptual framework ....................................................................................................10

Methodology ....................................................................................................................12

Results and discussion ................................................................................................13
  What are the local needs with respect to livelihoods and economic strengthening? ....15
  HIV and AIDS in relation to other local needs ...............................................................15
  Local livelihood support needs ....................................................................................15
  Most affected and at risk groups ..................................................................................16
  Discussion ....................................................................................................................16
  How are the organizations assessing needs and deciding their priorities? ..............18
  Selection of target groups and beneficiaries ...............................................................18
  Choice of activities ......................................................................................................18
  Discussion ....................................................................................................................19
  What are the organizations doing to meet these needs? .........................................20
  Strategies and frameworks .........................................................................................20
  Type and amount of support .......................................................................................20
  Effectiveness ................................................................................................................20
  Sustainability ................................................................................................................24
  Discussion ....................................................................................................................25
  What capacities and capabilities do the organizations require in order to better respond to local needs? ..........................................................26
  Documentation and learning .......................................................................................26
  Staff capacity .................................................................................................................26
  Organizational capacity ...............................................................................................27

Conclusions and recommendations ..............................................................................28
  Recommendations .......................................................................................................28

Abbreviations ..................................................................................................................31

References .......................................................................................................................32
Executive summary

Livelihood security is an important determinant of HIV risk, care and treatment outcomes and AIDS’ impacts. This study aims at enabling the STOP AIDS NOW! partners to identify areas for more focused intervention with respect to livelihood strengthening in communities confronting HIV and AIDS, a priority in STOP AIDS NOW!’s Strategic Plan 2010-2015.

Ten organizations currently engaged in livelihood strengthening with the support of STOP AIDS NOW! partners were studied in February-May 2011, five each in Uganda and Ethiopia. The organizations are of four types: AIDS service, networks of people living with HIV (PLHIV), rural development and microfinance. The study is exploratory in nature, seeking to understand how organizations identify, assess and respond to needs for livelihood strengthening and the challenges they face in doing so. It draws on the cross-cutting testimony of 219 beneficiaries, 37 non-beneficiaries, 39 key informants and 36 staff members collected through focus group discussions and individual interviews. The study is underlain by a review of recent literature on HIV, AIDS and livelihoods and by a conceptual framework that highlights the risks individuals facing HIV and AIDS run when livelihood is insecure and the risks organizations run when responding to these needs. Four interlinked questions are addressed:

What are the local needs with respect to livelihoods and economic strengthening?
Respondents in both countries consider HIV a consequence as well as a cause of livelihood insecurity, a threat that interacts with other causes of ill-health. It was notably more common for respondents in Ethiopia than in Uganda to point out links between insecure livelihood and HIV risk and for organizations to respond programmaticaly, for example in support of low-skilled rural youths prone to migrate to urban centres. However in neither country was there recognition by respondents and programs of the particularly pressing needs for livelihood and adequate diet of people on antiretroviral therapy (ART). Recent research from Uganda has described the daily struggle PLHIV face in procuring food and adhering to treatment. Interrupting treatment negates the drugs’ clinical benefits and increases the risk of resistant viral strains emerging.

Beneficiaries, particularly in Ethiopia, identify a wider range of viable livelihood options, for which they have the necessary skills, than is generally recognized by the organizations. A greater diversity of livelihood sources contributes to resilience to shocks. At the same time, while most respondents recognize a typical gamut of groups at risk of HIV (e.g. truckers, sex workers, unemployed youth) and of impoverishment due to HIV (e.g. PLHIV and orphans and vulnerable children (OVC)), some respondents and organizations identify others who are vulnerable due to specific circumstances, such as housemaids and low paid public sector workers. One organization stands out for the programs it has developed with such groups that integrate livelihood and prevention skills.

How are the organizations assessing needs and deciding their priorities?
In neither country have the organizations undertaken any formal assessment of needs in terms of who is most at risk of HIV and vulnerable to its effects, and the kind of support most appropriate and acceptable to them.

In both Uganda and Ethiopia, the organizations themselves decide the groups to target. Ugandan organizations also generally select the individuals within these groups whom they invite to participate, whereas in Ethiopia local government is often involved in that decision. This is seen to improve transparency of beneficiary selection, access to services, training and follow-up. Government’s involvement is seen by several respondents to make it more likely the poorest of the poor are reached. However, there is a danger that in so doing, attention is diverted from groups who are at heightened risk of HIV or of suffering the worst impoverishing effects of AIDS.

In terms of the livelihood options that are supported, this was generally determined by the organizations: beneficiaries were meaningfully involved in a minority of cases. Their choices were often constrained by the amount, timing or conditions of the support offered. People’s insights and innovative capacity were not widely enlisted, limiting the effectiveness of the support. However, one Ugandan organization is noteworthy for its efforts in this regard: it supports PLHIV’s identification of problems and builds their skills in proposal writing, then backs those proposals financially.

What are the organizations doing to meet these needs?
None of the organisations, in either country, draws on an explicit strategy or framework to guide their livelihood strengthening activities. We found marked variation among them on a number of aspects:

- How beneficiaries are addressed: individually or in groups;
- How different elements of support are integrated;
- How much support, of what nature, when and for how long is offered;
- How relationships with other organizations are developed;
- How sustainability is conceived and pursued;
- How the links between livelihood and HIV prevention are understood and addressed.

There is contention between beneficiaries and organizations on a number of these aspects as well as evidence of promising innovation. However, we found only one instance of internal
and none of cross-organization evaluation that have examined this variation of practice to support learning and change.

**What capacities and capabilities do the organizations require in order to better respond to local needs?**

While all the organization have procedures for monitoring progress of livelihood activities, these vary in effectiveness. Few have evaluated these programs or attempted to document staff’s experiences. Some beneficiaries are unable or unwilling to voice negative views on the support received to the organizations. This further constrains the capacity for constructive change.

Staff highlight several factors that limit their capacity to implement livelihood programs and maintain productive relationships with beneficiaries. Among these are precarious funding that results in the loss of staff and their experience. They also point to specific skills that they lack and how these can be obtained.

Respondents note a number of organizational strengths, including the strong community linkages some have been able to forge. Improving capacities in local resource mobilization and advocacy are common challenges. Respondents described a number of efforts to improve the coherence of programs both within and among organizations but indicated that more was needed.

**Conclusions and recommendations**

The key finding is that many organizations have difficulty responding effectively to an epidemic that varies in intensity by location and that is evolving in interaction with often rapidly changing economic and social contexts.

**The study recommends that STOP AIDS NOW! should:**

- Encourage and facilitate organizations to clarify their objectives and harmonize their efforts in supporting livelihoods. It should be clear to the organization’s staff, donors, beneficiaries and other stakeholders what is aimed at: protection (providing relief from deprivation), prevention (averting deprivation), promotion (enhancing real incomes and capabilities) or transformation (addressing structural constraints).
- Promote evaluation centred on the aspects of livelihood strengthening where organizations’ practices vary widely and there is contestation, notably with beneficiaries. Support communities of practice that identify and make use of these evaluations to further learning and change.
- Improve mutual recognition of and collaboration between organizations engaged in livelihood strengthening in the context of HIV and AIDS and those working on HIV-sensitive social protection at national and international levels.
- Develop advocacy around two issues: 1) livelihoods strengthening as a preventive measure, of increased importance in the context of high global food prices and other threats to food security and 2) livelihood strengthening as an essential aspect of treatment. Many people have regained their health but often struggle to secure adequate food and pursue ART. At stake is the large and continuing investment in treatment and much human potential.
Livelihood and economic strengthening in communities confronting HIV and AIDS

Introduction

Background and objectives

In Africa, HIV is primarily a sexually-transmitted disease yet livelihood security and economic status are important determinants of its prevalence and spread. Beyond infection risks, these factors also shape AIDS’ impact and the outcomes of care and treatment. Livelihood security is a consequence as well as a cause of HIV and both are dynamic, evolving as the social and economic context changes. Livelihood and economic strengthening in communities confronting HIV and AIDS is thus central to the multisectoral response and needs to reflect this far from simple reality.

The STOP AIDS NOW! Strategic plan 2010-2015 sees this as a priority area for the organization and its partners:

“STOP AIDS NOW! will facilitate mainstreaming HIV within microfinance and livelihood programs by promoting and supporting cooperation amongst counterparts working in those fields in at least 10 countries. In addition it will support poverty reduction issues, such as economic empowerment and food security, to be addressed within organizations working with and for PLHIV.”

It was in this context that this exploratory study was commissioned. Its purpose is to enable the STOP AIDS NOW! partners to identify intervention areas for strengthening the livelihoods of people and communities affected by HIV. To this end, it is crucial to understand the needs of both the people and communities involved and the organizations that seek to support them with regards to HIV and sustainable livelihoods. The study undertakes this broad, exploratory needs assessment in two countries, Uganda and Ethiopia, and in relation to the principal types of front-line organizations involved in livelihood and economic strengthening: AIDS service organizations, PLHIV networks, micro-finance institutions and rural development organizations that are targeting communities and people 14-49 years affected by HIV and AIDS.

The specific questions the study seeks to answer are:

- What are the local needs with respect to livelihoods and economic strengthening?
- How is the organization assessing needs and deciding its priorities?
- What is the organization doing to meet these needs?
- What capacities and capabilities does the organization require in order to better respond to local needs?

On the basis of the results of the exploratory study, STOP AIDS NOW! intends to design activities that strengthen the work of the STOP AIDS NOW! partners HIVOS, Cordaid, ICCO and Oxfam Novib and their counterparts in the global South and beyond.
Recent literature (2008-2011) on HIV, AIDS and livelihoods

We briefly review several strands of recent research that are of particular relevance to this study.

**Diverse livelihoods and HIV**

A number of researchers have sought to shed light on the sources of resilience to AIDS’ impacts at an individual and household level, drawing on long-term and follow-up studies in Eastern and Southern Africa. These include several of the contributions to the book *AIDS and Rural Livelihoods* (Niehof et al., 2010). One common element in these accounts is the importance of having several, complementary sources of support, from diversified livelihoods, family, the community and agencies. The variety of strategies and pathways people have followed on the way back to something approaching an acceptable life situation – in their own eyes – is striking. Seeley and colleagues come to similar conclusions about the importance of diverse sources of support. They use individual and household histories to complement the quantitative analysis of repeated household surveys in rural Masaka district of southern Uganda over a 20 year period, beginning in the early 1990’s. They find that remittances and other forms of support from family members residing elsewhere, especially in towns and cities, have been key in enabling households affected by HIV to overcome shocks such as illness and poor harvests (Seeley et al., 2008).

That a diversity of livelihood options and sources of income contributes to resilience makes intuitive sense and is corroborated by evidence from rural societies in many regions. The underlying notion is that if an unexpected shock (a drought, say) undermines one income or subsistence source (a maize crop), others will be less affected (a hardy root crop, fruits and nuts collected from a nearby forest or remittances from a salaried relative) and can enable the household to weather the storm and recover lost or damaged assets. The implications for programs aiming to support livelihoods in communities confronting HIV and AIDS are important, particularly because the experience of chronic illness and death will have left many households with fewer assets to fall back on. Supporting one very common source of livelihood can leave people vulnerable to bad weather, a slump in the price people receive for their harvest or a spike in the price of food they have to buy.

However, the studies in Niehof et al. (2010) do not provide robust evidence for the importance of diverse sources of livelihood because they tell us very little about the households that moved and/or dissolved and which were lost from view: it is possible that their livelihoods and sources of support were as diverse as those who remained in the villages to be interviewed. Seeley et al. (2008) found that the households that moved and/or dissolved were predominantly HIV+, precisely those that are of most interest in the context of the present study.

Better support for the importance of diversity comes from a study of poverty dynamics in different “livelihood zones” in Kenya (Kristjanson et al., 2010). Using the “stages of progress” methodology that has been employed in a number of countries in Asia, Africa and Latin America (Krishna, 2007). The study found that major disease and health costs were the most common reason for people falling into poverty over a 15 year period. The reasons for people moving out of poverty were more varied, differing by zone, but one common thread was access to off-farm employment, alongside the farm’s production and the income it brought. Diverse sources of livelihood were critical for urban as well as rural dwellers. The study also highlights the importance of disaggregating livelihood support programs to fit local conditions and opportunities.

A study of the impact of the 2001-03 Malawi famine on the evolution of HIV provides further support for the importance of diversity in people’s livelihood portfolios, in this case as a foundation for prevention. Rural Malawians had, over the previous two decades, become increasingly dependent on a single crop, maize, as other livelihood sources, within and outside agriculture, had been allowed to erode. Increasing numbers could no longer secure their livings from their own production and came to depend on casual labour in the fields of better-off farmers. A spike in the market price of maize in 2002 created intense hardship and widespread hunger.

The study found that hunger had a marked effect on HIV prevalence across the country by pushing rural people further into two existing situations of infection risk: survival sex (women in particular exchanging sex for cash or food to feed their families) and distress migration (people moving from hard-hit villages to towns, cities and less affected rural areas). Both consequences were found to be less frequent, hunger less prevalent and the price of maize in local markets lower where rural households commonly cultivated cassava, in addition to maize. Cassava is a root crop, more drought tolerant than maize, and provides a large caloric yield (Loevinsohn, 2011). The proportion of households planting the crop has increased in recent years, assisted by agricultural research and extension programs. Cassava is only one of many means to increase livelihood diversity.

The Malawi study illustrates how rising food prices can rob people of their entitlements to food, with potentially far-reaching consequences for the spread of HIV and other diseases. Further evidence of this comes from investigations during the surge in global cereal prices in 2008 which was found to have increased the prevalence of survival sex and distress migration in several parts of eastern and southern Africa and South Asia, if not elsewhere (Gillespie et al., 2009; Hossain and McGregor, 2011).
It is important not to demonize mobility and migration: they often play a critical role in the diversification of livelihoods, providing a means to exploit opportunities in different environments and contributing to the resilience mentioned above. At the same time, mobility and migration are often associated with increased risks for various illnesses, including HIV. A study of livelihood patterns of fisherfolk on Lake Victoria well illustrates this double-edged impact (Nunan, 2010). Fish catches are declining over time and are highly variable at any one location. Male boat crews move between landing sites in search of higher fish densities and better prices. Movement is essential for people whose livelihoods are based on this fishery but it undermines marital relationships and creates conditions where multiple, often concurrent sexual relationships are common. HIV prevalence is substantially higher among the Lake Victoria fisherfolk than their neighbours with agricultural livelihoods.

Research from Uganda describes the daily struggle people on ART often face in securing food and adequate nutrition – vital to their long-term prospects – and the ways in which this can compromise access or adherence to treatment, despite strong patient commitment. Knowing the importance of an adequate diet, food insecure PLHIV may put off starting therapy. Once on treatment, people face competing demands on their time and money: for example, food for themselves and family vs. travel and other medical costs. Interrupting treatment can negate the drugs’ clinical benefit and favour the emergence of resistant viral strains. A number of Ugandan organizations are scaling-up programs to improve the food security of PLHIV through income generating activities in small enterprises or through support to home and community gardens or animal husbandry (Weiser et al., 2010; Nyanzi-Wakhooli et al., 2011).

A study in Mozambique and South Africa sought to shed light on innovation in agriculture and natural resource management — crucial to rural livelihoods — in communities confronting HIV and AIDS. It found that a principal reason why more such innovation does not come to light is institutional blindness — outsiders failing to “see” the variation in what people do and how they do it, or, if it is noticed, to appreciate that this variation may well be adaptive and intentional. Constraints to innovation also operate at the community level: unequal access to resources is one key factor (Loevinsohn, 2008; Letty et al., 2011). We will have occasion to revisit these findings.

Kadiyala et al (2009) report on an evaluation of a TASO-led program with local organizations in eastern and northern Uganda on Integrated HIV and Livelihood Programs (IHLP). The researchers examined whether program staff from central to field levels shared a common understanding of the program’s theory – what the programs were about and how they were expected to lead to improved food and livelihood security. They found that many, particularly field staff, had a very poor idea of that theory. Of at least equal importance, implementing organizations were unable in many instances to ensure key elements of effective programming: clients were not meaningfully involved, implementation was inflexible (e.g. a pervasive assumption that working through groups is the best approach) and monitoring and feedback loops were scarce. We will return to this in the light of our own findings.

Social protection and HIV

An important recent development has been the emergence of HIV-sensitive social protection and of programs that pursue this goal. This is now considered by UNAIDS as one of the ten pivotal and interconnected components of the AIDS response (UNAIDS, 2010b). An evolving concept and area of practice, social protection is often taken to include “all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups” (Devereux and Sabates-Wheeler, 2004). A comprehensive approach to social protection includes the following four, overlapping objectives:

- Protection – providing relief from deprivation;
- Prevention – averting deprivation;
- Promotion – enhancing real incomes and capabilities;
- Transformation – addressing concerns of social equity and exclusion.

UNAIDS recommends social protection measures that are HIV-sensitive rather than HIV-exclusive, as a way of promoting programmes that are equitable, inclusive, non-stigmatizing and non-discriminatory. With such an approach, people living with HIV and other vulnerable populations are served together; people and households affected by HIV are not singled out for targeted services (UNAIDS 2010b).

To this point, social protection has been largely based on cash transfers, though in-kind transfers, microcredit and finance and livelihood support, among other modalities, are also seen to fall within the remit of social protection (UNAIDS, 2010a). The available evidence base with respect to what works, in what context and how is widely seen to be thin. This effectively limits the understanding that can inform investment, design and programming decisions. Temin (2010) identified the main knowledge gaps:
Gaps in evidence on impact:
- Expanding social protection research to include HIV prevention;
- Defining social protection’s contribution to AIDS treatment;
- Evaluating the effect of livelihoods approaches;
- Targeting key populations at highest risk.

Gaps in evidence on implementation:
- Identifying the right package of support;
- Understanding the political economy of HIV-sensitive social protection;
- Identifying the best way of targeting key populations at higher risk;
- Making the most of the evidence.

The programs that are included in this exploratory study were not developed in the context of HIV-sensitive social protection and many of the organizations carrying them out were active in this area long before the emergence of the concept. Yet, as will become clearer through the report, most if not all the evidence gaps mentioned here are closely related to critical issues that the ten Ethiopian and Ugandan organizations confront. The notions of HIV-exclusive and HIV-sensitive approaches also characterize well practical dilemmas that the programs face. Moreover, the four social protection objectives map readily onto those, not always explicit, pursued by the programs we studied. There is thus a good deal that links these efforts and HIV-sensitive social protection; in the concluding section we consider how that relationship might be further developed.

STOP AIDS NOW! Strategic Plan 2010-15

It is important that the recommendations proposed on the basis of the study’s findings are situated in relation to how STOP AIDS NOW! envisages its engagement with the issues and actors. STOP AIDS NOW!’s objectives over the period of the Plan are concretized in four core functions, each of them contributing to the overarching goal of more and better AIDS responses:

- Communication and Campaigning: to increase support for the global AIDS response and STOP AIDS NOW! among the Dutch public, and thus develop a good environment for fundraising and lobby.
- Fundraising: to acquire financial support from the general public, institutional donors and other sources to the benefit of the HIV and AIDS programmes of STOP AIDS NOW! and its partners.
- Lobby and Advocacy: to influence the Dutch Government, European Union, the European Commission and Dutch and international development organisations to improve and sustain a strong and comprehensive AIDS response.
- Policy and Programme Development: to innovate, redefine and integrate new and existing strategies and methods, including innovative partnerships that will strengthen the AIDS response from the STOP AIDS NOW! partners.

Four linked thematic areas are described under Policy and Programme Development:
- Developing a comprehensive approach to HIV prevention for youth;
- Linking HIV and sexual and reproductive health and rights;
- Supporting children living in a context of HIV and AIDS through families and communities;
- Mainstreaming HIV and AIDS in broader development programming and specifically microfinance and livelihoods programmes.

Our exploratory study contributes to the last of these themes. STOP AIDS NOW! expects that its activities in this area will follow its characteristic approach which privileges sharing expertise and knowledge and learning by doing. It will “… facilitate mainstreaming of HIV and AIDS within microfinance and livelihood programmes by promoting and supporting cooperation amongst counterparts working in those fields in at least ten countries. In addition, it will promote the inclusion of poverty reduction issues, such as economic empowerment and food security, on the agenda’s of organisations working with and for people living with HIV. This strategy will build on experiences from the current joint STOP AIDS NOW! program on microfinance and HIV.” In that programme, microfinance institutes collaborate with organisations working with and for people living with HIV to learn from them and use their network to reach out to the broader group of people affected by HIV and AIDS. This is seen to be essential and viable in enhancing the partnership between microfinance providers and people living with HIV.
Livelihood and economic strengthening in communities confronting HIV and AIDS

A spectrum of affectedness is commonly recognized by organizations supporting communities confronting HIV and AIDS. At each stage, secure livelihoods, in the broad sense of the term, are vital if people are to avoid important risks. Secure livelihoods require access not just to financial assets but to human, social, natural and physical ones as well (Loevinsohn and Gillespie, 2003; Gillespie and Kadiyala, 2005; Ziervogel and Drimie, 2008).

- **People at risk of infection** Access to a reliable source of income and food can help people avoid common situations of infection risk such as transactional (“survival”) sex, early marriage, sexual violence and abuse and distress migration. Understanding the risks and how they manifest themselves locally, as well as support from family and the community are critical. Access to key natural resources such as land, water and forests underlies the livelihood strategies of rural people.

- **People infected, at risk of AIDS-related illnesses** Maintaining adequate nutrition can delay disease progression and enables people to tolerate ARVs. Adequate income and in rural settings a household’s own production or entitlements helps secure that nutrition. They also maintain dignity and standing in the community, which conserve social capital. Family and friends provide invaluable care and support when illness occurs. Ensuring these carers, usually women, are supported e.g. when they divert time from their own families, may be critical to sustaining what is invariably the first line of response to serious illness. Access to health services offering treatment for AIDS-related illnesses and ARVs is essential.

- **People coping with the consequences of AIDS-related illness or death, at risk of impoverishment** The loss of labour and capital resulting from AIDS-related illness and then death are often exacerbated by loss of knowledge and access to key resources, among them land. These consequences are typically most acutely felt by households that come to be headed by women, grandmothers or orphans. Households that foster in orphans, particularly more than one, are hard-pressed to maintain well-being.
Evidence points to widespread innovation by individuals, households and communities both technically, in how resources are used, and in the social organization of production, for example in agriculture, and commerce. This has permitted at least a degree of livelihood adaptation to changed circumstances and mitigated risks at each stage in the affectedness spectrum.

Experience, some of which was reviewed in the preceding section, suggests that organizations seeking to support communities confronting HIV and AIDS themselves run certain risks that threaten the relevance and effectiveness of their efforts, as well as their efficiency and sustainability. These risks can be traced to shortcomings in the skills and understanding of staff at different levels and to the resources the organization commands. Networking with other agencies confronting similar challenges can help raise competences but such opportunities are not always available or are not seized. The organization’s policy and the wider political and economic environment in which it finds itself also shape how it responds to communities. Among these risks are the following:

**Ignoring local innovation**
Technical and social adaptations may easily be overlooked, particularly if staff do not make a conscious effort to seek them out. Organizations that come with fairly fixed ideas of what is needed will likely not be inclined to first look and listen carefully to understand what is already being done and how it can be supported. Wasted efforts and opportunities are the result.

**Stereotyping risk groups and situations**
There are a number of typical situations of risk that people and communities confront, as sketched above. But how these manifest themselves in any particular locale, who, specifically, is at risk and how can often vary markedly. Gender and other divisions such as occupation and ethnicity shape people’s experience of risk as well as their access to resources and livelihood options. These relationships are not fixed and vary among locales. Failure to appreciate the specifics of the local context can commit an organization to irrelevant and ineffective actions.

**Failing to see HIV in perspective**
HIV is not the only impoverishing force that communities confront; in many areas it is not even the dominant one. That reality should shape the organization’s approach. A single-minded support of people challenged by HIV and AIDS risks alienating those facing other threats and undermining community support for the initiative. At the same time, it is important to recognize that HIV and AIDS can interact with other diseases and economic and natural hazards in sometimes unexpected ways.

**Neglecting to follow up**
It is not uncommon for organizations to expend much more effort in launching actions than in monitoring how people are getting on with them. It may be that they require more or different support than initially thought. Pre-determined interventions and pressures from “above” to reach implementation targets contribute to this risk.

More generally, organizations often fail to engage with communities in on-going evaluation of the work they are jointly involved in: are the right things being done, in the best way and with the right people? Without that engagement mistakes are perpetuated and opportunities squandered.

These two sets of risks, those that individuals, households and communities confront and those that organizations confront, guide our study and the questions pursued in interviews and focus group discussions.
Methodology

Our study was exploratory, designed to highlight critical issues in the livelihood and economic strengthening programs and how these issues are perceived by different stakeholder groups. It was primarily qualitative in nature.

In both Uganda and Ethiopia, we studied five organizations, devoting three days to each in order to gain an understanding permitting us to respond to STOP AIDS NOW!‘s four questions, described above:

- What are the local needs with respect to livelihoods and economic strengthening?
- What is the organization doing to meet these needs?
- How is the organization assessing needs and deciding its priorities?
- What capacities and capabilities does the organization require in order to better respond to local needs?

The organizations were chosen in consultation with STOP AIDS NOW! from the pool of organizations supported by STOP AIDS NOW! partners so that in each country the sample included at least one AIDS service organization, PLHIV network, micro-finance institution and rural development organization. In consultation with each organization, we selected one or two areas where it is active, depending on the diversity of its interventions in the areas and the distance between them.

In each area, we sought the views of four different stakeholder groups on overlapping issues. Respondents were purposively selected so as to have a range of perspectives. We employed the following methods:

**Focus group discussions with people involved in activities**
These discussions were organized around each of the principal activities that are being supported i.e. at particular stages of AIDS affectedness. Where possible, the focus groups were organized separately for men and women and/ or by age group to permit franker discussion and a clearer picture of differences in needs and perspectives.

Discussion was directed to the questions including: How was this activity decided? How were people selected? Was there consultation before the activity was launched? What was being done locally around this issue before the organization arrived? Is this still being done? What action is the organization supporting? Is this what needs to be done? Is it being done well? Is it making a difference? How could it be done better? Do you have opportunities to discuss what you are telling us with the organization?

After the FGD, we sometimes interviewed 2-3 participants individually, selected purposely, in order to gain a better understanding of views that were only hinted at or partially expressed, possibly because they didn’t coincide with the group’s perspective, were critical of the organization or authorities or were otherwise difficult to air in public.

**Individual interviews with people not involved in activities**
Our original intention had been to interview a randomly selected sample of household heads who were not involved in the activities, however this proved infeasible in the time available. In the event, we interviewed 2-7 individuals per project who were of similar age, gender and life situation as those involved, in some cases members of other project groups. Similar questions were asked as of the participants.

**Key informant interviews**
We interviewed individually 2-8 village/local government officers and staff of relevant Ministries (Health, Agriculture, others) who were familiar with the organization’s work. Using largely open-ended questions, we pursued issues such as the following:
- Are the groups the organization works with the ones at greatest risk of serious harm from HIV and AIDS? Are there other threats than HIV/AIDS that merit similar attention?
- Are the activities well chosen? From what you can see, are they making their program choices based on the realities they find in these places and are they listening to local suggestions and concerns? Is the organization making good use of opportunities to collaborate and coordinate with other development actors so as to maximise effectiveness and avoid unnecessary overlap?

**Interviews with organization staff**
We interviewed staff at local and central levels, pursuing the following issues, again using largely open-ended questions on areas including the following:

- How was it decided which groups you would work with and what activities you would support? Who was involved in these decisions? Have you had the opportunity to look again at these choices in the light of experience? Who has or will participate in this? Is there knowledge related to HIV and livelihood strategies or specific skills that you/your colleagues/your superiors/your subordinates lack? Do you see opportunities for better collaboration and coordination with other development actors so as to maximise effectiveness? Are there networking opportunities that the organization makes use of, or might?

Fieldwork in Ethiopia was carried out between 17 February and 18 April 2011 and in Uganda between February 28 and May 5, 2011 (the latter was affected by the national elections). This report draws on the two Country Reports and 10 Organization Overviews on which they are based. These are available separately.

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1 “Participants” is used interchangeably with “beneficiaries”, also “clients” in the case of microfinance institutions.
The organizations visited in the two countries are listed in Tables 1 and 2. The number of people who took part in the focus group discussions and individual interviews is summarized in Table 3.

<table>
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<th>Organization</th>
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<th>Projects</th>
<th>Underway since</th>
<th>Has LESH component?</th>
<th>Target groups</th>
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<td>Sunrise OVC Project</td>
<td>2010</td>
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<td>OVCs</td>
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<td>Core Project</td>
<td>2005</td>
<td>Yes</td>
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<td>Food aid</td>
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<td>All incl. PLHIV</td>
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<tr>
<td>NAFOPHANU</td>
<td>PLHIV Forum</td>
<td>Coordination structures</td>
<td>2006</td>
<td>No</td>
<td>PLHIV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Steven Lewis Fdn.</td>
<td>2007</td>
<td>Yes</td>
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<tr>
<td></td>
<td></td>
<td>Civil Society Fund</td>
<td>2009</td>
<td>Yes</td>
<td>PLHIV</td>
</tr>
<tr>
<td>HNU</td>
<td>Health Service</td>
<td>HIV awareness</td>
<td>2003</td>
<td>No</td>
<td>PLHIV, OVCs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Farming inputs</td>
<td>2008</td>
<td>Yes</td>
<td>PLHIV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SACCOS</td>
<td>2009</td>
<td>Yes</td>
<td>PLHIV</td>
</tr>
<tr>
<td>AMFIU</td>
<td>Microfinance</td>
<td>Credit extension</td>
<td>2003</td>
<td>Yes</td>
<td>All incl. PLHIV</td>
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<tr>
<td></td>
<td></td>
<td>OVCs</td>
<td>2009</td>
<td>Yes</td>
<td>Orphans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social performance management</td>
<td>2009</td>
<td>Yes</td>
<td>PWD** and PLHIV</td>
</tr>
</tbody>
</table>

* Livelihood and economic strengthening in communities confronting HIV and AIDS; **People with disabilities
### Table 2: The organizations studied in Ethiopia

<table>
<thead>
<tr>
<th>Organization type</th>
<th>Organization</th>
<th>Project(s)</th>
<th>Underway since</th>
<th>Has LESH* component?</th>
<th>Target groups addressed by project</th>
</tr>
</thead>
</table>
| CVM               | Development NGO | Multi-Sectoral HIV and AIDS Response Project | 2006 | Yes | • Poor women  
• Vulnerable groups [house maids, prison inmates, etc]  
• PLHIV  
• Associations of PLHIV  
• OVC  
• Local government, CBO and FBO leaders |
| EMWACDO           | Faith based Development NGO | Child Development/ Sponsorship | 2006 | Yes | • OVC  
• OVC families  
• CBO and FBO leaders |
|                   |              | HIV prevention, care, and support | 2008/09 | Yes | • PLHIV |
| ISAPSO            | AIDS Service Organization | Partnership for Community Action to Support Orphans and Vulnerable Children Project (PICASO) | 2009 | Yes | • OVC  
• OVC families  
• CBO and FBO leaders |
|                   |              | HIV Prevention and Livelihood Improvement among the high risk population group along Addis Moyale transport corridor | 2009 | Yes | MARPs** including:  
• Vulnerable youth  
• Transport workers |
| Wasasa            | Micro Finance Institution | General MFI services  
• Large group loans without collateral  
• Individual loans with collateral  
• Loans for micro enterprises | | Yes | • Economically active poor |
|                   |              | Wasasa –OSSA-Cordaid partnership project | 2010 | Yes | • PLHIV women |
| NEP+              | PLHIV Organization/ Network | Economic strengthening of PLHIV | 2009 | Yes | • PLHIV |

* Livelihood and economic strengthening in communities confronting HIV and AIDS; ** Most at risk populations

### Table 3: Participants and respondents in Uganda and Ethiopia

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff</td>
</tr>
<tr>
<td></td>
<td>HO*</td>
</tr>
<tr>
<td>Uganda</td>
<td>5</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
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</table>

*Head office; **Field office
What are the local needs with respect to livelihoods and economic strengthening?

**HIV and AIDS in relation to other local needs**

Key informants and staff in both countries were of the opinion that AIDS was among the most if not the most pressing problem in their areas. Malaria was also seen as a major threat to health, particularly in Uganda. Poverty, unemployment, and hunger were widely cited in Uganda and the interactions between them and HIV and AIDS were also discussed. As one key informant in Uganda put it, “...poverty can lead to anything” which included pushing people into risky sexual behaviour in order to procure food and other essential household needs. Staff pointed to the ways in which HIV and AIDS are exacerbated by poverty and by the ravages of war and chronic instability in the north and east of Uganda. In Ethiopia, a number of staff were of the opinion that HIV has been receiving less attention over the last 3 - 5 years and that it is gradually moving out of the top agenda of both the government and donors. There was concern that this could undermine whatever success has been registered in the struggle with HIV and AIDS.

In both countries, beneficiaries and non-beneficiaries have somewhat differing views regarding the relative importance of HIV and AIDS. Understandably, PLHIV viewed it as grave, whether or not they were receiving support from the organization. In contrast and particularly in Ethiopia, the almost unanimous view among those who were not directly affected by HIV was that it was not enough being done to support those who were poor and vulnerable for other reasons, of which, they said, there was no shortage. One indicator of the magnitude of the unmet non-HIV related needs is that HIV- people at 4 of the 5 Ugandan organizations were said to be attempting to join interventions intended for PLHIV, despite the stigma and discrimination that persist, even in Uganda.

**Local livelihood support needs**

Key informants in Uganda were of the strong opinion that the first priority has to be to ensure that PLHIV have access to ART and medical support so that they can regain their strength before undertaking income or food generating activities. In Ethiopia, key informants saw the lack of livelihood opportunities in rural areas as the prime motivation for young men and women to move to towns and cities. Given their lack of skills and contacts and the high levels of unemployment, the men would be lucky to find work as day labourers and the women as domestic workers. But many women were unable to find those positions and were said to be at high risk of falling into sex work.

In both countries, it proved difficult to get people, particularly beneficiaries, to think about livelihood needs without reference to what the organizations were actually doing in relation to livelihood strengthening. One way around this was to ask beneficiaries about alternative options that they thought were more viable and profitable than those they were engaged with in the programs. In Ethiopia, almost all beneficiaries had ideas on these. Generally, however, they said that they were unattainable or infeasible with the limited livelihood support that was on offer and, as a result, were not pursued. For example, one man, a PLHIV working as a day-labourer, had been trained and had experience in repairing radios and watches and would have liked to open a small shop but was unable to access the support required from the organization. Thus, most beneficiaries have decided to continue with their previous livelihood since they know how to do it well. In some cases where assistance was given in the form of a loan, beneficiaries were afraid to risk the money in activities that do not have quick returns or with which they are less familiar. Key informants corroborated these views, maintaining that the limited size of the IGA support provided essentially restricted beneficiaries’ choice to small scale and petty trading activities.

Similar views were heard in Uganda, though somewhat less frequently. Many PLHIV were engaged in agricultural activities – crop farming or livestock rearing – that were commonly practised in the areas. Most had suggestions on how support for these could be improved, for example by easing access to quality seeds, animal breeds, professional advice and markets, but appeared generally satisfied. However, beneficiaries were much more critical of the support provided by HNU in eastern Uganda. HNU had initially seen the priority as helping people, many internally displaced, to stay alive in the aftermath of war. But their needs had since broadened to include a wider range of livelihood activities, including livestock and commerce, which beneficiaries said were not being responded to. In other areas, women said they would have liked to have sewing machines for tailoring which they saw as promising and men saw potential for motorcycle taxis (boda boda) but in both cases the organization’s procedures or time constraints prevented these ideas from being acted on. We return to this issue in later sections.

Livelihood strengthening was typically seen by staff of the Alliance, NAFOPHANU and HNU – all AIDS-focused organizations – as secondary to prevention and ensuring PLHIV have access to essential health services. On the other hand, staff at VEDCO, a rural development NGO and AMFIU, an umbrella organization of microfinance institutions, focused on improving economic wellbeing and independence particularly through food security and financial services, respectively.
Livelihood and economic strengthening in communities confronting HIV and AIDS

Most affected and at risk groups

In Ethiopia, respondents across the organizations identified a similar profile of groups at high risk of infection. These included truckers, CSW, out-of-school youth, day labourers and highly mobile traders. As discussed above, young men and women in rural areas with few skills and often no viable livelihood options other than migration to urban centres, were seen to be at high risk; young women are generally seen as the most mobile and vulnerable. Rising food prices were seen to be adding pressure on young women to engage in transactional sex with older men in towns and cities. There were also groups who were identified in only one or a few places, among them low level public sector workers (poorly and irregularly paid but not generally recognized as at-risk), urban construction workers and girls serving drinks at qhat markets.

In Uganda, the groups identified as most at risk of HIV included poor women, especially in the north due to the long periods they spent in the IDP camps which deepened poverty, and young women and housewives living near military barracks since many soldiers seek sex in neighbouring communities when they are paid at month’s end. Unemployed youths also fall prey to cross-generational sex for money or other returns. Men, including wealthier men, were identified as a critical group in both countries. They are able to maintain multiple sexual relations but are often unwilling to make use of VCT services which would let them know their sero-status and take preventive measures.

Among the affected, poor men were often singled out in Uganda as in danger of being overlooked by programs that focus on women, while double orphans may fall between the cracks because programs may not be designed with them in mind or because they do not hear of the opportunities for support. Taxi drivers and motorcycle taxi (boda boda) riders were identified in a few sites as being difficult to reach by HIV and AIDS related services because of their irregular working hours. People with disabilities, though not necessarily affected by HIV, were said to be at great need but often neglected. In both countries, elderly women, frequently widowed and caring for orphans, were seen to be playing a key role but not well served by most organizations’ programs.

Discussion

It is not uncommon for organizations responding to HIV and AIDS to work predominantly with particular groups along the spectrum of affectedness. A degree of specialization can enhance the skills of an organization’s staff and allow it to form firmer relationships with those groups. However, an organization runs the risk of a stereotypical response when, for instance, it misses opportunities for effective action with other groups that may ultimately be advantageous to its core constituency. For example, NEP+ in Ethiopia focuses almost exclusively on the concerns of PLHIV and does little with respect to prevention. Its staff noted that other organizations are working with groups at risk of HIV. However that need not preclude a role for NEP+: who, after all, is better placed than someone living with HIV to communicate to others the consequences of infection?

In Uganda, PLHIV working with VEDCO have taken on this very public role which exposes them frequently to abuse. For NEP+ to develop such an approach itself might well require coordination with other organizations working on prevention, an issue to which we return to below.

There are indications of stereotypical responses by other organizations in the two countries. Perhaps the most salient is the apparent absence among the Ugandan organizations of livelihood and economic strengthening activities oriented to prevention. A comparison of Tables 1 and 2 suggests that there has been less effort in this direction than in Ethiopia. It is obviously not that prevention per se is not a priority since all the Ugandan organizations are active in this area. However, the testimony one can read in the Ethiopian report of the link between erosion of rural livelihoods and HIV risks doesn’t find an echo in the Ugandan document. Certainly these relationships have been widely recognized in the country. Some of the organizations studied do include HIV-people in their livelihood support programs, for example, food insecure farm households in the VEDCO area. Is the reason then that organizations have not seen how they can create effective programs which join livelihood support and prevention? This clearly requires follow-up.

It is striking that in neither country was there any mention of the role livelihoods and economic strengthening can play in ensuring food and nutrition security for people on ARV. The Weiser et al. (2010) study in Uganda cited earlier describes clearly the need: hunger and the search for food can threaten adherence to treatment regimes, with life threatening consequences and increased likelihood of resistant virus strains emerging. If this silence reflects more than respondents failing to describe all that they were doing, there would seem to be a vital opportunity to refine programs for PLHIV to take this into account. Strategies based on self-provisioning are likely to prove more sustainable than ones predicated on food supplementation. The AIDS Support Organization (TASO) is one of several organizations that is working along these lines. We follow up on this below.

CVM in Ethiopia is notable for its efforts to identify and work with groups at risk of HIV beyond those typically targeted. For example, it has developed programs that integrate livelihood support and prevention with house maids and prison inmates. As have some other organizations, it also appears to have avoided the institutional risk of not keeping HIV in perspective by broadening membership in its groups to include poor women who may not be HIV+.
In both countries, the livelihood options that were supported were often similar across the organizations’ programs and the same ones were often promoted widely within a project area. For example kitchen or backyard gardens were often implemented by PLHIV on the road to recovery and typical, local agricultural activities once they had regained their strength. These pursuits may well make sense to beneficiaries: they are familiar with them and generally know where to find support and advice. They are of low risk to the organizations and the beneficiaries. However they may not be suited to everyone and some beneficiaries evidently had the necessary skills and experience to make a go of other pursuits which might have proven more remunerative and offered better prospects of escaping dependency.

It is easy to overlook local innovation; it frequently is, as the literature review suggested. People may be reluctant to talk about what they used to do or dreamt of in the time before illness and stigma overtook them – that loss of possibility is often internalized as shame. Gratitude to the organization for what they are receiving may also keep them from discussing other, more significant possibilities (for them and their communities). Recognizing local innovation and appreciating people’s entrepreneurial capacities requires efforts on the part of the organizations. In Uganda,
the Alliance appears to have gone farthest in this regard, training PLHIV in problem identification, prioritization and proposal writing, then supporting those activities financially. The approach had its problems, however: the process was time consuming, pushing some groups into quick decisions so as not to lose out on funding, and not all groups had access to the advice they needed to develop their proposals.

How are the organizations assessing needs and deciding their priorities?

Selection of target groups and beneficiaries
In neither country have organizations undertaken any formal assessment of needs in terms of who is most at risk of HIV and vulnerable to its effects, and what kind of support would be most appropriate for them.

In both Ethiopia and Uganda, the groups to target are determined by the organizations themselves according to their own policies and orientation. For example, NEP+ in Ethiopia and NAFOPHANU in Uganda work with PLHIV, the Ethiopian church-based EMWACDO supports OVC and their families and the Ugandan rural development-oriented VEDCO supports small and medium farmers. Organizations that have identified particularly vulnerable, hitherto unrecognized groups (e.g. housemaids by CVM and low-paid civil servants by EMWACDO) appear to have done so on the basis of local enquiries but their methods have not been well described.

Within the groups selected, which individuals to include in the programs is, in Ethiopia, often decided in close association with or indeed by local government bodies such as the kebelle administration and/or relevant wereda level offices. Informants generally judged this arrangement to be working well. It avoids charges of favouritism on the part of the organization and draws on local government’s understanding of local needs which may be informed by prior studies on the distribution of poverty and the experience of other interveners. It also ensures their involvement in following up, monitoring and supporting beneficiaries in their efforts to improve their livelihoods. In the case of NEP+, PLHIV associations have the main say in deciding who among their members are selected yet even here efforts have been made to involve local government, for the same reasons. WASASA, as a microfinance institution, accepts clients who come to it for financial services but also works closely with the MSME (Micro and Small Enterprise Development) Agency to address the needs of particular groups the latter has identified.

In contrast, Ugandan organizations do not generally work with local government in the selection of beneficiaries, it was reported, for the most part assuming that responsibility themselves. The Alliance works with existing PLHIV groups which may decide to regroup in order to better pursue jointly determined goals. NAFOPHANU also primarily targets PLHIV groups; secondary targets, though not currently for livelihood and economic strengthening, are fisherfolk, soldiers and others at high risk of HIV. AMFIU generally works with existing or newly formed savings and lending groups that are prepared to meet its conditions and consults with NAFOPHANU in the selection of PLHIV groups. VEDCO works with food insecure rural households, assessed by the number of meals they can afford during the pre-harvest hungry period. Ten percent of its project places are reserved for PLHIV and 6% for people with disabilities. It was only in the case of HNU working in the insecure eastern districts that local authorities, sub-county chiefs, were said to have helped in selecting beneficiaries, once HNU had made clear that it wished to work with two existing PLHIV groups per sub-county.

In both Uganda and Ethiopia, key informants and most non-beneficiaries viewed the selection processes to have been transparent and fair. For the most part, the organizations were seen to be doing a good job in working with vulnerable groups and individuals, effectively reaching the poorest of the poor. Exceptions were NEP+, which focuses exclusively on PLHIV (who may not be the poorest) and WASASA which was said to have excluded poor rural women during the formation of groups. This was countered by staff who maintained women were excluded not because they were poor but because they did not have the trust and confidence of others. However, beneficiaries themselves weren’t clear why others like them hadn’t been selected. Whatever the case, when forming microfinance groups in which members are jointly responsible for the reimbursement of each other’s loans, it is important that there be a rough equality of circumstance: inevitably very poor women are not likely to be seen as good partners by those better situated.

Choice of activities
In Ethiopia, the organizations were generally said by respondents to have been the first to support LESH (livelihood and economic strengthening in communities confronting HIV and AIDS) in the area but in a few cases there was evidence of earlier activities. With one exception (prison inmates helped by CVM to build fuel efficient stoves), there does not appear to have been any coordination or follow-up on these. The absence of systematic assessment of local opportunities and beneficiaries’ needs and capacities diminishes the likelihood of the supported activities being successful.

While in only a few cases in Ethiopia was a livelihood activity imposed on beneficiaries, quite often the choice they faced was substantially constrained. The limited
range of options was sometimes dictated by donors rather than the implementing NGOs. With respect to alternatives, the prevailing views among staff was either that they weren’t aware of specific example or that more economically interesting activities could only be envisaged at a group level, given the limited individual support on offer. On the other hand, organizations such as CVM and NEP+ have experience with a wider range of individual and group activities and have found many to be feasible. The livelihoods advisor at NEP+ felt that the most attractive activities such as cattle fattening, dairy production, food processing and weaving could be profitable if done at a sufficient scale but that, at present levels of support, this required 25-30 beneficiaries to work together and pool their seed money. Given the support available, he said the individual IGAs that could be envisaged would, at best, only cover beneficiaries’ basic needs.

Beneficiaries for the most part acknowledged that they had had a say in the choice of livelihood options and were grateful for the support they had received, including the skills and the opportunity to work together. There had been no consultation, however, on the level of support which they felt to be too little to develop significant activities. The terms on which support was provided was also at times a constraint: for example, ISAPSO’s insistence that beneficiaries begin repaying loans from the first month precluded any activity that took longer to develop. As already noted, many beneficiaries had ideas of viable alternatives, some of which they had earlier practised.

Some beneficiaries said that they were unwilling to communicate contrary views to the organization. In part, this seems to have been from the gratitude they felt for what they had received. But individual beneficiaries, in three of the five organizations, felt they were too ignorant to suggest how the organisation should do its job.

In Uganda, livelihood activities were mostly selected by NGOs in relation to local needs and opportunities – generally agricultural – however the Alliance followed the priorities identified by PLHIV groups. For the most part, beneficiaries declared themselves satisfied with the choices NGOs had made. Contrary views were reported from HNU in eastern Uganda. Beneficiaries at the former IDP camp in Amuria district said they were more interested in trading activities than agricultural ones. At the site in Serere district, beneficiaries were interested in agriculture and fishing but wanted support to obtain oxen which would have enabled them to accomplish much more in their farming. This desire was echoed by VEDCO’s beneficiaries in Lira and some women groups in Luwero. One wonders how many other contrary views on plausible alternatives were muffled by shame and gratitude, as in Ethiopia.

Discussion

In both countries, there has been no systematic assessment of opportunities, needs and capabilities with respect to livelihoods and economic strengthening. Meaningful and early involvement of beneficiaries in the choice of activities has also been limited. This appears to be increasing the risk of stereotypical responses that leave out vulnerable groups and focus on common livelihood responses that may not be the most rewarding. Local innovative capacity has also not been widely enlisted which has restricted the range of viable options that beneficiaries can draw on and quite possibly increased the risk of failure.

Many beneficiaries in Uganda and Ethiopia are clear that they have gained much and hope to gain more from the support, not just monetary, that they have received. However, needs assessment and meaningful participation of beneficiaries in decisions could only help to increase those gains. The unease that some beneficiaries feel in voicing negative views about the support undermines confidence in their reports of benefits. This seriously limits the organizations’ ability to learn and make needed corrections.

The experience in the two countries appears to differ with respect to the role of government in LESH programs. In Uganda, at least in the cases considered, local government’s role appears to have been limited, and in only a few instances, to assisting in the selection of beneficiaries within target groups determined by the organization. In Ethiopia, it has played a more substantive role in training, monitoring and follow-up, in addition to beneficiary selection. Not mentioned in these accounts is the influence that may be spreading in the opposite direction, namely local government gaining a clearer understanding of HIV and AIDS and experience of programs that work with affected or at risk groups which it can then bring into mainstream programs.

Government’s involvement in Ethiopia is helping to ensure that the organizations’ efforts reach the poorest of the poor. Yet there is a risk that by trying to reach the very poorest, attention is diverted from groups who, in the contexts they confront, are at heightened risk of HIV or of suffering the worst impoverishing effects of AIDS. For example, the housemaids that CVM works with are not the poorest but, though young and healthy, they are also dependent, with few urban skills and often cut off from their rural families. In the urban environments they find themselves in, they are at considerable risk of infection. Organizations can fail to keep HIV in perspective if they lose sight of the other impoverishing processes that are operating and that interact with HIV (being HIV-exclusive in social protection terminology). But they can also fail
to keep it in perspective if they do not pay sufficient attention to HIV's distinctive characteristics and mode of propagation (failing to be HIV-sensitive).

**What are the organizations doing to meet these needs?**

**Strategies and frameworks**

No organization, in either country, reported making use of an explicit strategy to guide their livelihood strengthening efforts in HIV or non-HIV contexts. They appear, however, to draw on principles and beliefs that shape the implementation of their programs. These differ in clarity and detail among the organizations but include:

- Reducing the risk of dependency among beneficiaries
- Maximizing sustainability
- Working with local government bodies
- Encouraging beneficiaries to form self-help associations
- Encouraging savings and the formation of saving groups
- Providing IGA assistance in kind rather than in cash (particularly EMWACDO)
- Strengthening livelihoods as part of palliative care (particularly NEP+)

In both countries, organizations evidence a clear preference for working with groups rather than individual beneficiaries. In part this is seen as a way of making more efficient use of the organizations’ limited personnel. In Uganda, the group approach had been favoured by AIDS-oriented organizations to promote networking of PLHIV, disclosure of their HIV sero-status and access to HIV-related services. The same approach has then been used to implement supportive livelihood activities. In Ethiopia, there is also a widespread belief within the organizations that, by working in groups, people can develop more substantial and profitable activities. However, this has often been opposed by beneficiaries who complain about the difficulties of group-based activities, notably that some free ride on the efforts of others. The challenges are such that staff of several organizations say they have more or less given up on group-based IGAs, adding that they run a high risk of failure.

Some organizations have sought a practical balance between the two approaches. A case in point is CVM where IGA grants as well as training and other capacity building support are given to groups of targets similarly situated (for example, PLHIV women, house maids or rural women) after they have been helped to form self-help groups. The groups can then decide whether to use the grant as a revolving fund for individual interest-free loans, to undertake a collective IGA or to do both. This latter approach provides more options and can link the group and individual IGAs so that they reinforce each other. It also strengthens members’ resolve to keep up repayments on their individual loans since not doing so puts them at risk of losing their stake in the more valuable group IGA. In CVM’s experience, this approach has proven more successful than either individual grants or communally owned and operated IGAs.

**Type and amount of support**

Tables 4 and 5 summarize the support provided to beneficiaries in Ethiopia and Uganda, respectively. Considerable variation is evident from, in Ethiopia, the 140 Birr given to women inmates by CVM to the 3000 Birr provided to PLHIV by NEP+. Some assistance is in the form of grants, some as revolving funds or as group or individual loans. Some organizations such as NAFOPHANU in Uganda provide assistance in kind and others, notably microfinance institutions, as cash. Many organizations have provided one-off livelihood support – seed money – for example, NAFOPHANU’s programs drawing on the Steven Lewis Foundation and the Civil Society Fund. Others, notably microfinance institutions, are prepared to extend further and sometimes larger loans once earlier ones are repaid.

Training of some sort is generally part and parcel of the livelihood support. In Ethiopia, business or financial skills training lasting 3-5 days (less, in a few cases) was provided by all organizations except the microfinance organization WASASA. Vocational or activity-specific and, in Uganda, life skills and proposal writing training was also common but not universal.

**Effectiveness**

We emphasize again that this was not an impact assessment but an exploratory study that can provide some insight into impact pathways. Beneficiaries in Uganda report mixed outcomes from the livelihood support they received which they describe in some cases as having been inappropriate, underlining the importance of prior assessment of needs, opportunities and capabilities and drawing on people’s innovative capacities. In several places, beneficiaries say that support to banana farming and pig rearing has been fairly successful whereas poultry efforts have frequently failed due to disease (avian flu). In some cases, PLHIV beneficiaries report spending less on medicines and health care but it is not clear to what extent this can be attributed to improved nutrition that the livelihood support has made possible, the effects of the ART they are receiving, or both. Though PLHIV is the group most widely targeted by the programs, there are few mentions of ART and nothing about how those receiving it are managing the search for an adequate and nutritious diet, which is crucial if the treatment is to be tolerated.

One unintended consequence reported from HNU was jealousy on the part of non-beneficiaries. Jeering discrimination turned to incredulous envy when
PLHIV’s health returned and their situations improved: “Maama batandise nokufuna omusala, akawuka nga kanatuyitirilako, eeh babawadde nepikipiki...” “babawade nepikipiki empya nalaba bazivugira emyezi emeeka – ndaba bagenda nky... (My goodness! These HIV+ people have even started getting a salary, this is too much! Eeh, they have even been given a brand new motor cycle! How long will they ride them? I think they will soon be dying!!)”. The testimony bears on the risk run by targeting of almost any kind and highlights another aspect of the importance of keeping HIV in perspective. We return to this issue in the concluding section.

| Table 4: Livelihood strengthening support given to beneficiaries - Ethiopia |
| --- | --- | --- | --- |
| **Type of Support** | **Amount / Duration** | **Given to** | **If in groups, size of group** |
| **CVM** | Revolving Funds for groups/associations | Relative to size (often between 15,000 - 30,000 Birr) | Poor Rural Women House maids Women inmates | 10 - 30 |
| | Individual IGA assistance | From 140 - 1,000 Birr relative to type of business | Women inmates Urban OVC mothers |
| **EMWACDO** | Individual IGA grants (Rural) | About 1,500 Birr on average | Poor rural mothers with multiple OVC |
| | Individual IGA grants (Urban) | About 1,500 Birr on average | Urban OVC parents and guardians (both male and female) |
| | SHG formation assistance | Trainings on business skills, TVET training | Poor PLHIV | 15 - 20 |
| **ISAPSO** | Individual IGA loans | 600 to 2,000 Birr | Urban OVC parents/guardians |
| | Group IGA assistance (youth community centre) | 19,000 Birr | Especially at risk youth | 9 |
| | SHG formation assistance | Trainings on business skills and technical support | Open to all project beneficiaries | 15 - 20 |
| **NEP+** | IGA start-up assistance | 3,000 Birr on average | PLHIV (members of associations) |
| **WASASA** | Large group loans without collateral (rural) | Starting from 1,200 Birr per head for the first cycle | Poor Rural Women | 15 - 20 |
| | Small group loans without collateral | 1,500 Birr per head | Urban PLHIV | 15 - 20 |
| | Individual loans with collateral (urban) | Between 5,000 - 10,000 Birr | Urban entrepreneurs |
| | Micro-enterprise loans with collateral (urban) | Between 5,000 - 150,000 Birr | Urban entrepreneurs |

2 Limited to one instance (only one group of youth has received the support at the site)
3 The start up capital is given as a grant or an interest free loan in the form of a revolving fund, either individually or in groups depending on how member associations administer it. The exact amount also depends on how member associations decide to allocate it but averages out to about 3,000 Birr per target.
Table 5: Livelihood strengthening support given to beneficiaries – Uganda

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Amount / Duration</th>
<th>Target groups</th>
<th>Given to</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERNATIONAL AIDS ALLIANCE</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Grants for IGAs</td>
<td>Cash (according to agreed budget)</td>
<td>PLHIV</td>
<td>28 Groups (20 - 30 each)</td>
</tr>
<tr>
<td>Food Production</td>
<td>Cash (according to agreed budget)</td>
<td>PLHIV</td>
<td>28 Groups (20 - 30 each)</td>
</tr>
<tr>
<td><strong>VEDCO</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food security and Nutrition – Agricultural inputs</td>
<td>Onetime</td>
<td>Small &amp; medium farmer HHs and PLHIV</td>
<td>258 Groups (ca. 20 each)</td>
</tr>
<tr>
<td>Post-harvest handling</td>
<td>In kind/ continuous</td>
<td>Small &amp; medium farmer HHs and PLHIV</td>
<td>1934 Farmers</td>
</tr>
<tr>
<td>Business training (Saving culture)</td>
<td>Continuous</td>
<td>Small &amp; medium farmer HHs and PLHIV</td>
<td>18 Women Groups (Lira ca. 13 each; Apac ca. 62 each)</td>
</tr>
<tr>
<td>Farming skills extension</td>
<td>Once - Training of Trainers</td>
<td>PLHIV and PWDs</td>
<td>331 Community nutritionists and Health Workers 760 Rural Development Extensionists</td>
</tr>
<tr>
<td><strong>NAFOPHANU</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IGAs</td>
<td>3 occasions</td>
<td>PLHIV</td>
<td>52 Groups (20 - 50 each)</td>
</tr>
<tr>
<td>Steven Lewis Foundation agricultural inputs</td>
<td>Land (4 acres)</td>
<td>PLHIV</td>
<td>29 Groups (20 - 50 each)</td>
</tr>
<tr>
<td>Civil Society Fund agricultural inputs</td>
<td>Land (4 acres)</td>
<td>PLHIV</td>
<td>51 Groups (30 - 50 each)</td>
</tr>
<tr>
<td></td>
<td>poultry (50 birds)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 pairs of goats</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 pairs of piglets</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 pairs of rabbits</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>900 banana suckers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>90 bags (potato vines)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>72 cassava cuttings (onetime)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HNU</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agricultural inputs and skills</td>
<td>Food processing skills and farming support (3 years, from 2004)</td>
<td>Food insecure households</td>
<td>906 households 10 groups (about 200 each)</td>
</tr>
<tr>
<td></td>
<td>Agricultural inputs (2009)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100kg of soya beans</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>400kg simsim</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>40 tins vegetable seeds</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20 bags (sweet potato vines)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5kg NPK fertiliser</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 hand sprayers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 containers pesticide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Support</td>
<td>Amount / Duration</td>
<td>Target groups</td>
<td>Given to</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Grants for IGAs</td>
<td>250,000/= and later 300,000/= (3 years, from 2002) Food processing businesses</td>
<td>Food insecure households</td>
<td>159 households</td>
</tr>
<tr>
<td>IGA Training for PLHIV</td>
<td>Courses in 2007-2008</td>
<td>PLHIV</td>
<td>774 individuals</td>
</tr>
<tr>
<td>Vocational Training for OVCs</td>
<td>Courses, repeated in 2004-2005, 2007</td>
<td>OVCs</td>
<td>169 individuals</td>
</tr>
<tr>
<td>AMFIU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loans to improve livelihoods</td>
<td>Continuing, depending on ability to pay back, Masaka, since 2003; Rakai, since 2000</td>
<td>• All Adults</td>
<td>6,000 individuals (Masaka) Group (Rakai - 50)</td>
</tr>
<tr>
<td>• Banana growing</td>
<td></td>
<td>• PLHIV</td>
<td></td>
</tr>
<tr>
<td>• Poultry</td>
<td></td>
<td>• PWDs</td>
<td></td>
</tr>
<tr>
<td>• Piggery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dairy cow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Business</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DANIDA Fund for livestock farming loans</td>
<td>Continuing, depending on ability to pay back</td>
<td>• Women</td>
<td>Groups (15 - 20)</td>
</tr>
<tr>
<td>HIV sensitization and OVC support (livelihood improvement then savings for OVC support)</td>
<td>Repeated</td>
<td>• Orphans</td>
<td></td>
</tr>
<tr>
<td>AMPFIELD loans tailored for PLHIV</td>
<td>Still being designed</td>
<td>PLHIV</td>
<td>Yet to be launched</td>
</tr>
</tbody>
</table>
Beneficiaries in Ethiopia who received training on HIV prevention – not all did – generally valued it, though some said they had learned nothing new. They particularly appreciated the prevention education their children received. In terms of livelihood support, some beneficiaries said that, despite the small amounts they received as grant or loan (urban clients of microfinance institutions also complained of high interest rates), they were able to increase their diversity of income sources, adding a few more livelihood activities. Some said the additional income enabled them to send their children to school. Others mentioned having a greater appreciation of the importance of saving, of valuing the opportunity to work and discuss with other women and to get out of the house.

One key informant noted that PLHIV who benefited from NEP’s livelihood support adhered better to their ART regime, gaining health, social well-being and decreased stigma. “When you work and are able to take care of your family, you will be treated with respect.”

Beneficiaries offered a number of seemingly feasible suggestions when asked how livelihoods could be better strengthened. Among these were more intensive training in business skills, a month’s grace period on loan repayment and support for IGAs that are more promising in a rapidly changing economic context, such as grain trading. The plea from PLHIV members of an EMWACDO-facilitated self-help group is compelling, particularly in light of the key informant’s comment above. The organization should combine IGA support with food and medical assistance, they suggested. They were grateful for the medical treatment and nutrition support which had helped them regain their health and “get off their death beds”, but the organization had done little to help them secure a better future for themselves and their children. They felt they were stranded: their health improved and physically and mentally able to engage in work but with little to do due to economic constraints.

**Sustainability**

In Ethiopia, beneficiaries gave mixed answers when asked what would remain of the benefits they have seen should the organization shortly cease its support. Some members of CVM’s rural mothers and prison inmates groups said they had gained important skills and experience with profitable livelihood options that they can make a go of even without further support from CVM. Similar views were expressed by EMWACDO’s urban OVC parent beneficiaries. Urban OVC mothers supported by CVM were more uncertain: their injera business was small and vulnerable, they said, and they had little capacity to bounce back from a shock if and when it occurs.

ISAPSO’s efforts began only a few months before the study but the youth group was confident that they would continue working as a group in the café but might not do as well without the organization’s supervision, encouragement and moral support. Staff explained that community mobilization and promoting a sense of responsibility among CBOs such as local iddirs was a key component of ISAPSO’s approach to sustainability. Some promising early results have been observed, for example the houses of a few OVC families were renovated from resources mobilized by iddirs. Key informants who were representatives of local government bodies said that they were already engaged in providing follow up support to ISAPSO’s efforts.

Community mobilization aimed at creating capacity and willingness to care for and support OVC is also a key element of EMWACDO’s perspective on sustainability, according to staff. They saw the involvement of FBOs and religious leaders of all denominations as vital to achieving this. Key informants’ recognized these efforts as promising and important but still very much in their infancy.

Wasasa’s rural women beneficiaries said learning “how one can work and save” was the most important thing they have gained. Individual and micro-enterprise clients felt they were “just receiving financial services” from Wasasa and that the organization’s withdrawal would not mean much. The branch manager thought that only 5-10% of their clients had built their capital to the point that they could continue on their own without WASASA. None were yet able to borrow from mainstream banks, he said.

Overall, the impression was that, with some exceptions, the Ethiopian NGOs visited were not working concertedly on building sustainable paths to graduation.

In Uganda, beneficiaries’ views on the sustainability of what they have gained appeared to be more upbeat. There seems to be a general belief that they are now on a more or less equal footing with the rest of the population. NAFOPHANU and AMFIU clients felt that, should the organization withdraw, they would be able to stand on their own or obtain loans elsewhere.

Non-beneficiaries and key informants tended to confirm these views, pointing to the group structures, skills and capabilities that have been created and that persist. They noted that where projects have ended, beneficiaries continue to improve their situation, for example in the VEDCO area where the transfer of piglets and heifers among group members continues. In AMFIU, key informants noted that there are some group members who, after four years, no longer need to borrow from it. On the negative side, non-beneficiaries noted that interest rates on loans from microfinance institutions often make repayment difficult. There was also concern that HIV awareness in the community could erode should the organization’s intervention cease.
Discussion
The ways in which organizations go about providing support to livelihood and economic strengthening clearly differ significantly. These differences are not a matter of strategy; as noted earlier, none of the organizations are guided by an explicit framework. Rather, they appear to be different answers to the question “what works here?” informed by the organization’s experience but nowhere benefiting from evaluation. There is then much to be gained from internal assessments and from evaluation across these different efforts that can inform joint learning since the problems the organizations confront are often similar, though never identical. Many others, beyond these organizations, would be interested as well. In the following section, we will examine the organizations’ capacity for gathering and assessing relevant information. Here we characterize the major issues that emerge from the study. Among the most salient are:

Organization of support
CVM emphasises the provision of support to well organized associations of targets which take responsibility for managing revolving funds on which members draw to support their own livelihood activities. Voices from the different groups we interviewed suggest this approach is working relatively well and may in some places be self-sustaining. In contrast, ISAPSO’s and EMWACDO’s emphasis appears to be on the formation of Self Help Saving groups that can underwrite livelihood improvements with minimal external monetary support. These can be seen as alternative models or as stages: once groups have demonstrated their cohesiveness and ability to mobilize their own resources, external ones might be made available.

How to reconcile the efficiency advantages of addressing beneficiaries in groups where they pursue joint activities with beneficiaries’ widely expressed desire to work independently is an issue possibly every organization confronts. EMWACDO’s efforts to bridge the divide by providing e.g. joint training to PLHIV in groups but encouraging them to pursue individual livelihood activities was appreciated by the beneficiaries (even while stressing they likely have complementary effects). Vocational and livelihood-specific training was sometimes but not always offered together with monetary support.

Nature, amount and timing of support
In Ethiopia, support in the form of initial grants varies more than 20-fold among the organizations on a per person basis. It is not clear to what extent these differences reflect resource availability or principles, such as avoiding dependence. Beneficiaries widely state that the sums are inadequate to make any substantial difference, a view which might be discounted due to self-interest except that key informants tend to agree. The issue seems to be most pressing in urban areas. Of at least equal importance is whether support is one-off or continuing, the latter providing an opportunity to build trust that may make more substantial support possible. The greater reliance of Ugandan organizations on support in kind is a further aspect that might bear evaluation.

Paths to sustainability
Ethiopian organizations have, to varying extents, developed links with branches of government in the selection of beneficiaries and the implementation of programs. Some organizations are also seeking to encourage greater involvement by communities and to enhance their capacity to provide care and support, notably for OVC. The two approaches are by no means exclusive but each likely has its risks – some are mentioned in the following section. It is important to understand these better and how they can be managed.

Sustainability can also be understood at the individual or household level, in terms of the resilience gained to inevitable shock and stresses. We return to this issue in the final section.

Livelihoods and prevention
It appears, at least from this sample of five organization per country, that programs aimed at supporting the livelihoods, often precarious, of people at high risk of HIV are much more common in Ethiopia than Uganda. None were reported among the Uganda organizations although other organizations elsewhere in the country are known to be implementing such programs. Nonetheless, there is very limited evidence available on the design and impact of effective livelihood interventions aimed at supporting HIV prevention. Well-evidenced insights from these organizations would be of wide value.

Livelihoods and ART
Difficulty accessing adequate and nutritious food is a major reason for people failing to adhere to treatment regimes and progressing to AIDS. As noted, there was no evidence from the organizations studied of whether and how the
livelihood support that PLHIV on ART received has enabled them to meet this challenge. Perhaps we didn’t ask the right questions or listen carefully enough to the responses but there is a great opportunity to pursue these issues with these programs, many involving PLHIV, and to consider, with the beneficiaries, designs that might help them better meet the challenge.

What capacities and capabilities do the organizations require in order to better respond to local needs?

Documentation and learning
All organizations have procedures for monitoring the progress of the livelihood activities they support though these appear to vary in their effective implementation. For example in Ethiopia, CVM organizes quarterly follow-up visits together with the responsible local government bodies; these assume primary responsibility for following up on grants to groups/associations who also submit quarterly reports to CVM. NEP’s implementing associations also submit quarterly reports; local staff note, however, that little or no budget is allocated to monitoring activities and, given time constraints, field visits rarely involve the beneficiaries. At WASASA, monitoring is combined with the collection of loan repayments but is often curtailed because of staff shortages. In Uganda, VEDCO organizes monthly meetings with beneficiaries that follow up on their experience with new seeds and with savings. Beneficiaries’ voice is clear, staff note, but tends to dwell more on the positives than the negatives. AMFIP, as an umbrella organization of MFIs, monitors at an aggregate level and does not deal directly with PLHIV groups.

There have been no specific evaluations of livelihood support interventions by these organizations although some have included them in broader evaluations of their programs. Several of these evaluations, particularly in Uganda, have been carried out internally rather than independently. The impression was that the program evaluations that have been done have tended to pay only superficial attention to the livelihood interventions and their impact. We came across only one instance where an evaluation led an organization to make program changes: CVM, which as a result decided to inject additional capital into the revolving funds. Professionals from the MSED office were said to have closely collaborated in this evaluation. Lessons and experiences are generally not systematically documented let alone disseminated. Learning among organizations appears to be limited to the occasional experience-sharing visit.

For monitoring and evaluation to be of any use, it is imperative that beneficiaries feel free to speak their mind. The unwillingness to communicate contrary views that we heard in several Ethiopian organizations (p. 19) means that important information and perspectives are being left out of critical decisions. Being selected to be part of a livelihood support program when so many others, equally in need, are not can only inhibit one from speaking out. When from the beginning one’s views are not sought, notably on the kind of support that would be most useful, it is not surprising that people say they are too ignorant to suggest how the organisation should do its job. It is the organization’s responsibility to create an environment in which frank exchange is encouraged and can be seen to make a difference.

Staff capacity
The evidence from the organizations in Uganda describes a number of factors that work to limit the capacity of staff to effectively implement programs and maintain productive relationships with beneficiaries. Uncertain or diminished donor or, for AMFIP, government funding results in the loss of experienced staff. It takes longer to make up for that loss by hiring and training when funding resumes. A drastic reduction in donor funding saw a number of staff laid off; those who remained were obliged to take on other roles, with reduced effectiveness. Staff in VEDCO pointed out that the limited number of staff with livelihoods experience is one of the factors that leads the organizations to favour working with beneficiaries in groups, regardless of their own preferences. Finally, in HIV-oriented organizations like NAFOPHANU and the Alliance, there is, not surprisingly, greater expertise with respect to HIV than livelihoods.

Staff in the Ethiopian organizations focused on the skills they need to effectively support livelihoods and how they can obtain them. Facilitation and association building, conflict resolution, IGA implementation, and project design were among the skill areas they highlighted. Several also referred to business skills; WASASA staff noted that they often came into contact with clients engaged in a variety of businesses. Advising them was a challenge but also an opportunity as they could learn much from them, knowledge which they could then make available to new clients. Highlighting the value of experience sharing meetings and visits, one coordinator remarked:

“You can get insights from a half day experience-sharing panel discussion that you won’t from a month long training. You can even get the opportunity to learn how things are approached and done in a country that you have never set foot in. You can ask questions to and have conversations with the people who directly implement things and have practical experiences – people who have been through the challenges and gained experiences that you haven’t.”

Staff elsewhere echoed this view.
Organizational capacity
Staff in Ethiopia generally viewed the policy and institutional environment to be favourable to the organizations’ efforts though they voiced several concerns. Chief among these was government’s tendency to value visible and physical interventions while disregarding efforts that aim at changing attitudes and values such as the importance of saving and care for OVC. A number of difficulties in operational collaboration with government were evoked such as having to pay collaborators “to do what they are hired for” e.g. providing expert advice or participating in trainings. An unhealthy mistrust of NGOs was also said to be frequent in government.

In terms of what needs to be done to improve implementation, staff put forward a number of suggestions. In the EMWACDO area, they said that a detailed study of local livelihood options would make it easier for them to provide beneficiaries with tailored and better prepared support. M&E tools were needed and, as several organization emphasized, more diversified and especially local funding sources.

In terms of their organizations’ strengths, several staff mentioned commitment, efficiency and transparency. EMWACDO staff felt that its faith-based foundations provide it many advantages. It can draw on the resources of congregations and the commitment of their members in livelihood projects which lowers EMWACDO’s overheads and enhances sustainability prospects. Major weaknesses were seen to be donor dependence, limited opportunities for experience sharing and low salaries. Poor governance – a dysfunctional board – was seen to be a particular handicap at one NGO.

Staff in the Ugandan organizations generally concurred with their Ethiopian colleagues. Additionally, they noted their limited capacities in advocacy, local resource mobilization and planning. It is vital, several said, that livelihood activities have better secured funding. Too often, they are financed on an activity-specific basis rather than from operational budgets. This means that once the project funding ceases there are no alternative sources that can be mobilized to complete or extend the effort.

Staff pointed to several efforts to achieve greater coherence among their programs. Three NGOs – CVM, EMWACDO and ISAPSO – are attempting to link direct OVC support with economic strengthening of the family. NEP+ is also attempting to integrate livelihood strengthening support in a larger community care package. Wasasa, which only provides financial services, appears to be the only Ethiopian organization not to be making a move in this direction. Earlier, we discussed efforts in both countries to integrate HIV and life skills training with livelihood support.

There have been very limited efforts in Ethiopia to build partnerships among organizations to improve operational effectiveness: an exception is a recent initiative by NEP+ in Addis involving HAPCO, the MSED agency and an MFI. Elsewhere, the emphasis seems to be more on avoiding duplication of efforts than on coordination to maximize impact. On the other hand, some Ugandan NGOs take pride in the strong links they have been able to establish outside their usual sphere of operation. For example, VEDCO’s natural counterpart is the Ministry of Agriculture, yet staff noted that they frequently interact with the Joint Clinical Research Centre of the Ministry of Health. The organization is frequently invited to meetings at the MOH.
Conclusions and recommendations

The limitations of this exploratory study are clear. It is not quantitative in design and its respondents were purposively selected, making it impossible to provide reliable estimates of frequency or prevalence. We are thus obliged to make use of qualifiers such as “few”, “some” and “many”. Its virtue is that it was independent and that, by putting respondents at their ease, it was able to gather cross-cutting testimony on critical issues from four stakeholder groups from each of ten organizations in Ethiopia and Uganda. The study has highlighted how these issues vary between the two countries, across the organizations and from the perspective of the different stakeholder groups. It sheds light on the pathways by which impact and sustainability, as these stakeholder groups tend to understand these ideas, may be achieved.

The capacities of these organizations and the situations they confront vary greatly. Perhaps the key conclusion is that the capacities of many are such that they have difficulty responding effectively to an epidemic that varies in intensity by location and that is evolving in interaction with often rapidly changing economic and social contexts. Few have procedures in place that enable them to identify those at greatest risk at the different stages of affectedness and the forms of livelihood support that are most appropriate and acceptable. There are then significant risks that organizations respond in stereotypical fashion and miss groups that are particularly vulnerable. By failing to recognize local innovation and insights, livelihood support may be directed to options and forms of support that are less likely to enable beneficiaries to escape dependence and the need for continuing assistance. Many organizations are basing their decisions of how to orient and deliver their livelihood support on a very restricted base of experience. Processes for monitoring and evaluation in some organizations appear to be rudimentary. In at least several cases, beneficiaries are unwilling or unable to provide the organization contradictory views on the support provided. And staff recruitment, training and retention are often hostage to declining or uncertain budgets, undermining opportunities for learning.

These challenges are faced by organizations of all four types: AIDS service, PLHIV networks, rural development and microfinance. They are not unique to these organizations or this area of engagement. Our findings are very much in line with what Kadiyala et al (2009) report in their assessment of a TASO-led program in Uganda that was discussed in the literature review. On the other hand, some organizations stand out for the innovative approaches they have developed, in particular how CVM identifies groups at heightened risk of HIV and develops appropriate programs that integrate livelihood and prevention skills (p. 16), and how the Alliance draws out people’s ideas on viable livelihood options and supports their capacity to develop proposals to pursue them (p. 18). The way in which CVM has tackled the individual vs. group dilemma in organizing livelihood support is also noteworthy (p. 20, 25). These approaches deserve to be better understood and made accessible to other organizations.

While this was not an impact evaluation, our study has identified a number of what appear to be meaningful changes in people’s lives, some of which are attested to not only by the beneficiaries themselves. If the challenges we have highlighted are better recognized and addressed, important barriers to deepening and broadening these outcomes and rendering them more sustainable will be diminished. Staff appear often to be aware of the skills they lack and the opportunities to acquire and refine them. Staff and management often recognize shortcomings in institutional capacity and how these might be overcome. And importantly, the variation that exists among organizations in how they tackle critical issues and the results they observe provide a basis for cross-program evaluation and critical reflection that can propel improvements in practice.

Recommendations

Clarifying objectives

In several organizations, we gained the strong impression that the objectives livelihood support programs were pursuing were not clear to staff and beneficiaries or that there was a disconnect between intended objectives and those pursued on the ground. To borrow the terminology of social protection, many appear to aspire to a promotional or transformational objective, enabling people to sustainably alter their circumstances (to “graduate”) and thereby as well prevent bad outcomes such as HIV infection. However, in reality the programs are better characterised as protective, helping people to meet basic needs. A key informant described one livelihood program as consisting largely of distributing whatever assistance comes along as fairly and quickly as possible.

We do not mean to belittle the sincere efforts of staff confronting dire resource constraints and other challenges over which they have little control. Our suggestion is that organizations clarify and seek to harmonize what they intend and what they undertake, taking account of the resources available (and likely to be so) and those necessary to achieve those ends. The four Social Protection objectives may provide a helpful framework for discussion among staff and management, between the organization and its partners and donors, and between the organization and its intended beneficiaries. This discussion should
extend well beyond budgetary issues to consider how human and social resources, notably the innovative capacity of beneficiaries and staff, can be more effectively mobilized, enabling better use of monetary resources.

STOP AIDS NOW! should encourage and facilitate this clarification and harmonization process.

Promoting learning
We have noted a number of issues (p.21-24) in the orientation, organization and management of livelihood strengthening programs around which there is considerable variation between and, in places, within the efforts of NGOs, variation which we have suggested is based on, at best, a very slender body of evaluated experience. This list, tentative and not exhaustive, overlaps with but is more detailed than the evidence gaps identified by Temin (2010), cited in the literature review:

- Organization of support
- Program integration
- Nature, amount and timing of support
- Paths to sustainability
- Livelihoods and prevention
- Livelihoods and treatment

We suggest that there is much to be gained from assessments and discussion among the organization, its partners, donors and intended beneficiaries of the choices that have been made in these areas and possible alternatives. Further, evaluations across programs and organizations of these choices and their outcomes in different contexts would be of value to a range of organizations, including and beyond these ten.

STOP AIDS NOW! should encourage and facilitate these assessments and evaluations. It should consider supporting one or more communities of practice at an appropriate scale which would define and make use of these evaluations while identifying other activities to advance policy and practice in this area.

Developing the social protection relationship
While the programs included in this study were not developed in the context of HIV-sensitive social protection, there are many issues that are of common concern. The congruence in the evidence gaps has been noted. Progress in filling these gaps by research and evaluation on either side should be of great interest to the other.

Beyond that, both sides are grappling with the concept of HIV-exclusive and HIV-sensitive approaches. While UNAIDS discourages the former and promotes the latter, there are operational and ethical issues that require careful consideration in each particular case. Temin (2010) notes that a social protection program targeting PLHIV on ART would have to be exclusive. PLHIV are targeted because they are particularly vulnerable, notably to the effects of food and nutrition insecurity, and to a much greater extent than people similar in all respects save being HIV-. One could envisage including HIV- people who are vulnerable to food and nutrition insecurity for other reasons but it may be difficult to effectively address these possibly very different groups within the same program. One could set up parallel programs but then these would be exclusive. Similar issues arise in the case considered earlier of the house maids: young and healthy but, in their urban context, at high risk of HIV. What is at stake here is precisely the need to keep HIV in perspective.

There are different ways in which the relationship might evolve. It may remain a loose one involving exchange of information. Possibly communities of practice could be established that bridge the two sides. A closer, programmatic relationship might also be developed, perhaps initially in one or a few countries, if desired.

STOP AIDS NOW! should pursue this relationship at the international level in forums like the Working Group on Social Protection and with its country partners at national level.

Priorities for SANI’s advocacy
The study has brought into relief two situations of risk that may themselves be at risk of being overlooked or neglected, perhaps particularly in the wake of recent reports that may be understood to imply that HIV is a declining problem, one that can be eliminated by universal access to ART (e.g. Cohen, 2011).

Livelihoods and prevention
This is in some ways an old story but one still not widely understood. Knowledge of HIV, on its own, provides little protection when livelihood is precarious. Knowledge, together with the freedom to act on it, can be empowering. The study has highlighted particular groups that illustrate this, such as the Ethiopian housemaids: rural migrants who couldn’t make a living where they lived. Other people were said to be confronting heightened HIV risks because they are particularly vulnerable, notably to the effects of food and nutrition insecurity, and to a much greater extent than people similar in all respects save because they are HIV-. One could envisage including HIV- people who are vulnerable to food and nutrition insecurity for other reasons but it may be difficult to effectively address these possibly very different groups within the same program. One could set up parallel programs but then these would be exclusive. Similar issues arise in the case considered earlier of the house maids: young and healthy but, in their urban context, at high risk of HIV. What is at stake here is precisely the need to keep HIV in perspective.

Conclusions and recommendations
Livelihoods and ART

There is compelling testimony from the study. “The organization supported our access to medicines and, early on, food”, a PLHIV says. “We are grateful: we now have our health back and the ability and desire to work. But we’re stranded: the organization has done little to help us re-establish our livelihood and the economic constraints are large”. The big issue here is that there is a large investment in treatment, nationally and internationally, but the returns on that investment, for the individual, household, community and wider economy and society are not being sufficiently pursued. It is a huge waste of people. Of course, many other people are unable to realize their potential, for many reasons: that must be emphasized. However, the consequences in the HIV context are magnified. Failure to secure an adequate diet heightens the risk of treatment failure and progression to AIDS. Failure to adhere to the regime also heightens the risk of viral resistance to the medications evolving, with multiple consequences, including increased program costs and a sharply reduced prevention benefit from treatment. The two themes are linked.
Abbreviations

AMFIU The Association of Microfinance Institutions of Uganda
ART Antiretroviral Therapy
ARV Antiretrovirals
CBO Community Based Organization
CSW Commercial Sex Worker
CVM Comunità Volontari per il Mondo
DANIDA Danish International Development Agency
EMWACDO thiopian Mulu-Wongel Amagnoch Church Development Organization
FBO Faith Based Organization
FGD Focus Group Discussion
HAPCO HIV/AIDS Prevention and Control Office
HNU Health Need Uganda
IDP Internally Displaced Person
IGA Income Generating Activity
ISAPSO Integrated Service for AIDS Prevention and Support Organization
LESH Livelihood and Economic Strengthening in communities confronting HIV and AIDS
M&E Monitoring and Evaluation
MFI Microfinance Institution
MOH Ministry of Health
MSED Micro and Small Enterprise Development
NAFOPHANU National Forum of People living with HIV and AIDS Network in Uganda
NEP+ Network of HIV Positives in Ethiopia
NGO Nongovernmental Organization
OVC Orphans and Vulnerable Children
PLHIV People Living with HIV
PWD People with disabilities
SHG Self Help Group
TASO The AIDS Support Organization
TVET Technical and Vocational Education and Training
UNAIDS Joint United Nations Programme on HIV/AIDS
VCT Voluntary Counselling and Testing
VEDCO Volunteer Efforts for Development Concerns


STOP AIDS NOW! is a partnership of Aids Fonds and four Dutch development organisations: Cordaid, Hivos, ICCO and Oxfam-Novib. Our mission is “working together towards a world without AIDS”. We work on expanding and enhancing the quality of the Dutch contribution to the AIDS response in developing countries. So far we have raised more than 90 million Euros. Besides we stimulate and support innovative initiatives. Our ‘Learning by Doing’ method, for instance, has resulted in several valuable new approaches and tools.

Our projects and programmes focus on children, youth, and women in countries hardest hit by the epidemic. Annually, we reach around 400,000 people who are affected by HIV and AIDS. We offer care, treatment and income opportunities, give AIDS orphans a new future, and slow down HIV and AIDS through prevention.

Please visit our website for a wide range of interesting resources like this one: www.stopaidsnow.org/downloads