



# HIV/AIDS resource guide for extension workers

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Produced by the National Agricultural Advisory Services (NAADS)  
in collaboration with the Gender, Equity and Rural Employment (FAO)



## **HIV/AIDS resource guide for extension workers**

**June, 2004**

Produced by  
the National Agricultural Advisory Services (NAADS) in Uganda

in collaboration with  
the Integrated Support to Sustainable Development and Food Security Programme (IP) of  
the Food and Agriculture Organization of the United Nations (FAO)

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As we enter the third decade of living with the AIDS epidemic, evidence of its impact on rural households is undeniable. Despite commendable result that Uganda has achieved in reducing HIV/AIDS prevalence from 25% to 6% within ten years, coupled with the introduction of anti retrovirals on the market at more affordable prices, HIV/AIDS still remains a long-term challenge for this country.



HIV/AIDS has had a disproportionate impact on the agriculture sector in comparison to other sectors, and is closely associated with rural poverty, poor nutrition and household food and livelihood insecurity. Agriculture being the backbone of the Ugandan economy, contributes over 70% of the Gross Domestic Product (GDP) and 95% of the export earnings. The agriculture sector provides employment for over 80% of the rural population, the majority of whom are women, who are more vulnerable to HIV/AIDS because of biological vulnerability and prevailing socio-cultural practices. The devastating impact of HIV/AIDS has the potential to undermine the government's efforts geared towards increasing economic empowerment among the rural poor, as mandated in the Plan for Modernisation of Agriculture in Uganda.

The Ministry of Agriculture Animal Industry and Fisheries and all sector programmes recognise the negative impact that HIV/AIDS has on rural households capacity to keep up sustainable production levels, and has therefore taken a strong stand to integrate and mainstream HIV/AIDS issues in the sector as a policy to promote mitigation of the impact of the disease on rural livelihoods.

This HIV/AIDS resource guide is therefore one of the tools developed by the National Agricultural Advisory Services (NAADS), in collaboration with the Food and Agriculture Organization of United Nations (FAO), that will facilitate mainstreaming of HIV/AIDS issues within the agriculture sector, through promoting understanding of what responses are available to rural farming communities to mitigate the impact of HIV/AIDS, from the perspective of agriculture extension. Application of this HIV/AIDS resource guide by the extension worker and particularly those in agriculture extension, will increase attention to and recognition of the impact of HIV/AIDS on rural livelihoods and create conditions and circumstances that should enable extension services to help people to have more information on how to access social services - including advice and information on agriculture, reduce their vulnerability to HIV/AIDS and promote resilience among household affected by HIV/AIDS, thereby increasing their potential to live productive lives for their good, the good of their families and the good of society at large.

I believe that the lessons that will be learnt through operationalising this resource guide will continue to inform and strengthen community extension services, and should challenge stakeholders at all levels to strengthen collaboration in order to respond more efficiently and effectively to the emerging needs and concerns of rural farm households made vulnerable by HIV/AIDS.

Dr. Silim Nahdy  
Executive Director, NAADS

# Acknowledgement



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6. Makerere University – Faculty of Agriculture
7. Iganga Local Government
8. Luweero Local Government
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10. Ministry of Agriculture Animal Industry and Fisheries
11. National Agriculture Research Organisation (Kawanda and Namulonge)
12. Plan for Modernisation of Agriculture secretariat
13. Uganda AIDS Commission
14. Uganda AIDS Control Programme
15. Uganda Fisheries and Fish Conservation Association
16. Uganda Media Women Association
17. Uganda National Farmers Federation

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Lastly, thanks go to the Norwegian Government for providing finances for respectively, the study on the impact of HIV/AIDS and the development of this HIV/AIDS resource guide.

\*FAO Netherlands' Partnership Programme: "Building Sustainable Livelihoods for the Food Insecure and Nutritionally Vulnerable in Fishing Communities at Lake Victoria, Masaka District"

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**H**IV/AIDS has had a devastating impact on rural women, men, youth and children. The epidemic gradually reduces the opportunities for rural households to sustain themselves and pushes poor households into further impoverishment, making it harder for them to live and earn a living. Extension services could and should play a role in trying to work towards controlling the further spread of the epidemic and in reducing its' impact on rural livelihoods.

HIV/AIDS has often been referred to as an unusual challenge for agricultural extension organisations, firstly because they are directly affected by HIV/AIDS through loss of employees and absenteeism and secondly because the epidemic is changing the needs and priorities among extension clients. Extension services now more than ever need to adjust their programmes to meet these rising needs and concerns, using approaches that make sure people suffering from and those affected by HIV/AIDS are not marginalized, but included in extension services.

The immediate impact of HIV/AIDS on a person is on his/her health. The second stage of impact at the rural level is on what that household can do to continue to produce, access and distribute food, reallocate available labour for both productive and reproductive activities - including caring for their sick household member(s). All of these activities have to take place in circumstances where there are less men and women available to provide labour, people have less and less assets because they are forced to sell them to cover medical and food costs, they have low or no income and a greater demand for health care and social support. After the death of their family member, many find themselves (especially women and youths) without land or assets, either because they have been sold it or it was grabbed. It is important to understand and take into account the various stages of progression of HIV/AIDS because it will largely determine the kind of problems that a particular household is facing at that point in time as well as understanding what real opportunities (given their situation) they have to maintain or improve their livelihoods.

This Resource guide suggests a series of actions and approaches to reducing the impact of HIV/AIDS on rural farming households and communities. A broader interdisciplinary approach and collaboration at all levels (international, national, local government and community) is recommended because no single intervention or programme can address or solve the problems of HIV/AIDS.

This Resource guide is developed on the understanding that prevention and reducing the impact of HIV/AIDS on rural households must build on a deeper understanding of how the epidemic drastically reduces the agricultural labour force; how it affects the time and energy available to people (required to produce food and income) as well as the impact it has on knowledge transfer systems. The Guide also shows that various groups of people are affected in different ways, depending on their age, gender roles and socioeconomic status and opportunities, and that responses must be designed to meet differences in needs, constraints and priorities.

## **What is contained in this HIV/AIDS Resource Guide?**

This HIV/AIDS Resource Guide contains information on the linkages between HIV/AIDS, agriculture, extension and rural livelihoods. It provides some basic facts on HIV/AIDS and outlines the major impacts of the epidemic on farm households and rural men, women, youth and children. It also aims to equip the community worker with skills to identify and support vulnerable groups, and suggests possible responses on how extension services can respond.



The HIV/AIDS Resource Guide tries to illustrate the impacts of the epidemic by drawing on studies and information from Uganda in the context of different livelihood systems. Each section dealing with possible responses is reinforced by a list of key resource materials that can support the extension worker to get more in-depth information on the subject. The guide also contains a glossary and several checklists aimed at assisting the extension worker to include a HIV/AIDS dimension in his/her work.

## **How the HIV/AIDS Resource Guide was developed**

This HIV/AIDS Resource Guide was developed with the assistance of the National Agriculture Advisory Services (NAADS) of Uganda and FAO, with funding from the Netherlands Government, because of the need that was recognised from a study on the Impacts of HIV/AIDS on the Agriculture Sector to address HIV/AIDS issues in rural farming communities. The hope is that this Guide will also be of relevance to a wide range of extension workers in the fields of agriculture, fisheries, livestock, forestry, social support, community development, health and education as well as those working with Non-Governmental Organisations and Faith-Based Organisations.

## **Who is it for?**

This guide is to be used mainly by extension workers at the community level where most of them have to deal with the practical problems of HIV/AIDS on rural livelihoods on a daily basis. We know that the issue is complicated and that the approach has to be sensitive, because many vulnerable households are suffering enormously from stigma, lack of food, lack of income and lack of hope for the future, so this guide aims to help create awareness of such problems, but also to provide suggested approaches that the extension workers can share with men and women in communities to try and overcome some of these obstacles in a sustainable way.

## **How to use this HIV/AIDS Resource Guide**

The guide should be used in combination with other resource material, including documents referred to at the end of each chapter. It encourages extension workers to ensure that the HIV/AIDS situation in the community is analysed in-depth with the participation of men and women living in the community. Individual chapters can be used to facilitate dialogue and planning with men and women's farmer groups, using gender-sensitive participatory tools and approaches.

This HIV/AIDS Resource Guide does not recommend specific solutions to reducing the impact of HIV/AIDS but aims to provide the extension worker with an understanding and application of a range of possible responses on specific issues that they can share with the community and other service providers.

Some suggested responses will be specific for certain situations to help address the different needs of groups (such as youths, men and women, the elderly and children) involved in mixed farming, pastoral and fishing activities.

At the end of each section there is a box containing a set of questions to help the extension worker to reflect on the practical issues that need to be considered in order to build his/her confidence and capacity to deal with the realities surrounding vulnerable households in the rural setting. The idea is that the extension worker uses these questions as a kind of checklist to reflect upon before he/she organises to talk to the community and other service providers.

Taso is an organization assisting people living with HIV/AIDS.

## CHAPTER 1



FAO/17392/K. Dunn

**C**ommunity extension services are under ever increasing pressure to respond to the growing challenges of making differences in the quality of life of rural farming communities. It is becoming more and more obvious that the AIDS epidemic is increasingly disrupting the farming and production systems of rural households, by increased sickness and deaths especially among the productive age group, the emotional and financial impact this is having on rural households is really terrible. The challenge that now faces the extension worker is to create opportunities and conditions that will increase awareness on HIV/AIDS prevention, care and its impact on households and to promote strategies that would improve food security, nutrition and incomes among rural men and women farmers and their families. Women and men farmers need to stay healthy, strong and protected from diseases in order to be able to maintain or increase their farming activities for the welfare (physical, financial and psychological) of their household and for themselves.

This chapter gives basic understanding of HIV and AIDS and how these are interrelated. It also reinforces HIV/AIDS prevention and care messages that you and other members of the community should follow, in order to remain healthy, strong and protected.

### The meaning of HIV

**Human:** Human beings

**Immuno-deficiency:** A weakening in the body's immune system that fights diseases

**Virus:** An infectious organism which multiplies and destroys human body cells

When HIV enters our bodies, it attacks and destroys white blood cells. White blood cells form part of the immune system that protects our bodies against germs that could cause diseases.

### The meaning of AIDS

**Acquired:** We get HIV as a result of it being passed on from a person who already has it.

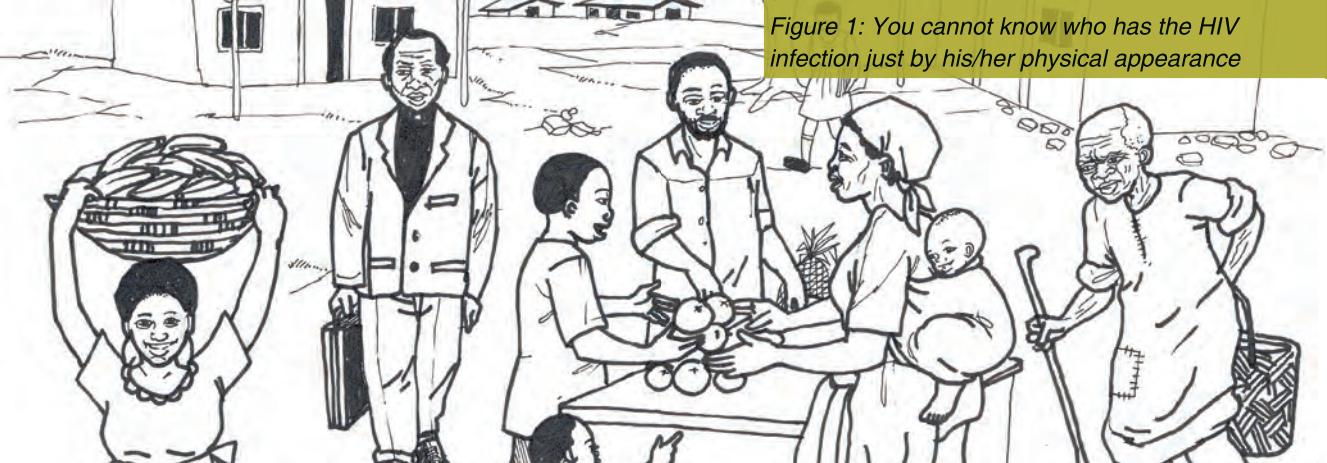
**Immune Deficiency:** A weakening in the body's ability to fight off germs and illnesses

**Syndrome:** A group of health problems or diseases that occur together or one after another

After a person acquires HIV, he/she can spend a number of years looking healthy and strong. During this time HIV is slowly damaging his/her immune system, which weakens his/her body's ability to fight off germs and illnesses, resulting into him/her suffering from a combination of illnesses, such as tuberculosis (TB), pneumonia, diarrhoea and skin infections.



Figure 1: You cannot know who has the HIV infection just by his/her physical appearance



## How HIV is spread

1. Having unprotected sexual intercourse with a person with HIV
2. Blood-to-blood contact, for example being transfused with HIV infected blood and sharing contaminated skin piercing instruments such as dirty injecting needles, razor blades and safety pins.
3. A pregnant woman with HIV may pass on the virus to her unborn baby during pregnancy, at delivery and during breastfeeding.

## Ways in which HIV is NOT transmitted

There are many misconceptions and beliefs in society about HIV and AIDS, which are not true. HIV is not passed on to others by any casual contact such as shaking hands, hugging, playing together, sharing the toilet or bathroom, sitting together or through insect bites or through witchcraft. Some people believe that HIV is caused by witchcraft spells or can be cured by witchcraft. Again this is not true. There is no traditional or scientific cure for HIV and AIDS.

## Social factors that may lead people to acquire HIV

Extension workers, farmers and other members of the community are all at risk of acquiring HIV/AIDS. There are certain factors and situations that can contribute more easily to men and women getting HIV. Some of these are:

- When Boys and girls are going through the adolescence stage, very often they are not told anything about their sexuality or the connection between sexual activity and HIV/AIDS. During this stage, they are often put under terrible pressure to engage in sexual intercourse, before they understand what it is and before they are ready for it.
- Early marriages, widow or widower inheritance and polygamy can often increase the risk of exposure to the AIDS virus.
- Traditional witchcraft practices like incising the body and ritual cleansing involving having sex with the healers, an albino or a virgin child (some people believe that if they have sexual intercourse with a virgin they will be cured) are all practices that have the potential to contribute to the spread of the AIDS virus.
- Occupations like long distance driving, fishing away from the community and periodic migrating in search of work in towns means that these people often spend long periods away from their spouses and as such risk being tempted to have extra-marital sexual affairs.
- Engaging in prostitution.
- Taking excessive amounts of alcohol and being addicted to narcotic drugs.
- Lack of awareness about HIV and AIDS and denial about HIV and AIDS.

All of us should reduce the risk of acquiring HIV by adopting the **ABC** of HIV prevention

**A**bstain from sex altogether, or

**B**e faithful to one uninfected partner, who should also be faithful, or use

**C**ondoms correctly and consistently every time you have sexual intercourse.

The **ABC** is also known as the safer sex option.

**Voluntary Counselling and Testing services** (VCT) can help individuals to understand more of how they can protect themselves against HIV infection.

**Prevention of Mother to Child Transmission** (PMTCT) is another service that can help a pregnant mother with HIV to protect her unborn child from acquiring HIV infection and also to understand what she needs to do in order to take care of herself and her baby properly. Both VCT and PMTCT services can be accessed from the major hospitals and health centres in the country.

*Figure 2: Voluntary counselling and testing services can help you to get more information and encouragement on HIV prevention and care*



## Issues for the extension worker to note:

- Vulnerable people, who are in the majority of cases women and children, do not often have the option of choosing their sexual partners and/or habits.
- Within marriages women often cannot negotiate the use of a condom, therefore any awareness raising activities about the use of condoms should ensure the participation of both women and men in information sharing.
- Condoms can protect against other sexually transmitted diseases.
- Female condoms are now available in Uganda. Like the male condom, the female condom is a barrier between a man's penis and a woman's vagina.
- All of us should seek further information and assistance on understanding ways of prevention from health workers in our community.

## Guide for the extension worker

### Using the vulnerability checklist to assess the risk of HIV/AIDS to your community

The following list should be used with sensitivity towards those men and women we are working with in the community. If possible information on the issues raised below should be taken from health institutions or other available literature, as if it is used to question individuals or their social behaviour, it may increase stigma for the categories of people described:

- Multiple sexual partners
- Migrating for waged work in towns
- High alcohol and narcotic drug consumption
- Proximity to trading centres
- Limited economic independence of women
- Physically damaging sexual practices
- Strong belief in widow inheritance
- Low status of women prevailing
- Commercial sex activities
- Stop-over townships for long distance drivers or traders
- Wide spread ignorance on facts about HIV and AIDS
- Denial about HIV and AIDS
- Absence of health care services

### If vulnerability to HIV/AIDS in your community is high, what could be your role as an extension worker? You could do some of the following:

- Discuss the situation with other extension workers, service providers and civic leaders in order to develop or work with an existing programme to create awareness about the dangers of HIV/AIDS and how to prevent it.
- Visit a health worker who is working with men and women affected by the pandemic at the nearest health center to get more information and understanding about HIV and AIDS, and the actions being taken to combat the disease.
- Liaise with AIDS care organisations to plan for sensitising your community about the dangers of HIV/AIDS, including care and prevention.
- Provide information on facts about HIV/AIDS at sessions you hold with women and men farmers, during your routine activities.
- Invite a health worker to come and talk to farmers (women and men together if socially acceptable, otherwise in separate groups) in your community about HIV/AIDS and how to prevent it.

## Questions that you, the extension worker, can ask yourself:

1. When I want to share information with men, women and youth at the community level, whom should I be working with (in terms of community members and outside service providers)? What methods can I use?
2. Has information on HIV/AIDS been shared with the community already? If yes, who was involved in giving this information? When was this information shared? Who did they meet with at the community level? What was the message given?
3. How do I go about understanding what people in the community already know about HIV/AIDS? Based on the vulnerability assessment of the HIV/AIDS risk, what information, knowledge and skills do men, women, boys and girls need in order to reduce the risk to HIV infection?
4. How can I make HIV/AIDS awareness and education a central part of my on-going extension messages and work with the community?
5. How can I share messages with the community in a way that will NOT create stigma for certain men and women in the community?

Note that responses to some of these questions are provided for in the following chapters.

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# Impacts of HIV/AIDS

**T**he AIDS epidemic is gradually eroding food security, damaging rural livelihoods and exacerbating poverty, which means that more and more men, women, youths and children who depend on farming are suffering from poor nutrition, insecure livelihoods and reduced incomes. The epidemic affects households in different ways and the scope and intensity of the impact on men, women and children of any one household is influenced by factors such as the wealth status of the household; sex and age of the household head; the length of time that the household member(s) has/have been sick; and kinship and other social supports available to the household or the household member who is sick.

The immediate impact of HIV/AIDS on a person with HIV infection is on his/her health. The second stage of impact at the rural level is what that household can do to continue to produce, access and distribute food, reallocate available labour for both productive and reproductive activities - including caring for their sick household member(s). All of these activities have to take place where there are less men and women available to provide labour, people have less and less assets because they are forced to sell them to cover medical and food costs, they have low or no income and a greater demand for health care and social support.

After the death of their family member, many find themselves (especially women and youths) without land or assets, either because they have been sold or grabbed. It is important to understand and take into account the various stages of progression of HIV/AIDS because it will largely determine the kind of problems that a particular household is facing at that point in time as well as understanding what real opportunities (given their situation) they have in order to maintain or improve their livelihoods.

The AIDS epidemic affects households in different ways not only in terms of agricultural production. There are many psychological and social impacts of the disease too that need to be understood in order to appreciate how AIDS impacts on people's motivation to grow and harvest crops, as well as why people might not want to invest in the future especially when they seem to feel that there is no real future for them.

This chapter aims to show the user some of the major impacts AIDS has on agricultural communities, households and different household members (the impact of the disease has very different effects on men, women, youths, the elderly and children). The impacts of AIDS and its associated problems at the household level and within households are closely interlinked, and any classification of it in this chapter, to a certain extent, is artificial. However, in an attempt to provide a good overview, this chapter will try to describe the impacts of HIV/AIDS under the following headings:

- The impact of HIV/AIDS on farm labour
- The impact of HIV/AIDS on household food security
- The impact of HIV/AIDS on farm management knowledge and skills
- Gender-related impacts of HIV/AIDS
- Differences in impacts of HIV/AIDS on crop farming, pastoral and fishing communities
- Impact of HIV/AIDS on rural social organisations

## The impact of HIV/AIDS on farm labour

Farming and agricultural production at the household level consists of a series of complex activities and tasks, which include ploughing, selecting the right seeds for sowing, weeding, looking for water and pasture for animals all the year round, on top of performing housework that now includes caring for those who are suffering from the AIDS disease. Rural households rely on family labour as a way of producing their food and earning money. AIDS infection in the household wears away the households' ability to ensure good agriculture production because of direct loss of labour for farm activities and other domestic tasks. HIV/AIDS changes the way labour is divided among household members and also the way they use their time. Some of the common effects of HIV/AIDS on household labour are as follows:

**Increased workload on the healthy household members:** the responsibilities that the sick person initially had are now shared among other household members. Caring for the sick takes up more time than before and is usually over a longer period of time also because HIV/AIDS can mean that a person is sick for a number of years before they die.

**Reduced time for farm activities:** HIV-affected households usually use relatively less time on productive tasks such as farming and fishing and relatively more time on reproductive tasks such as caring for the sick, which is mainly done by women and girls.

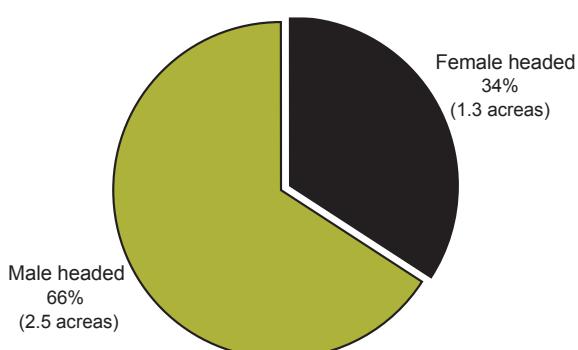
**Reduced skilled labour:** As the AIDS virus reduces efforts of the adult family members who are skilled in agriculture, children are often pulled out of school to provide the much needed seasonal labour on the farm, off-farm and in caring for the sick. Older people find themselves taking on bigger workloads due to reduced labour of the adults who are sick or have passed away because of AIDS. Often the elderly are the only family members left to look after their orphaned grandchildren.

**Increased demand for casual labour:** As labour availability in households reduces due to sickness or deaths, there is more demand for casual labour to work on farms. However, only better-off households are able to pay for the hired labour.

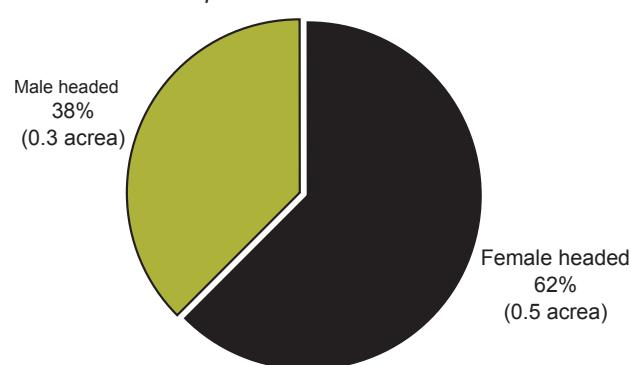
**Decrease in area cultivated:** The IP\* survey in 2002 showed that with increasing numbers of dependants and growing domestic and agricultural workloads, households affected by HIV/AIDS cultivated less land. This was particularly evident in affected female-headed households, which cultivated a total of only 1.3 acres, compared with affected male-headed households cultivating a total of 2.5 acres. Affected male-headed households reduced the area cultivated by 11% (0.3 acres) during the last five years, while affected female-headed households had reduced the area cultivated by 26% (0.5 acres). See figures on the next page.

\*The Integrated Support to Sustainable Development and Food Security Programme (IP) is a trust fund programme in FAO supported by the Norwegian Government. Since 2002 the IP has addressed HIV/AIDS, agricultural productions and rural livelihoods in Uganda, Zambia and Namibia through research and pilot project. For more information and to download survey reports see: <http://www.fao.org/sd/ip>.

*Area cultivated by both female and male headed affected households in 2002*



*Percentage reduction of area cultivated in affected female and male headed households in the period from 1997 in 2002*



## **The impact of HIV/AIDS on household food security**

The previous section described the effect of HIV/AIDS on household labour leading to low food production and hence little income. This affects a household's food security and nutrition. Sufficient food stock and proper nutrition are essential in providing the necessary food requirements in a household. HIV/AIDS-affected households tend to:

- Have household members with increased nutrition requirements (like people living with HIV/AIDS)
- Have insufficient time, energy and adequate food to prepare a good meal
- Have less possibilities and resources to improve the diets of their household members
- Consume low quality foods, for example starchy staples and legumes
- Have inadequate knowledge about improving nutrition
- Sell food crops and milk normally destined for household consumption to cover increases in health care and funeral associated costs.
- Reduce the amounts and number of meals taken per day
- Sell labour for casual work in exchange for food, (this is common practice among orphans)
- Have an increasing number of dependants
- Widow and orphan headed households continue to have less access to food since they depend on hiring out their labour and tend to experience food problems during times of intensive production periods on the farm. In times of desperate need people may resort to begging from neighbours and/or send orphans to live with other relatives.

*'Most of us eat one meal a day due to shortage of food. Many of us have also resorted to eating hunger/desert resistant crops like "kidoobi" (Plantain) and yams. These foods are despised and only eaten by very poor people. However we eat them because they are readily available and don't need a lot of labour. The yams grow by themselves. From source, we buy the tiny fish known as "mukene", and supplement it with "dodo" (greens).'*

*'We used to minimize fruits, thinking that they are for women and children. However because we now know the value of fruits to our health we eat them. Fruit also helps a great deal in times*

of food scarcity. It is now common to find men eating fruits like jack fruit or mangoes, which wasn't the case before.'

'We have a problem of people who discriminate against households that are known to be infected with HIV/AIDS. Many widower headed households for instance eat one meal a day because they fear to be laughed at when they cook food many times.'

'A nutrition project has taught us how to prepare food so as to maintain its nutritious value. We have also learnt the value of various available foods as well as ways of preparing a balanced diet. Unfortunately, many of us cannot afford to fully utilise the knowledge for instance on balanced diet due to limited food. We also don't have enough time to prepare the food in the recommended ways.'

John, widower and head of a household of seven in Iganga, Uganda



Figure 3: Factors responsible for food insecurity

## The impact of HIV/AIDS on farm management knowledge and skills

Sickness and death of parent(s) and other adults disrupts the transmission of both traditional and modern knowledge and farm management skills from generation to generation. Loss of knowledge can result in less effective agriculture practices, low production and poor crop yields and consequently, less income.

- Families affected by HIV/AIDS are often forced to abandon crops that were previously used to generate income. This is because the remaining household members, women and children, often lack the necessary skills to manage them and have insufficient labour to tend to them.
- Lack of knowledge and skills transfer leaves children and orphans with little guarantee for their future security.
- Loss of knowledge and skills also happens when community extension workers are themselves affected by HIV/AIDS. During sickness they cannot effectively and efficiently provide services to the community and after death, it takes sometime before a replacement is made.



- Widows and orphans sometimes lack farm management skills for activities that are traditionally handled by men. The roles of women and children are shifting to previously male dominated activities. An example of this is the fact that looking after livestock in many communities is men's work, once the male head of the house dies and the wife and/or children have to take over care of the animals they have not been trained in recognising illness, diseases and what steps to take to prevent or treat them.

## Gender-related Impacts of HIV/AIDS

This guide has tried at all time to ensure that all aspects of its content are gender sensitive, but would like to take this opportunity of going into a little more detail on the relationship between gender and HIV/AIDS to help you understand how it influences people's access to resources and their ability to deal with the impacts of HIV/AIDS.

It is important for the extension worker to have a deep understanding of the different roles and responsibilities that women, men and children perform, because it is vital in mobilising communities for effective control and prevention of HIV/AIDS. Such understanding will also help you in guiding communities to come up with appropriate plans and activities that would reduce the effects of HIV/AIDS on special groups of men, women and the youths.

Although HIV/AIDS affects both men and women, women are more open to getting HIV infection and other sexually transmitted diseases because of their biological structure and social-cultural factors. Women often are not in a position to make decisions concerning their own sexuality, especially in deciding when and with whom they want to have sex. Women also tend to have little access to information about HIV/AIDS and reproductive health because often socially and culturally they are not seen as having the same status in society as men, in fact they are marginalized and seen as minors (the same approach is taken to youth i.e. boys and girls). This often means they are not given the same access to health services, because their 'women's' complaints are taken less seriously by society in general. In addition, poverty, powerlessness and unequal resource distribution make it difficult for women to deal with the impacts of HIV/AIDS in a more meaningful and sustainable way.

*"Susan, 17 a mother of one, recently woke up to the reality of marginalisation of women in property matters. This was after the death of her 62-year-old husband who died of AIDS shortly after their marriage last year. She was eight months pregnant then. Close sources say Susan was forced to marry the deceased who had been retired from work due to poor health. Sources argue that although Susan's parents knew the deceased had AIDS, they had received 12 cows from him as bride price. Susan, a food vendor in Ndeeba is today in tears mainly because of mistreatment, stigmatization and rejection especially by her in-laws. She is being blamed for her husband's death. Worse still Susan's in-laws took away her baby".*

Alice Emasu, The New Vision  
30 December 2003

In a home, women are the major caregivers for sick family members. A family member suffering from AIDS experiences frequent illness over a long period of time and therefore requires regular visits to hospital and a lot of physical attention at home. Such a situation creates additional responsibilities for women in terms of costs and time that limits their time and resources to engage in productive activities.

Widows often lose family assets like land, livestock or fishing equipment after the death of their husbands. This leaves widows without enough resources to continue with farming and earning money and yet they are expected to continue providing nutrition and caring for the sick, orphans and other family members and in most cases they are already ill with HIV related diseases themselves.



*This residence belongs to a 48 years old widow in Northern Namibia. Shortly after her husband had passed away, his family “grabbed” everything from livestock to equipment in her kitchen. She had to take out a loan to pay for the funeral costs, since she had no assets left and no available savings. Fortunately she is still working as a teacher and can provide for the six younger members of the household. A household survey in the same area found that 44% of the widows had been stripped of cattle, 28% of small livestock, and 41% of farm equipment by relatives after the household’s male head had died of HIV/AIDS-related diseases (IP, FAO, 2003).*

*FAO is collaborating with the Ministry of Women’s Affairs and Child Welfare and the Legal Assistance Centre to implement a pilot project that addresses property grabbing in Ohangwena Province, Northern Namibia. The centre has several years of experience in legal litigation regarding property, and the ministry is committed to enforcing the Married Persons Equality Act. This project is based on sensitizing and training local leaders and ministry staff. It gives para-legal training in the use of appropriate materials on the rights of women, orphans and vulnerable children to community-based support workers. Training material on property grabbing has been adapted and translated into local languages.*

## **Differences in impact of HIV/AIDS on crop farming, pastoral and fishing communities**

HIV/AIDS has different effects on crop farming, pastoral and fishing communities (indeed on any community). Extension workers should try and fully understand the vulnerabilities of the different livelihoods of the communities they work with in order to suggest interventions that would improve agricultural production for such communities, taking into account each time that no two communities are ever the same even if they both practice the same kind of farming or fishing activities, each group has its own methods of doing things. Interventions on prevention, livelihood diversification and community mobilisation should take into account the different life-styles and settings of the crop farming, pastoral and fishing communities. When working with any or all of these communities it is important for the extension worker to remember also that HIV/AIDS exists in different percentages in each of them. Recent studies have shown that one group that is being very hardly hit by the AIDS epidemic is the fishing community, so their needs for support will therefore be different.

When analysing a community’s access to resources and services, we also need to be aware of the fact that not all communities receive public and social services in the same way, because of where they are (remote rural areas), so this needs to be given attention also when discussing and deciding on any interventions with men and women of the community. For example, it might seem reasonable to encourage fishing communities to start practicing crop farming to meet some of their nutritional needs, but in reality this is not possible because of environmental and socio-cultural issues and existing traditional knowledge and skills that men and women in these communities have.

The specific vulnerabilities of, impact and responses to each group’s needs will be discussed in more detail in Chapters 3 and 4.

## Impact of HIV/AIDS on rural social organisations

Social relationships and trade networks provide for some of the socio-economic and physiological needs of individuals and households in rural areas. Different forms of social support networks and initiatives have emerged within communities as a result of the AIDS epidemic. The institutions that are emerging usually deal with HIV/AIDS counselling, nutrition education, and helping sick household members to deal with stigma from the community in general.

- For example, neighbours provide food to those households affected by HIV/AIDS as part of the community's traditional social system of mutual exchange or in exchange for labour, especially that of orphans. This kind of practice is most evident in crop farming community.
- One of the positive responses to the AIDS epidemic is the initiation of self-help groups, such as burial groups, funeral banks and labour saving groups. Burials groups have been founded in Mawagala (Iganga District) a crop farming community and are supported by community by-laws. In Mawagala, a highly commendable community-based group exists to help members cope with the grief and stress that follows the death of a household member.
- The Local Council systems continues to be actively involved in HIV/AIDS activities, which range from community mobilization to gathering support for HIV/AIDS sufferers by solving specific cases that are brought to their attention. The Local Council Chairpersons of fisheries community are actively involved in resolving disputes in which widows were being stripped of assets.
- Many NGOs, faith-based organizations, CBOs and other organizations are more present in crop farming community, where they provide affected families with care, counselling and food support programmes. Some of these groups direct their assistance to specific sections of the community; for instance, Uganda Women's Effort to Save Orphans (UWESO) is targeting women and children in Luweero.

On the other hand, HIV/AIDS has weakened traditional community-based safety nets, mainly because of the massively increased numbers of food-insecure and poor households. Also some support groups have virtually collapsed, usually because of the death of ill health of their founding members.

Among fishing communities, deaths due to HIV/AIDS continues to destroy the networks between fish traders and fishmongers. These networks had developed to the point that fish could be sold on credit, with payments being made later. Traders also provided fisherfolk with useful and timely market information, and inputs that have since been returned.

### Example: Rural social group emerging as a result of the AIDS epidemic - A Community Savings Scheme

*Twekembe Community Group in Kijabwemi parish in Masaka district is a self-help group that started in August 2000. It grew out of the need to provide moral support to households that had lost a family member to AIDS or are nursing one suffering from AIDS. The community realised that it was not an individual problem but a general community problem among all households in the community. The group consists of 40 households as members, and is lead by a team of committed members.*

*Members of the group decided to raise 1000/- per month to assist in burial and funeral arrangements of the deceased household and also to start a communal income generating projects Some of the money*

raised was used to start up a tea nursery as a communal project. The group members manage the tea nursery project and seedlings are sold to out-grower farmers. Each member has a role to play in this project, for instance collecting materials to construct the nursery shelter, collecting brown soil, planting tea stalks and watering the nursery bed. The group is assisted by an agriculture extension worker who provides seed materials and regular advise on managing the nursery bed.

The 1000/- that each member contributes, is part of a savings strategy, where members can borrow small interest free loans to start individual income generating projects, like pig or poultry rearing or vending. Members who take loans pay it back in agreed installments and within certain period. After completing the principle amount, they can take another loan.

## Examples of organisations addressing the impacts of HIV/AIDS in Iganga District in Uganda

### Female group

Institutions identified	Main functions and problems
Mawagala AIDS Care	AIDS related organization responding to stigma. Members join after testing
Muno Mukabi	Not typical AIDS related organization, but involved mostly with community mobilization
Integrated Development Activities and AIDS Concern (IDAAC)	AIDS related organization has AIDS clinic, sensitization, works with groups
Uganda Women's Effort to Save Orphans UWESO	AIDS related organization. Works with orphans and widows.
Bulamagi Integrated Farmers Association (BIFA)	AIDS related organization involved with prevention and mitigation. <b>Problems:</b> collapsing because founders are dead, present leaders are sick, and most members are ill.
Women's Trust Bank	<b>Problems:</b> Collapsing. Due to demands made for repayment and membership has reduced from 25 to 8 people
Kigulu Development Group	<b>Problems:</b> Collapsing. Leaders have died due to HIV/AIDS
Bulamagi Network Association	AIDS related organization
Mawagala Youth	AIDS related organization (dealing with counselling)
Katweyambe	AIDS related organization (dealing with counselling)

### Male group

Institutions identified	Main functions
Mawagala AIDS Care	AIDS related organization that is dealing with counselling
Integrated Development Activities and AIDS Concern	AIDS related organization
Bulamagi Integrated Farmers Association (BIFA)	AIDS related organization
People with AIDS Development Association (PADA)	AIDS related organization (dealing with counselling)
Buwolomera Development Association (BUDEA)	AIDS related organization

## **Questions that you, the extension worker, can ask yourself:**

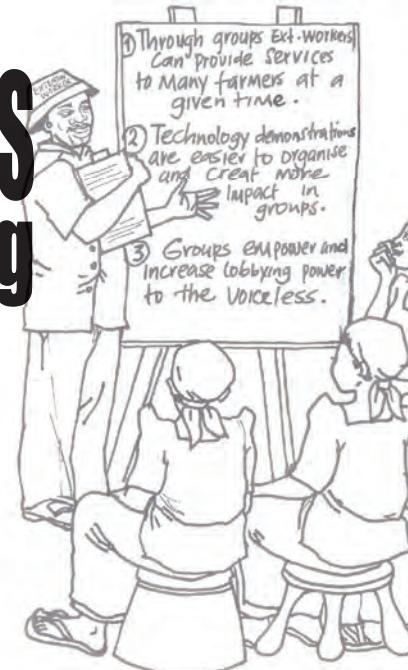
- 1. What do I understand about the impact HIV/AIDS is having on the different rural communities in our country?**
- 2. What do other community workers understand about it?**
- 3. Who should I work with within and outside the community to better understand the impact the disease is having on the different members of communities (men, women, youth, the elderly etc.).**
- 4. What impact is AIDS having on the different issues of the community like health, education, agriculture, trade and market, etc?**
- 5. What services exist in the community that deal directly and indirectly with HIV/AIDS?**
- 6. How can I/we improve access of available services to vulnerable households?**
- 7. What is my role in networking with other service providers in the community? How can I do this?**

## **Conclusions**

This chapter has linked the impacts of illness and deaths due to HIV/AIDS and looked at how they contribute to low crop and animal production in a household. Because of lower production yields there is less food for household consumption, which leads to poor nutrition among affected households, less money is given for farm produce and this makes it especially difficult for widows and children to survive.

The situation in reality is complex, and means that the extension worker should give more attention to and respond more to the problems farmers affected by HIV/AIDS face in trying to meet their food, nutrition and incomes needs. The following chapters will provide more information and approaches that you as an extension worker can apply to help households affected by HIV/AIDS to improve their labour, food, nutrition and income needs.

# Addressing HIV/AIDS among rural farming communities



## What is the role of the extension worker?

In general the extension worker should:

- Assist men and women farmers to get knowledge and skills to improve their agricultural production
- Share technical advice and information with men and women farmers that will help to improve their farm management skills
- Support women and men farmers to form groups in order to increase their access to information, markets, credit, etc
- Encourage men and women farmers to work together so that they can be self reliant
- Work with men and women in the communities to understand what services already exist to assist them and how they can access them.

## The changing situation for the extension worker and communities

The extension worker has an important role to play to address the impact of HIV/AIDS on rural farming communities. With this in mind it is important for the extension worker to appreciate that not all households are affected the same way, in fact it has been shown that HIV/AIDS is having many different effects on rural households.

For example, the clientele for agriculture extension has changed enormously. We now know that many households are being headed by the elderly (women and men) and in some cases by children; often such households are poor because they have been forced to sell their assets to look after their sick family members; farming knowledge and skills have not been shared with the orphans and the elderly, as such they are not able to produce enough food for sale or subsistence. Also children and the elderly do not have the physical stamina to cultivate large areas of land and produce enough foodstuff for sale and subsistence. Understanding factors and situations that increase rural people's vulnerability to food insecurity, loss of income and household and farm assets is usually the basis for the extension worker to determine interventions that will help to improve agriculture production among such households.

## Identifying and working with households affected by HIV/AIDS

Often rural and agriculture development programmes which promote modernisation do not target vulnerable and poor community groups as these do not seem to have resources and motivation to invest in farming for profit. It is important for the extension worker to be sensitive when working with HIV/AIDS affected families because these families are

already disadvantaged by their poverty and often by the fact that HIV/AIDS is still considered shameful in some communities. Gender analysis and community participatory approaches are useful when working with vulnerable households and groups.

## Gender-sensitive participatory approaches

*Participatory approaches aim to support communities in identifying and achieving common development goals. Rural women and men farmers already know the problems, issues and opportunities that exist in the community and the extension worker can only facilitate them to find practical, efficient and sustainable solutions together.*

There is increasing pressure being placed on an already overburdened extension service that has also suffered the impact of HIV/AIDS. As such, we are constantly being forced to re-think ways of encouraging more self-reliance at the community level, in our national efforts to work towards sustainable agricultural development. The extension worker needs to appreciate and understand that rural men and women farmers have different needs and live in different social and economic environments. If we try to promote approaches that involve rural men and women farmers in actively understanding, identifying and analyzing their own needs, our interventions will have a better chance of success.

The **Socio-Economic and Gender Analysis (SEAGA)** programme, developed by the FAO uses gender-sensitive participatory approaches to help development agents and communities to formulate projects, programmes and policies for a sustainable, equitable and efficient development process.

SEAGA recognises that rural development is complicated and requires technical and social knowledge to take a realistic look at development challenges. It looks at socio-economic patterns that include the:

- Socio-cultural environment
- Demographic (population and migration issues)
- Political environment
- Economic environment
- Physical environment and/or
- Institutional issues.



SEAGA analyses how these environments affect rural development in order to try and understand what influence they have on men and women's livelihoods opportunities. For example lack of food security can be an physical environmental issue caused by drought or can be caused by economic constraints such as lack of access to income generating opportunities. On the surface things may seem to come from one issue, but on further analysis with the men and women of the community we can see that there are many linkages between different patterns that can affect food security at the household level.

The purpose of doing this analysis is to try and understand not only the needs and concerns of the men and women farmers and how they themselves see them, but also how benefits are distributed, who has what and who controls what. This also mean that the extension worker, together with the men and women farmers can understand who are the people most in need of support and what needs to be done in order to improve the current situation.

SEAGA uses tools that are visual, oral or written methods for learning about lives in rural communities. It also divides these tools into three toolkits:

- **The development context toolkit:** that looks at the current situation in order to understand how people make a living and what their options for development are.
- **The livelihoods analysis toolkit:** that looks at individual households and groups, in trying to understand how they make a living and their access to resources.
- **The stakeholders' priorities for development toolkit:** that identifies all the different people (men and women) and institutions that can benefit from or be affected by a particular development activity in the community.

Some of the tools used by SEAGA are provided in a table here below and linked to gender, HIV/AIDS and extension analysis. In order to use these tools effectively the extension team needs to establish what information they would need on a particular community and select one or two of the tools (triangulation for the purpose of cross-checking information for accuracy) combined with a checklist/questionnaire and/or direct observation.

## Participatory tools matrix

The matrix on the next two pages has been taken from the SEAGA manual on rural household and resources. The guide highlights major issues such as gender and HIV/AIDS and their effects on rural households. It has been developed to assist extension and community workers to apply participatory and gender sensitive approaches in planning and working with rural households. For further details please refer to the bibliography at the end of this chapter.

Issues Tools	Gender	HIV/AIDS	Extension
<b>Resource Mapping</b>	Resources and their importance for men and women and other socio-economic groups.	Looks at a range of resources to understand who does and does not access them.	Takes an overview of resources in abundance or shortage and generates preliminary ideas about extension needs.
<b>Resource Ranking</b>	Explains the importance of different resources for women, men, youth and various socio-economic groups.	Identifies resources that are particularly important for households with sick family members	Explains the importance of resources for different client groups and different purposes (food security, cash income, others).
<b>Resource Matrix</b>	Identifies Gender-based constraints to efficient management of resources (use, control and ownership) Explains Gender -based differences in knowledge about management of the different resources.	Analyses the likely impact on the use, control and ownership of different resources in the case of death of household head (or other adult).	Supports understanding of the possible roles of the extension services required to strengthen the efficient use of the different resources by different client groups, and to support local knowledge systems and transfer of knowledge between generations.
<b>Wealth Ranking</b>	Analyses wealth inequalities related to gender, i.e. the status of female, male and children- headed households.	Identifies the most vulnerable groups/ households in the village, and the relationship between poverty and HIV/AIDS.	Promotes understanding of factors that enable people to move out of or fall into poverty, and the kind of extension services required to improve poor households.
<b>Health Ranking</b>	Identifies Health inequalities and priorities related to gender,. Analyses the present and potential impact of health on household labour (who takes care of the sick, and at the expense of what.	Indicates prevalence of chronic illnesses, HIV/ AIDS and related diseases (TB, malaria) and explains coping strategies for households with weak and weakest health.	Identifies and explains households affected by health-related problems in the community, and suggests preliminary ideas of what role extension can play in assisting these households. Provides information about other service providers to collaborate with in addressing the health problem in the community.
<b>Activity Profile</b>	Explains the division of work and responsibilities between women and men in different age groups, and free time throughout the day and year.	Analyses additional workloads in households affected by HIV/AIDS or with chronic illnesses (e.g. caring for orphans and the sick, taking on workloads of sick people, impact on productivity and HH etc).	Explains main activities for the different client groups, in order to identify the appropriate timing for extension activities.

Issues Tools	Gender	HIV/AIDS	Extension
<b>Sources and use of money</b>	<p>Identifies sources of income and explains patterns of expenditure for different households and household members.</p> <p>Explains priorities for use of money for women and men.</p>	<p>Explains expenditure patterns for affected and non-affected households.</p> <p>Identifies the most important sources of income for affected households.</p> <p>Shows variation in income sources and expenditure according to stage of HIV/AIDS, health category or other.</p>	<p>Identifies needs and priorities of the different households and individual household members and suggests preliminary ideas on how extension services can support different households to improve their livelihoods.</p>
<b>Venn diagram and institutional profile</b>	<p>Identifies organisations that can give information, advice or help on gender-related constraints to resource management.</p> <p>Identifies support groups for victims (children, youth, men, disabled, women) of violence, substance abuse, illnesses etc.</p>	<p>Identifies groups that provide information and support related to:</p> <p>HIV prevention and care</p> <p>Identifies support groups for particularly vulnerable groups such as orphans.</p>	<p>Gives an overview of groups and service providers that can assist men, women, young, old and different socio-economic groups to strengthen their livelihoods.</p> <p>Explains community's perceptions of the role of extension providers.</p> <p>Provides information about who the extension worker should link up with in order to provide better services.</p>
<b>Pair wise Ranking</b>	<p>Identifies priority problems of different community members (women, men, young, old, disabled, etc.)</p>	<p>Identifies problems specific to people living with HIV/AIDS.</p> <p>Identifies priority problems among HIV-affected households.</p>	<p>Identifies needs and priorities among different client groups and suggests information/ Ideas on the role extension in supporting people to address the problems.</p>
<b>Problem Analysis chart</b>	<p>Analyses problems and provides an overview of coping-mechanisms specific to different household categories or socio-economic groups.</p> <p>Identifies solutions for different households and groups, and the gender-implications of this.</p> <p>Identifies institutions that can assist the different groups.</p>	<p>Analyses problems and provides an overview of coping-mechanisms specific to households affected by chronic illnesses.</p> <p>Identifies solutions and their implications to people affected by chronic illnesses.</p> <p>Identifies support groups that can assist in finding and implementing solutions.</p>	<p>Provides understanding of causes and effects of problems and getting an overview of existing coping-mechanisms among various client groups.</p> <p>Defines the role of extension in assisting different client groups to find and implement solutions for improved livelihoods.</p> <p>Identifies linkages to and need for other service-providers.</p>
<b>Community action plan</b>	<p>Supports development of community plans that address the needs and priorities of women, men, youth and different socio-economic groups.</p>	<p>Supports development of community plans that address the needs and priority of different groups in the community, including people living with HIV/AIDS and households affected by the epidemic.</p>	<p>Supports development of community plans that address the needs and priorities of different client groups and outlines the roles of extension and other service providers in this work.</p>

## Example of how some of the tools can be used

If, for example, an extension worker is seeking to understand (with the participation of the community) what resources are available for agricultural activities in the village(s) they are working with, including traditional systems and networks that previously and currently support vulnerable households, they might choose the following tools. These tools should help all involved to identify and understand in a gender sensitive way what households have been most impacted on with HIV/AIDS and what needs to be done to improve the present situation.

### 1. The **Resource Map**:

- (a) This should be drawn by members of the community (maybe by men and women separately to see who uses what resources) to see what is currently available in terms of natural resources and crops produced and preferred in the community;
- (b) A second historical resource map might be prepared separately by the elder members of the community (again men and women separately to see who used what resources in the past) that shows what the community was like maybe ten years ago and if their resources have been drastically reduced or changed. The information that can be obtained by using this tool can show the community members what resources they have at their disposal and can help the extensionist to understand what resources might be needed to ensure future food security, especially for the most vulnerable households and trends in resource availability.

2. A second tool that can be used to confirm the information given by the resource map is the **Resource Ranking** tool that can be used with men and women separately to see the importance of different resources for men, women, boys and girls and various socio-economic groups. In terms of HIV/AIDS, resource ranking can identify resources that are important for households with sick family members. It can also help to identify what resources are important to, but not easily accessed by households affected by HIV/AIDS.
3. A third tool might be the **Activity Profile** tool that will give the men and women involved an understanding of how tasks on the farm, home and community are divided among men, women and children and what responsibilities they hold. In terms of HIV/AIDS, this tool helps to understand additional workload in households affected by HIV/AIDS and who within the household is responsible for it.

The **SEAGA Field Level Handbook** gives a list of guiding questions with each of these tools that can be used to enrich the information being discussed by the men and women of the community during the use of the tool. The purpose of these tools is to give the extensionist(s) a clear picture of what kind of interventions they might suggest. Very importantly too, it allows the men and women of the community to discuss how they have been handling the situation so far and share with each other some possible sustainable solutions. This should increase their sense of ownership of information being generated on their community and build their capacity and commitment to design and implement community activities that will be self-reliant.

## Information sharing and communication

Part of the support that can be offered to men, women and children affected by or vulnerable to HIV/AIDS is information and communication programmes that encourage sharing that is free of stigma. What we need to look at here is the role of the extension worker in making sure this supports and complements existing efforts to raise awareness about HIV/AIDS, its impact on rural farming communities and what men, women and children in the communities can do themselves to reduce the problems associated with the epidemic. The following questions

will help you to understand what issues you may need to consider while planning to share information with rural men and women farmers.

## How should we share and communicate information?

### Questions to ask myself as the extension worker:

#### National level:

1. What message/campaign is being promoted by the government and through what media?
2. What is the message? Who is the audience? Is the message different according to audience (men, women, youth, elderly)
3. What form is the message delivered in? Is it accessible to all people in society?
4. Is it presented in a way that everyone can understand? Does it consider people's level of literacy, and resources?
5. Does it address the needs of the rural households or is it designed for urban households and lifestyles?

The reason the extension worker needs to understand this is to ensure that the information he or she shares with the community from such an information campaign is presented in a way that is sensitive to people's levels of understanding and their own socio-cultural settings.

#### Community level:

1. What methods are CBOs, NGOs, extension workers, civic leaders and individual men and women using to share information on HIV/AIDS?
2. Are there organisations in the community participating in identifying HIV/AIDS information needs, designing messages, selecting channels for sharing, monitoring and evaluating?
3. How is this information shared (through songs, drama, word of mouth etc.)?
4. Who is the information shared with?
5. Is there an effort to ensure that all sectors of the community are included in the sharing of this information (school children, civic leaders, men, women, disabled people, the elderly, the poor, the rich etc.)?
6. Are differences made between the message for men and for women (this is key when it comes to sharing information on prevention; for example when discussing the importance of using condoms it is not enough to tell men and women that they should use them, but it is important if possible to have them meet together, share the information in an accessible manner, this might allow women, young girls and boys to have a better chance of negotiating safe sex).
7. What efforts are being made to share a message that comes from collaboration with other institutions, NGOS, CBOs and health services, as well as others?
8. Is the message/are the messages backed-up with resources (for example if the message is to promote labour saving technologies for labour constrained households, are the resources needed available to support this intervention in the community)?
9. Are the suggested interventions easily adaptable by community members (women and men) to suit local needs and create a sense of ownership?

Part of the process of managing change in extension work is to take time to understand what it is that we are being asked to do and what we can realistically do. We need to give an active role to the men and women of vulnerable households in identifying and deciding on what is the best solution for them and we need to strengthen networks with other agencies working within the community to improve information sharing and other services for vulnerable households.

**Spending a little time to think about the questions on the next page might help you to get more confident:**

## **Questions that you, the extension worker, can ask yourself:**

### **Before identifying vulnerability to HIV/AIDS:**

1. Does the community know why I am coming to work with them?
2. Do I know what I am going to do there?
3. How do I approach the subject of vulnerability to HIV/AIDS in a sensitive way?
4. How is HIV/AIDS seen and understood in the community?
5. Who else is present in the community that I can work with in terms of pooling resources (human, financial and technical) and bringing the various community groups together to learn more about HIV/AIDS? An example of this would be identifying NGOs, CBOs, other extension workers and civic leaders that you can approach to network with.

### **Once the work has begun:**

1. Are the vulnerable sections of the communities represented in the focus groups we are working with (men, women, old and young)?<sup>1</sup>
2. As you continue working with the community groups, are the vulnerable stakeholders still on board?
3. If not, why have they stopped participating? Is there any reason to readjust the community meetings in order to meet their needs (e.g. farming season, time of day that might be a problem for women/men etc., and other events happening in the community)?
4. Are the partners we are working with still working with us? If not, why not?

### **After the identification phase:**

1. Who is involved in designing the interventions agreed with the main stakeholders identified above?
2. What roles have the men, women and children of vulnerable households established?
3. What role have our partners established?
4. How do the interventions identified fit in with and reinforce on-going community programmes?
5. How do we share the process and discussions with NGOs, AIDS care organizations, CBOs and local government agents, in order to improve key services to vulnerable households?

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<sup>1</sup> Be careful of creating a situation where you only invite households affected by HIV/AIDS, as this could stigmatize them even further.



## Introduction

In the previous chapter we looked at ways and means of identifying vulnerable households and assessing the impact HIV/AIDS has had on them. In this chapter, we would like to suggest some possible rural-based responses that could help in reducing the impact of HIV/AIDS on affected men, women and children in rural communities. Before continuing with presenting the suggested responses, it is necessary to think for a few minutes about the realities of people affected by HIV/AIDS. When suggesting any of the responses, we need to understand what is realistic in terms of labour availability (stamina), time, resources and motivation for the vulnerable men, women and children we wish to work with. Often households affected by HIV/AIDS are forced to sell off their assets like livestock or land, and often think it is useless to invest in long-term agricultural activities because they do not see a future for themselves. Such circumstances and the prevailing stigma in the community may often limit their participation in agriculture extension or other community development activities. It is important to remember that the overall purpose of responding to the impacts of HIV/AIDS through extension service is to improve the food security situation, nutrition and livelihood or incomes among HIV/AIDS affected households. Keeping this in mind, we will now highlight possible responses this guide wishes to put forward, while supporting vulnerable community groups affected by HIV/AIDS:

- **Promoting group formation**
- **Promoting labour saving technologies**
- **Promoting rural livelihoods diversification**
- **Improving the nutrition status of households affected by HIV/AIDS.**

# Groups formation



In the previous chapter we emphasized the importance of participatory approaches as a basis for understanding the specific impacts of HIV/AIDS on men, women and children in rural households. One of the ways suggested for understanding some of these impacts is to work with existing and potential community groups. If groups have been formed in such a way that encourages participation of members, they should be the way forward for any agreed responses to reducing the impact of HIV/AIDS on vulnerable groups. The following guiding points will help the extension worker and the community to come up with practical and sustainable groups:

- **Work with existing groups**

We can sometimes work with existing groups, in fact it is highly recommended that we do so. It is not always necessary to re-invent the wheel and sometimes if the group already exists it reduces the chance of stigma if affected people are encouraged and allowed to join, or are indeed, already members. This type of group can also include social/kin groups, religious and business networks that have been established in the community for a long time. Groups provide for some of the socio-economic and physiological needs of individuals and households. However, people living with HIV and their households are often stigmatized which can lead to their withdrawal from social groups.

- **Benefits of belonging to groups**

Some of the benefits that men and women can get from being members of a specific group are the following: a group is an easy way of sharing information; raising awareness about the issues surrounding HIV/AIDS; showing people ways of living positively; it offers psycho-social support; and it is easier to link groups than individuals to other organizations if other support is needed.

- **Ensure group participation**

Participation is a key element of group formation, how to ensure participation and who should participate in group activities and what role he/she should play is discussed in details in most of the SEAGA manuals. Reference to these materials is provided in the bibliography at the end

of this chapter. Another source of information is The Group Promoter's Resource Book, a FAO publication that is part of a series. For details of the series please look at the Other Resources section at the end of this chapter.

Through farmers' groups, women and men farmers can discuss the dangers of HIV/AIDS and its impact on agriculture. They can also integrate health issues particularly HIV/AIDS and other primary health care issues like nutrition, immunization, malaria control, environmental sanitation, among others, in their group objectives, making it possible to discuss openly and participate in interventions to mitigate the impacts of HIV/AIDS on agriculture. Groups can also address individual labour shortage and mobilize savings etc.

*Jane is a widow living with HIV. She has also lost two of her sons and a daughter due to HIV/AIDS and lives with 6 of her grandchildren. Initially, life was hard for Jane; her grandchildren could not attend school, she lacked food and money for medical care and did not have good skills of how to improve her garden. At one time she thought of selling part of her land, her husband left her to start up a vending business. With the support of an agriculture extension worker from Masaka District, Jane was encouraged to join a women group in Ssenyange community. In the group, Jane was able to appreciate her problems as a widow and a person living with HIV, she restored her hope but most importantly she gained new farming techniques and ideas, through learning from others, that she has since applied to improve her farm.*

*Today, Jane rears a local cow and its calf and has 3 pigs she keeps in a wooden sty. She sells the pigs to pay school fees for some of her grand children in secondary school. She mulches her banana plantation, which she has intercropped with vanilla and the quality of the bananas has improved. She applies the animal dung to the banana and vanilla plantation. She also has a vegetable garden, that she says helps to supplement nutrition in her home. Jane has enough food now for the family.*

*What worries Jane now is her weakening condition. She can no longer attend to her garden adequately and to collect feeds for the animals. She hopes that when her vanilla matures she will be able sell it and hire labour to attend to her banana plantation. She continues to participate in her community group and she is the area leader of the women in her locality.*

## What is a farmers/fishers' group?

A farmers/fishers' group can be composed of two or more men and women farmers/fishers<sup>2</sup> who come together, interact with each other and work with each other towards the goal of identifying some common agricultural/fishing interests or needs that they can work -on together to achieve.

### Types of farmers'/fishers' groups:

1. Social farmers/fishers' group; formed by men and women farmers/fishers on the basis of shared social interests or needs, for example setting up a village farmer/fishers school, dispensary or farmer/fisher canteen.
2. Economic farmers/fishers' group; formed to improve the economic status and welfare of women and men farmers. Economic groups are aimed at improved production and hopefully at household food security and increased income. The group's common interests or needs could be the idea of improving the welfare of the men and women farmers/fishers in the group, improving agricultural production, fish yield, increasing household food

<sup>2</sup> Men and women together, or in separate group, according to what is socially acceptable in the community; the important thing here is that the groups are formed with the aim of giving a voice to all members, if it is not possible for women to express their opinions in a mixed group, then they should be encouraged to form a separate one.

production, collective marketing of produce, bulk purchase of agricultural/fishing inputs, establishing or identifying a market center for their goods, a village valley dam, a village farmer/fisher school or dispensary etc.

3. Environmental farmers/fishers' group; formed to protect the environment and ensure that farmers live in a healthy environment. Environmental farmers' groups should increase sustainable management of natural resources.

Figure 4: Benefits of farmer/fisher groups to a farmer/fisher



## Working with groups of vulnerable people

The purpose of working with vulnerable groups is to:

- Increase their knowledge and skills in addressing and sharing the problems they are experiencing, some of them being a direct result of HIV/AIDS
- Increase their confidence and belief that they can manage or deal with their own problems
- Allow them to build a more acceptable group image and recognition in the community
- Try and make sure that the groups will be independent enough to continue after the extension worker no longer works so closely with them (sustainability of the self-help groups).

When a community extension worker is promoting the formation of community groups of vulnerable people or trying to ensure their inclusion in existing groups, he or she needs to consider the following processes:

## **1. Identifying vulnerable groups**

In identifying vulnerable households, the extension worker must AVOID directly labeling HIV/AIDS affected households or individuals or groups as this increases stigmatization. Instead, it is useful to identify groups with other factors such as low income or food insecure or less resourced groups<sup>3</sup>.

## **2. Setting up groups and supporting existing groups**

Extension workers need to understand that it is easier in groups for men and women to discuss their situations of vulnerability, expectations and what actions they can take to reduce their vulnerability to food and livelihood insecurity. It is important that everyone understands the benefits of participating in the group and the importance of giving time for group activities. Groups need to be flexible too in terms of changing meeting times etc. Communities dealing with AIDS have a lot of urgent things to do in their homes and participating in a group may not be a high priority. Groups need to be attractive enough in terms of the activities they have agreed to work on together and flexible enough to meet the real needs of the particular group members of women and men involved.

## **3. How the group works**

Good leadership, members contributions, forming a constitution and record keeping are important elements of a successful group. Extension workers might like to look for help from other service providers to train the groups in relevant group leadership and management skills. The group should be encouraged to take turns in leadership positions. This will allow opportunity for each member to learn new skills and in the event of death of a member, the group should still be in a position to continue working.

It is important for the extension worker not to push too hard at the beginning to form the leadership, groups have to be given enough time to get to know each other and to understand and decide if they want to be a member of the group or not. If they are pushed into a formal setting before time, the group may not survive, or the 'wrong' people may be the leaders.

## **4. Self-reliance, sustainability and links to external services**

Once the group has been established and has been working for a while, the role of the extension worker changes from the person who started the activity and being an active participant, to providing support in terms of guidance and advice.

Groups do not work in isolation from the rest of the community and so their activities and attitudes can be influenced by local social, political and economic changes. To help groups develop, extension workers should encourage them to be self reliant, to take their own initiatives and to actively look for help and advice from other service providers. They should also be encouraged to contact each other in order to exchange ideas, solve problems and to organize help from outside agencies. There are many NGOs and private service providers that are willing to assist groups that formally request their services. The extension worker can guide groups to identify profiles of both formal and informal service providers by the use of participatory approaches, for example, institutional analysis and community mapping (these tools are described in detail in the **SEAGA Field Level Handbook**).

<sup>3</sup>For further details on the identification of vulnerable groups please refer to the vulnerability assessment checklist in chapter 3.

# **The role of farmers' groups in the prevention of HIV/AIDS and reducing the impact of HIV/AIDS on rural farming communities**

Farmers' groups for men and women can contribute significantly to the prevention of HIV/AIDS and in reducing its impact on agriculture by the following means:

- Groups provide acceptance, guidance and support to those living with HIV and their households.
- Groups can also be informal sources of information to extension workers on how HIV/AIDS is affecting individual households in terms of changes in numbers of widows, orphans, etc.
- Groups provide peer to peer counseling and share information with fellow group members and their families about HIV/AIDS prevention, care for the sick, and the impact of the epidemic on rural livelihoods.
- Groups provide the means to encourage those infected to open up and live positively. Such individuals can become role models for change in the community.
- Groups encourage those worried and sick to look for early treatment of HIV/AIDS symptoms. They are able to provide information about existing AIDS care and support services<sup>4</sup>.
- Once groups feel that they have a contribution to make, they might also try and establish by-laws and advocacy that work towards promoting healthy and responsible life styles. For example, regulating drinking hours, ensuring that young children continue attending school, safe guarding widow-inheritance and discouraging early marriage.
- Primary health care educative programmes may be undertaken within in the groups to improve the general health status of female and male farmers in the community.
- Groups can act as role models to the general community and as such influence desirable behaviour. For example, adopting labour saving technologies.
- Groups can start welfare assistance, based on the principles of "a friend in need" used to support those in AIDS related crises like sickness, deaths, orphans, etc.
- Groups can assist in passing on good traditional values and encourage positive behaviours which can help to stop the further spread of HIV/AIDS.

## **Questions extension workers may want to ask men and women in the community:**

1. **What community groups already exist in your community?**
2. **What do these groups do to improve agricultural practices for households?**
3. **Do these groups include men and women from vulnerable households?**
4. **How can vulnerable households (including those affected by HIV/AIDS) be included as members of these existing groups?**
5. **How can you work to strengthen and or promote group formation among vulnerable households?**

<sup>4</sup>There are problems in this approach too as people often resist sharing information on prevention because if you are seen to be interested in discussing condoms and safe sex this is seen already as a sign of infection.

Figure 5: Providing extension services to a farmers' group



### Questions that you, the extension worker, can ask yourself:

1. How can I make sure that I do not create further stigma at the community level when trying to encourage self-help groups?
2. Do the vulnerable households feel that they can take the risk of belonging to such groups (in terms of time available, making themselves visible in the community etc.)?
3. What existing services are being offered to HIV/AIDS vulnerable households and how can we work together with organizations involved with them to ensure we are not duplicating or going against what they are already doing?
4. How much time and energy can I realistically devote in each village to forming groups and mobilizing people? Who else can assist?

# Labour saving technologies



We have already seen that one of the biggest impacts of HIV/AIDS at the household level has been the loss of labour for agricultural production. A possible answer to this problem might be found in promoting labour saving technologies. It makes great sense to work together because this can mean that those who are sharing work save time and labour that gives them more time to look after the sick, less anxiety about loss of time in the fields and perhaps a better chance of getting food for their household. In some communities there is a long tradition of labour sharing groups already, especially during peak labour times, such as planting, weeding and harvesting.

There are also examples of AIDS- affected women's groups who share farming and domestic tasks, such as childcare. This section focuses on the importance of promoting labour saving technologies as way of making sure that households can continue to produce crops and keep livestock both for home consumption and sale. Labour and time saving technologies that are suggested could be used by households facing labour problems due to unavailability of men and women to carry out farm activities. The section also discusses factors that could limit use of the suggested technologies and also explains approaches the extension worker can use to share appropriate labour saving technologies and practices that address the particular production needs of the vulnerable groups.

Up to now there has been no comprehensive research that provides specific labour saving technologies recommended for households affected by HIV/AIDS, instead the suggested technologies have been borrowed from existing innovations that have been designed to meet less energy effort requirements, time saving, increasing the speed and amount of processing, reduction of wastage and giving increasing value to the final products that result.

It is important to note that most of the available technologies require high financial investment and skill, which households affected by HIV/AIDS may not afford. So, extension workers are faced with the challenge of assessing and analysing technologies, including farm practices that require less energy levels, less skills, less time and that take into consideration gender concerns of women, men, the elderly and older children. The extension worker should also be prepared

for the fact that many people might not accept investing in a future that they feel has no place for them. It is important when working with vulnerable groups not to forget the emotional impact of the disease on individuals and not to only focus on how much female and male farmers can produce.

Specific labour saving technologies being promoted should be adaptable to the local agro-ecological environment, livelihood and cultural settings of the people. The following are some agricultural practices that could be of benefit to households that have already lost their labour or are in danger of doing so (when working with vulnerable households we do not have to wait until labour is lost to react).

## **Conservation agriculture**

Conservation agriculture means there is no ploughing of the fields. Conservation agriculture tries to encourage minimum soil disturbance, permanent soil cover with the utilization of cover crops, adequate crop rotations and minimizes farm activities. Soil cover helps to keep weeds down, and checks pests and diseases through crop rotation. It improves the soils and fertility, as well as keeping the soils humid and cool meaning it allows crop production throughout the year. It reduces labour requirements especially in peak seasons for land preparation and weeding and overall reduces farm operational costs.

On the other hand conservation agriculture has some limitations because of the following factors:

- Conservation agriculture can be expensive because at the beginning money has to be invested in spraying the fields. However, using traditional methods of weed control can reduce the costs.
- Conservation agriculture also takes a lot of time and energy initially to prepare manure and apply it. However, this can be offset through encouraging labour pooling where through group effort manure is formed and applied.
- The crop yields are low for the first two years but progressively improve
- Research must be carried out to make sure that conservation agriculture works well with traditional farming practices in the area.

## **Farm tools**

Tools and ploughs that are to be used by men, women and children in HIV/AIDS vulnerable households should be lightweight and strong. For example, such households should use small bladed hoes with long handles for digging. Animal drawn cultivators, where available and acceptable, can be encouraged to supplement the hand hoe. Animal drawn carts can also be constructed to save time in collecting water, firewood and to transport produce from the field to the home, mill or market. However, some rural communities are unaware of the potential for animal traction for ridging, planting, transport and other farm operations or its use is not tradition in the area. It is also important to note that HIV/AIDS affected households are often forced to sell all their assets and in most cases do not have money to buy more.

## **Introduction of new crop varieties**

New crop varieties with higher yields and of better pest and drought resistance are needed, drawing also upon local varieties of indigenous crops. In Uganda there are improved crop varieties of maize, beans, sorghum, groundnuts, Soya beans, finger millet and upland rice.

More information about such crop varieties that could be adaptable to the local settings can be obtained from the nearest Agriculture Research Centers or district branches of Uganda Seeds Limited. The extension worker could also link farmers to private retailers dealing in agro-products.

## **Fish smoking**

The Chorkor smoker is an improved piece of fish-smoking equipment that has been adopted in many parts of Africa. The Chorker smoker allows about ten trays of fish to be smoked at a time instead of one, making for fuel efficiency, significant improvement in the quality of smoking fish, and reduction in smoking time, and reduced labour input.

## **Fuel energy saving technology**

Fuel-efficient stoves help to reduce fuel requirements; examples of these include clay liners, insulated baskets. (See illustration at the end of this section)

## **Interventions that could contribute to mitigation of HIV/AIDS impact among agro-pastoral communities**

- Intensify agro-based technologies by introducing high yielding crop varieties of maize and sweet potatoes.
- Encourage conservation of pasture by making silage/hay.
- Encourage rainwater harvesting through construction of ground valley water tanks. Long-term interventions could include constructing valley dams for agro-pastoral communities.
- Intensify vector control measures to reduce the incidence of malaria and its consequences among communities. Agro-pastoral communities tend to lack health facilities and access to existing health facilities is difficult due to the long distances involved in reaching them from remote villages.
- Encourage tree planting, as a strategy to improve and sustain the local ecology. Encourage growing caliandra trees that are fodder for the animals but also conserve soils and water.

## **Ways of promoting labour saving technologies among vulnerable households**

- Increase farmers' exposure to new ideas and access to information.
- Develop appropriate skills and attitudes for the sustained use of labour saving technologies and practices.

All of this can be realised by facilitating the formation of groups among vulnerable households and building partnerships with existing CBOs/NGOs as already suggested in the section on Group formation above.

# **Factors responsible for poor adoption of labour saving technologies and practices among households affected by HIV/AIDS.**

There are certain factors that the extension worker needs to be aware of that could be responsible for the poor adoption of labour saving technologies among households affected by HIV/AIDS.

## **1. Not enough time available**

Households affected by HIV/AIDS spend considerable time caring for sick family members, mourning when the family member dies. Most cultures prohibit digging during the mourning period, probably until after the last funeral rites. Elderly grandparents are finding themselves spending more and more time caring for young orphans, which leaves them little time and energy for learning new techniques. Though older children may have the time and energy available, they may not want to go into farming, a common enough thing for youths!

## **2. Limited cash**

Households affected by HIV/AIDS spend the little income they have on medical care, funeral expenses and in meeting basic requirements for orphaned children. So they have no money to invest in buying agricultural inputs. In addition, most households affected by HIV/AIDS are forced to sell off or mortgage their assets during periods of sickness.

## **3. Limited awareness and skills**

One of the things that people often have to say about households affected by HIV/AIDS, is they have limited awareness of new agricultural practices or technologies, but often men and women from such households have less time and energy to attend meetings where they would be given information on new skills. Very often their ability to attend extension activities is determined by the gender division of labour. Their access to and control over resources also has a role to play in how they can deal with new ideas. This should be taken into consideration when planning meetings and/or events for groups, as mentioned before. Remember to be flexible when working with HIV/AIDS vulnerable groups.

## **4. Culture**

Cultural traditions often put forward the idea that the strength, productive capacity and status of women, are determined by the amount of land they (women) can cultivate and by the number of hours spent in the garden. Using labour and time saving farming practices may provide a wrong signal to the community, and community members may start to look at such a household as being lazy and unproductive.

## **Conclusion**

Promoting labour saving technology remains one of the only hopes for rural households affected by HIV/AIDS that have lost their main source of labour. If the sustainability of farm households and their food security are to be guaranteed, especially that of HIV/AIDS affected households', then we must ensure that they have access to appropriate labour saving technologies through agriculture extension. Consideration must also be given to reviewing existing land rights, both civil and customary, so that widows and children can have the opportunity to posses and control their late husbands/fathers land. Agriculture extension must recognise the value of collaborating with progressive farmers, NGOs and the private sector in reaching vulnerable households with appropriate labour saving technologies.

## Questions that you, the extension worker, can ask yourself:

1. What are the special labour requirements that households affected by HIV/AIDS might have?
2. How have households affected by HIV/AIDS responded to their labour shortage?
3. What action needs to be taken to reduce the problem of labour shortage among HIV/AIDS affected households?
4. Are there demonstration sites, including progressive farmers in the sub-county where labour saving technologies are being demonstrated?
5. How can I obtain the required technology to disseminate to vulnerable households? What strategies can I use to ensure that every vulnerable household has chance to receive and apply the required technology?
6. What strategies am I going to use to try and encourage the use of labour saving technologies among vulnerable households?
7. What opportunities already exist in the community for me to promote labour saving technologies? Through community groups, NGOs, etc

Figure 6: Fuel energy saving stoves

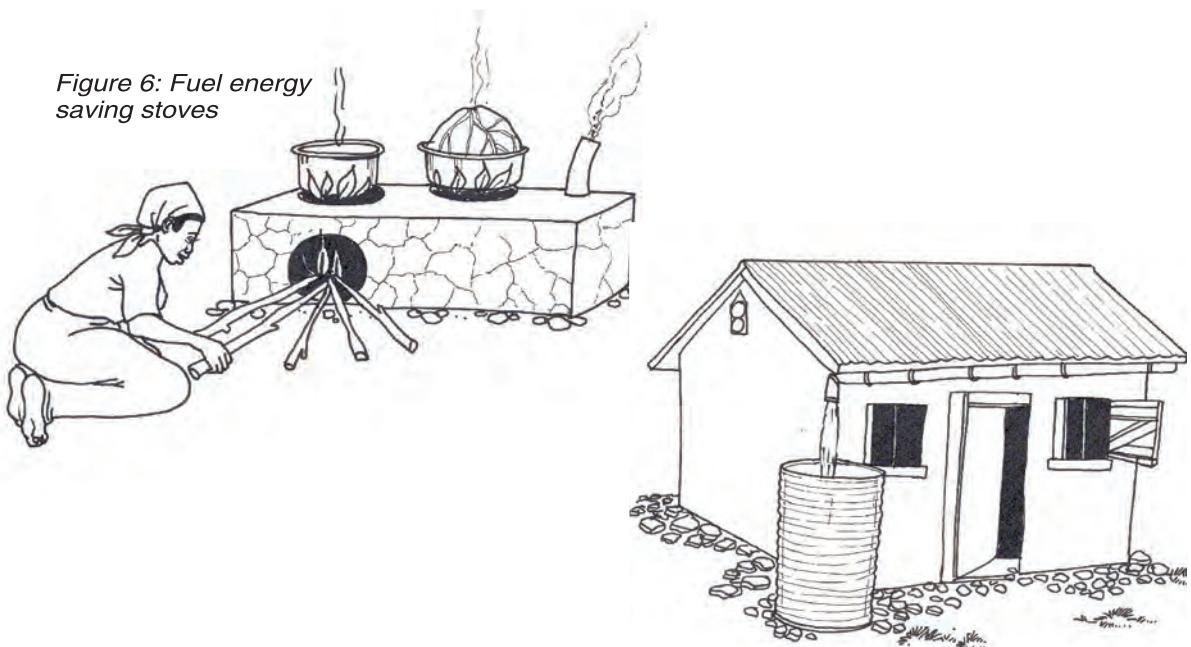


Figure 7: Domestic roof water harvesting that frees up labour and time for other economic activities

# Rural livelihoods diversification



Among rural households affected by HIV/AIDS ownership, control and management of some of their most important resources and assets like land, livestock, fishing equipment are often lost. Because their productive assets are reducing, vulnerable women, men and children are finding it hard to survive. The extension worker should therefore be able to support such vulnerable households in trying to find ways of improving their livelihoods, which may mean that they may have to change some of their livelihoods activities or change the way they have been managing their traditional livelihoods so far.

## Why should vulnerable households improve their livelihoods?

- To improve their food security and meet their nutritional requirements (especially for those living with HIV infection)
- To get more income and be able to meet other household demands like medical expenses
- To improve their general standards of living
- To gain social status in the community
- To improve their health

Sometimes the effort to improve livelihoods of households affected by HIV/AIDS may mean that these men and women have to work off-farm. Doing more than one productive or income generating activity means that risks are spread, money is produced that can be invested in other activities, this increases peoples access to resources and should promote self sufficiency.

## What men and women farmers can do to improve their livelihoods?

Some communities cannot change their agricultural activities because of their environment and traditional farming practices, so they need to look at ways of building on and improving their way of farming. This can involve the following:

- Specializing in one or two crops, for both subsistence and market purposes

- Improving performance in existing activities, for instance adopting better farming practices in order to get better yields
- Acquiring additional artisan skills, like for business enterprises
- Trying to improve the effectiveness and returns from available labour
- Reducing losses by improved processing and storage of the produce.

## Issues to consider when improving livelihoods

When supporting vulnerable households in trying to improve their livelihoods, it is important for the extension worker to understand that:

- People usually know what they want but probably lack skills and resources.
- Time is needed to learn new approaches
- Money is needed to invest in certain farming activities
- Diversifying does not reduce the normal risks associated with any business or agricultural activity
- Diversification could spread household labour too thinly

*NARO has recently started supporting some selected fishing communities in Masaka district to improve processing of Mukene fish, using community participation to increase its market value. NARO will work with local groups to develop technologies that are low in cost and efficient and will train the community groups in skills to apply the technology of fish processing. Some of the technologies being considered in processing Mukene fish include:*

- *Drying the fish on various surfaces, such as on old fishing nets and wire mesh so as to reduce mixing sand in with the fish*
- *Salting*
- *Fermentation. This will produce a food product that people can consume directly*
- *Deep-frying Mukene fish, to provide a snack that people can eat as a bite*
- *Smoking*
- *Milling, as an additional nutrient to weaning foods*
- *Icing – selling Mukene fish fresh at the market*

Pig rearing can be encouraged as a livelihood diversification option among fisheries communities. Resources that could support such a project include land, bi-products of fish to feed the pigs, waterweeds to also feed the pigs and availability of water.

## Other ways of improving livelihoods

Some households affected by HIV/AIDS in crop farming communities have turned to livestock production as an alternative because crop management practices tend to be too demanding for the available labour. Such households could be encouraged to start keeping livestock that require minimal labour but also offer market opportunities over a shorter life span, for instance local poultry, goats, pigs, rabbits and bee-keeping. The extension worker should encourage and

ensure that vulnerable households participate actively in the design of such projects and should decide whether they prefer communal or backyard projects.

## Encouraging diversification of livelihoods

*Twekembe women's group, located in Masaka district and founded on a self-help basis currently has 30 members. Its aim is to improve food security and the incomes of women in the community.*

*The women (both married and widowed) practice labour pooling as a strategy to meet the labour force requirements during particular farming activities, especially among widow headed households. They collectively work on each other's farms in turn on an agreed activity, for instance ploughing, planting or weeding.*

*The women have also organised regular agriculture education programmes, where they acquire skills and techniques in conserving water and soils and the management of crops and animals. Each member of the group is encouraged to grow a vegetable garden in the backyard and keep livestock like local chicken, goats and pigs, which they acquire on a revolving basis. The group collectively seeks services of agriculture extension workers in the form of advice and veterinary care for their livestock. In an effort to generate income, women have also started growing vanilla. Members of the group now boast of having sufficient food in their homes.*

Farm households can also improve their income by engaging in non-farm activities and people are becoming more and more involved in this type of activity. Female-headed households in particular appear to like small-scale income generating activities as a direct response to the impact of HIV/AIDS on their households. Households that are involved in a number of income generating activities, besides farming, are able to protect themselves against the impact of HIV/AIDS. This shows that livelihood diversification can make a big contribution to reducing problems associated with HIV/AIDS.

## The role of extension workers in improving rural livelihoods opportunities

The extension worker needs to work with men and women in households in their communities to understand what resources and opportunities they already have that may help improve their livelihoods. The extension worker should also be able to provide some information on the cost and benefits involved so that people can make an informed choice on what they want to do.

Boys and girls are also very vulnerable to the impacts of HIV/AIDS and so need to be offered livelihood opportunities that meet their immediate needs. Maybe extension services can develop a formally structured programme designed to reach rural youth; such a programme should make sure it links the transfer of knowledge between older members of the community and their young counterparts. It is also necessary to provide groups of boys and girls with practical skills that will allow them to make choices for their future that may not necessarily include agricultural activities.

## The issue of property and inheritance rights

In many vulnerable households the first issue that needs to be tackled is the issue of property or inheritance rights. Before we can start to discuss issues of actions to be taken to improve food

security, we might have to look into raising awareness and understanding of issues to do with who owns the land and who has the right to inherit property and land once the male head of the household dies.

- What is the legal position at the national level concerning land rights?
- What is the customary approach to the above (this will of course vary from tribe to tribe)
- What is the legal position at the national level concerning property inheritance?
- Does customary law make provisions for giving the widow continued access to and management of the family property?

In order to provide support and legal information to HIV/AIDS affected households, the extension worker should liaise with legal aid organizations and the Local Councils to help raise awareness of people's legal rights concerning property inheritance and to resolve land and property related disputes.

### **Guiding questions for the extension worker to address with men and women in the community:**

1. What activities do people in your community do to earn a living?
2. What activities do vulnerable groups in the community do to earn a living?
3. What are some of the problems associated with depending too much on one particular activity to earn a living, especially among vulnerable households?
4. What are vulnerable households trying to do to improve and/or change their ways of earning their living in agriculture or off farm?
5. What else is there (resources) in your community for the vulnerable groups to improve and/or change their way of earning a living?
6. What knowledge, information, skills or practical support do vulnerable groups need to improve their ways of earning a living?
7. Where do you need to go or whom do you need to contact to get the knowledge, information, skills and practical support that vulnerable groups need?

### **Questions that you, the extension worker, can ask yourself:**

1. Who should I network with to encourage vulnerable households to improve their livelihoods?
2. Are there livelihoods improvement programmes in the community that are working? Are they targeting vulnerable households? If not why not and how can I persuade such programmes to support vulnerable households?
3. How will I be able to measure positive changes in livelihoods among vulnerable households?

# HIV/AIDS, nutrition and food security

This section outlines important issues on HIV/AIDS and its relationship with nutrition and food security that extension workers should be aware of in order to provide the right information and support to improve nutrition and food security among households affected by HIV/AIDS. This type of support should focus on increasing food productivity, understanding its availability and distribution in desirable food values, among rural households and particularly those affected by HIV/AIDS.



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People infected with HIV have an increased risk of malnutrition because they suffer from loss of appetite. On the other hand, malnutrition increases the effect of HIV on the human body that leads to further weakness, loss of body mass and energy. This kind of condition becomes very severe for vulnerable households, who are more likely to have already suffered from food insecurity and malnourishment before getting the disease.

HIV-positive people improve their general health status by improving their diets, exercising, abstaining from or having protected sex, eliminating cigarette smoking and alcohol consumption. Proper nutrition leads to a healthier body. Good nutrition maintains body weight, strengthens immunity and resistance to diseases, slows the progression of HIV/AIDS and improves the appetite. Improved nutrition allows HIV-positive people to continue leading a more productive life and reduces the burden of care giving for other members of the household.

## The importance of proper nutrition to people with HIV/AIDS

When a person with HIV infection progresses to the AIDS stage, he/she loses weight, and suffers from frequent attacks of illnesses known as opportunistic infections.

Proper guidance and education on nutrition is very vital as the individual progresses with HIV infection and it is important also for the affected family members because of the following:

- It helps HIV infected people to build up healthy eating habits
- It helps to improve the effect of medicine and therefore promotes quicker recovery from illness.
- It sustains the health and well being of the person with HIV infection or disease so he/she can lead a more productive and healthier life.
- It helps households to understand the need to take action to improve food security, for instance through using labour-saving technologies, growing fast maturing and high value food crops, improving post harvesting processes.
- It guides households on more effective ways of preparing and distributing food.

## What vulnerable households do in situations of food scarcity

Households affected by HIV/AIDS usually use a number of ways to meet food shortages and nutritional requirements. These provide short-term relief but have long-term effects on the nutritional status of families. Some of the ways in which such households manage food shortages include:

- Reducing the number of meals eaten every day and this greatly depends on seasonal variations
- Consuming cheaper food with lower food value, like cassava flour
- Borrowing against future harvests
- Borrowing livestock to have access to milk
- Increasing the sale of household assets
- Hiring labour to increase the amount of land being cultivated
- Sending off children (especially those who have lost their mother) to live with relatives somewhere else
- Relying on children to meet farm labour requirement
- Forcing children to leave school to engage in casual labour activities, as a source of earning income
- In extreme cases begging for food.

## HIV/AIDS causes and increases people's exposure to food insecurity and HIV/AIDS because of the following situations:

*The following paragraphs take a closer look at specific cases of nutrition issues among mixed agriculture, pastoral and fishing communities\*.*

### Mixed agricultural communities:

- Households that are already food insecure are often forced to take action to supplement their livelihoods in different ways during times of stress, for example during periods of drought, men tend to migrate to towns in search of waged labour. The long period away from their wives often means they get involved in extra-marital sexual relationships, and so increase their risk of getting HIV/AIDS. On the other hand their wives might be forced to offer sexual favours to other men in exchange of cash and food, which too increases their risk of HIV/AIDS infection.
- Once households are affected by HIV/AIDS they loose their labour force because of the illness so the amount of land that is being cultivated for crop production is less, as labour for ploughing, weeding and harvesting is not available. This in turn increases the risk of food insecurity.

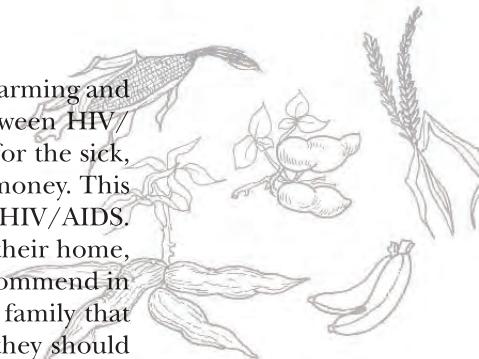
- Cash crop production reduces while food crops increases among widow headed households, and the other way round for widower headed households. A big amount of the food produced is eventually sold to get cash to cover medical care costs for the person who is sick.
- Farming practices of households often change from high labour-intensive to low labour-intensive and HIV/AIDS affected households often have poor adoption of modern farming practices, leading to poor agricultural yields.
- The death of male family members often affects post-harvest storage because it is usually the men who are responsible for building food granaries.

### Fishing communities

- When a fisherman who is the head of a household dies, his widow cannot go fishing, because in most fishing communities people believe that women should not catch fish.
- The size of catch reduces because men can no longer do the same amount of work due to their illness and this means lower incomes that reduce access to food among HIV/AIDS affected households.

## Improving food security and nutrition among households affected by HIV/AIDS.

A recent FAO/NAADS study shows that households in mixed farming and fishing communities had high awareness of the linkages between HIV/AIDS and nutrition but are unable to prepare special meals for the sick, because they have a lot of other demands on their time and money. This is a reality for many of the households who are dealing with HIV/AIDS. Many were already food insecure before the disease entered their home, so extension workers have to be realistic in what they can recommend in terms of improving nutrition. There is no use in saying to a family that is barely having one meal a day of potatoes or cassava that they should cook chicken, fish and green leafy vegetable for the sick member of the household!



1. Community extension workers should provide information on the importance of nutrition for people suffering from HIV/AIDS and try to help affected households come up with ideas that will help them get access to better nutrition not just for the sick member of the household but for all. Extension workers can use existing guidelines on nutrition to inform caregivers on the preparation of
- A yellow arrow pointing to the right, positioned next to a detailed line drawing of a pineapple.
- In low fishing seasons, fishermen tend to migrate to other lake areas in search of better catches. This means that fishermen have to live away from their families for several months at a time, their cash earnings and leisure time often leads them to engage in risky sexual relations. Their wives too may be forced to engage in other sexual relationships in return for food and income.
  - Fisher folk greatly depend on fishing and fish processing for their livelihood. Any slight reduction in the catch will of course immediately affect their incomes and food supply.
  - Fishing communities on the lakes depend on the purchase of other food from mainland agricultural communities. If there is food shortage due to poor harvests, then the feeding patterns and nutritional status of fisher folk is affected.
- the man dies. Women and children cannot properly care for the animals because they have not been provided with the proper animal care skills. Poor care leads to a reduction in the amount of milk produced.
- Pastoral communities are usually located in remote areas and this means they have less access to extension and other services. So pastoral communities have less chance of learning modern farming technologies and the possibility of learning about livelihood diversification, this is even truer for HIV/AIDS affected households.
  - Keeping livestock, especially cattle is very labour intensive. Frail widows (who are also in most cases suffering from HIV/AIDS illnesses) and orphans can hardly meet the required labour input. This leads to lower yields in produce that in turn affects consumption and sales.
  - Traditional support systems that previously provided assistance to widows and orphans have collapsed because they cannot meet the needs of the ever-increasing numbers of HIV/AIDS affected households in the community.

## Pastoral communities

- In pastoral communities, numbers of heads of cattle tend to reduce among households affected by HIV/AIDS due to distress sales, to meet medical bills and other care related expenses. This reduces income and the consumption of milk at the household level.
- The quality of livestock usually reduces when

locally available foods (in season) that are home grown (or wild) and/or affordable from the market; ensuring foods of all desirable nutrients are given; proteins carbohydrates/fats, vitamins and minerals plus clean drinking water.

2. Extension workers when possible should promote low-input/high-output farming enterprises, for example backyard farming that can be handled by people living with HIV/AIDS, older children, the elderly and other caregivers, because of their problems with labour and time. Households in the community should be encouraged to grow crop varieties that provide all food nutrients for example green vegetables, fruits, cereals and tubers; plus keep poultry, and other animals for animal protein sources (again here we need to be practical and understand what is realistic for the households we are working with). The crop varieties planted should take short maturing periods to yield, require less capital, should not be labour intensive and should be intended to improve nutrition and sales of any surplus.
3. Extension workers also need to support communities in strengthening food safety nets, through improved methods of food processing for example reducing moisture by drying, and storage. This should help households stretch food supplies from one harvest to another and ensure food availability in-between harvests.
4. Extension workers should mobilize and organize, especially vulnerable community groups (women, youths and households affected by HIV/AIDS) for self-help initiatives as a way of linking them to poverty alleviation projects.

### **Questions that you, the extension worker, can ask yourself:**

1. **How can I assess what makes people in a community food insecure and gives them poor nutrition, especially in households affected by HIV/AIDS?**
2. **How do people store food locally?**
3. **What action (traditional and modern) can be taken to try and promote food security and nutrition among vulnerable households?**
4. **What institutions do I need to work with in order to promote these actions?**

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## Resources on the web

**FAO's HIV/AIDS and Food Security Website:** <http://www.fao.org/hivaids>

**FAO's Participatory Website:** <http://www.fao.org/participation/>

**International AIDS alliance:** <http://www.aidsalliance.org/>

**SEAGA Socioeconomic and Gender Analysis Programme, FAO:** <http://www.fao.org/sd/seaga/>

**UNAIDS – Joint United Nations Programme on HIV/AIDS:** <http://www.unaids.org/>

**UNIFEM Webportal on Gender and AIDS,** <http://www.genderandaids.org/>



Evidence of the impact of HIV/AIDS on the livelihoods of rural people, as outlined in this resource guide is becoming available and lessons of extension service delivery in rural communities does indicate the need to deliberately make HIV/AIDS issues an integral part of extension service delivery in all sector programmes. Application of this resource guide should contribute significantly to policy areas and rural development programmes in recognising HIV/AIDS as a major factor that is undermining agriculture production and further analysing the vulnerabilities of HIV/AIDS on specific households, including widow headed, the elderly headed, child headed and other poorly resourced households, as a basis for determining appropriate response strategies that could help to reduce vulnerabilities of such households.

The national policy framework on HIV/AIDS gives mandate to all sectors particularly those providing public services like health, education, social development and agriculture to address the diverse and complex issues of HIV/AIDS affecting the improvement of the quality of lives of rural populations. The ministry of Agriculture, Animal Industry and Fisheries has developed guidelines that will enhance understanding on integrating and mainstreaming HIV/AIDS in the sector\*. Districts production and extension services have opportunities to access district support through harmonising their interventions with the overall work being done with HIV/AIDS in the district.

Given the diverse nature of the impacts of HIV/AIDS on individuals, households and communities, there hasn't been any one single-handed intervention that has effectively addressed the problem of AIDS. Approaches to community extension should establish, strengthen and promote sectoral collaboration at all levels as a basis to developing a joint and integrated agenda on extension services aimed at effectively tackling the problem of AIDS in the communities. In Uganda, sectoral collaboration is more evident at the national level but needs to be more functional at sub-county and community levels. It is becoming increasingly clear that collaboration, networking and building partnerships of especially non-government organisations including religious institution, community based organisations, the public sector and particularly health will bring about a positive change in the lives of households affected by HIV/AIDS.

However, the challenge extension services have, particularly agriculture, is to harmonise the principle of demand driven service provision with the realities, needs and concerns of rural households affected by HIV/AIDS. Rural development interventions therefore require the deliberate involvement and representation of vulnerable groups, including households that have been affected by HIV/AIDS in rural development activities and increase their access to information, advise and material services.

\*For further information please contact the Ministry.

# GLOSSARY OF TERMS

<b>Affected household</b>	A household that has lost a family member due to AIDS or nursing a family member suffering from HIV/AIDS
<b>Agriculture production</b>	The practice of tilling the land, growing crops and rearing livestock
<b>Balanced diet</b>	Daily meals consisting of body building foods (proteins) energy giving foods (carbohydrates, fats and oils) and protective foods (vitamins and minerals)
<b>Chairperson</b>	A man or woman appointed to lead and guide a group or organisation
<b>Child-headed household</b>	Children below the age of 18 years who have lost both their parents and are living by themselves. The elder child(ren) take up the role of parenting and looking after the young ones
<b>Collateral</b>	Security pledged for the repayment of a loan
<b>Community participation</b>	Refers to activities that involve all sections of the community; men, women, youths and children in processes of planning and decision making for collective action.
<b>Counselling</b>	A dialogue between a client and service care provider aimed at enabling the client to take personal decisions related to living positively with AIDS
<b>Epidemic</b>	Wide spread of a disease attacking and affecting many individuals in the community and the general population at the same time
<b>Extension services</b>	Process or method used to disseminate appropriate technical skills, advise and information to rural communities, through farm visits, demonstrations and community education programmes
<b>Extension worker</b>	A change agent in the community who shares ideas and information with rural communities in order to improve practice, influence positive attitudes and behaviour and enhance knowledge
<b>Fishing community</b>	People living along fishing sites whose survival is directly or indirectly dependant primarily on fisheries resources
<b>Food security</b>	People having regular access to enough high-quality food to lead active, healthy lives



<b>Gender</b>	Refers to the social, economic and cultural roles and relations between women and men, and takes into account the different responsibilities of women and men in a given culture or location and in different population groups (children, aged people, ethnic groups etc.)
<b>HIV-Positive person</b>	An individual who has taken an HIV test informed of his/her positive test results. At times also referred to as a person living with HIV and AIDS
<b>Household labour</b>	Consists of the labour force in a household
<b>Labour intensive</b>	A method of agriculture production that requires a high degree of human physical effort
<b>Labour saving technology</b>	Farm implements whose application can save energy and time (manpower) that would otherwise be used to produce similar work
<b>Livelihood diversification</b>	Refers to broadening and/or improving the primary means of generating income and obtaining sufficient food for survival. It may take the form of a completely new enterprise, or may involve the expansion or adjustment of existing farm enterprise patterns in order to increase farm income or to reduce farm variability
<b>Livelihoods</b>	The means by which a household earns an income or sustains itself in order to survive
<b>Local Council</b>	A civic structure in Uganda that provides local governance and facilitates mutual consultation and guidance in order to give better services to communities. LC are hierarchically arranged from villages, parishes, sub-counties, town councils and district and headed by an elected committee
<b>Malnutrition</b>	Malnutrition is a condition, which results from a person receiving the wrong amount or proportion of food nutrients.
<b>Nutrition</b>	The science of food and the way the human body uses it to promote and maintain health.
<b>Nutrition education</b>	Education directed at individuals, families and communities in order to encourage the selection of food they grow, purchase and consume in order to stay healthy
<b>Opportunistic infections</b>	Refers to illnesses that affect people with weakened immune systems and are usually caused by germs, which are commonly found in the environment
<b>Pastoral community</b>	People who practice communal grazing for subsistence as a way of life
<b>PLWHA</b>	A term that refers to People Living With HIV/AIDS, whether or not they are showing signs of AIDS

<b>Psychological</b>	A state of the mind
<b>Revolving credit fund</b>	An informal arrangement of a saving and credit scheme. Money is pooled by individual group members and then given to one of the members in turn
<b>SEAGA</b>	Socio-economic and gender analysis; a community participatory approach that promotes capacity building of groups on issues of gender and household economy developed by FAO
<b>Self-help groups</b>	Community groups that have been formed in response to overcoming a particular social problem. Individuals volunteer to help each other out
<b>Social safety-nets</b>	Refers to community or family relationships of trust, reciprocity and exchange that provide welfare support to fellow community members suffering unduly during times of hardship
<b>Stakeholders</b>	A stakeholder is any individual or group with a direct or indirect interest in the outcome of a development intervention, or anyone who is affected by or who affects this intervention
<b>Stigmatization</b>	To characterize or brand a person as disgraceful. The act of stigmatizing is often associated with rejection, abuse and passing judgment on individuals social/personal behaviour
<b>Sustainability</b>	The ability of a process, group or system to be able to continue to function independently in the long-term
<b>Vulnerability</b>	The presence of internal and external factors that place people at risk of becoming food-insecure or malnourished, poor, including factors that affect their ability to cope
<b>Vulnerable households</b>	Categories of households whose present and/or future survival is threatened by natural factors like the AIDS epidemic



# **HIV/AIDS resource guide for extension workers**

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