CREATING ECONOMIC OPPORTUNITIES FOR RURAL WOMEN TO ADDRESS HIV & AIDS IN MOZAMBIQUE

BY

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ABREVIATIONS

AIDS – Acquired Immune Deficiency Syndrome

ART – Anti Retroviral Therapy

ATAP – Associação dos Técnicos Agro-Pecuários

CIDA - Canadian International Development Agency

CNA – Community needs Assessment

CNCS – Conselho Nacional ao Combate SIDA (AIDS National Council)

DDMAS- Direcao Distrital da Mulher e Accao Social

DV – Dependent Variable

FGDs – Focus Group Discussions

HIV – Human Immunodeficiency Virus

IGAs – Income Generating Activities

IV – Independent Variable

MFIs - Micro-Finance Institutions

MISAU – Ministério de Saúde

OMM – Organização de Mulheres Moçambicano

OVC – Orphans and Vulnerable Children

PLWHA – People Living With HIV & AIDS

STIs – Sexually Transmitted Infections

UNICEF – United Nations Children's Education Fund

VSO – Voluntary Services Overseas

GLOSSARY

Capulana - local cloth wrapper worn by women

Curandeiro - local healers, generally thought to have powers of healing and of divination through consultation with ancestors.

machamba - field for farming

sede - centre of district administration

shangana - a local language spoken in southern Mozambique

shitswa - a local language spoken in Inhambane

Xtique - system whereby two or more individuals pay a fixed amount in cash or kind into a fund to be withdrawn at intervals.

ABSTRACT

In 2005, Mozambique had a HIV prevalence of 16.2% (MISAU, Aug. 2005), which is due to the fact that there is a fast increasing epidemic in the southern part because of interaction with South Africa and Swaziland. 1.4 million people in Mozambique were living with HIV by 2005 and 60% of the infected were women. Therefore, there is an urgent need to prevent the spread of the virus, especially among the rural women who are in vulnerable positions because of their partners leaving the homesteads to go look for work in towns or neighboring countries, especially South Africa, as miners. Female-headed households are placed in vulnerable situations, because the women are left to tend for the needs of the households and due to the lack of their bargaining power, they are forced to engage in unsafe sex to be able to earn income to support their families. Hence, the development of this project which aims to address the negative impact of HIV & AIDS through creating economic opportunities for the female-headed households. In the long run, the project will target at least 100 female headed households to benefit from this intervention, out of the 1105 women of Nhapele. The hypothesis was that by creating economic opportunities for these women, there will be a reduction in their vulnerability to HIV infection.

The target area was Nhapele location of Inhassoro district in Inhambane province. This is a rural location whereby the population depends on agriculture for its livelihood. The main problem identified was the lack of economic opportunities in the target area. This was addressed through interventions targeting household food security faced in the rural community by increasing technical and organizational capacity of women's groups and community members, in order to respond to their economic needs, in an effort to prevent

the further spread of HIV. In the in itial phase the project targeted ten wom en who were trained in developing kitc hen gardens, addressing HIV & AIDS issues and running income generating activities. Th e initial IGAs were two tuck shops in Manjangara and Nhazamba villages of Nhapele location. Th e long-term plan is to develop savin g schemes, merry-go-rounds, and use the initia l capital of the IGAs as a revolving fund for other women groups.

EXECUTIVE SUMMARY

Seventy per cent of the 36 million people infected world wide with HIV live in Sub-Saharan Africa and within this region the countries of Southern Africa are the worst affected. The eight countries with the highest rates of infection are in Southern Africa, followed by six countries in East Africa. Although the countries of the region have much in common, their histories over the last twenty years have been very different.[1]

Like elsewhere in sub-Saharan African, the vicious cycle of poverty starts from food insecurity that leads to increase in HIV infection and compounds poverty because of reduced income and less production of agricultural crops. HIV & AIDS has had a negative impact especially on women, as they have to bear all the burdens. Women are in vulnerable situations in the proposed target area because of the migration of the men to neighboring countries, especially to South Africa, in search of jobs. Left behind, the women have to depend on agriculture and if the harvest is low, they are forced to depend on the few men who are left behind to cater to their households needs. This entails them at times to exchange sexual favors for financial gains. The women, not having any bargaining power and being in financial need, are left with no choice but to comply with the request of the men. Gender inequality is a major factor that puts women in a vulnerable situation for HIV infection.[2]

The beneficiaries of this project will be the population living in Inhassoro district in the administrative post of Inhassoro *Sede*, location of Nhapela. Inhassoro district has a population of 43.406.

The project examines a gender-based response with a special focus on female-headed households. There is an inclusion of men within the project. The main objective of the project was to address the household food security, nutrition and economic opportunities for the women in the area by increasing the technical and organizational capacity of women's groups and community. The long-term intervention will seek to integrate other development activities aimed at improving households' access and utilization of food through nutrition education and increased agricultural production.

The project realized that these objectives could not be adequately reached without attention to social connectivity and sexual behavior. The migration of men to neighboring countries has increased the vulnerability to HIV infection for the women in this region. The men who normally cross over to South Africa to work in mines stay for a year or more without their partners.[3] Hence, they look for alternative partners for their sexual needs. Most of them have different partners and end up being infected with the AIDS virus; in turn, they infect their permanent partners in Mozambique when they return. Apart from their permanent partners, the men also look for young girls who are willing to be their casual partners, because they have a lot of money on their return to Mozambique. If the man was not infected from his work across the borders, he might end up being infected by the young girls, and in turn go and infect his permanent partner. Inhassoro is also on the corridor of the Southern Africa region with a lot of truck drivers who are one of the high risk groups because of their mobility.[4]

The project addressed the creation of economic opportunities for two women's groups which are comprised of five members each. They started up income generating activities

in the form of tuck shops within their communities and are focusing on saving the money they earn to help in household needs. For instance, they may spend the additional income on transport to hospital which is about 30kms away from their homes, and contributing to other household needs like buying food and education for their children. With this taking place, the women will be seen as contributors to the family income and therefore might gain some respect and be able to make decisions in the family. The next focus will be starting of a merry-go-round (*xtique*) for the women groups, whereby they can practice lending and savings within their groups.

For this intervention to be effective, an understanding of the reason why Southern Africa is the worst affected region in the world, why the epidemic has spread in this region more rapidly than in any other, and why there are such great differences in the infection rates in different provinces, between men and women is required. Efforts had to be made to come up with a gender-based response with the inclusion of men in the proposed project. Most of the gender based responses currently being implemented in Africa as a whole, have focused mostly on women as a vulnerable part of the community, but it has to be realized that for a project to be effective, especially in the rural areas, the men in the community need to be involved; without their involvement, the men will put obstacles in the way of the project's success, and no positive results will be achieved. It has to be understood in the African context that a man almost always has the upper hand in the family, and therefore they should be able to be on the same level of discussion of any intervention with the women.

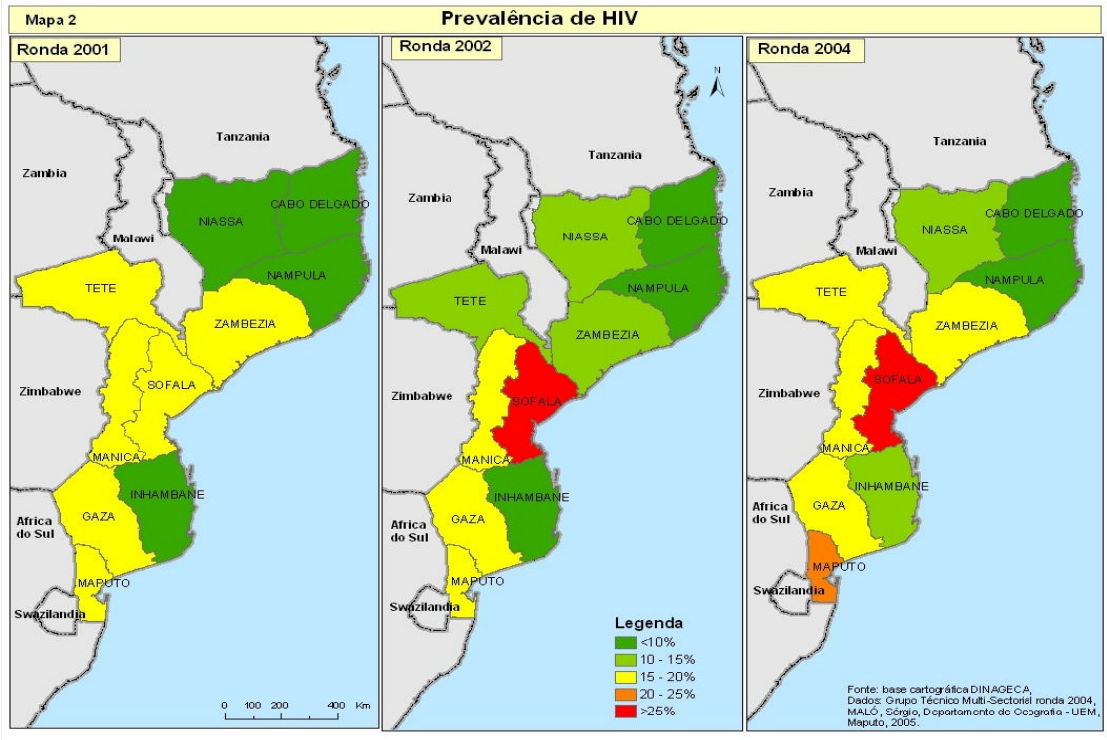
The AIDS epidemic is a great challenge to Mozambique and to all of Africa. Unless the issue of economic empowerment to the rural women is addressed with the inclusion of men in the response, it is unlikely that the greater struggle to control and manage HIV & AIDS can be won. The interventions on HIV & AIDS have to involve the different community leaders who are influential and can talk to the men in the community: this is one of the successful approaches that this project has taken.

THE PROBLEM

Table 2: HIV & AIDS in Mozambique

Indicator	Mozambique	Sub-Saharan Africa	Global
Estimated number of people living with HIV & AIDS, 2003	1.3 million	25 million	37.8 million
Percent of adult population estimated to be living with HIV & AIDS, 2003	12.2%	7.5%	1.1%
Estimated number of deaths due to HIV/AIDS, 2003	110,000	2.2 million	2.9 million
Women as percent of adults estimated to be living with HIV & AIDS, 2003	56%	57%	48%
Percent of young women, ages 15-24, estimated to be living with HIV & AIDS, 2001	10.6 – 18.8%	8.9%	1.4%
Percent of young men, ages 15-24, estimated to be living with HIV & AIDS, 2001	4.4 – 7.8%	4.4%	0.8%
Estimated number of AIDS orphans, 2003	470,000	12.1 million	15 million
Number of people estimated to be receiving antiretroviral therapy (ART), June 2005	11,000 – 13,000	500,000	970,000
Number of people estimated to be in need of ART, June 2005	204,000	4.7 million	6.5 million

MAP 1. REPÚBLICA DE MOÇAMBIQUE



Problem Statement

Today, HIV & AIDS is a major development problem touching every area of human existence. In those societies affected by HIV & AIDS, the majority of the population lives in rural areas and their livelihood depend largely on agriculture. A vicious circle is forming, linking together HIV & AIDS, poverty and food security. Worldwide, half the adults newly infected with HIV are women.

HIV & AIDS is creating a crisis in the rural areas of countries most severely affected by this pandemic. Up to now, most of the responses to national HIV epidemics have come from the health sector. However, owing to the centrality of agriculture in the lives of rural populations, people are beginning to see that the agricultural sector has a fundamental role to play in mitigating the impact of the pandemic.

Food security and nutrition can play an important role in prevention; care and mitigation activities in HIV & AIDS impacted communities.[5] Food insecurity, on the contrary, can increase vulnerability to the disease, and as such drought is a critical time for reinforcing HIV & AIDS messages. HIV & AIDS can be both a cause and a consequence of poverty. HIV & AIDS leads to reduced agricultural production, reduced income, increased medical expenses, thus causing reduced capacity to respond to the crisis. Food insecurity may lead to increase labour migration and other high-risk behaviours.

The HIV prevalence rate of the population between the ages of 15 –49 years in Inhassoro district is 9.7 %(MISAU and UNICEF report 2003). This poses a threat to the population that is not yet infected.

Many of the women in Inhambane Province are single because of the flow of men going to neighboring countries to look for work. These women are left alone for a long period and some have to indulge in risky sexual behaviors to sustain their families. That is their easiest coping mechanism, which does not involve expenditure on their sides. This puts them in a very vulnerable situation of getting infected with the AIDS virus. At the same time, when their partners return from the neighboring countries, some of them are already infected and pass on the virus to their wives. A bigger problem is that when these men return, they also engage in sexual activities with other women who prefer them to their local counterparts because they perceive that they come back with a lot of money. This, therefore, puts the women at risk because they are not empowered to use condoms and if they insist on using condoms, the men will leave them and look for others who are willing to have unprotected sex. Inhambane province is a tourist place, which has nice beaches thus attracting many foreigners. Therefore, a lot of single women are attracted to these foreigners for money gains in exchange for sexual favors. This puts the women in the vulnerable situation of getting infected with the AIDS virus.

Landmines were used extensively in the Mozambique civil war that ended in 1992. Most of these landmines were laid in rural areas, thereby locking up productive land and posing a serious physical threat to farmers. Due to the existence of landmines in the rural areas, most of the land which could have been used for agriculture is lying idle. Therefore, the food insecurity within the rural community caused by not using of the land with landmines could lead to other negative impacts on the lives of the community members, like engaging in risky sexual behaviors in exchange for food.

The aim of the project was to support the most vulnerable rural women. The project paid particular attention to women but included men, with regard to access to correct HIV & AIDS information and building their capacities to enable them make informed decisions and ensure food security within their households.

The project proposed to give special attention to women farmers and female-headed households, because the control of the spread of HIV is dependent on the recognition of women's rights in all spheres of life and therefore, women's empowerment is an important tool in the fight against HIV & AIDS. Rather than start a totally different level of intervention, the efforts of this project will aim at scaling up the on-going interventions and building upon promising community initiatives, with a specific focus on income generating activities for female-headed households[6]. Accordingly, the host organization had a project on animal restocking and multiplication of seeds in the location and this was used as an entry point for involvement of the community men. Active participation by the community, especially rural women and families with households having People Suspected Living with HIV & AIDS (PSLWHA), was encouraged to make the project more relevant and sustainable.

Target Community

The target area was Inhassoro district in the administrative post of Inhassoro Cede, location of Nhapela. The aim of this project was to support the most vulnerable rural women. The project paid particular attention to women but with inclusion of men, with regard to access to correct HIV & AIDS information and their empowerment in enabling them to make informed decisions and ensuring food security within their households. In addition, the socio-cultural norms regarding agriculture and cattle breeding in

Mozambique mostly benefit men. The women were also able to benefit from the distribution of goats which they will rear and sell when in need.

The project benefited households in rural areas that do not have access to HIV & AIDS information and are experiencing food insecurity. The first phase which was the pilot project primarily benefited 10 women and will later on expand to benefit 100 female headed households. Therefore, 10 households were the primary beneficiaries. The project gave special attention to women farmers and female-headed households, because the control of the spread of HIV is dependent on the recognition of women's rights in all spheres of life and therefore, women's empowerment is an important tool in the fight against HIV & AIDS.

Active participation by the community, especially rural women and families with households having People Suspected Living with HIV & AIDS (PSLWHA), was encouraged to make the project more relevant and sustainable.

ATAP, as the host organization, facilitated the implementation, while the day-to-day project planning and implementation was in the hands of the community and women groups. To streamline the management at the community level, project management committees will have the responsibility of ensuring the participation of the community. These will be in charge of identifying relevant activities within the community, which would be implemented in the project.

Stakeholders

Different stakeholders were identified during the CNA and have been involved in the designing and planning of the project. Women were the main stakeholders, whose main interest was addressing their vulnerability to HIV infection by increasing household

incomes, addressing HIV & AIDS issues and food security. To fully address these issues with a focus on the women the potential strategies for obtaining support was mainly to involve the men and encourage group work among the women.

Men were also taken into account as stakeholders as they could act as an obstacle to the involvement of the women in economic activities. Their main interest in the project was the improvement in their livelihoods, in terms of agriculture, which would also increase their household income if they expand their areas of cultivation and be able to harvest more crops. They were involved in the planning process throughout the entire project.

The interests of community leaders and the local government were improved skills, especially in the area of agriculture production and knowledge of HIV & AIDS. They were and are continuing to be involved in the designing, planning and implementation of the project.

Members of farmers' associations had interests in the area of multiplication of different varieties of seeds and food security. Their involvement in the distribution of seeds and supplying them with seeds was a strategy used for obtaining support from them. This was very important because the women targeted in the project belong to these farmers associations and the first impression the associations had was that the tuck shops would belong to the associations. An agreement was reached when it was explained that the start-up money for the IGAs would act as a revolving fund, where the other women belonging to female-headed households would also benefit.

The interest of the private sector is in the purchase of more commodities to be sold in the communities. And as the revolving fund continues to move to other groups, there will be purchases of diversified commodities from different components of the private sector.

Working with them will give more support for the women groups to be able to negotiate better prices as they become regular customers. The private sector can also be an avenue for the community to sell their agricultural products if harvested in excess, and for the women groups to open bank accounts for their businesses.

(See Annex 2 - stakeholders' analysis)

Project Goal

The overall goal of the project is to improve the livelihoods of women focusing on 100 female-headed households in the rural areas living with OVC and PSLWHA in Inhambane by increasing their economic opportunities by 2009.

Project Objectives

- To build the capacity of women to grow and sustain the home grown gardens by 2007
- To produce fruits and vegetables there by achieving food security by 2007
- To build the capacity of rural women in coping with HIV & AIDS risks by 2006
- To increase women headed households' income by initiating Income Generating Activities by 2007.

OBJECTIVES	MEASUREABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
GOAL: Create economic opportunities for rural women	Number of economic activities initiated Number of women empowered	Community surveys Women's groups records Training reports	Sustained partnerships within the community and other development agencies

PURPOSE: Improve economic opportunities for rural women	Number of economic activities initiated Number of women empowered	Community surveys Women's groups records Training reports	Acceptance of project by the community
<u>OUTPUTS:</u> Women groups formed IGAs initiated Home gardens developed Rural women trained in HIV & AIDS issues Nutritious foods grown in the home gardens IEC materials and condoms available	Quality of nutritious foods consumed per household Number of home gardens developed Number of different variety of nutritious crops grown Number of women trained in addressing HIV issues Number of open forums organized Number and type of IEC materials distributed	Community surveys Focus group discussions	• Spread of HIV; the devastating effect of HIV & AIDS will not affect the project labour force or participation of individuals in the project • Good level of participation of the community • Good collaboration with local administration structure. • The HIV message is converted to behavioural change
<u>ACTIVITIES:</u> Stakeholders' sensitization seminar Community Needs assessment Formation of women's group Capacity building for women's group Development of IGAs Development of home gardens Community forum discussions Evaluation	**<u>INPUTS:</u>** **Personnel** • Project Manager • Accountant • Field technicians • Driver • Nutritionist • Translator • Ministry of Agriculture Extension Staff • Community activists **Equipment** • 1 Vehicle • 2 motorbikes	• Financial reports • Monitoring reports • Mid-term and final project reports • Stakeholders feedback • Participants feedback records • Women's groups reports • Field visit reports	• Funding for the project is received on time • Each stakeholder plays their role satisfactorily

	• Watering cans • Office equipment, computers, photocopier **Supplies** • Improved seeds stock, • Construction materials • Shops' commodities • HIV & AIDS IEC materials		

The overall goal for the project was to create economic opportunities for rural women focusing on female-headed households. The indicators which were to be measured were the number of economic activities initiated because this would show the initial capital is revolving to benefit other women groups and therefore more groups will have been formed. The number of women trained in addressing HIV & AIDS issues will also be taken as a measurable indicator to enable the project to gauge whether more women have the correct information on HIV & AIDS or not. Number of home gardens developed will show how the female-headed households are benefiting from the vegetables and fruits they are planting to ensure nutritious food for their families. Increase in the level of household income will be measured at a later stage of the project. This will show that the IGAs are being operated at a profit and thus benefiting the members of the groups, which will also trickle down to the households members benefiting. All these indicators will be measured using different means of verification like community surveys, training reports focus group discussions, women's groups' records.

LITERATURE REVIEW

The project focused on creating economic opportunities for rural women so as to reduce their vulnerability to HIV infection by reducing the impact of HIV & AIDS on the target group. Therefore the literature review done shows the impact of HIV & AIDS on women and how by creating economic opportunities for rural women can be a way forward to reduce their vulnerability to HIV infection.

> "We must do all we can to loosen and remove the grip of this terrible disease. I believe that one of the most powerful HIV vaccines available today is women's empowerment. By bringing knowledge and information to the global community, we are able to empower women. Women's empowerment is the key to reversing the epidemic."[7] Noeleen Heyzer, Executive Director, UNIFEM.

In the early stages of the HIV & AIDS pandemic, infection was predominantly among men. Today this trend has shifted, with women accounting for about 50 percent of the estimated 40 million people worldwide living with HIV & AIDS. [8]Sub-Saharan Africa is by far the worst affected region, with an estimated 26.6 million infected people in 2003. [9]Women and girls in every region bear a disproportionate burden of the disease due to social, cultural, economic, and biological vulnerability. Poverty, low social status, and lack of economic opportunity propel some women into risky situations, such as prostitution, trafficking, and 'survival sex' in exchange for necessities. The prevalence of sexual abuse and rape and the perception of male authority over issues such as condom use, reflect the unequal power dynamics that greatly impact women's chance of infection. Certain traditional norms and practices can augment this risk, such as early marriage, desirability of virginity, and female genital cutting. Lower levels of literacy and education, among the strongest determinants of reproductive health, can affect women's access to information on the prevention and care of HIV & AIDS. The stigma associated

with HIV & AIDS that increases infection and reduces the use of programs for prevention and treatment, affects women who often must confront blame, ostracism, and physical violence. Finally, women and girls do the majority of caretaking for AIDS sufferers and orphans, at the same time that many of them face the daily struggles of survival amidst poverty. While all of these factors are daunting, courageous women worldwide have begun fighting for change.

Gupta G.R in her paper states that the prevention messages, whether urging women to abstain, be faithful, or use condoms, often fail to reflect the reality of women's lives and, in particular, the broader social forces that contribute to their risk. In settings where limited educational or economic opportunities exist, pressures of poverty lead women and girls to trade sex for survival. Where women have low status and financial autonomy, and depend on their partners for support, abstaining from sex or negotiating use of condoms are simply not realistic options. Moreover, physical and sexual violence affect women's ability to protect themselves from infection. Refusing sex, inquiring about other partners, or suggesting condom use have all been described as triggers for intimate partner violence; yet all are intimately connected to the behavioral cornerstones of HIV prevention. [10] Gupta goes further on to state that most HIV infections among women occur through unprotected sexual intercourse. Many women, especially those who are poor and illiterate are limited in their ability to control these interactions because of their low economic and social status and because of the power that men have over women's sexuality. The worst manifestation of the unequal power balance between women and men is violence against women. Thus, to protect women from HIV infection, it is

necessary to equip them with education, information and productive resources as well as HIV prevention technologies that they themselves can control.

Additionally, there is a need for social support that gives women the chance to organize and meet in groups. Simultaneously, educating young boys and men about sexual and family responsibility may lessen the damaging effects of male power and notions of masculinity. Lastly, there must be recognition that violence against women affects their health and, by extension, the future of households, communities and entire nations.

In their paper, "Men and the HIV Epidemic" Kim Rivers and Peter Aggleton suggest that "involving men more fully in HIV prevention work is essential if rates of HIV transmission are to be reduced. Much existing information about men's behavior and beliefs comes not from men themselves, but from women. We still know little about what men think, and what they might respond successfully to, in terms of HIV prevention. Although in the case of domestic violence, sexual coercion and rape, it may be difficult to generate accurate accounts from men themselves, it is important to engage men in discussion to gain an enhanced understanding of their perceptions, attitudes and practices".[11]

In the paper "Microfinance and HIV prevention – emerging lessons from rural South Africa," P.M. Pronyk, et al. review the evidence supporting an enhanced role for microfinance in HIV prevention activities. It goes on to describe the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) – a South African case study that has been designed to explore these relationships in detail. As the project proposes empowering women to engage in economic development activities, Pronyk et al state that

the microfinance sector has the potential to play a much more substantial role in generating a comprehensive and pro-active response to the AIDS epidemic. Microfinance is one of the few interventions that can both mitigate AIDS impact and prevent new infections. Through mainstreaming HIV & AIDS perspectives within MFIs, this combined approach has the potential to address significant population-level vulnerabilities to HIV – particularly poverty and gender-based inequalities.[12]

According to Mohammad Khairul Alam's paper on 'Adolescent girls more vulnerable to HIV infections' he talks about the vulnerability of women to HIV infection because of the limited economic opportunities in many poor regions. In addition, discrimination and stigma obstruct adolescent girls' access to health services. Gender analysis in relation to HIV & AIDS has tended to focus on women of reproductive age, and frequently on young girls, because young women and girls are increasingly being targeted for sex by older men seeking safe partners and also by those who erroneously believe that a man infected with HIV will get rid of the virus by having sex with a virgin. So the AIDS epidemic has been fuelled by gender inequality or discrimination.

Unequal power relations, sexual coercion and violence are widely faced by women of all age-groups, and these have an array of negative effects on female sexual, physical and mental health. In many developing countries, poverty and gender discrimination between women and men are both strongly linked to the spread of HIV. Gender and age analysis shows the ways in which women and girls of different ages are vulnerable to the infection, and it requires support to help the survivors overcome the financial and social effects of the epidemic. The approach for checking HIV & AIDS and that of poverty alleviation are interconnected. Therefore, health and development workers should work

on a set of integrated policies and programs to reduce poverty and address HIV & AIDS. They should emphasize the need for special efforts to protect women and girls exposed to the risk of HIV and ensure that the legal, civil and human rights of those affected and infected are duly protected, and that women have access to treatment, counseling and support on an equal footing with men.[13]

Mozambique has launched a program on gender and AIDS, dealing specifically with the feminization of the HIV & AIDS pandemic. Gender inequalities, the lack of economic opportunities, limited power, socio-cultural habits and lack of knowledge about sexual health are among the factors that put women at increased risk of infection by the HIV virus that causes AIDS, said Mozambican Health Minister Ivo Garrido at the launch of the joint program with the United Nations and the government of the Belgian region of Flanders in 2005. The United Nations AIDS Program (UNAIDS) country coordinator in Mozambique Telva Barros said "focusing on women and girls is essential. Women are not often in a position to negotiate safe sex in Mozambique, and when women lose their husbands or partners to AIDS, they are often denied their inheritance rights, leaving them destitute and even more vulnerable."[14]

In the paper on ' Women and Human Development, the capabilities approach'[15] Martha Nussbaum shows how married women are treated as agents of an end for other members of the family. Their role is taken as caregivers and supporters and they are just helpers for the others to achieve what they want. Married women have no bargaining power and cannot therefore make any decisions. This mainly is brought about by their economic incapability which makes them stay in the same positions of being dependent, especially

in the rural areas where there are no economic opportunities for the women. This kind of situation puts the woman in a vulnerable position especially to HIV infection, because she does not have a strong "fall back position," she cannot refuse to give in to all that the man wants.

The World Health Organization fact sheet No. 242 [16] explains the biological, economical, social and cultural reasons why women are more vulnerable to HIV infection. It goes further on to explain why a response on HIV pandemic should be gender-based, and gives the main three reasons as:

1. Unequal gender (social, economic, and power) relations are driving the epidemic
2. Women are disproportionately affected by the epidemic
    - They are highly vulnerable to infection
    - They bear the psychosocial and physical burden of AIDS care
    - They suffer particular discrimination; are often blamed for spreading infection
3. Sex differences in pathology. Clinical management, for too long based on research undertaken on men, must be tailored to women's particular symptomatology, disease progression, HIV related illnesses etc.

The fact sheet goes on further to state that physical and material independence and security for women which is independent of the "protection" of a man or men will make a difference. This means that women must be empowered so that they are able to control their own lives and in particular their sexual relations. This will imply a profound shift in social and economic power relations between men and women. The fact sheet realizes

that this cannot be achieved in the near fu ture but stresses on action to be taken now through:

- Increased educational and employment opportunities for girls and women
- Public education cam paigns on the harmfu l - f atal, in the c ase of AIDS - effects of unequal gender relations.

COMMUNITY NEEDS ASSESSMENT

Community Profile

Mozambique is one of the African countri es hardest hit by HIV & AIDS. Extreme poverty, urban and cross-borde r m igration, unequal distribution of power between m en and wom en, stigm a, and low liter acy leve ls f uel th e epid emic. The scale and f uture impact of HIV & AI DS in Moz ambique can only be understood by exam ining it in relation to its young population. Youth com prise 32% of Mozam bique's population and account for 60% of new HIV infections in a co untry estimated to have a HIV prevalence rate of over 13%. Tradition ally, H IV & AIDS program s in Mozambique have been prevention-focused, and few have addressed th e spec ific n eeds and so cial contexts of young people. Half of the peopl e living with HIV & AIDS in Mozam bique are between the ages of 15 and 29. Girls and w omen are especially at high risk a nd are being infected at a ratio of two to one over m en. Current ly, there are 470,000 orphans due to AIDS in Mozambique, which will increase to over one million by 2010. (Pathf inder international fact sheet-2006)

The Republic of Moza mbique is a large-m edium size country on th e southeast African coast, between Tanzania and S outh Africa. It is one of the world' s poorest countries and

is shackled with enormous problems: prone to drought and cyclones, half the population regularly threatened with starvation, very high incidence of illiteracy, skilled workers employed abroad, and a civil war-shattered infrastructure. The population of Mozambique in 2003 was estimated by the United Nations at 18,863,000, which placed it as number 54 in population among the 193 nations of the world. There were 93 males for every 100 females in the country in 2003.

The current population is estimated at 19,686,505, of which the estimates explicitly take into account the effects of excess mortality due to AIDS; this can result in lower life expectancy, higher infant mortality and death rates, lower population and growth rates, and changes in the distribution of population by age and sex than would otherwise be expected. The 1997 Mozambican census reported a population of 16,099,246. The age structure is 42.7% between the age of 0-14, with 4,229,802 males and 4,177,235 female, 54.5% between the age of 15-64 with 5,207,149 males and 5,519,291 females and 2.8% greater than 65 years with 230,616 males and 322,412 females. In 2001, the population living below the poverty line was estimated at 70%. (*CIA World Fact book*-June 2006)

The province where the project was implemented was Inhambane Province which is in southern Mozambique. The target area for the project was Inhassoro district in the administrative post of Inhassoro *Sede*, location of Nhapela. Inhassoro district has a population of 43.406 of which 11.616 is in the target area. Inhassoro cede has a population of 9.715 and Nhapela has a population of 1901. The total number of women in the two locations is 6.431 where Inhassoro cede has 5.326 and Nhapela has 1.105. The total number of men in the two locations is 5.185 where Inhassoro cede has 4.389 and

Nhapela has 796. (Mozambique Census report of 1997). (Annex 1). More than 50% of the population in the target area is women, who are most vulnerable to HIV infection.

According to the UN, the annual population growth rate for 2000–2005 is 1.75%, with the projected population for the year 2015 at 22,537,000. About 60% of the population lives in the central and sout hern coastal provinces. It was estim ated by the Population Reference Bureau that 40% of the population lived in urban areas in 2001. According to the United Nations, the urban population gr owth rate for 2000–2005 was 4.1%. As seen on the table below, the HIV prevalence ra te has increased to 16.1% (UNAIDS – 2 006-Report on the Global AIDS Epidemic)

Table 3:

II. HIV AND AIDS ESTIMATES	
Number of people living with HIV	1 800 000 [1 400 000 – 2 200 000]
Adults aged 15 to 49 HIV prevalence rate	16.1 [12.5 – 20.0]%
Adults aged 15 and up living with HIV	1 600 000 [1 300 000 – 2 000 000]
Women aged 15 and up living with HIV	960 000 [590 000 – 1 300 000]
Deaths due to AIDS	140 000 [100 000 – 200 000]
GENERALISED EPIDEMICS	
Children aged 0 to 14 living with HIV	140 000 [57 000 – 310 000]

Like elsewhere in sub-Saharan African, the vicious cycle of povert y starts from food insecurity, leading to risky c oping mechanisms which lead to increase in HIV infection. This has resulted in many households losing the head of the household and often both the parents leaving the orphans behi nd to the care of relatives. So it is not unusual to find a woman headed household in rural Mozambique taking care of 4 -6 orphans.

To address this situation the following issues need to be dealt with:-

- Food production and food security

- Availability of nutritious food
- Availability and accessibility of HIV & AIDS Information
- Economic opportunities and skills to cope with increased demands of providing support and care for Orphans and Vulnerable Children (OVC) and People Suspected Living with HIV & AIDS(PSLWHA)
- Capacity building for women headed households in Income Generation activities (IGAs)

Community Needs Assessment

A community needs assessment was conducted in the proposed target area. Data was collected using a questionnaire administered to a selected group of the community. The interviewees were placed into three categories rural women who are the primary target group, men and community leaders. The assessment was done in August 2005, with each session lasting between one to two hours. Complementary data was obtained through a review of HIV & AIDS strategies, mainly from the National AIDS Council reports (Ministra da Mulher condena "feminização" do HIV e SIDA - noticias de CNCS-09 de Maio de 2005) and "(HIV & AIDS prevention and care in Mozambique, a socio-cultural approach" - 2002)[17].

Prior to the assessment, a pre-test of the questionnaire was done with the colleagues of the host organization, ATAP, who work in the rural areas. Three of them were gathered and the questionnaire administered to them. The conclusion was that the questionnaire was appropriate to gather the kind of information which would help in designing and

implementing a comm unity project because it addressed all the issu es required in identifying the community needs and them coming up with their own solutions

The objectives of the community needs assessment were to:

- Assess the impact of HIV & AIDS on the rural women
- Identify ongoing awareness, prevention and care activities on HIV & AIDS within the target population
- Identify challenges in addressing HIV & AIDS
- Identify the needs of the rural wom en and give them an opportunity to find solutions to their prioritized needs

The assessment mainly focused on HIV & AIDS and econom ic opportunities which can be available for women to increase their household incom e. The respondents identified their needs and ways of tackling them . Af ter the assessm ent the findings were sh ared with the stakeholders who assisted in identifying the way forward for the project.

The two main questionnaires de veloped were for the wom en and community leaders. An orientation of the team m embers was carried out in Inh assoro b efore the assessm ent, where the m embers were trained in the use of the questionnaires. Duri ng the orientation, the objectiv es of the assessm ent were di scussed and consensus was reached on procedures for conducting the assessment.

The assessm ent was done by th e host o rganization, Associaçào dos Técnico s Agro-Pecuários (ATAP) under the guidance of a VSO volunteer fr om Kenya. Since wom en were the target group of th is project, the sample quest ionnaire for wom en and for community leaders/stakeholders is included in the project. Th is does not m ean that other

members of the community were not involved. The men were also involved because they have a stron g voice in the rural areas as far as what the wom en can do and what they cannot do. But since the community leaders ha ve an upper hand in decision-m aking in the rural community, it was important to include the questionnaire used.

Findings

Key Informant Approach

The Key Inf ormant interviews helped in iden tifying community lead ers and dec ision makers who have m ore knowledge about the community and could identify the priority needs and concerns in that target area. Si nce the pro ject is in the rural area s, the questionnaire was administered with the help of a translator into the local language. Key informant interviewees comprised of religious leaders, representative of organization of Mozambican women (OMM), representative of District Directorate of Women and Social Action (DDMAS), village leaders and CARE In ternational personnel. Some of the issues included:

- attitudes on general community needs, or needs that m ight exist within specific areas of the community
- perceptions concerning what is currently being done to meet those needs
- ideas as to what should be done to resolve needs that remain unmet.

It was gathered from the leaders th at most women are farm ers and there are no existing women groups in the area. This therefore gave a start-up point for the project. The interviews revealed that the percentage of women leaders was very minimal, although the

population is higher, with the percentage of women being 59% compared to that of men being 41%. The community leaders were ready to support any initiative for the women in the community as long as the men are made aware of it. This proved the point that the men should also be included in the decision making of the projects or else they will not allow the women to take part, because they might feel threatened that when the women are empowered they might become "big-headed".

The key informants identified a need for creating economic opportunities for the women because they were the ones who carried the burden of caring for the children and anyone who falls sick in the family. Since the women do not have financial opportunities, they have to look for other ways to be able to care for their families. This is especially difficult during the drought season, when there is no harvest and the women have no food for their families. So the leaders felt that some income generating activities could boost their financial positions to enable them not to be forced by circumstances to engage in risky sexual behaviors.

The leaders felt that HIV & AIDS has not been fully addressed within that particular community and that the people just know that it is a deadly disease. There are no support systems put in place and if someone needs to go for a test, s/he has to travel to Vilanculos, which is about 70kilometres from Nhapela. There are no condoms in the area, and people still do not want to accept the usage of condoms because the men feel that it reduces their pleasure. There are no HIV & AIDS educational activities within the area, especially in the location of Nhapela; as a result, the leaders felt that an intensive campaign is needed for the community members to really know more about HIV,

including how to prevent themselves from being infected and how to live positively when infected.

The community leaders agreed that, like else where in sub-S aharan African, the vicious cycle of poverty starts from food ins ecurity, leading to risky coping m echanisms, which lead to increase in HIV infection. This has resulted in many households losing the head of the household and often both the parents l eaving behind the orphans to the care of relatives. T herefore, it is no t un usual to find a fem ale-headed household in rural Mozambique taking care of 4 -6 or phans. From the CNA it was observed that wom en, especially in the rural areas, have no t yet r eached the stag e of being able to do anything as far as HIV prevention is concerned, thus, their complete dependence on their men puts them in vul nerable situations. One observation was that community m embers blame people from outside the country for their HI V problem , instead of realising that the problem is there and they should com e up with solutions. Som e of the m said in Portuguese

> "As pessoas que vem de fora do país, são as que trazem a doença do SIDA para nossas comunidade aqui em Moç ambique. Os m ineiros e outros estrangeiros especialmente os Sul africanos e de outros países vizinhos".
>
> "People who come from out of the count ry are the ones who are bringing HIV to our community in Mozambique. These are mainly the miners and other foreigners especially from South Africa and other neighboring countries".

And some said in shangana which is similar to shitswa (one of the local languages)

"A Vano waku hanha handle ka tiko hi vona va tako ni mavadji ya HIV/SIDA ka Muganga hi ka kone lomo tikwene la hina Moçambique. hava tire va mugode ni vanwani va le hadle ka ti ko, ngofvo ngofvo va Afrika wa dzonga ni va m atiku ya ku hundzamana na hina".

(See Annex 3 for questionnaire)

Secondary Data

Already existing information was collected from CARE International, which works with women and is also the largest active international NGO in Inhambane Province. Since CARE promotes the growth of orange fleshed sweet potatoes in Maimelane, which is a location in Inhassoro district, the project proposed collaborative efforts with the CARE team so as to ensure the target population also benefits from this type of sweet potatoes. According to CARE International, vulnerable households make up over half of the population in Inhambane province. Information was also collected from the census report of Mozambique from National Institute of Statistics to get descriptive statistics about the population. Inhassoro cede has a population of 9.715 and Nhapela has a population of 1901. The total number of women in the two locations is 6.431 where Inhassoro cede has 5.326 and Nhapela has 1.105. The total number of men in the two locations is 5.185 where Inhassoro cede has 4.389 and Nhapela has 796. (Mozambique Census report of 1997) Although this report does not present the actual figures because it was done in 1997, it still gives a rough estimate of the households and the women to men ratio.

Community Forum

Two public m eetings were held, one in Mabime location and one in Nhapela location, where the participants were given an opportunity to identi fy and discuss som e of the needs facing the community, som e of the pr iority needs and what could be done about those priority needs. It was observed that most of the pa rticipants present were women but the men were the ones who were doing most of the talking. This was especially when it came to what they knew about HIV, the men were talking about condoms as preventive measure but the wom en were not vocal. Knowin g that wom en are the on es who bear all the burden of taking care of HIV infected pe ople in the households, worrying about the wellbeing of the family and working hard on the fields so as to have food for the fam ily, it was well noted that they were not talki ng about these problem s. And the m en were saying that the people com ing from out of the country or bigge r towns are to be blam ed for all the HIV infection in Mozambique as a whole. Some of the questions asked were: -

- What are the most important needs facing our community?
- Why are these important needs?
- What have we done to help meet these needs in the past?
- Where have we failed in the past in our attempt to meet these needs?

Focus Group Discussions

Women's Forums

FGDs were organized for wom en and men so as to give the wom en an opportunity to air their concerns within a group, which they we re comfortable. This is when the wome n

really started speaking out and talked about women being too dependent on the man; that is why they could not do anyt hing when the men pursue other women as sexual partners. Some of the women said in portuguese

> "Nao existe nada que a gente possa fazer a cerca da nossa dependencia em relacao ao Hom em. Porque nos nao conseguim os suportar a nos mesm o e aos nossos filhos. Mas se tiverm os actividad es que possam trazer rendim ento, entao nos estaremos aptas a suportar a nos e ao nossos filhos."

> "There is nothing we can do about our dependency on m en because we cannot support ourselves and our children. But if we had som e incom e generating activities we can be able to support ourselves and our children"

While others were saying in shangana

> "Akuna tchum u lechi hinga chiyenthaka lesaku hita hungula a kuti vekisela akulhayisiwa hi wanuna Hikuva ahisikoti kuti lhayisa hina nivana vahina. Ka mbe Loko a hi k uma mintiro yuku hiyhika bindz u ahitasikota kutilhayisa hina nivana vahina."

That is when they cam e up with the idea of creating econom ic opportunities so that the y can also have som e incom e. The men should al so be included in the decision for such activities, as they can b e an obstacle towards their em powerment process. The wom en aired their disappointment on the fe male condom not being eas ily available and affordable because that would have really he lped them as the fe male condom can be put on before the partners have sex, thus prot ecting the wom en. They were worried about their men especially when they went out drinking and they see beautif ul wom en. They

came up with suggestions on peer education among the women, because it would be easier for a fellow woman to discuss personal issues with another woman.

To help in the reduction of the spread of HIV infection in the community, the women said that production of nutritious foods and dissemination of information on HIV & AIDS could really assist. The responsibility of the woman to her daughters is to explain to them the facts about HIV and sexual issues. The women lamented that this was very difficult because they did not have the correct information to tell their children. The female-headed households depend on agriculture and rearing of animals, but they are others who do not have these assets and therefore are forced to exchange risky sexual favors for money to take care of their families. These women should be economically empowered because the other women felt that they were a threat to their husbands and can also be a way of spreading the HIV infection to their partners. This then puts the whole community in a vulnerable position. The religious leaders have been talking about HIV in general during the church services. But the community feels that they need to have more information so as to be able to answer some queries brought up by the community.

One of the risky behaviors observed within the community is during a community get together when people get drunk and some of them might end up having casual sex. And because they are under the influence of alcohol, they put themselves in a risky situation by having sex with a person they have just met. And at that particular moment, they do not have the power to negotiate condom usage. Apart from migration to the mines, alcohol has been identified as a risk factor for the increase in the spread of HIV infections.

Some of the community members claim that they have seen the miners who have come back from South Africa when they are sick and they die shortly after arriving. So the conclusion is that they were HIV positive. They believe that the people who work in big towns like Maputo and South Africa and the tourists in Vilanculos and Inhassoro bring HIV to their area. Many of those people come from out of the areas with the disease. From this kind of information, it can be seen that the rural people normally blame people from outside to have brought HIV in their area. They have not yet realized that HIV is now within them and the ones infected in their community might as well be spreading it around. A case was told of a family where the father died and after some few months the child also died. But the community could not really tell if the father was HIV positive or not.

According to the women, they feel the men are the ones who are spreading HIV among the community. This is because the men are the ones who move out to towns or neighboring countries to look for jobs. Therefore, when they come back, some of the m are already infected and thus spread the virus to their partners and other women in the community. This puts the women in a vulnerable situation. The men are at risk because of their long stay far from their partners and the women are at risk because they have to continue having sexual relationships with their partners and other partners when their husbands are not around. Some of the female youth from the age of 15 years were also seen as being at risk because sometimes they are seen with older men who give them money in exchange for sexual favors. Since not many of the male youth have started going out to look for jobs, they are still considered not to be at risk of HIV infection.

When asked what they could do to help in changing these kinds of beha viors, the women all said that there is nothing they could do. Some of the women said in Portuguese

> "Nos nao podemos recusar ter relacoes sexuais com os nossos parceiros e tambem nao podemos negociar o uso do preservativo com eles. Nos tem os certeza de que eles podem deixarnos e procurar outra m ulher para ter relacoes sexuais e nos podemos perdelos ou ficar sozinhas."

> "We cannot refuse having sex with our pa rtners and we also cannot negotiate the use of condom s with them . We are certain that they can leave us and look for other women to have sex with and we will loose and be left alone".

While others said in shangana

> "Ahinge yali kthanga masangu vivanuna kambe ahi sikoti hi kom bisana navona lesaku s a saseka akuwa hi yam bala xitlh angu. Hi ni ku ts emba lesaku vanga hi tsika vaya lava vanwani vavasati kuva vata tlanga masangu lesaku hina hi valuza kumbe kumbe ku hi sal hoche."

> INSERT EXACT TRANSLATION HERE

This shows a sign of in security on the part of the rural women even going to an extent of putting herself at risk of HIV infection, for th e sake of keeping her partner. Som e of the women said in shangana

> "A kuna tchumu hinga xiyendlhaku"

> "There is nothing we can do" said the women.

This statement is one of the strongest points for the purpose of having this project. As Amartya K. Sen discusses in "Economics and the family," he states that "The bargaining problem of finding a particular cooperative solution, yielding a particular distribution of benefits, will be sensitive to various parameters, including the respective powers of the different members of the family, given, for example, by nature of the 'fall-back' positions if there should be a breakdown. If, for example, men have typically better bargaining power, related to better outside job opportunities (possibly connected with inequalities of education or training, or with sexist discrimination in the job market), then that would lead to a correspondingly more favorable cooperative outcome for the men."[18] The women in the target community have left their fate in the hands of their male counterparts. They are the ones who make decisions in the houses because the women in rural areas have no voice. That is why this project was proposed, to bring the women together and empower them as a group. When they are together, maybe they will have a voice and will be able to air their opinions on issues affecting them.

Some of the women in Inhassoro *Sede* have a savings system known as *xtique*. They meet each week and put money together as savings. When the money has accumulated, someone from the group can borrow as a loan and pay with a small interest. There is no rural banking in the area so every week a different person takes the container of money to her house. This is to avoid any outsider from stealing the money and even for the husbands to demand for the money. Nobody from the other community members knows who has the money. Another way for operating *xtique* is they collect money every week they meet and they give it to one member of the group so that she can do something with it for her family or for herself, such as buying a *capulana* or any household goods.

(See Annex 4 for questionnaire)

The men were more interested in talking about agriculture than talking about other problems which they felt did not concern them. These were mainly problems related to women like looking for water and taking care of the households. They were interested in forming farmers´ associations which could assist in generating income and bringing up cows which they could also use to for tilling their land. At present they work as an association but just as a sign of working together on the *machamba* apart from having their own personal pieces of land. What they suggested in terms of assistance was seeds and other agricultural implements. They would also like to bring up small animals like goats, chickens and ducks. They felt that with this kind of assistance, there can be a guarantee of food security for households with PSLWHA, because they will increase their food production and improve their health. Because of the great distance to the nearest health centre, the men felt that if a household grows nutritious crops, the probability of a member suffering from malnutrition will reduce. And therefore, the need to go to the health centre will also decrease. This will solve one of their main problems of looking for transport for sick people.

They also felt that it was important to disseminate information about HIV & AIDS to people within the community, because the community members need to have correct information so as to be able to prevent from infection of HIV.

Observation

This was very interesting especially at the night observation sessions where the team went to a drinking place. In Mozambique, Fridays are known as "men's days", so the women have it in their minds that their men have to go out and meet with other men,

drink and have fun. Of course the men believe that there is no fun without some ladies around. It was noticed that most of the women were younger than the men, who bought them drinks and the provocative ways of their dancing just showed that it might lead to another dangerous stage. In the local bars, since the area has some tourists, there was a sign of women lingering around the few who were there and trying to attract their attention. The dress code of the ladies was very provocative; therefore in observing them, the team was forced to come up with the conclusion that the women were interested in having sex with the men. It is believed that if these women had some other types of economic opportunities this would not be happening and women would not be so vulnerable to HIV infection. Another observation made during the CNA is that in the rural areas during the dry season, there is nothing to do so the people do not go to the fields. One community was visited at 10am and there were people already drunk on local brew, both women and men. It proved the fact that idleness and alcohol intake are two factors that are very risky in the life of a person, especially when it comes to HIV infection.[19] These are people who have accepted their lifestyle and as long as they can have some little food that is their comfort zone, which they have never, thought of moving away from. They should be people who can discuss with them what development is so that they can always aim higher in life. These kinds of people are those who the community members believe in and consider as role models and leaders who have shown positive results in their lives towards development. They should be aware that life is not all about eating, going to the field and drinking local brew, what happens when their child is sick, wouldn't they like to take him to a hospital for professional opinion instead of taking him to a traditional medicine man (*curandeiro.)* That is the biggest challenge of

working in the rural areas: people being satisfied with how they are living and people living from hand to mouth and seeing it as a normal life.

General problems identified by the interviewees in the target area

- In Nhapela location, there is only one source of water, which gives salted water. That is a very big problem in the community. But since they have no choice they drink the same water.
- Lack of a maize mill, lack of a shop for buying things like oil, soap, rice etc. They have to walk about 20 kilometers to get them because of no transportation or no money to pay for the limited transport from the highway.
- 3 – 4 hours walk to get water and there is always a long line.
- Sometimes there is drought and since they all depend on agriculture, it becomes a very difficult time.

Conclusions

To address some of the findings during the CNA, the community came up with the following suggestions to be addressed: -

- Food production and food security
- Availability of nutritious food
- Availability and accessibility of HIV & AIDS information
- Creation of economic opportunities especially for the rural women where they identified starting small shops as women's group IGA

- Capacity building for women headed households in Income Generation Activities (IGAs)

Despite coming up with all these suggestions, priority was given to creation of economic opportunities for the rural women by identifying an IGA of starting up small shops in the areas where basic necessities are bought from a very far place. The suggestion was starting to work with a group of ten women in two different sites and each five running a small shop.

Limitations

Language was a major challenge to me. The community speaks the local language known as *shitswa,* which is like *shangana*, and I speak Portuguese. Therefore, I had to make use of a translator and of course I would not know if he was translating some of the issues correctly; so I also had a tape recorder with me to confirm with other people about the translated versions.

Limited resources could not allow me to cover much of the community. But most of the target population was involved in the community needs assessment especially during the community forums.

PROJECT DESIGN

Logic Model

Long-Term Outcome	Economic opportunities creation for the rural women and reduction in incidence of HIV			
Intermediate Outcomes	Increase of household income through IGAs			Positive behavior change on HIV & AIDS
Short-Term Outcomes	Accessibility of information from the community	Women working in a group	Availability of improved seeds for nutritious foods	HIV & AIDS information within reach in the community
Outputs	Stakeholders sensitized about the project	100 female headed households trained in developing and running an IGA 10 female-headed households already trained Start-up of different IGAs for the women groups 10 women initially trained in addressing HIV & AIDS issues Goats to be distributed to the women groups and selected households for rearing and multiplication	100 initial home gardens to be developed Nutritious foods grown in the home gardens	Open forums on HIV & AIDS organized
Activities	Stakeholders' sensitization seminar and Community Needs	Capacity building for women's group and Development of IGAs	Development of home gardens	Community forum discussions on HIV & AIDS

	assessment			
Inputs	• Project Manager • Accountant • Field technicians • Vehicle • Motorbike • Translator • Office equipment, computers, photocopier	• Project Manager • Nutritionist • Translator • Stationary • IEC materials • Snacks • Condoms • Office equipment, computers, photocopier • HIV/AIDS IEC materials • Construction materials • Shops' products • Goats • Record keeping books • T-shirts • Vehicle • Motorbike	• Field technicians • Improved seeds stock • Watering cans • Motorbike	• Office equipment, computers, photocopier • HIV/AIDS IEC materials • Field Technicians

Host organization

The primary host organization was Associação dos Técnicos Agro-Pecuarios (ATAP) since this is the organization I am placed with as a VSO volunteer. ATAP is basically an agricultural based organization which is in the phase of introduction of the integration of HIV & AIDS activities in its other development projects. The organization works on food security which is a main concern when addressing HIV & AIDS issues especially in the rural areas where this project was implemented.

The other organizations which acted as affiliates in this project were:-

Minesterio de Mulher e Acção Social – This is the Ministry of women and social action which works very closely with women. At the local level the Directorate of this government structure was the source of information on different activities of women in the target area and some of the staff formed part of the team to assist in selection of the beneficiaries, as they already had some information on the target group.

Ministerio de Agricultura – Since the project was working on a very important component in the lives of the rural people, that is, agriculture, the Ministry of Agriculture was involved at the local level to assist in identifying the kinds of seeds which grow well in the area and work hand in hand with the extension worker from ATAP in providing extension services to the target group.

Counselho Nacional ao Combate SIDA – The project was addressing issues on vulnerability of HIV infection for the rural women and the National AIDS Council at the local level was involved to assist in IEC materials and dissemination of AIDS messages. The project aimed to promote these issues in the targeted communities, and collaborate with Programa Vida Positiva (*Positive Living*), which promotes positive ways of living with HIV & AIDS.

In the spirit of working as a team, other organizations which will be identified during the course of the project will also work as collaborators for the successful implementation of the project.

(See Annex 5 for Organizational Chart)

PROJECT IMPLEMENTATION

Project Implementation Report

1. Sensitization seminars for stakeholders

The project planned for two one-day sensitization seminars for different stakeholders in the community. The purpose of the seminars was to plan with them and discusses the best ways of implementing the project with the objective of sensitizing them on the importance of food security in HIV prevention. They were also sensitized on the importance of prevention measures in HIV infection to make them able to discuss with community members on the importance of having safe sexual behaviors. The seminars ensured the support of the stakeholders and shared vision during the project period, and their involvement in project implementation.

2. Community Needs Assessment

A community needs assessment detailing the context and characteristics of risky behaviors was proposed. Methods such as key informant interviews, focus group discussions, community forums and direct observation were used for this purpose. The objective of the CNA was to:

- Assess the impact of HIV & AIDS on the rural women
- Identify ongoing awareness, prevention and care activities on HIV & AIDS within the target population

- Identify challenges in addressing HIV & AIDS
- Identify the needs of the rural women and give them an opportunity to find solutions to their prioritized needs

The CNA was also used to assist in identifying information on the best methods to be used in implementing the project and identify priority zones for the project.

3. Capacity building for women groups

The project proposed the formation of women groups targeting 100 female-headed households. The training mainly focused on start-up of income generation activities, development of home gardens and dissemination on HIV & AIDS information. The income will assist the women in the rural community in purchasing other products that they cannot produce, or medicine in the case of families who have People Suspected Living with HIV & AIDS (PSLWHA).

4. Development of home gardens for food security

Food security was one of the issues which were addressed. Development of home gardens focusing on female-headed households was proposed. To include the men, the project proposed working with the farmers associations who will make available their collective fields for the multiplication of different varieties of nutritious crops by supplying them with different varieties of seeds and agricultural implements. The women will transmit the knowledge they acquire from the training to other households in assisting them develop their own home gardens. This will ensure availability of food for their households, and sale of excess to prevent household members from indulging in risky sexual behaviors for income, thus preventing HIV infection.

5. Initiation of IGAs

Two shops were opened for two women groups of five members each. One is situated in Manjangare and the other in Nhazamba. The women were provided with start-up products for their shops and a bicycle for each group to use as transportation when going to purchase new products. The shops were constructed using local materials with the assistance of the men from the community.

6. Distribution of goats

Goats were distributed to the beneficiaries focusing on the 100 female-headed households to provide a source of high quality nutrition and income without requiring much in the way of labor or financial inputs. The project proposed distributing to the 10 women initially and as the goats multiply, the families who have received the first batch would re-distribute to households who have not yet received. The goats could also be exchanged for items that the households could not afford to purchase.

7. Community discussion forums

The women groups organized community forums for the purpose of disseminating information on HIV & AIDS to their communities. The activities were creative and locally relevant communication campaigns which aimed at reducing the presence of high risk situations through interventions like focus group discussions, meetings and theatre performances. The focus group discussions were used as forums for open discussions on HIV prevention focusing on particular target groups. These forums gave the community an opportunity to have open discussions on different aspects about HIV & AIDS and came up with their own solutions to the problems in the areas. These involved prevention approaches such as peer motivation which is an effective way of influencing individual

behavior. The forums also ensured open discussions among partners on prevention issues therefore inducing change in their sexual behaviors.

Gantt chart

ACTIVITIES	PROJECT MONTH										RESOURCES NEEDED	PERSON RESPONSIBLE
	1	2	3	4	5	6	7	8	9	10		
Stakeholders' sensitization meeting											Stationary Meeting place Snacks and lunch Transportation Translator	Project Manager Field Technicians Community leaders
Community Needs Assessment											Stationary Translator Accommodation Transportation	Project manager Field Technicians Community leaders Local Administration
Planning and mobilizing of target group											Transportation	Project Manager Field Technicians Community leaders
Formation of women's group											Transportation	Project manager Field Technicians Women leader
Capacity building for women's group											Stationary Translator Transportation Meeting place Accommodation	Project Manager Field Technicians Women groups' leaders

											Facilitator's costs	
Initiation of IGAs										Starter pack (products, materials for constructing at tuck shop) Stationary for bookkeeping		Project Manager Field Technicians Women groups members Community leaders Men in the community
Development of home gardens										Seeds		Project Manager Field Technicians Women head of households
Distribution of goats											Goats	Field Technicians Community leaders
Community discussion forums										IEC materials Condoms Stationary Transportation		Project manager Field Technicians Women's group leaders
Monitoring											Assistants costs	Project Manager Field Technicians Women's group leaders
Evaluation											Assistants costs	Project Manager Field Technicians Community leaders

(See Annex 6 for staffing pattern)

Budget

LINE ITEMS	SOURCE	TOTAL COSTS USD
HUMAN RESOURCES	CIDA	1300
EQUIPMENT AND SUPPLIES	CIDA/ATAP	4500
OFFICE COSTS	VSO/ATAP	200
OTHER COSTS AND SERVICES	CIDA/VSO/ROTARY	18850
TOTAL BUDGET		**24750**

(See Annex 7 for detailed budget)

MONITORING AND EVALUATION

Monitoring

The Program Manager, assisted by the field technician, managed all these activities. The Manger monitored the project on a quarterly basis in the field to make planning strategies together with the field team who consist of the field technician, community leaders and different stakeholders. The field technician who was based in the field and the community leaders oversaw and monitored daily activities. An external evaluation was planned for towards the end of the project by external evaluators including the ATAP team, members of the community, Community Based Organizations and different organizations working in the HIV & AIDS field in the target area. CIDA, VSO and Rotary Club of Manchester will be able to make their own evaluation at their time of choice.

Information for monitoring program operations

CATEGORIES OF INFORMATION	WHAT TO MONITOR	WHAT RECORD TO KEEP	WHO COLLECTS DATA	WHO USES DATA	HOW TO USE INFORMATION	WHAT DECISIONS CAN BE MADE
1. Work plan activities	Timing of activities Availability of resources, target group and personnel	Weekly, Monthly, quarterly work plans Work schedules	Project Manager Field team Women groups leaders	Project Manager Funding agency Field team	Ensure people to be involved in the activities are available Ensure proper planning so as to avoid putting the same people and resources in an activity at the same time	Reschedule of activities and resources if planned to be utilized at the same time
2. Costs and Expenditures	Budgeted amounts Funds on hand and expenditures accounted for Balance in budget by approved cost category	Record of expenditures by budget category Receipts Bank transactions Reports to donors	Accountant Project Manager	Project Manager Accountant Auditor Donor agency	Ensure funds are available to implement activities Ensure compliance with funding regulations	Authorize expenditures Make budget and project revisions Determine need for other funding sources
3.Staff and Supervision 4.Commodities	Knowledge, attitudes and skills of staff Educational level of staff Salaries and benefits Job performance 	Performance reviews Job descriptions Resumes of staff Feedback from trainings attended Stock registers	Project Manager HR Manager Director Trainers Accountant	Project Manager HR Director Project	Motivate staff and resolve employment problems Advise staff on career	Placement Training needs Promotions Disciplinary actions Quantity to order

	Stock Ordering and Received status	Invoices Field reports	Project Manager	Manager Donor agency	Ensure availability of commodities in stock and distribution in field Ensure good condition and correct commodities supplied	When to order Amount to keep in stock
5.Results	Number and type of services provided Characteristics of persons served/trained Staff performance Commodities in the small shops	Members forms/cards Field reports Training Purchasing book	Women's group leaders Project Manager Field Technicians	Women's group leaders Project Manager Donor agency Field Technicians	Ensure goals are realistic Assess quality of services provided Assess appropriateness	Revise objectives Retrain staff Revise IEC strategy Revise project strategy and approach

Monitoring and Evaluation

The project began in August 2005, where the first meeting with stakeholders was held. This included community leaders, who comprised of both men and women and people from the local administrative structures. From the stakeholders' meeting, it showed that the leaders were willing to assist in making the project a success.

A community needs assessment was done and from monitoring it, the same problem was presented of there being no economic opportunities for women in the target area and since they are the ones who bear the heavy burdens of HIV and other difficulties in the community, It was seen that if economic opportunities could be created, it could help in reducing the vulnerability of women to HIV infection.

The planned objectives of the project were:

- To build the capacity of women to grow and sustain the home grown gardens by 2007
- To produce fruits and vegetables thereby achieving food security by 2007
- To build the capacity of rural women in coping with HIV & AIDS risks by 2006
- To increase women headed household income by initiating Income Generating Activities by 2007

The initial time plan was by February 2006, capacity building of community women should have been done. All the other initial planned activities have taken place and in March 2006, the first phase of capacity building for women was done. This was possible because of the support of community leaders and support from the host organization which has a project on cattle restocking and HIV in the area.

The achievements during this period, was that ten women were trained in disseminating HIV messages to their community. These same women formed two groups of five for starting up small shops in their communities. The names of the groups are "Grupo de mulheres da 7 th de Abril" (7 th April women's group - 7 th of April is Mozambican women's day) and "Grupo de mulheres unidos" (United women's group). With the involvement of the community leaders, the community memBers agreed to assist in the construction of the shops where they used local materials. Identification of the two sites was done with the involvement of the leaders. Mostly the community needed basic products like soap, rice, sugar, salt, matchboxes, oil etc.

During the five days capacity building workshop, the women also learned how to develop home gardens. Four of the participants were widowers two were single and the other four were married but living under difficult situations because their husbands had left for

South Africa and one was in a marriage where his husband had two more wives. An interesting observation is that during the group work on discussion of what they as women could do to reduce their vulnerability towards HIV infection, the women came up with a list which included "they as women should accept their poverty setup within their families". Their argument was that when women see others with new things, they would also like to have such things. Since their partners cannot buy for them, the women end up exchanging sexual favors with other men in order to be able to buy those things. But if they accept their poverty situations they will not want things which other women have and therefore, will not have to put themselves in vulnerable position to HIV infection.

The process as agreed by the two groups and the community leaders, so as to avoid any conflict within the community members was for the first two groups to be a pilot project. The start-up kit which they were given, after making some profit, they will return an amount of money equivalent to what was bought for them. This money will then be given to the next group of women who will identify an IGA to start up. The first two women groups were provided with a bicycle each to use when going to buy new products for their shops. The creation of economic opportunities will therefore enable the women to purchase things which they would like to have without putting themselves in vulnerable situations. They will also be able to take their children to hospital because of the money they earn. Apart from this, the community will also benefit because they will not have to walk long distances to buy a box of matches or salt. The total amount used for the purchase of the products was 5,080,000 meticais. The expected profit is estimated to be 2,638,000meticais.

(See Annex 9 for products list)

As far as resources are concerned, the proj ect mainly depended on support from the host organization's bigger project funded by CI DA, Rotary club of Manchester-New Hampshire and VSO. The resources m ainly us ed were transportation , field tech nical follow-up, stationary, products for starter kit, seeds, and training expenses which were all supported by ATAP, Rotary club of Manchest er and VSO. The m ain contribution fro m the comm unity is th e space and co nstruction o f the two s mall shops. *Programa Vida Positiva* and VSO supplied the IEC materials for HIV & AIDS.

The m ain lesson lea rned is tha t invo lvement of the community lead ers in the dec ision making of how the project will run was very important. The train ed wom en themselves also realized that during the training, ther efore after the traini ng, a m eeting with the community leaders and som e other wom en members of the community was organized where the whole process was discussed for them to understand. After some clarifications they agreed that it was a n important deve lopment issue being addr essed and there were no arguments from the m en as to why the pr oject is m ainly focusing on wom en and not including men. They realized that in the long run even them as men will benefit.

A very important lesson learnt is that the rural community, if approached very we ll, can contribute towards their own sustainable deve lopment. In the first phase, the wom en had the idea that the project will cons truct the shops for them and give them the products for free. But during the capacity building workshop, it was agreed that for them to own the project, they had to be som e community contribution which the wom en concluded on the construction of the shops and m aking a sh ed for putting the goats. And it was als o clarified ab out how the initial products m oney would circulate to other wom en in the community. This brought a lot of enthusia sm among the comm unity m embers. By the

community contributing their efforts towards this project, is a way forward towards a sustainable project.

The main problem encountered during this period was the problem of distance. Most of the communication had been through the technician of the host organization who stayed within easy reach of the community. Most of the follow-up activities were done by the community leaders and the field technician.

The future plan will be to continue with the IGAs for women groups. There will also be group discussions on HIV & AIDS among the women which will be done under the leadership of the two groups which were trained. And the home gardens will continue being developed. All these activities were planned from the initial planning of the project and no changes were necessary in the project's objectives.

Evaluation

The project will be evaluated to ensure that the food security is visible and sustainable and how it can help in changing the situation of vulnerability of women to HIV infection alongside other interventions.

Monitoring took the form of quarterly financial and narrative reports prepared from the field, reporting on budget expenditure, and progress against objectives and activity schedule. The women groups' members and extension workers made monthly reports. The project Manager was in constant touch with the people in the field to address any issues arising in the course of implementation. Stakeholders formed part of the monitoring process and will also form part of the evaluation team and also continue to be fully involved in the planning of the direction the project should take.

A mid term review was planned for at the end of the first five months, which was half way through the project. Because of constraints in transportation and funds, it was not possible to undertake the review, which has now been planned for by the end of the tenth month. It would concern itself with the processes within the project implementation particular the roles of each stakeholder and the strategies employed, to account for any diversions from the plan and make adjustments as necessary to ensure that the objectives are met.

The final evaluation will be orientated towards tangible achievements of the project based on the community needs assessment data generated at the start of the project. It will involve a participatory process where those involved in implementation will have an opportunity to reflect on the project objectives, implementation process and the impact it has had. Externally sourced persons with appropriate skills will conduct both evaluations. The evaluations will feature:

- An assessment of the relationship between the host organization and the target population, in terms of the effectiveness of the intervention.
- Impact assessment of the project.
- An analysis of financial monitoring.
- An analysis of financial sustainability.
- An analysis of the sustainability of the impact of the program.
- The team will make use of both quantitative data (training participation, income generated) and qualitative data (interviews, observations, documentary analysis).

(See Annex 10 for Research design matrix)

The purpose to goal hypothesis used for the project was that economic opportunities for rural women would improve. The indicators for this hypothesis are the number of economic activities initiated and the number of women empowered. If more economic activities are initiated, this will show that there are more economic opportunities for the women which are a result of the empowerment of these women. This information will be gathered by undertaking community surveys.

The output to purpose hypothesis was that due to the increase in the economic opportunities, there will be an increase in the household income. The indicators for this hypothesis are the number of income generating activities and the number of members of female-headed households belonging to the women groups. If an increase in the number of IGAs is realized, then this will show that there is an increase in the economic opportunities of the women from female headed households which will result to increase in the income.

Another hypothesis was that economic opportunities will increase if there is food security in the female headed households because they will be able to sell the excess crops, therefore forming informal economic opportunities for themselves. The indicators for this will be the quality of nutritious foods consumed and the number of home gardens developed within the households. The more number of home gardens, the more vegetables and fruits grown and the households will have more nutritious meals and sell the extra so that they can increase their household income.

Another hypothesis was that economic opportunities will increase if the women have knowledge on HIV prevention then they will be able to prevent themselves from being infected because they will have the correct information and they will be empowered to

bargain on safe sex and initiating IGAs. With the knowledge, the women will be empowered in bargaining safe sex with the men and they will be able to have healthier lives and work on economic activities.

(See Annex 11 for Evaluation Plan)

SUSTAINABILITY PLAN

At the end of the project period, the beneficiaries themselves will have the capacity and technical skills to be able to work alone with minimum assistance from the government extension workers and the local community leaders. The women's groups will continue with their income generating activities which will have enabled them to start up a small savings scheme. The savings scheme will operate as a lending scheme for its members who will pay the money with a little interest. The groups will also continue with the home gardens to ensure nutritious food is available to the different households. They will continue working in close partnership with other organizations and different government structures within their areas.

The increase in level of household income will enable the women to continue with their income generating activities and the women groups will be able to develop a savings and lending scheme to sustain the economic activities of their members. This project's largest input is concentrated on the Community Based Organizations, focusing on women and the extension workers who will in turn strengthen the community targeted. This means that the long-term results of the work will be much less dependent on continued funding. Information and skills will have been imparted to the community and thus remains in the particular target population.

In the social and cultural sustainability, women have for long played the untraditional role of heads of household. It is this project's intention to have a positive bias towards women. With their participation alongside men in agriculture and HIV & AIDS issues, women will gain a respectable place in the community. Armed with critical skills and information, this project will facilitate creation of space in which women can voice their views and make long term contribution for their well being, that of their families and their community.

In the technological sustainability, the project assisted the men in the community with ploughs which they will be able to use in their farms so that they can expand the areas of cultivation and harvest more crops.

The flow of continuation on the distribution of goats will also assist in the nutritious component of the diet of the beneficiaries and their communities. The animals can also be sold so as to enable the women have income to purchase medication or other products when needed. As the animals continue to be redistributed, more of the population will have access to nutritious diets and increase in their household incomes.

The day-to-day project planning and implementation will be in the hands of the community members. To streamline the management at the community level, the women's group members and community leaders will have the responsibility of ensuring the participation of the community. They will be in charge of identifying relevant activities within the community, which would be implemented in the project. Program sustainability objectives will be achieved through enhanced community participation, involvement of other partner agencies and the local administration. The host organization

will work closely with Programa Vida Positiva, CNCS and other agencies in a bid to encourage collaborative sustainable action among the target population.

CONCLUSIONS & RECOMMENDATIONS

This project was a pilot project showing participatory approach where community members were actively involved to ensure sustainability of the project. The goal of the project was to improve the livelihoods of women focusing on 100 female-headed households in the rural areas living with OVC and PSLWHA in Inhassoro district by increasing their economic opportunities by 2009.

Participatory projects are more practical, useful and empowering. Programs targeting a specific target population are most effective. Initiatives aimed in reducing risky behaviors among certain target populations have a more positive impact on behavior when provided with adequate resources, determination, and cultural awareness with a holistic approach.

The major lesson learnt in the success of this project is that for any project to succeed it has to be community driven, and participation of the community is very important. This is the only way the community will own the project, and once they own it, they will not want it to phase out. And therefore, they will work harder to sustain it. Any messages delivered into the community must be aware of the culture of the people and not go against it.

Networking with other agencies, organizations, and individuals in the community should be encouraged. Identifying if similar issues are being addressed by other organizations would be helpful so as to exchange experiences and learn from each other on tackling major concerns.

In determining whether the initial capital will revolve to other women's groups, the community leaders will play a major role in ensuring that the groups return the initial capital. Since the community is aware of the revolving fund, they will follow up on the women's groups so as to make sure other women in the community benefit.

Implementation of this pilot project, suggests that with economic opportunities, vulnerability to HIV infection among women can be reduced because they will be able to increase their income and therefore will have more bargaining power when it comes to safe sex, and will enable them to have a stronger fallback position, in case of any difficulties.

APPENDIX

ANNEX 1

QUADRO 2. POPULAÇÃO POR IDADE SEGUNDO DISTRITO/CIDADE, POSTO ADMINISTRATIVO, VILA, LOCALIDADE, BAIRRO E SEXO.

Província de Inhambane, Distrito de Inhassoro.

DISTRITO/CIDADE, POSTO ADMINISTRATIVO (P.A.), VILA, LOCALIDADE (Loc.), BAIRRO E SEXO	TOTAL	POPULAÇÃO DE 16 ANOS E MAIS	GRUPOS DE IDADE																	
			0	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 e +
	1	2	3	4	5	6	7	8	9	10 11		12 13 14	15 16 17					18 19 20		
DISTRITO DE INHASSORO	43,406	24,636	1,390	5,683	5,843	4,915 4	347 3	790 3	130 2	401 2	304	1,759 1	898 1	492 1	364 1	014 97	2	449	430	225
Homens	19,038	9,782	705	2,791	2,847	2,476	1,803	1,354	1,142	936 89	2	752 78	9 59	2 57	9 47	5 42	3	201 18	1 10	0
Mulheres	24,368	14,854	685	2,892	2,996	2,439 2	544 2	436 1	988 1	465 1	412	1,007 1	109 9	0	785	539	549	248	249	125
P.A. de INHASSORO	41,317	23,502	1,323	5,338	5,559	4,709 4	122 3	547 2	954 2	273 2	180	1,688 1	810 1	445 1	333 9	8	958	439	427	224
Homens	18,040	9,260	679	2,626	2,690	2,370	1,708	1,247	1,065	878 83	5	717 75	2 56	0 56	2 46	1 41	3	198 17	9 10	0
Mulheres	23,277	14,242	644	2,712	2,869	2,339 2	414 2	300 1	889 1	395 1	345	971	1,058 8	5	771	527	545	241	248	124
VILA de INHASSORO	5,319	2,894	174	701	758	680 59	5 54	4 38	8 33	6 27	1	215 17	6 14	1 12	3 74		73	23	24	23
Homens	2,322	1,172	93	321	350	336 24	9 20	7 14	2 12	4 11	8	101 72		54	58	35	33	9	9	11
Mulheres	2,997	1,722	81	380	408	344 34	6 33	7 24	6 21	2 15	3	114 10	4 87		65	39	40	14	15	12
Loc. de INHASSORO	9,715	5,343	329	1,248	1,402	1,165	1,012	824 63	0 49	7 49	0	396 38	9 36	8 29	3 20	9 20	9	102 99		53
Homens	4,389	2,194	179	603	706	604 44	8 31	9 24	0 19	1 18	8	182 16	3 14	6 12	5 93		90	51	41	20
Mulheres	5,326	3,149	150	645	696	561 56	4 50	5 39	0 30	6 30	2	214 22	6 22	2 16	8 11	6 11	9	51	58	33

Loc. de MAIMELANE	21,537	12,554	662	2,754	2,720	2,388 2,	095 1,	821 1,	600 1,	177 1,	150	848	1,015 77	5	757	563	569	261	261	121
Homens	9,346	4,873	339	1,396	1,321	1,201	836 60	4 58	8 46	5 42	7	339 42	7 30	3 29	7 27	5 24	2	118 10	8 60	
Mulheres	12,191	7,681	323	1,358	1,399	1,187	1,259	1,217	1,012	712 72	3	509 58	8 47	2 46	0 28	8 32	7	143 15	3 61	
Loc. de COMETELA	2,845	1,654	96	385	398	260 2	38 2	13 2	29 1	61 1	79	134 1	47 1	04 7	7	84	64	28	23	25
Homens	1,187	630	41	176	190	125	91 67 61	65 77				55 60 38	45 35 30					10 12 9		
Mulheres	1,658	1,024	55	209	208	135	147	146	168	96 10	2	79 87 69	32 49 34					18 11 15		
Loc. de NHAPELA	1,901	1,057	62	250	281	216	182	145	107	102	90	95 8	3 5	7 8	3 5	8 4	3	25 2	0 2	
Homens	796	391	27	130	123	104	84 50 34	33 25				40 30 19	37 23 18					10 9		-
Mulheres	1,105	666	35	120	158	112	98 95 73	69 65				55 53 38	46 35 25					15 11 2		
P.A. de BAZARUTO	2,089	1,134	67	345	284	206	225	243	176	128	124	71 88 47	31 26 14					10 3		1
Homens	998	522	26	165	157	106	95 10	7	77 58 57			35 37 32	17 14 10					3	2	-
Mulheres	1,091	612	41	180	127	100	130	136	99 70 67			36 51 15	14 12 4					7	1	1
Loc. de BAZARUTO	2,089	1,134	67	345	284	206	225	243	176	128	124	71 88 47	31 26 14					10 3		1
Homens	998	522	26	165	157	106	95 10	7	77 58 57			35 37 32	17 14 10					3	2	-
Mulheres	1,091	612	41	180	127	100	130	136	99 70 67			36 51 15	14 12 4					7	1	1

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ANNEX 2

STAKEHOLDERS ANALYSIS

Stakeholder	**Stakeholder Interest(s) in the Project**	**Assessment of Impact**	**Potential Strategies for Obtaining Support or Reducing Obstacles**
Women	Formation of women's group Increase in household income and living standards Improved skills in addressing HIV & AIDS issues Improved agricultural know-how Increment in food security	A A A A A	Involve the men in the community in the planning process Involve directorate of social action Encourage group achievements and responsibilities
OVC	Improved livelihood	A	Work with the heads of the families
Men	Improved livelihood Increase in household income	A –+ A -+	Involve them from the planning process of the project
Community leaders	Improved skills	A	Work with the local administration office
Local Government	Increased agriculture production Increased knowledge in HIV & AIDS	A	Work with the local administration office
Members of farmers associations	Increment in seeds supply Control over seeds supply Increment in food security	A A- A	Involve the leaders from the planning process Supply them with seeds

Private Sector	Purchase of more commodities for sale within the community	A+	Work with the business people in negotiating better prices for the women groups

A – Very important

A - - Very important but can have negative impact

A-+ - Very important but can have both negative and positive impact

ANNEX 3

QUESTIONNAIRE FOR COMMUNITY LEADERS/STAKEHOLDERS

1. What are your roles in the community?
2. What are the most important needs facing our community?
3. Why are these important needs?
4. What have you done to help meet these needs in the past?
5. Where have you failed in the past in your attempt to meet these needs?
6. What are the major problems facing the women in your areas?
7. What development programs are being implemented in your area? Which organizations are implementing these programs?
8. Are there any women groups in your areas? Which ones and what kind of activities are they involved in?
9. What do you know about HIV & AIDS?
10. Is it a big concern in the community? Why do you say that?
11. Who does it mostly affect? How?
12. Is alcohol drinking a big problem in the community? **(Probe)**
13. How has tourism affected the styles of living in your community?
14. How has migration to neighboring countries affected the styles of living in your community?
15. What support do you as community leaders give or can give to the women in reducing their vulnerability to HIV infection?
16. As community leaders, what do they think the women could do to reduce their vulnerability to HIV infection? **(Probe)**

ANNEX 4

QUESTIONNAIRE FOR COMMUNITY WOMEN

Explanatory notes for the interviewer

Put Codes for names eg first person to b interviewed will be "A" therefore for every response from "A" start with the letter and write what she says. For questions with choices put "A" for all choices "A" makes. If using a tape recorder please ask for permission before and explain why you are using it. Introduce yourselves and give a briefing of what the objectives of the CNA are and after the interview thank the respondents for their responses and their time.

NO.	NAME	AGE	MARITAL STATUS M – married S – single W – widowed O - other	VILLAGE	EDUCATION

1. Codes for age (age bracket is needed because some of them do not know their real ages)
    a. 20 – 25
    b. 26 – 30
    c. 30 – 35
    d. 36 – 40
    e. 41 – 45
    f. 46 – 50
    g. > 51

2. If married, do you have co-wives?

☐ Yes ☐ No

If yes, what are the living arrangements?

☐ Living together with other wives

☐ Wives have separate households

3. If you have a partner, what work does he do?

a. Farming
b. Fishing
c. Employed **(specify)**

d. Unemployed
e. Others **(please specify)**

4. What economic activities do people do here?
a. Selling agricultural produce
b. Selling fish
c. Selling charcoal
d. Selling firewood
e. Others **(Please specify)**

5. What do most women in the community do?
a. Farming
b. Small household business **(please specify)**
c. Others **(please specify)**

6. What do you do to earn a living?
a. Sell farm products
b. Sell fish
c. Sell charcoal
d. Sell firewood
e. Run small household business **(Please specify)**
f. Others **(Please specify)**

7. What is the average total income you get in a week?

☐ 10,000 – 50,000 meticais

☐ 51,000 – 100,000 meticais

☐ 100,000 – 150,000 meticais

☐ 151,000 – 200,000 meticais

☐ > 200,000 meticais

☐ None

8. How many meals do you have in a day?

☐ Breakfast

☐ Breakfast and lunch

☐ Breakfast and dinner

☐ Breakfast, lunch and dinner

☐ Lunch

☐ Lunch and dinner

☐ Dinner

☐ Others please specify

9. Do you have a family field for cultivating? If yes what do you mainly plant?

☐ Maize

☐ Cassava

☐ Sweet Potatoes

☐ Fruits (specify)

☐ Vegetables (specify)

☐ Others (specify)

10. What do you think you can plant in a kitchen garden?

☐ Vegetables

☐ Fruits

☐ Others (please specify

11. Do you have access to a water source? How far is the water source from your house?

☐ 0 – 5 kms

☐ 6 – 10 kms

☐ 11 – 20 kms

☐ > 20 kms

12. Do you have children?

☐ Yes ☐ No

If yes how many?

Age brackets:

☐ 0 – 5

☐ 6 – 10

☐ 11 – 15

☐ 16 – 20

☐ >21

13. Do your children go to school? How do you pay for the fees? What worries do you have for your children?

_____

14. Do you see yourself as being vulnerable to HIV infection?

☐ Yes

☐ No

Please explain why you feel that way.

_____

15. What do you do in you spare time?

_____

16. What are some of the problems facing women here? Are you worried about any health issues? **(Probe)**

_____

17. Do you know anyone who is sick or has died from AIDS related illness? How did you know? Family or friend? Do you attend a lot of funerals? (How many per month)

_____

18. Are you worried that you might get infected with an STI or HIV? Why might/mightn't you be at risk? Can you do anything about it? What? How can people stop getting infected?

_____

19. Who helps you when you are sick?

_____

20. What do you know about HIV & AIDS?

_____

21. How did you first learn about HIV? (whom, where, how etc)

_____

22. As a woman in the community what activities do you think you can do to increase your household income?

_____

23. How would you go about developing this activity?

_____

24. What are the advantages and disadvantages of working as an individual in the IGAs you have identified?

_____

25. What are the advantages and disadvantages of working as a group in the IGAs you have identified?

_____

26. If given the opportunity, which one would you prefer?

☐ Working Individually

☐ Working as a Group

27. How can you start up a women's group in your community?

_____

28. Are there any existing women groups around? Which areas?

_____

29. What activities are they involved in?

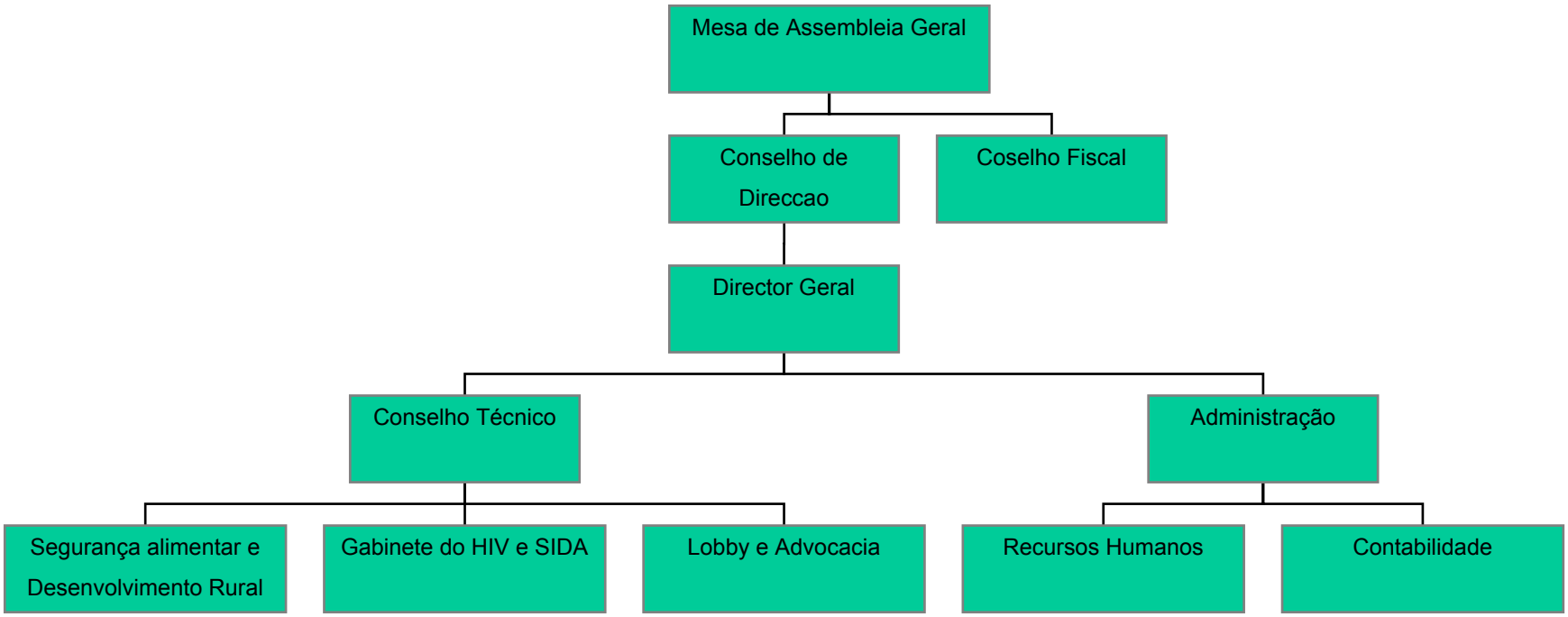
30. Are there any organizations working with women in this area? If yes, what kind of activities are they doing with the women?

31. What can you do for your community to reduce the spread of HIV infection?

32. What are your hopes for the future?

RECORD A DAY IN THE LIFE OF A WOMAN IN THE COMMUNITY

ANNEX 5 - ORGANIZATIONAL CHART FOR HOST ORGANIZATION



ANNEX 6

STAFFING PATTERN

Title No.		Function	Details
Project Manager	**1**	**Administration and management of all project resources** **Management of all project activities** **Compiling quarterly reports from the field to the donors** **Networking with organizations involved in the field of HIV & AIDS, nutrition and food security** **Decision making with stakeholders in terms of change of strategy in the implementation of the programme** **Give all support to the field team in terms of resources and other requirements** **Co-ordinate all activities and training on HIV & AIDS, food security and income generating activities.**	**VSO Volunteer**
Field Technician	**1**	**Netw ork with different organisations at the district level** **Coordinate and monitor field activities and ensure correct message dissemination in the field** **Technical assistance to farmers** **Compile monthly reports from the field** **Mobilize and raise awareness in the rural family sector about HIV & AIDS and best agricultural techniques** **Monitor the progress of the project**	**ATAP staff**
Consultant	**1**	**For nutrition session during training and follow ups**	**10 days**
Consultant	**1**	**To compile financial reports**	**Quarterly**
Consultant	**1**	**To conduct evaluation**	**10 days**

ANNEX 7

DETAILED PROJECT BUDGET					
LINE ITEMS	**SOURCE**	**# OF UNITS**	**UNITS**	**UNIT RATE (USD)**	**TOTAL COSTS (USD)**
1. Human Resources					
1.1 Evaluation Consultants	CIDA	1 time	1 person	100	100
1.2 Nutrition Consultant	CIDA	1 training	1 person	100	500
1.3 Accounting Consultant	CIDA	3 times	1	200	600
1.4 Micro-enterprise Consultant	CIDA	1 training	1 person	100	100
Subtotal Human Resources					**1300**
2. Equipment and supplies					
2.1 Vehicle	ATAP				
2.2 Two motorcycles	ATAP				
2.3 Maintenance of vehicle and motor cycles	CIDA/ATAP	3 times		500	1500
2.4 Transportation costs	CIDA	6		500	3000
2.5 Computer and software	ATAP				

Subtotal Equipment and supplies					**4500**
3. Office Costs					
3.1 Office materials, photocopying, documentation, communication	VSO/ATAP				200
Subtotal Office costs					**200**
4. Other Costs and Services					
5.2 Community Needs Assessment	CIDA/VSO	1	2 villages	750	1500
5.3 Stakeholders sensitization seminar	CIDA	1		500	500
5.4 Capacity building workshops for women's groups	CIDA/VSO	1 time	1 group	1500	1500
5.5 Community discussion forums CIDA/ROTARY		6	2 groups	100	1200
5.6 Production of IEC materials (t-shirts)	CIDA/VSO	I time	10 women	10	100
5.7 Initiation of IGAs	VSO/ROTARY	2 tuck shops	2 groups	400	800
5.8 Development of home gardens	CIDA				5000
5.9 Distribution of small animals	CIDA	10 goats	2 groups	15	450
5.9 Extension work activities	CIDA	10 months	2 technicians	100	2000
5.9 Monitoring travel costs and per diem	CIDA/VSO	4 journeys	3 people	400	4800

5.10 Evaluation	CIDA/VSO	1 journey		1000	1000
Subtotal Other costs and services					**18850**
TOTAL BUDGET					**24850**

ANNEX 8

START-UP PRODUCTS LIST FOR THE TUCK SHOPS

ITEMS QUANTITY		BOUGHT PRICE	SELLING PRICE PER ITEM PER ITEM	TOTAL SELLING PRICE	PROFIT
2 pacote esforograficas	100	120,000.00	5,000	500000	380,000.00
6 embalagems cadernas (30)	60	120,000.00	5,000	300000	180,000.00
2 caixa de oleo 0.35ml (12)	24	300,000.00	15,000	360000	60,000.00
2 caixa Goodday biscoitis (25pkts)	50	120,000.00	5,000	250000	130,000.00
2 caixa maputo g biscotis (25pkts)	50	120,000.00	5,000	250000	130,000.00
1 caixa sadinha (25 tins)	25	250,000.00	12,000	300000	50,000.00
2 pacote de caldo (42)	84	150,000.00	5,000	420000	270,000.00
4 pacote de pilhas (12 pkts)	24	150,000.00	7,000	168000	18,000.00
2 pacote de doce (100 each pkt)	200	50,000.00	500	100000	50,000.00
2 caixas de velas (150 each)	300	550,000.00	2,500	750000	200,000.00
2 caixa de sabao bar (20 barres cada)	40	360,000.00	12,000	480000	120,000.00
2 caixa de muaruso bolachas (25pkts)	50	120,000.00	5,000	250000	130,000.00
2 caixa de omo 35gms (150 cada)	300	580,000.00	2,500	750000	170,000.00
2 embalagem de fosforos (100 cada)	200	100,000.00	1,000	200000	100,000.00
2 caixa de biscoito reais (100 *12pkts cada)	800	540,000.00	1,000	800000	260,000.00
2 caixa de tentacao (12 cada)	24	540,000.00	25,000	600000	60,000.00
2 sacos de sal (20kg cada)	40	60,000.00	2,000	80000	20,000.00
2 caixa de acucar (20 kg cada)	40	620,000.00	20,000	800000	180,000.00
2 embalagem de barrao vinho (6 cada)	12	230,000.00	30,000	360000	130,000.00
TOTAL SPENT		**5,080,000.00**			
TOTAL PROFIT					**2,638,000.00**

ANNEX 9

RESEARCH DESIGN MATRIX

HYPOTHESES	VARIABLES	INDICATORS	METHOD OF DATA GATHERING
Purpose to Goal: Improve economic opportunities for rural women	IV – Empowered women DV – Economic opportunities	Number of economic activities initiated Number of women empowered	Community survey
1) Outputs to purpose: Economic opportunities increase if household income increases	IV – Increased income DV – Economic opportunities	Number of IGAs initiated Number of women headed households members belonging to groups	Community surveys Personal interviews Focus group discussions
2) Outputs to purpose: Economic opportunities increase if there is food security in women headed households	IV – food security DV – Economic opportunities	Quality of nutritious foods consumed per household Number of home gardens developed Number of different variety of nutritious crops grown	Community surveys Focus group discussions
3) Outputs to purpose: Economic opportunities increase if women have knowledge in HIV prevention	IV - Knowledge in HIV prevention DV – Economic opportunities	Number of women trained in addressing HIV issues Number of open forums organized Number and type of IEC materials distributed	Training reports Community surveys Open forums reports

ANNEX 10

EVALUATION PLAN

SECONDARY SOURCES					
What variable(s) are you going to gather data on using secondary sources?	Identify each of the indicator(s) of the variable.	What is/are the source(s) of data?	What is the basis for selecting the source(s)?	When are you going to collect the data?	Plan of action
Income	2 IGA's initiated	Accounts records books	Accessible because books are within the women's groups	On a monthly basis after initiation of the IGA's	Inform members during training about the data gathering Organize with field technician on day of data gathering

SURVEY					
What variable(s) are you going to gather data on using a survey?	Identify each of the indicator(s) of the variable.	Who are the respondents?	What is the basis for selecting your respondents ?	When are you going to conduct the survey?	Plan of action
Knowledge in HIV prevention	4 Open forums organized	Village leaders	Accessible and reliable	Half way through the project	Organize a meeting with the different elders
IEC	materials distributed or available 10 T-shirts distributed to the women's groups 100 booklets 300 pamphlets made available	Village leaders Community members	Accessible because they are within the community	Same as above	Same as above Get authority from the community leaders to talk to the community members

	in the community				

FOCUS GROUP DISCUSSIONS					
What variable(s) are you going to gather data on using focus group discussions?	Identify each of the indicator(s) of the variable.	Who are the participants?	What is the basis for selecting the participants?	When are you going to conduct the discussion?	Plan of action
HIV & AIDS knowledge	4 HIV open forums organized	Women groups	Accessible and reliable	Half way through the project	Develop a questionnaire for the FGDs Field technician to mobilize the participants and inform the community leaders
		Community women	Reliable because we are getting information from different people	Same as above	Same as above
		Open forums records forms	Accessible	Same as above	Visit the women groups within their community
	IEC materials available or distributed	Women groups	Accessible	Same as above	Same as above
	10 booklets 40 pamphlets distributed	Community women	Reliable	Same as above	Field technician to mobilize the participants and inform the community

					leaders

KEY INFORMANT INTERVIEWS					
What variable(s) are you going to gather data on using key informant interviews?	Identify each of the indicator(s) of the variable.	Who are the interviewees ?	What is the basis for selecting the interviewees ?	When are you going to conduct the interviews?	Plan of action
Food security	10 home gardens developed	Heads of Household's	Visible	After the home gardens have been developed	Make sure the home gardens have been developed Organize with field technician to mobilize the households' heads for the evaluation within their houses
Quality	of nutritious food consumed Orange fleshed sweet potatoes Meat – goat Tomatoes Groundnuts Onions Lettuce Couve Carrots Spinach Capsicum	Heads of households Family members	Visible	Same as above	Arrange with field technician for a visit during preparation of a meal in the households

	Pumpkins				
10	different varieties of nutritious foods grown	Heads of households	Visible	Same as above	Arrange to visit the home gardens and interview the household heads
Income 10	Economically empowered women	Members of women groups	Reliable	After the IGAs have been initiated	Plan to visit the members individually within their households

ANNEX 11

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