



**MAINSTREAMING HIV WITHIN A LIVELIHOOD
PROGRAMME (nutrition gardens)
– a case study from CONCERN ZIMBABWE**



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Background

Four years ago Concern began distributing food to rural Zimbabweans affected by drought. However, it became clear that short-term humanitarian responses needed to be reinforced with longer-term programmes to meet the needs of the most vulnerable subsistence farmers, particularly in areas of high HIV prevalence. Increasingly, male farmers have opted to leave their families to work on commercial farms, or to engage in other activities, such as illegal gold panning or petty trading in neighbouring Mozambique and South Africa in order to support their families. Households headed by women, the elderly and children have been left to cope with little support to work the land, much of which is not arable in its present state. They lack water sources, fertilizers and different varieties of seeds as well as other agricultural extension services. In addition, many are struggling with the HIV virus either because they themselves are sick, because they are caring for the sick or because they are looking after the children of relatives who have passed away. To help these subsistence farmers survive, Concern promotes a livelihood programme, managed by its sub-offices in three of the most isolated and under-resourced rural districts, Gokwe South, Gokwe North and Nyanga. The programme provides seeds and tools, runs a conservation farming component and a micro-irrigation scheme as well as nutrition gardens.

This case study highlights how Concern has included a nutrition garden project within a broader livelihoods programme to help meet the rights of people directly affected by HIV and AIDS without fuelling discrimination.

1 HIV mainstreaming in a livelihood programme

It was apparent to staff that if the Concern livelihood programme did not mainstream HIV and AIDS, it would not be able to achieve its overall goal of increasing food and livelihood security for the poorest and most vulnerable people in the community. Though there is some evidence that HIV prevalence rates are reducing in parts of Zimbabwe, its impact is acutely felt in rural households. Mainstreaming HIV into the programme was essential to ensure the inclusion of the rights and needs of infected and affected people. The process of mainstreaming HIV was set in motion through a set of interlinking phases.

Phase 1 – building staff capacity to tackle HIV and AIDS

Firstly, it was necessary to ensure Concern had the appropriate understanding and commitment to tackling the virus. This involves a continuous process of internal

awareness raising about key facts on HIV, how stigma prevents us both internalizing how HIV affects us all personally and how it is our responsibility at development professionals to ensure we look at how it affects both the way we work and our programme objectives.

Staff were generally very aware of the basic facts of HIV transmission and prevention, and nearly all had been personally affected by the virus but they also acknowledged that stigma prevented them from being openly able to acknowledge the impact of HIV and AIDS. And many had specific deep-rooted cultural attitudes and fears, which made behaviour change difficult.



Phase 2 – applying an HIV lens

The second phase involved developing plans on how best to include an HIV perspective. This manifested itself in two key areas:

- Targeting: ensuring families affected by HIV and AIDS were explicitly included as beneficiaries in selected interventions and
- Ensuring that interventions met the specific needs of HIV affected families. This phase used a simple framework to determine how best to ensure a livelihoods programme included interventions relevant to the infected or affected. By asking three simple questions, the project structure started to emerge.

The Harm framework

“**Are we doing harm?**” this sought to ensure that Concern Zimbabwe would not inadvertently increase stigma and discrimination to HIV infected or affected households and selected proxy indicators, such as households headed by children and the elderly or households with a chronically sick person. In this way households were not directly singled out as HIV and AIDS-affected, which could perpetuate the cycle of stigma and discrimination.

“**Can we prevent harm?**” clarified how a project could reduce vulnerability to infection and impact within the community. The project staff determined that a livelihoods programme could best support HIV affected people through a nutrition project. The links between HIV and nutrition have been well documented. The HIV virus attacks and destroys the immune system, depleting energy stocks and vital vitamins and minerals, leaving a person more vulnerable to everyday diseases and opportunistic infections further diminishing their already precarious nutritional status. But whilst it is known that HIV+ people benefit significantly from a nutritious well-balanced diet, their failing health status often reduces their ability to get hold of it. Once a nutrition project was selected as a relevant intervention, it too was developed using the harm framework so, for example, Concern recognized that the nutrition gardens should all be set up close to water sources so that people did not have to walk long distances to fetch water which would use up energy of those already weak and could also put girls at risk of sexual abuse on their way too and from the gardens.

“**Can we redress harm?**” looked at how the project could address the specific needs of groups affected by HIV and AIDS. For example, Concern trained communities about nutritional needs of those living with HIV and AIDS. Concern staff highlighted energy-rich foods and herbs that can counteract various symptoms e.g. garlic can be used to treat thrush. Another crop, butternut, which was not consumed before, was especially popular with the children and is highly nutritious. The staff also gave advice about cooking foods, especially on how to keep the nutrients intact.

Phase 3 – Ongoing Research and Analysis

Regular mentoring and onsite discussions have supported HIV training of Concern staff and members of the nutrition garden groups as well as government outreach workers. Easy to use tools, such as the storyboards (see below), were developed to present clear messages both about HIV and nutrition and to spark broader discussions about the pandemic in the community. They were presented both at

seed distribution points as well as used within the nutritional garden project. The relevance and impact of these were constantly considered, and methods of reinforcing or strengthening them developed.

Some of the Story boards used within the Concern Zimbabwe programme



2 Nutrition gardens

The nutritional garden project began in October 2005. The objective is to “improve the nutritional value of agricultural production of vulnerable families, through diversification, vegetable production and nutrition awareness”. This is particularly pertinent to households infected or affected by HIV whose nutritional needs are high.

Gardening has always been an important part of rural women’s workload. Small gardens close to the home are used to grow relish crops to supplement the staple food of maize meal. But lack of water, lack of seed varieties and increasing demands on women’s time (partially as a result of AIDS) had meant many were poorly maintained or abandoned altogether. A nutrition garden project seemed particularly relevant to women, therefore, and the main task was to revive this traditional activity and strengthen it for the future.

The following steps were followed in establishing the gardens:

1. Setting up garden groups;
2. Locating and preparing communal land including the rehabilitating water sources;
3. Providing a variety of high value seeds and agricultural inputs;
4. Building the capacity of the groups to grow and utilise food more efficiently.

2.1 Setting up Garden Groups

Concern decided to support the setting up of groups rather than work with individuals in developing nutrition gardens because it had the potential to reach more people and skills can be more effectively shared. It had the additional benefit of sharing labour demands and creating a more supportive environment within villages. Furthermore, it meant that more appropriate land could be identified closer to water sources. Garden groups therefore were established made up of equal numbers of men and women. Membership was determined by the community who selected people based on their own vulnerability related criteria. Each garden group consists of 15-25 members.

In order to ensure HIV infected or affected households were included in the garden groups, Concern Zimbabwe encouraged communities to include families affected by HIV and AIDS, by using proxy indicators so not to encourage stigma, i.e. families with a chronically ill person, or ones that are headed by a child or widow or households looking after a number of orphans. Selected households were put forward by the community to the committees, and once agreed on, were registered. 58 garden groups in total were registered.

2.2 Locating and preparing communal land and rehabilitating water sources

Land is readily available in the project areas, the main problem is that much of it is bush or far from water sources. Concern worked with communities to make available land more productive by working with the garden groups to identify appropriate sites. Negotiations usually went smoothly, because of the ready availability of land and because village headmen were often members of the garden groups.³

Sites were located close to water sources whenever possible. The rehabilitation of boreholes were made with the help of District Development Funds (DDF), which were used to provide materials and pay for any technical expertise that was needed. Once reliable water sources were secured, garden groups were responsible for providing the initial heavy labour, clearing land ready for the gardens. As the majority of members are vulnerable members of the community, many brought in more able bodied relatives to help at this stage. However, some original members had no support available and had to drop out of the project at this stage.

³ In rural Zimbabwe, village headmen may have access to land, but are not necessarily in the wealthier sectors of the community. This is why they would often be included in garden groups.



The project introduced water drip kits, a new irrigation device whereby central tanks are fitted with hoses with holes strategically placed along them. Water “drips” out of these directly onto the plant thereby reducing wastage which, in turn, reduced the amount of water garden groups needed to carry. Over 150 people have so far been supplied with the kits. The drip kit has been successful at reducing watering to once a day, but this is still difficult for some of the sicker people in the groups and they cannot provide sufficient water to plants during the hottest months of the year. Concern also provided groups with fencing materials to protect the crops from animals. With the land identified and prepared, the groups were ready to begin agricultural production.

2.3 Providing seeds and agricultural inputs

Agricultural extension officers and other technical support agencies gave advice about appropriate vegetable seeds not only for the climate and local terrain, but also for their particular nutritional properties and for their value on the local markets. In the 2005/6 season each garden group had been provided with:

Tools	Vegetable seeds	Cuttings
Shovel Rake Spade Fork Sickle Watering can Hoe	Cabbage (Sugarloaf) Tomato (Roma) Onion (Texas Grano) Squash (Butternut) Pumpkin (F.W.B.) Carrot (Kuroda) Garlic Watermelon (Sugar baby) Honeydew melon Peas (Green feast) Pigeon peas Cowpeas (Brown Mix) Contender Beans Kovo (a kind of spinach)	Sweet potato Agro forestry / Fencing Jatropha Moringa Fruit trees Orange and nartjie Mango Papaya Guava

In the 2006/7 farming season, the gardens will also be provided with culinary herbs, such as lemon grass, chilli and mint, and other types of nitrogen fixing and natural fencing species such as acacia, leuceana, and vetiver. There is also some discussion about other crops such as moringa⁴. Herbs are receiving particular attention since District AIDS Councils are promoting their use in the symptomatic control of certain illnesses. Concern staff are involved in ensuring any messages about the relationship between nutrition and HIV are not distorted or result in unsubstantiated claims such as one in Nyanga where a woman claimed she has been cured of being HIV+ through eating herbs.

2.4 Building the capacity of the groups to manage the gardens

Concern, with government agricultural extension officers, carried out regular training and feedback sessions to the groups on gardening techniques, including fencing, bed preparation, seed management, appropriate composting, and natural pest control. Concern project staff also taught nutrition, and cooking methods. The staff used storyboards as a main methodology, and then discussions to challenge local myths and misconceptions about nutrition and HIV.

Each group is autonomous, and Concern works with them to organize in a fair manner. They have a chair who is responsible for documenting what the group receives, crops grown and harvested and distributed. The group assigns jobs to each member, which include watering, weeding and harvesting duties. This way each member of the group is held accountable to the whole.

⁴ Moringa is a fast growing tree almost every part of which can be eaten. Because of its high vitamin and mineral content, in Africa it has become popular as a locally produced nutritional supplement for individuals infected with the HIV/AIDS virus.

*We meet on a Monday, Wednesday and Friday; a group of 10 gathers and takes responsibility for activities every 3 days. Our duties are to water the garden and come together to discuss various issues including HIV. Five members come in the morning the other 5 in the afternoon. We work on average 6 hours per session
Translated from the female chairperson from one nutritional group in Nyanga District.*



The groups meet on a weekly basis to discuss progress and problems. They often discuss these problems with Concern Zimbabwe such as post harvest management and marketing during regular monitoring visits conducted by Concern staff. These visits are to help solve existing problems, provide support and advice, and ensure the benefits of the nutrition gardens are accruing fairly. Eventually, it is expected that the groups themselves will do this monitoring and work on their own.

3 The impact of nutrition gardens within the livelihoods programme

3.1 Helping those most infected and affected by HIV and AIDS

The targeting process indicated that more than 75% of beneficiaries are infected or affected by HIV/AIDS. On average 25% of the households included were widowed and 20% were elderly, 15% included households looking after a chronically ill member and between 10-30% of households were looking after one or two orphans. Therefore, the nutritional gardens are specifically focusing on those infected or affected by HIV and AIDS. A key indicator of the relevance of the project to this group is the high demand from other people in the community to be included. Since this started as a pilot, its outreach has been limited but it is expected this will change in the future to try to ensure other vulnerable people can be included. Already, groups in Gokwe North are setting up independently to mirror the nutrition gardens though they are struggling to access appropriate inputs, and many of the groups share some of their proceeds with particularly vulnerable people in their villages.

3.2 Better nutrition to support people living with HIV or AIDS

Vegetables that have not been traditionally grown in these areas have flourished in the gardens, such as carrots, sweet cabbages, butternuts and peas. The success has been put down to adequate water sources, pest control and technical support as well as strong group motivation. The produce has supplemented families' staple diet of maize, improving their nutrition. Some of the members have managed to produce a surplus to sell in local markets. For example, one woman from Samakande village has sold some of her vegetables, such as the butternut, and used the money for school fees for her children. A male member of the group, who used to earn an income from panning gold until he became too weak, said that he had made sufficient money to buy more seeds; an indication that longer-term strategies are beginning to be realised. Even in areas where little has been produced, the nutritional advice has been well received. The group members say:

Comments from people in the Nutrition Garden Project

- *“Nutrition from vegetables is good” as “it makes people healthier” -one lady from Nyamahumba village.*
- *“The gardens will provide us with a source of income” to support families to pay for other household needs such as “school fees, hospital fees, provide money for grinding, and buying more seed” –focus group discussions in Samakande village.*
- *“Orphans can benefit by sharing the knowledge, labour and nutrition” – from discussions with groups in Nyamahumba and Samakande.*
- *“Gardens prosper throughout the year and this helps us to assist our families throughout” -one man from Samakande village.*
- *Herbs grown can help some of the symptoms from AIDS -which was mentioned on a number of occasions in Nyanga District.*

Nyanga, Zimbabwe April 2006

They all mentioned that they had learnt about the importance of certain vegetables, such as raw carrots, a favourite of the children especially. They also learnt about the importance of not overcooking vegetables. One garden group in Nyanga opted to grow and consume new varieties such as butternut. People are also working out how best to utilise traditionally grown vegetables. Communities are applying their new knowledge and strengthening further the community coping strategies that already exist.

3.3 Adjusting to the needs of households infected and affected by HIV/AIDS

The gardens were run by groups, which meant that responsibilities could be shared and tasks assigned according to individuals' ability and strength. This is key when

designing interventions for those affected by HIV and AIDS. Relatives or other members of the targetted households contributed their labour when individuals were too weak to work either because they were too old – many of the beneficiaries are grandmothers – or too young, or too sick.

Individual members within the groups said they had been able to adapt their normal chores to fit in with the additional responsibilities of running a garden. They also said they would like to grow vegetable gardens in their own homes if they had had sufficient water supplies.

Access to water is key. All the gardens were placed as near to reliable water sources as possible and where these were inadequate, boreholes were restored or pumps rehabilitated. One garden group said, 'no pumping of water is required – the members carry water up a slight slope near the garden entrance' and this has meant that even filling the drip kits is not considered too demanding and these will benefit the groups with their higher income crops'. However, it should be noted that other groups had found the water demands a real challenge.

3.4 Wider impacts for other households in the community

The vegetable garden project has supported other community members living with the virus. This was evident during research in Nyanga in March 2006 and in Gokwe North in October 2006, which found that garden group members were forming networks outside garden activities and 'helping each other in times of need such as illness and death of a family member'. Garden groups were contributing to strengthening community 'safety nets' by donating some of their produce to others outside the project who are chronically ill and vulnerable households looking after orphans.

The gardens were also bringing local markets closer to people. The project has ensured cleaner and more reliable communal water sources, which all the villagers now enjoy. They are also promoting interest in the community about crop diversification and nutrition; some people not included in the project have been purchasing similar seeds and seeking advice from the groups.

3.5 New opportunities and evidence of behaviour change

Information from the storyboards on HIV and nutrition were found to be simple, appropriate for the illiterate and provide new information to the villages. However,

this information needs backing up with services such as access to VCT and condoms and appropriate medical services. In 2007 Concern is embarking on an ambitious HIV programme that will focus on HIV prevention amongst women and girls through information and relevant service provision.

The nutritional training has also led to new opportunities. Concern Zimbabwe used the meetings with garden groups to include some specific HIV prevention work. One Concern staff said that this had resulted in more 'openness in the groups to discuss issues about HIV'. Misconceptions about HIV are being challenged and 'the silence' is beginning to break. One garden group in Gokwe South, said positive behaviour change had been witnessed with men and women from the garden group saying that they had decided to go for an HIV test.

Part of the success has been the advantage of tailoring messages to smaller groups, which are more likely to discuss sensitive issues together because they know one another better. The HIV and nutrition debate in training sessions has opened the door for more private issues to be discussed. This type of psychosocial support is a necessary component of any positive living initiative. These groups can act as 'peer educators', further disseminating HIV/AIDS information.

Conclusion

Concern has a clear plan to take the mainstreaming HIV and AIDS processes forward. This includes:

- Rolling out further nutrition education to infected/affected households.
- Revising training materials and supporting refresher training for government agricultural extension staff to integrate nutrition education in extension services.
- Facilitating HIV and nutritional training to more community groups.
- Facilitating training of infected/affected households on the use of available foods to manage symptoms and maintain food intake essential in the prevention, management and care of opportunistic infections (such as diarrhoea, oral thrush, vomiting, loss of appetite, anorexia, anaemia, fever).

The programme continues to address issues of stigma and discrimination through discussions with the groups. The programme will provide more information to the communities on HIV/AIDS alliances and networks such as health clinics, District AIDS Action Committees' and 'Ward AIDS Action Committees and NGOs, in order to enhance the support of infected/affected households.