



Photo: Author

Mama Prosper with her dairy goat, Kibosho, Tanzania.

Supporting families living with HIV/AIDS

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Mama Prosper, the name of her eldest son, is the name by which Matilda is known among her neighbours in Kibosho, a densely populated ward of hillside villages in the foothills of Mt. Kilimanjaro, Tanzania. Until recently she and her husband Thadei worked together on their small farm, a one hectare parcel of land in the coffee and banana belt which skirts the south and eastern slopes of this great mountain. Their diversified farm was typical of those in the area, multiple layers of shading by indigenous *Albizia* trees, bananas and coffee, grass hedgerows surrounding small plots of sweet potatoes, maize, finger millet, yams, and beans. It was an intensively cultivated smallholding in which by-products were fed to two zebu cattle, a few local meat goats and sheep, traditionally kept chickens, and pigeons, which in their turn added fertility. There was occasionally enough to sell but mostly just enough to subsist on and raise their family. They had five children and lived relatively happily together.

Thadei contracted HIV about six years ago. His life lingered for two years before he died in 2002. The cost of medical care for his treatment was a burden on the family; they sold most of their livestock. Now Matilda remains with her five children, 3 boys and 2 girls aged 7 to 16 years. As a widow she has found some comfort in her children and her in-laws, who have agreed to let her remain with some of their land and the house they had built, however losing her husband has changed her life immeasurably. Life for a widow with five children is a great challenge. Other in-laws in similar circumstances have pushed widows and their families out of the house and forced them back to the widow's parents. Matilda is grateful that she has been able to continue to live in the small family house she built with Thadei. Her eldest son is 16 and will soon be able to inherit the land through the patrilineal system of inheritance. But this is not enough for all of the family to live on. Matilda has needed to find new sources of income on their small farm.

She feared that she probably had also contracted HIV and was anxious about being tested. When her health began to diminish, she was told at the hospital that she suffers from tuberculosis, and for this she continues to seek treatment. However, she expects that she is indeed suffering from AIDS. The frequent

trips down the mountain to the hospital tire her, she lives 8 kilometres away and sometimes they must hire transport. The financial burden is almost unbearable, about US\$40 per month, although it has been shared by her wonderfully caring in-laws, her friends in the village and her church. By losing her husband her life became uncertain, but now it is filled with dread of dying before her children are old enough to care for themselves. The hardship and pain are evident on her face as she relates her story with difficulty – she lifts her *kanga* to her forehead to fight the tears. She rallies, boldly and beautifully, looks into your eyes with a steady glance. She shares her want, more than anything, to be able to support her children through their school years.

Matilda's story is very common in Tanzania. Respecting no social class, HIV/AIDS has already afflicted over two million Tanzanians. They reside in every community throughout the country - children, youth, single, married, elders, rich, poor, educated, uneducated, teachers, doctors, students, rural and urban. Few of the programmes that have been initiated to assist people like Matilda reach into the rural areas. It is difficult for health services to reach them, but reach them they must. NGOs like Heifer Tanzania can help these services reach them through their widely distributed network of project holders in rural areas. Yet health education and services are not enough. Apart from access to voluntary counselling, testing, anti-retroviral medicines and monitoring, people also need the means to improve their nutrition and maintain their immune status. Projects using small livestock, which do not have heavy requirements, bring rapid returns and provide many benefits.

In Heifer's experience dairy goats are an entry point to help bring about gender and social equity, and instil the principle of democracy and awareness of the importance of basic and environmental education. Project families are encouraged to revert to time-honoured methods of growing diverse crops, to intercrop rather than practice monoculture, and to plant trees for fruit, firewood, and shade. Where possible, they are encouraged to start to raise other types of small animals to spread risk and generate additional produce. More diversified farms allow a greater variety of produce to be available throughout the year. After receiving training, they build a goat shed and plant fodder trees and grasses, usually along contours, to protect soil and conserve water.

Families raise the goat under “zero grazing”, conditions in a shed where it is less exposed to diseases and parasites. It does not waste energy going long distances for food and water. This practice also helps safeguard the environment by preventing uncontrolled browsing of trees. It also helps control random breeding so that the animals can remain of high genetic dairy potential.

Heifer Tanzania has distributed dairy goats since 1987 helping families with very limited resources, but these days the emphasis is on people living with HIV/AIDS. However, focusing projects on families living with HIV/AIDS is not so easy: because of the stigma attached to the disease it is difficult to identify the sufferers. Heifer Tanzania has only been able to focus its resources on poorer, more desperate, families such as Matilda’s through engaging in new partnerships with health and social welfare specialists in local hospital and hospice care programmes. They are needed to identify the recipient families and to help engage their neighbours in safety nets to assure their success. Heifer supports HIV/AIDS affected families to improve their nutrition through three activities: dairy goats, chicken vaccinations and bio-intensive gardens.

Dairy goats

Matilda was one of ten women in the village to obtain a dairy goat as a means to mitigate the effect of AIDS, and thereby improve her and her family’s nutrition. She received a dairy goat on 24 December, 2003, which she called Noel. ‘I sent Prosper to the two-week training required before receiving Noel. We planted more fodder trees, and built this small goat shed to qualify for the loan. I love my goat; she gives me so much hope. She has been bred three times, and I am hoping this time she is pregnant.’ Getting the goats pregnant is important in goat keeping, a key to success; families must be taught the common signs of heat or keep the buck with the doe throughout the three week cycle between heats. Poor goat nutrition also prevents successful breeding, so training emphasizes good feeding. While her neighbours’ goats have already kidded (and have shared their milk with her) she hopes to have milk of her own and the much needed income from the sale of offspring soon.

Bio-intensive gardens

Families living with HIV/AIDS often lack the labour needed to cultivate their fields. The project therefore assists families to plant small bio-intensive gardens to ensure year-round availability of nutritious organic leafy vegetables. The manure from the goats is collected from the shed, composted, and used directly on the garden crops instead of being scattered all over the village as happens when goats roam free. Raised vegetable beds are established by digging beds of 3 to 4 square metres each to a depth of 60 cm and incorporating a high level of compost. Families are encouraged to recycle the used household water to irrigate the vegetables. This effort has increased the year-round availability of green-leaf vegetables. The raised vegetable beds permit intensive production and minimize the need for labour. With abundant green leafy vegetables available, the family is less vulnerable.

Poultry vaccinations

Introduction of an innovative technology and appropriate extension approach can have dramatic benefits. Traditional poultry keeping is the most common of all livestock keeping in rural Tanzania – there is hardly a household which has not kept chickens, and thus their number is equivalent to the Tanzanian population of 36 million. Chickens are owned by the poorest members of society, and are the easiest source of income and food security for marginalized groups. Chickens are commonly free ranged, scavenge for their food, and demand few

requirements. However, they suffer from annual losses of up to 70 percent mainly related to Newcastle Disease! The lack of rural veterinary services and inputs contributes to such high losses. This is a national disaster which up until recently has gone relatively unnoticed because chickens are usually the property of women and youth, and an appropriate technology had not been developed to prevent it in the vast rural areas.

In 2002 Heifer Tanzania began a pilot project to distribute improved poultry to youth to enable them to raise school fees to continue their schooling. However it was through the Newcastle Disease vaccination efforts done in preparation for the distribution that it was realized disease prevention is much more important than distributing poultry. A new vaccine (I-2) has recently been developed which is heat stable – allowing it to be used in remote areas – and sold in small quantities. These two constraints have earlier hindered vaccine campaigns against Newcastle Disease (ND). The vaccine is also advantageous in that it is locally produced and easy to administer as eye-drops. Vaccination reduced losses significantly in the pilot areas. The reduction in losses of local chickens meant increased incomes, a source of protein (eggs and meat) for home consumption, especially for children and mothers, besides providing for traditional uses of social value. Thus the indirect impact on families with HIV/AIDS was enormous. Increased survival of chickens means also an increased rural employment, especially of youth.

Heifer Tanzania has now changed the approach it had started on poultry; instead of emphasizing distribution of chickens, it will now focus on ND vaccinations. Training of farmers and village vaccinators is the key, as well as ensuring linkages for vaccine provision and monitoring.

Lessons learned

While the intention of the project support is to assist in practical ways, sometimes the benefits of the assistance are not as immediate as the need. A goat and a garden do not provide a complete solution. In one village, people had organized themselves into small cluster groups of four families that were supporting each other. The project thrived as one goat was given on contract to each cluster, and the offspring were circulated among the cluster until all families had goats. This functioned so well that Heifer tried to incorporate this idea to provide safety nets to families with HIV/AIDS. However, it has proved difficult to promote the idea; while some groups function, others do not. This mobilization needs to come from the community itself: from the bottom up. It is difficult to understand all the dynamics involved in those groups that do function. Heifer would prefer to work with already established natural groupings than to create its own groups, but there is a tension – how then can the poorest be reached: those who are not already part of an existing group? Heifer’s project holders must often work at the entry-level on strengthening groups.

Heifer’s efforts are really more about helping people than about livestock, seeking ways to alleviate the poverty and related suffering of families and to stimulate social welfare within the communities. Livestock are used as catalysts to help them to improve their livelihoods by practicing better farming techniques and obtaining improved production but also to be able to better handle their livelihoods in general. All our work requires learning, especially as we seek to help those most vulnerable such as people who live with HIV/AIDS. ■

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