

Reducing vulnerability to the impact of AIDS to households taking care of orphans

Mbeya district-Tanzania

**A Research Project Submitted to Larenstein University of Professional Education
in Partial fulfillment of the Requirements for the Degree of Master of Management
of Development, specialization in Rural Development and HIV/AIDS**

By

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DEDICATION

This work is dedicated first to my late mother, Mwl. Desderia Katolika, and then to my heart loving father Edson John Mwakinyali who both created a good foundation for my education and to my lovely wife Winifrida Silivano and my children (Fransisca, Magdalena and Birigitha) who has been always an inspirational part of my life.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ATM	Access to Market
CBO	Community Based Organization
CHAC	District council HIV/AIDS coordinator
Cord AID	Catholic Organization for Relief and Development AIDS
FHH	Female headed household
HH	Household
HHS	Household size
HIV	Human Immune Deficiency Virus
IADO	Isangati Agricultural Development Organization
MHH	Male headed household
NBS	National Bureau for Statistics
NGO	Non Government Organization
OAU	Organization of African Unity
OVC	Orphans and Vulnerable Children
TACAIDS	Tanzania Commission for AIDS
UNAIDS	Joint United Nations Program on HIV/AIDS
UNGASS	United Nation General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	Unites States of America International Development
WHO	World Food Organization

ABSTRACT

This study seeks to assess on appropriateness of the poultry project in mitigating the impacts of AIDS on households taking care of orphans as implemented by IADO in Mbeya district. The study focuses on the households taking care of orphans as a result of death of one or both parents. The study was looking on the impact of orphans caring in the households in relation to declining of household's income and labor reallocation. The respondents were purposively selected basing on the nature of information required in the study. The respondents include members from male and female headed households taking care of orphans and information from IADO and government staffs. In total 20 household taking care of orphans were interviewed whereby 3 male headed households and 17 female headed households involved in the study. These head of households were widower and widow.

The main research findings were that:

Most of the respondents said that there is big relation between declining of household's income due to orphans caring. The decline of household's income is felt in differently way in households taking care of orphans. This differences is said is due to number of factors like assets base owned by the head of households, number of orphans in the households, household size, age and gender of head of households.

The household experience workload of raising orphans as the families devote much time on taking care of orphans instead of participating in the income generating activities. Because of lack of sufficient time and adults to participate in income generating activities and household intra-dependence due to high dependency ratios, has resulted into worsening of coping strategies of household living with orphans as well as the community as a whole and hence communal support are less and not able to offer support. The scale of AIDS orphaning is such that the coping mechanisms are collapsing in the poor world. This is evidenced by the growing number of street children.

In a considerable number of cases the consequences of income declining were severe and led to food shortages, the failure to meet other basic needs such as clothing and school levies. This economic uncertainty within the household can led to household dissolution.

More than half of the households found it is difficult to save money due to the increasing number of dependants. This is because the demand for expending income in the households is high especially for taking care of orphans. The money saved is used at any time when the family is in need of basic things, this disrupt the regular income due to responsibilities of care giving. Following the deduction in income saving most household interviewed would not be in the position to have enough resources ready to be spent for caring orphans.

When the households overloaded with children switch their ways of looking for food by stopping working into their farms to look for jobs that will give them an immediate income to buy food. By doing so it leaves them more vulnerable to poverty.

CHAPTER ONE: INTRODUCTION AND BACKGROUND INFORMATION

1.0. Introduction

This report contains the results of a study which seeks to make recommendations to IADO on the appropriateness of the poultry project in mitigating the impacts of AIDS on households taking care of orphans. The study focuses on the households living with orphans as a result of death of one or both parents with AIDS related diseases. The study was looking on the impact of orphans caring in the households in relation to declining of household's income and labor reallocation

In this chapter background information is given of the area where the study took place and of the organization which the study was carried out. The background information deals with the status of HIV/AIDS in Sub-Saharan Africa, orphans situation in the country and Mbeya region and responses for helping orphaned children. It is followed by the problem statement, objective and research questions. The chapter is concluded by a conceptual framework of the study.

1.1. Organization historical background

Isangati Agricultural Development Organization (IADO) is a local, not for profit, non government organization (NGO) working in Mbeya Rural District. Currently the organization is implementing its programme in Isangati and Usongwe Divisions. The organization originated from an agricultural project, which was funded by Belgium organization. The organization head office is situated at Santilya¹ village about 45 km from Mbeya town on the way to Malawi through Ileje district.

The organization is currently implementing three years access to market program. The objectives of the program is to support small scale farmers in Mbeya District, improve their livelihood assets, through promoting efficient agriculture, access to reliable markets and financial services.

The program covers three main areas which are production, where by small scale farmers are facilitated to improve the quality and quantity of their produce to meet the need to the market. The second part is market, whereby the organization is facilitating the small scale farmers to identify reliable markets for their produce and then facilitate the linkage between producers and the buyers. The last part is finance; whereby the organization is supporting the small scale farmers to identify/establish sources of finance so that they can Access funds and improve their production and marketing.

One of the organization's objectives is to promote gender equality and HIV prevention among small scale farmers though training, awareness creation and initiation of small income generating activities to raise income of farmer's families.

The assumption by the organization is, the program will improve agricultural production hence food security, increase household's income and reduce poverty level. By doing this, the organization will reduce vulnerability to the impact of AIDS to households taking care of orphans.

1.2. Orphans situation due to AIDS in Sub-Saharan Africa

The AIDS epidemic has given rise to a dramatic increase to a number of orphaned children in Africa. According to UNICEF, (2004) more than 13 million children under 15 years old has lost

¹ Headquarter of organization where all staff lives. My position in the organization is Coordinator for Agriculture

one or both parents to AIDS, 11 million of them in sub-Saharan Africa, accounting for 32 percent of all orphans worldwide. In Africa family is still expected to provide care for most orphaned children, Mupedziswa, (2004). A variety of informal mechanisms providing care for orphaned and vulnerable children have sprung up lately in response to orphans without consideration of existing community based alternatives for care like care provided by aunts, uncles and grandparents. It is indicated by some literatures that the world population of orphans is increasing exponentially, particularly on the African continent as it is supported by (Barnett and Whiteside 2006) where the estimates showed a very marked increase of orphans due to AIDS in sub-Saharan Africa within 20-years period 1990-2010. HIV/AIDS continues to destroy African communities, annihilating the population of those demographics which are most necessary for the productivity of these communities.

1.3. HIV/AIDS trends and orphans situation in Tanzania

According to TACAIDS, (2006) since the first cases were discovered in Kagera in 1983, HIV infection has spread to all regions and district in the country. However, the HIV prevalence rates show importation variations within the country. There is no single HIV epidemic in the country but multiple localized HIV epidemics which sometimes have regional or district dimensions.

AIDS is a clustering disease, so once a parent is infected with HIV the husband/wife has a high chance of getting infected and pass away. ASAP, (2008) in its 2007 annual reports shows that, the national adult HIV prevalence peaked at 8% in 1995, and then gradually decreased to 6.5% in 2004 and 5.8% in 2007. At the onset, the epidemic was growing fastest in areas with larger or border towns, high population mobility (temporary migration due to labor factors), amongst those who were employed, more wealthy, or more educated persons (strong correlation between these factors).

Also the absolute number of new infections has grown steeply over time, particularly in rural areas, due to population demographics. Currently, it is estimated that more than an estimated 1.8 million persons in Tanzania are living with HIV (ASAP, 2008).

Due to HIV/AIDS in the country, children are left without parents, care and lack of assets which make them to be more vulnerable to the impacts of AIDS. UNAIDS/WHO as cited by Valerie, (2007) estimates that AIDS is responsible for about half of total orphan numbers in the country. It is estimated that the number of OVC in Tanzania Mainland was 930,000 in 2006, which is five per cent (5%) of the total child population and it was projected to reach 1, 044,097 by year 2010 (UNGASS, 2008).

1.4. HIV/AIDS and orphans situation in Mbeya region

Up to year 2007, available data indicated that Mbeya region was at the leading position of people living with HIV/AIDS. The prevalence rate of HIV/AIDS in the region was said to be at 13.5% above the national HIV prevalence rate of 7 % (TACAIDS 2007). HIV/AIDS continues to destroy the prime age group which is needed as a labor force. It has an especially damaging effect on the 24-40 year-old age which is needed (Davidson, 2008). Due to high prevalence rate in Mbeya region, Orphan hood is highest too in the region, see table 1. Eleven per cent of the populations under 18 have lost one or both parents according to the Population and Housing Census 2002 in NBS, 2002 et al. as cited by (Valerie, 2007).

Dying of parents has led into increasing number of orphans and vulnerable children considerably. Hence, without the care of parents or an appointed caregiver, children are likely to face extraordinary risks of malnutrition, poor health, inadequate schooling, migration,

homelessness, social exclusion, abuse and exploitation than children who have parents (Avinash, 2005).

This has an especially damaging effect on the children needed for future outlook and livelihood options, so increasing burden to poor people in taking care of OVCs. Children are consequently left alone, without anywhere to go, except perhaps to a distant relative, who may or may not care for or about them just because they are unable or lack of resources or motivation (Davidson, 2008).

The table below shows segregated data on the number of orphans in Mbeya district per each ward. Data shows that there is big number of female orphan in the district compared to male. Which means this group needs support from the community and institutions.

Table 1: Statistics of orphans in Mbeya district by ward and sex

No.	Ward	Male	Female	Total
1	Inyala	385	407	792
2	Igale	508	563	1071
3	Ilembo	568	593	1161
4	Tembela	344	385	729
5	Iwiji	178	262	440
6	Iwindi	304	385	689
7	Ijombe	156	395	551
8	Ilungu	175	294	469
9	Ikukwa	82	226	308
10	Mshewe	103	190	293
11	Ulenje	405	481	886
12	I/Mapinduzi	111	218	329
13	UT/Usongwe	532	734	1266
14	B/Songwe	131	178	309
15	Santilya	28	134	162
16	Isuto	275	427	702
17	Ihango	134	209	343
	Total	4419	6081	10500

Source: Mbeya district council 2008

1.5. Responses to support orphans

Several response mechanisms emerged in Tanzania to deliver protection and services to orphans and vulnerable children ranging from local to international (including family, community, institutions like local and international organization). These responses employ diverse of strategies on taking care of orphans and vulnerable children, which are direct and indirect support. These various measures have been taken by the government to ensure that the emotional and physical needs of orphaned children are met by expanding and encouraging all efforts done by the communities to support orphans. Steps taken include ratification of the UN Convention on the Rights of the Child, signing the OAU Charter on the Rights of Children; the enactment and review of laws aimed at promoting and protecting the rights and interests of children; the preparation and implementation of the National Program of Action concerning child survival, protection and development in the 1990s.

The Government has created a special Ministry to coordinate child development programmes and encourage non-governmental organizations, individuals etc to establish centers for children in difficult circumstances; to set up special schools and institutions to cater for children with particular problems; to set up voluntary associations to serve and defend children; and to establish juvenile courts so that those suspected of breaking the law are dealt with in such a way that their status as children is not violated.

TACAIDS, 2007 reported that in Mbeya region each district has NGOs supporting orphans and vulnerable children through material aid such as school uniforms, books, school fees, vocational training, income-generating activities and medical treatment. The scope is however limited with a relatively small number of beneficiaries.

Even in the presence of NGOs supporting orphans and vulnerable children but the evidence shows that children most in need are least likely to receive this support. Majority of the orphans are being cared for by extended family members, reflecting a strong tradition of child fosterage in Africa. This significantly mitigates the impacts of the epidemic. However, many guardians are either too old or too young to meet the orphaned children's material and emotional needs, and many older children leave their adoptive homes and survive on the streets (Karlenza 1998 as cited by Ruth, 2005).

Even though a family may not have sufficient resources to care for existing members, orphans are taken in. This has been the basis for the assertion that traditionally, "there is no such thing as an orphan in Africa" (Foster, 2002).

1.5.1. Problem statement

IADO mission is "to support small scale farmers in Mbeya District, improve their livelihood assets, through promoting efficient agriculture, access to reliable markets and financial services". One of the organization's objectives is to promote gender equality and HIV prevention among small scale farmer's families, so as to have community which is free from HIV and is gender sensitive.

The district has a high HIV prevalence rate of 13.5% (TACAIDS, 2007). This resulted into a high number of orphans and vulnerable children considerably, which poses threats to the level of income of households taking care of orphans. This has also an impact on livelihoods of relatives who take in orphans.

There is need to understand the circumstances in which children affected by AIDS are susceptible to HIV infection so that targeted interventions can be established. Failure to prevent

HIV infection in this increasingly large group has implications for future generations (Foster, 2000).

Currently the organization is implementing a project with objectives of mitigating the impacts of AIDS to households taking care of orphans (caregivers/takers). These household are not able to provide adequate food, clothes, education and health care to orphans due to poor condition they have. The organization introduces a poultry project as a means of encouraging income generating activities, with the assumption that poultry keeping is less time and labor demanding. In this project the head of households are imparted with expertise on raising poultry, entrepreneurship skills as well as linking to markets for their products and low interest microfinance institutions for loans (rural saving and credit schemes)

The organization is expecting that the income of households living with orphans will improve thus leading to improved care of orphans. Hence the project is expected to reduce social, economic and psychological impacts of AIDS on orphans like sexual abuse, unwanted pregnancy, infection with other sexually transmitted diseases and substance abuse. In a long term the project is expecting to have a healthy community with enough food and good economic base.

IADO has insufficient information on whether the poultry project is a proper means of building resilience to households taking care of orphans.

1.5.2. Objective of the research

To assess on appropriateness of the poultry project in mitigating the impacts of AIDS on households taking care of orphans as implemented by IADO.

1.5.3. Research Question

- Under what conditions can the poultry project be a contribution to improve income of households caring for orphans?

Sub-questions

- What are the impacts of caring for orphans on income expenditure pattern on households?
- What are the changes to household income which result from the poultry production?
- What are the coping mechanisms used by households in dealing with the impacts of caring for orphans?

1.5.4. Definition of concepts as used in this study:

In this study, a number of concepts were used and played an important role. These concepts give clarification on what the study is all about and the direction of the study. Therefore, this section elaborates the definition of the key concepts which were used in the research.

Vulnerability: The likelihood of significant income and labor impacts occurring at households taking care of orphans.

Resilience: Muller, 2004 define resilience as active response of infected persons that enables them to avoid the worst impacts of AIDS at household level.

AIDS Orphans: WHO and UNICEF define orphans as children who lose both parent before reaching the age of 15 years due to AIDS or other causes. In this study the focus will be in both girls and boys of age ranging from 3-17years.

Mitigating the impacts of AIDS: According to (Muller, 2005) Mitigating is providing an evolving answer to lessen the negative impacts of HIV/AIDS on affected households.

Households: A household can be defined as a group of people, living together, who are usually economically interdependent, Foster, (2002).

Taking care: According to Nombo (2007) taking care means assuming responsibility for the identified needs to orphaned children.

Differential vulnerability: Means not all households living with orphans are affected in the same way or to the same degree.

1.5.5. Conceptual framework

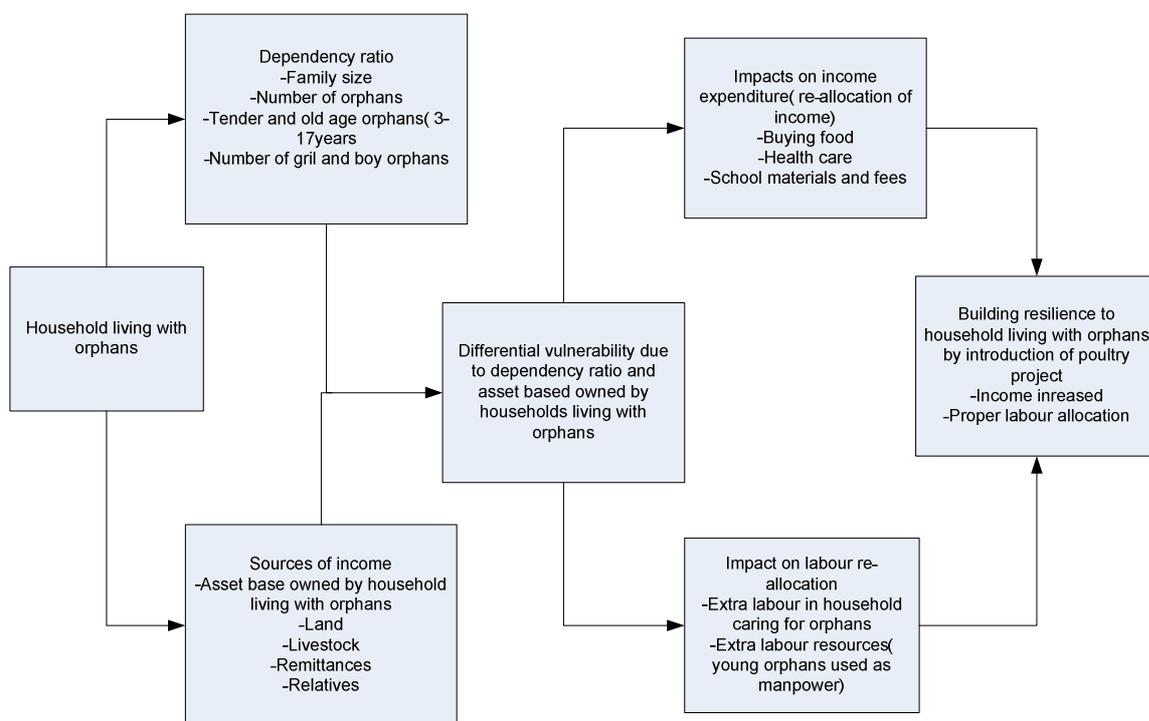


Figure 1: Conceptual framework: source author, 2010.

When parents die, children are being fostered by relatives in extended family like uncle, aunts and grandparents. The care of orphans in the households depend on number of factors including the family size of the households taking care of orphans, number of orphans, dependency ratio, age of orphans because the care is different depending on the age (tender age need intensive care while old age need less care) and also the care is different whether the orphans is a girl or a boy.

The asset base owned by the household living with orphans can determine whether the orphans can be cared for as well as the external support to the household like remittances can help to give support to orphans.

According to the above factors, the household living with orphans experience differentiated vulnerability. These impacts can be in terms of income expenditure pattern and reallocation of labor; this means impacts on households living with orphans are not uniform.

Therefore it is important to build resilience to the impacts of AIDS to household living with orphans so as to help them to increase households' income and make proper allocation of labor so as to reduce vulnerability to the AIDS impacts.

CHAPTER TWO: LITERATURE REVIEW

2.0. Introduction

In this chapter literature is presented about the safety net provided by extended family to orphans so as to know the already existing safety net model in caring for orphans in the community. It also talked about the impacts of income and labor reallocation to orphan care giving in households. Taking in orphans and care for them has first of all implications for the economic situation of households and for the allocation of labor. The chapter further looked at gender in relation to AIDS orphans, so as to know the way it affects male and female in caring for orphans.

2.1. Safety net provided by extended family

The situations that make children vulnerable to the impacts of AIDS go beyond the loss of their parents to include children who are affected in the following ways:

- *Material problems* include access to money, food, clothing, shelter, health care and education.
- *Emotional problems* include the lack of experienced care, love, support, time to grieve and having to contain emotions.
- *Social problems* include the lack of supportive peer groups, of role models to follow, of guidance in difficult situations, stigma, and risks in the immediate environment Skinner et al., (2004).

It is clear from the magnitude of orphanage faced by household taking care of orphans. Particular efforts and attention are required by the government, NGO's and CBO's to help these households in taking care of orphans.

In Africa the extended family has been the traditional social security system. Its members have been responsible for the protection of the vulnerable, the care of the poor and the transmission of social values. When relatives die, the extended family support network ensures that children are cared for whether some of its members move into households to care for survivors, or whether orphans are moved out into one or more relatives' households (Foster, 2002).

The usual pattern of family obligation to care for orphans in sub-Saharan Africa can be envisaged as follows:

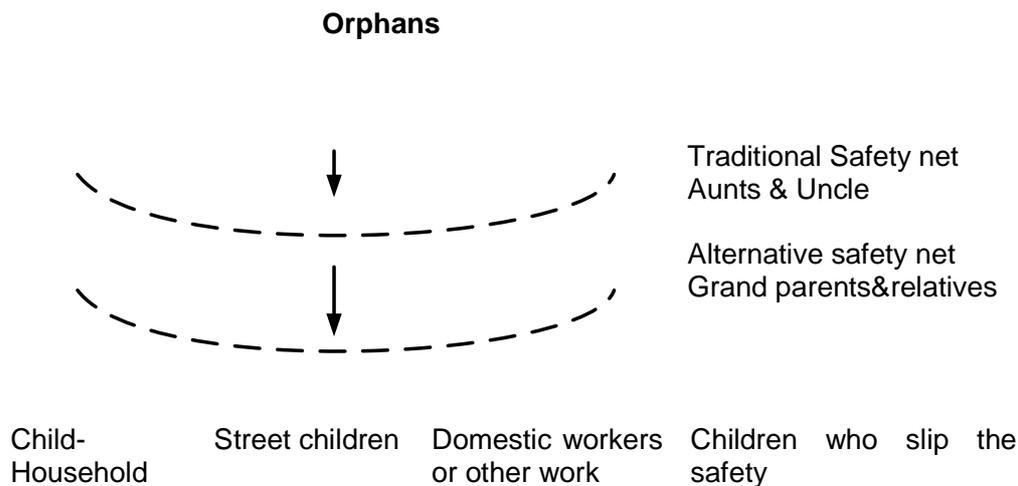


Figure 2:

Model of the extended family safety net for orphans in Africa (adapted from Foster, 2002).

Traditionally, uncles and aunts are the first line of defense for vulnerable children (orphans), but with time this habitual practice of inheritance has weakened, it has been supplemented by great responsibility on the part of grandparents or other relatives, almost always women.

Research in Uganda found that, children being cared for by single female grandparents, particularly in rural areas, were even more vulnerable, because women generally have lower incomes and depend more on friendship-based goodwill Barnett and Blaikie as cited by (Ruth, 2005), and continue to explain that, they were particularly vulnerable to malnutrition and infectious diseases, since food production was low and medical care was unaffordable.

Due to economic pressures accompanied by social and economical marginalization faced by rural households living with orphans, some children slip through the extended family safety net and end up in especially risky situations (Foster, 2002). Although the safety net may have failed to some degree, it still continues to function, even where children must live in vulnerable situations. It must be recognized that families and communities are the first line of response to children affected by AIDS; they are carrying and will continue to carry the primary burden of protecting and caring for orphans and vulnerable children. Their cultures and proficiencies must be understood and their ability to serve those in need must be strengthened.

It is believed that, meeting the needs of orphaned children will be a massive challenge, clearly overwhelming the *formal* (statutory) systems such as orphan, foster and residential care. It is widely acknowledged that *informal* systems are likely to shoulder the biggest share of the burden of orphan care. Most commonly, orphans will be cared for by their older siblings, grandparents or extended families (Musokwa, 2005). Various additional models of community-based orphan care have emerged in recent years and include:

- i. Community Child Care Committees, community structures set up to identify orphaned and vulnerable children and to safeguard their rights, e.g. assisting them and their families to obtain child welfare grants, access health care, education, protecting them from abuse etc.;
- ii 'create a family' or 'cluster foster care' programmes where substitute mothers are identified and hired to look after a number of orphans in homes in the community.

It is good for an orphan to be raised by relatives like uncles, aunts and grandparents so that they can help in transmission of social values and giving moral support to orphans.

2.2. Impacts on income on orphan care giving in households

Caring for children has costs like increased health care, buying food, paying school levies and buying school materials. Taking orphans increases demand on household resources. In societies affected by HIV/AIDS, many children live in households in which their own parents have fostered or are fostering orphans (Barnett, 2006).

At a point when the household remains with little resources they have to consider devoting their limited resources to save one's life and leave the rest of the household members who would also depend on the same resources to survive (Brent, 2003).

The affected households were left poorer than the households that were not affected. This made the affected one to switch their ways of looking for food by stopping working into their farms to look for jobs that will give them an immediate income to buy food. By doing so it leaves them more vulnerable to poverty. This suggests that it is important to assess the likelihood of the family failing to access necessary services because of low income. In general, better-off households are more able to buffer short term negative impacts of AIDS, while those living near the poverty line face rapid constraints in cash resources and have fewer options to buy external inputs for production, consumptions or caring (Kurschner, 2002).

According to (Loewenson, 2007), the demand for caring is not short term, the shift from an HIV to AIDS epidemic, with a consequent increase in illness and death and a rising population of orphans will scale up vulnerability to the significantly higher levels.

Also Nombo (2007) says that HIV related prolonged illness and death have changed the household composition, due to that many households were left by their head and then headed by orphans, widows and elderly. At the end most of the households would not be in the position to fully participate in farm and non-farm activities and therefore reduce their income. The production activities are reduced which could be due to the loss of assets or labor. Following the deduction in income generation many household would not be in the position to have enough resources ready to be spent for caring orphans.

Household will need to exchange goods with services to attain better services. According to Niehof (2004) the exchange of goods and services is based on morality. Nombo (2007) gives an example that the provision of care at household members is based purely on morale. This means not all head of households are willing to take care of orphans.

Women are traditionally the primary care givers in the household. However in many African societies especially those situated in rural area the resources for care are not at the disposal of the women, men controls the resources (Nombo, 2007). Thus makes women to suffer more in caring for orphans than men.

For household that are headed by widows when a HIV positive family member needs care, that requires the use of resources and the house hold are financially not capable to cover the cost for the health care the question whether to seek health care or not would be difficult.

Nombo (2007) sees that illness gives a big financial burden to the family and effects on the poor household are more devastating. The financial resources for the household include the cash and other liquid resources such as saving, credit, remittances and pension. HIV/AIDS makes the financial burden more enormous following the direct costs the households incurs on care to be given to orphans at household. The enormousness of the direct cost includes the cost for care and treatment and also the disruption of regular income due to responsibilities of care giving.

To cover the gap that was created by the declining of income and increase of the expenditure on health care the household has to find other alternative to generate income. The other ways included borrowing and getting from relatives, and friends, sales of crop and other assets, employer, casual work and petty business (Nombo, 2007). The assets being sold by households is like land, livestock, radio and bicycle and crops like maize, potatoes and beans.

The micro credit schemes are not a solution to poor rural household living with orphans as most of them can not secure loans from the firms as it is considered that they will not be able to pay back as they are not able to work. Other difficulties facing rural households living with orphans is when they manage to get the loan the money will not be used in income generating activities as it is supposed to be rather it will be used to cover the cost of health care, food and school fees to orphaned children. Spending the money from the loans obtained from micro credit schemes will results into failure to pay back the loan.

Following the inability of the house hold to afford the cost of giving care to orphans, and in desperate circumstances when there are no other sources of income, poor households may sell off available assets such as oxen which provide draught power to provide desperately needed revenue at the cost of long-term development (Foster, 2000). Where people lack material resources and do not have access to institutions and organizations beyond their limit and poor locality, they cannot be expected to take on extra costs and responsibilities in the absence of outside support (Barnett, 2006).

Generally the households taking care of orphans experience the impacts of income in terms of increasing demands in the household. Due to the new orphaned children joining the family, the household increases its regular expenditure like increased use of money for buying food, covering school expenses and health care cost.

2.3 Impacts on labor reallocation

Labor reallocation in the households that are overburdened with orphaned children are constrained in the sense that, once head of household are too much occupied are forced to hire labor and sometimes to be helped by neighbors and relatives as well as use child labor. The household experience workload of raising orphans as the family devotes much time on taking care of orphans instead of participating in the income generating activities. When children are used to cover the labor shortage in the household are disturbed in school attendance as they are forced to stay at home to help in several home activities. According to Barnett, (2006) becoming an orphan of the epidemic is rarely a sudden switch in roles. It is slow and painful, and the slowness and pain have to do not only with loss of a parent but also with the long term care which that parent failing health may require.

Orphaned children who care for adults may experience a world gone seriously awry. A young girl of eight or nine may be used to caring for younger siblings: she is unprepared to care for her mother, father, or both of them. It is all too common for quite young children or early adolescents to be caring for aged and infirm grandparents.

AIDS increases the need for public healthcare and welfare services and challenges household well-being. According to the studies reported by Loewenson, (2001) due to AIDS there is falling labor quality and quantity, losses in households income, falling farm production, shifts towards production of less time consuming but lower quality food crops.

Therefore households experience labor reallocation constraints due to caring for orphans. This is in the sense that, the head of households failing to balance time for caring orphaned children and the time for participating in income generating activities. But other households use children as a labor force to cover the labor shortage and hence disturb them to attend in school.

2.4. Gender in relation to AIDS orphans.

It is good to look on gender in relation to AIDS orphans so as to know the way male and female are affected in caring for orphaned children. Because of gender roles played by male and female in the society it might happen that even in caring for orphans there is difference role played.

The gender dynamics in the care of orphans are related to the notable differences between the responsibilities assumed by fathers and mothers in almost every country in sub-Saharan Africa, some of which seem to have been altered in the face of HIV/AIDS, often imposing more gender related constraints on women Muller, (2005).

According to Muller, (2005) female-headed households with orphans have the highest dependency ratios and the number of children who lost their mother but live in a female-headed household shot up considerably in high HIV prevalence countries such as Tanzania, often exacerbating the already fragile of women in rural areas.

The general tendency seems to be that in high prevalence countries the burden of orphan care is shifting in that orphans are increasingly more likely to live in female-headed or grandparents-headed households' according to UNAIDS/UNICEF/USAID as cited by Muller, (2005).

Differences in sex and related gender attributes seem at least partly to determine who takes care of orphans and under what conditions. It is also explained by Muller, (2005) that girl orphans are more easily lured out of their parent's homestead with the promise of job training, only to be used as cheap domestic labor and sometimes sex workers at night, while at the same time losing their rights to the parental property. In contrast, for boy orphans it is common to continue to reside in the rural home and keep the ancestral land.

CHAPTER THREE: METHODOLOGICAL APPROACH

3.0. Introduction

This chapter describes the methodology which was applied during the study. Description of study area has been presented in section one followed by research tools used in data collection. Section three describe on how secondary data/desk study was organized and collected. Section four describes the respondents and selection criteria and section five presents how data was analyzed.

3.1 Study area and geographical location

The study was conducted in Mbeya rural district which is one of the eight district of Mbeya region. Mbeya has a good communication network as highways cross the region connecting the harbors of Dar es Salaam and Mombasa with Zambia and Malawi together with other African countries through highway road and railways creating a corridor of social interaction between the three countries and other in the South.

The district lies between latitudes 70 and 90 south of equator and between longitudes 33 and 350 East of Greenwich and altitude ranging from 1000-2400metres above sea level with an average temperature ranges between 12 degree centigrade and 30degree centigrade annually and mean annual rainfall ranges from 650mm and 2700mm.

The district is characterized by highlands, mountainous peaks, lowlands of Songwe Valley and Usangu Plains. The most predominant natural vegetation includes; tropical and savannah wooded grassland and thorny bushes. It has been classified into five Agro-Economic Zones namely; Msangaji Plateau, North Usangu Plain; South Usangu Plain; Central Mbeya Plain and Highlands and Ilembo-Poroto Highlands.

Major economic activities in the district are agriculture and livestock keeping. The main crops grown are all staples types, coffee, cowpeas, pyrethrum, tobacco and vegetables. And the groups of animals kept are cattle, goat, sheep, and poultry. Also there are other extracurricular activities such as petty trade, hunting and Charcoal processing.

3.2. Research tools

In this study, three research tools were employed during gathering of information namely, secondary data, checklist and observations.

3.3. Desk study/secondary data collection

For literature review part of the study, different published and unpublished materials were referred as well as other libraries material sources and different websites on impacts of orphan's care giving in households.

Thus, sources of evidence including documentation such as program records, correspondence, official publications, evaluation reports and direct observation from previous personal experience were used.

3.4. Respondents and selection criteria

Due to time allocated for this study, the focus was to 20 head of households taking care of orphans, 2 organization staffs and 2 government staffs (district community development officer and district council HIV/AIDS coordinator (CHAC)).

Households taking care of orphans

20 head of households living with orphans were interviewed by administering a checklist. These households coming from farmer's community are the one responsible for taking care of orphans and have been involved in various agricultural activities by the organization as well as involved in income generating activities (poultry keeping). The aim was to get information on their perceptions on appropriateness of raising income through poultry production, the way they spend income from poultry production and how they felt the impacts of taking care of orphans.

Selection criteria

The criteria for selection of households taking care of orphans were;

- I. Looking at the level of income of the head of the household, the more the poor the more the chances of being selected.
- II. The head of household who have many orphans was given first priority.
- III. The special attention was also given to old age of head of household especially those who were above 60 years old.
- IV. Looking at the household asset owned by the head of household

Key informants

Project staffs

2 project staffs were interviewed including project coordinator who is responsible for field work in facilitating households taking care of orphans in income generating activities (poultry keeping) and program officer who is responsible to manage the whole project and documentation of project progress reports and publication.

This helped to get information regarding the progress of the project and challenges encountered during project implementation.

Government staffs

Community development officer and council HIV/AIDS coordinator (CHAC) at district level as key informants were interviewed because were involved in the process of selecting households taking care of orphans and they are familiar with the local government structures in facilitating the marginalized community in development works. This will help to get information regarding the community perceptions on appropriateness of raising income through poultry production and getting information on HV/AIDS and orphans situation in the district.

Table2: Summary of respondents, category and method of data collection.

Respondents	Category of respondent	Method of data collection
20	Households taking care of orphans	Interview and observation
2	Project staffs	Interview and sourcing literature(project reports)
2	Government staffs	Interview and sourcing literature

Source: Author, 2010

3.5. Data analysis

The data collected through checklist were analyzed manually and views of the respondents used in the results and discussion chapter.

3.6. Limitation of the study.

A number of limitations have been realized throughout the conduction of the study. These include:-

- The confidentiality nature of HIV/AIDS issues limited the researcher to interview some head of households taking care of orphans so as to gain more information on impacts of income and labor reallocation. Some head of households were not ready to disclose all the information required. The impression was that head of households did not reveal all their experiences and opinions.
- To meet key informants especially government staffs was difficult. Even after setting an appointment you find you go to the office and you don't find them. This forced to spend more days than what was planned to meet key informants.
- The period given for data collection and report writing for this thesis does not cater for 8 days of travelling to and from Netherlands.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents findings from the survey, interviews with key informants and observations. These findings are discussed and presented as follows:

The households are divided in categories according to wealth and number of orphans because these are considered as the important factors of the vulnerability of caring households to the impact of AIDS. This is followed by analyzing the impact of caring in relation to income and labor and the coping strategies used in response to the impacts. Thereafter the results of the poultry project are discussed as well as the appropriateness of the project for different categories of households.

Finally, the chapter ends by discussing the challenges encountered in implementation of the poultry project.

4.1. Household categories

After starting data analysis so as to make this study easy, households surveyed were categorized depending on asset base owned by households and dependency ratio in the family. This helped to know whether the household is poor or rich. This assisted to know the different vulnerabilities of households due to the impact of caring for orphans. All households are not impacted in the same way, some households have big numbers of asset base and low dependency ratio and others are heavily burdened by high dependency ratio and less asset base.

Table3: Household category.

Asset base	Low dependency ratio	Frequency household and average HH size	High dependency ratio	Frequency household and average HHS
High asset base	A(MHH: 1:3)	3 (HHS=4)	B(FHH: 1:6)	5 (HHS=7)
Low asset base	Empty	Empty	C(FHH: 1:9)	12 (HHS=10)

Source: Household survey, 2010

*HHS= Average household size

*Male participated in the study were widower and female were widow.

Categories of households

Category A= Households having high asset base and low dependency ratio, these households are considered as rich. Total households under this category were 3 and had average household size of 4 members.

Category B= Households having high asset base and high dependency ratio, these households are considered as moderate. Total households under this category were 5 and had average household size of 6 members.

Category C= Households having low asset base and high dependency ratio, these households are considered as poor. Total households under this category were 12 and had average household size of 10 members.

The table above shows that male headed households were rich compared to female headed households. Reason being, male headed households had few dependants and few household members. Also male headed households possessed high asset base while female headed households had low asset base and had high number of dependants in the households. Assets base mentioned by households were land, livestock, bicycle, radio and oxen; when households owned all these, they were considered as rich in the study area.

4.2 Characteristics of households surveyed.

The households surveyed were characterized by size of households, age of head of household, whether the household was headed by male or female, average number of orphans in the household, dependency ratio and household size.

The finding in table 4 shows that category A were households headed by male and the remaining categories were female headed households. This indicated that, either there were more female headed households in the study area or women were expected to accept the burden of taking care of orphans more often than men because of gender roles played by women in the community. Also in literature, the general tendency seems to be in high prevalence countries the burden of orphan care is shifting in that orphans are increasingly more likely to live in female-headed or grandparents-headed households Muller, (2005).

Most of the households surveyed revealed that there is high dependency ratio in the households headed by females and it occurred that most of the households participating in the study were female headed households with a high number of orphaned children cared for by older females above 60 years of age. This means these heads of households who were very old also need support from others. This means that all the orphans cared for by these people are at risk of being left without support due to the age and incapability of the head of households. This is supported by Muller, (2005) who said that female-headed households with orphans have the highest dependency ratios and the number of children who lost their mothers but live in a female-headed household shot up considerably in high HIV prevalence countries such as Tanzania, often exacerbating the already frail women in rural areas.

In the study it was discovered that the female headed households comprised of the elderly and many children who make it difficult for them to participate in income generating activities compared to male headed household. The female headed households have children and elderly as labor force to raise income in the household. The study also showed that male headed households have younger heads of households and less number of orphans compared to female headed households.

Table4: Composition of household living with orphans

Household categories	Age range of head of household	Frequency		Average number of orphans in household	Range	Dependency ratio Adults: Children
		FHH	MHH			
A	51-55	-	3	3	(2-4)	1:3
B	56-60	5	-	6	(5-7)	1:6
C	61-65	12	-	9	(8-12)	1:9
Total		20		18		

Source: Household survey, 2010

* *The dependence ratio has been calculated as the ratio of the number of adults in Households to the sum of number of dependants (children below 17 years and elderly who are not economically active at household).*

$$\text{Dependency Ratio} = \frac{\text{Number of adult in HH}}{\text{Number of dependants}}$$

Two examples of grandparent headed households.

In category A where the households are headed by male, the household with most orphaned children is having 3 orphaned children. The head of household is 52 years old, has farms and can work on his farms.

In category C one female of 64years old has 12 orphaned grandchildren in her household, all of them depend on her; she doesn't work, doesn't own a farm and has poor health due to her age.

According to Whiteside, (2005), dependency ratios increase where the households comprise of more children and elderly. This automatically has repercussion for other household members because of intra-dependence. In the absence of sufficient number of adults from the productive age group which provides an estimate of the prime labor pool from which a household can draw for productive tasks, makes it difficult for the household to produce as it was supposed to. The household experiences workload of raising orphans as the families devote much time on taking care of orphans instead of participating in income generating activities. A lack of sufficient time and productive age adults to participate in income generating activities has resulted into worsening of coping strategies of household taking care of orphans.

Therefore from above findings there is need for the organization to consider the age and gender of the head of household by giving them more support than others. When it comes to the issue of supporting the orphans, the age of the guardian is of great significance. The younger head of households in category A are more capable of taking care and giving support to the orphans than their older counterparts in category B and C.

4.3. Impacts of caring for orphans

Orphans are part of all communities. There will always be children who have had the misfortune of losing their parents. In many low income countries, families routinely took in children from the extended family (Barnett, 2005). In rich countries institutions are available to care for these

children. The scale of AIDS orphaning is such that the coping mechanisms are collapsing in the low income countries. As it is explained by Barnett, this stress is evidenced by the growing number of street children.

The families participated in the study are peasant farmers who are characterized by having small pieces of land, few livestock and big number of dependants. This causes them to have low harvest to feed their dependants and even less left over for sale. Hence due to the number of orphans being cared for, the households are experiencing some impacts related to income and labor. From the study, these households mainly suffer from decline of income saving, food reserves and increased health care costs as it is shown in the table 5 below.

According to White and Robinson, (2000) due to increased care of orphans in the households, educational opportunities are reduced as children are withdrawn from school to care for the sick or to do odd jobs for extra income. Reduced levels of nutrition have been found in poor households because of low crop and livestock production. Labor is diverted from economically productive activities such as paid employment or cash crop production to care for sick individuals and orphaned children. This is also evident from the study findings as it is indicated in the table below.

Table 5: Impacts of orphans in household taking care of them

Impacts	Household category		
	A (MHH)	B(FHH)	C(FHH)
Decreased household income saving	-	5	10
Increased health care cost in households	-	4	11
Increased food demand	3	5	12

Source: Household survey, 2010

From the table above, households of category B and C which are headed by females reported a decrease in household income saving and increased health care cost due to caring for orphans. Male headed households did not report this may be because they are wealthier than female headed households. All households reported that there was increased food demand in the households due to increased family size.

According to the interviews held with head of households in the study, the following are the most significant impacts experienced in taking care of orphans.

- Decreased household income saving
- Increased health care cost in households
- Increased food demand

4.3.1 Decreased household income saving

More than half of the households interviewed revealed that due to the increasing number of dependants in the family, it is difficult to make saving at households. This is because the demand for expending income in the households is high especially for taking care of orphans. The money saved is used at any time when the family is in need of basic things, this disrupt the regular income due to responsibilities of care giving. Female headed households reported that there was decrease of income saved in the households due to the care of orphaned children. Male heads of households did not report the same. This may be due to the asset base they owned and the small number of orphaned children they were taking care of (low dependency ratio) and their relative strength to work. This brings about differential impacts in the households surveyed.

One head of household(a woman of 64 years old) taking care of 11 orphans said “ It is merciless to leave children to go one day without taking food or to look at a sick child suffering from malaria, while you have some money in the house.” She continued, “One day I came from a local brew club to take some local beer, I found my grandchild suffering from malaria and I had 30,000Tsh (≈23 US Dollars) which I had saved for 4months. I decided to go with my grandchild to hospital and spend more than what I saved for 4months and started looking for money from neighbors to cover the costs. So this is how we live, we don’t have money but it is our responsibility to take care of our grandchildren whose parents died because of AIDS.”

The above explanation by one of the interviewed head of family is supported by Brent, (2003) who said at a point when the household remains with little resources they have to consider devoting their limited resources to save one’s life and leave the rest of the household members who would also depend on the same resources to survive. Following the deduction in income saving most households interviewed would not be in a position to have enough resources ready to be spent for caring for orphans. To deal with the declining income savings, the household is forced to look for alternative ways to generate income like sale of crops and assets, casual labor and petty trade; this is supported by Nombo, (2007).

In a considerable number of cases the consequences of income declining were severe and led to food shortages, failure to meet other basic needs such as clothing and school levies. One female head of household said the economic uncertainty within the household could lead to household dissolution.

4.3.2. Increased health care cost in households

In the study it came out that increased health care in the households is one of the impacts faced in households. It was reported by female headed households that health care cost increases in the household. Male headed did not mention it, may be because they are rich compared to female headed households. When the orphaned children who in some households are more frequently ill² than others they need care that requires the use of resources and the households are financially incapable of covering the cost of health care thus the question as to whether to seek health care or not becomes unavoidable. Also from the interview it shows that, the trend for giving care is decreasing while the demand for care is increasing due to the effects of increasing number of orphans in households. The increase of care at house hold would go concurrently with the demand for hospital care which is difficult to be met by the households. This is

² Orphaned children through AIDS do not always know their health status but might be HIV positive and consequently have more need for health care.

supported by Nombo, (2007) who established that in most HIV affected countries the trend for giving care is lessening while the demand for care is increasing due to the effects of the epidemic.

One female household head said that the health problems of her orphaned children had caused her much financial strain, resulting in shortage of basic needs, including food. "I do not know what the problem with my child is, because she falls ill frequently. I used to buy medication for her but she is still weak. I have not yet taken her to hospital to have her diagnosed. Her parents died of AIDS two years ago and left her while she was still young; I fear that she might also be HIV positive." (Woman 57 years old)

Therefore the increased health care cost in the households, increases the financial burden, which makes the households to divert the use of any income received to health care instead of using it for other basic needs like buying food.

4.3.3. Increased food demand

In the study finding it came out that all household categories reported that due to increased number of orphaned children joining the family, the head of households said that it goes together with increasing food demand. They said previous when the family size was small the food was not spent a lot compared to now because the family are doubled, and in some households tripled. Female headed households said that, younger children required special attention especially on timely intake of balanced meals. When this is not adhered to children will develop poor health and in turn the family would incur more health care expenses. This is by far more expensive than food. The households with large number of orphans said it was very difficult for them to feed orphaned children three times a day. Therefore most of the children would end up having only one meal per day.

"The demand for food in my household has increased to the extent that I cannot afford to feed my grandchildren. I used to live alone in my house but after the death of my son, who was taking care of me, I was left with 5 grandchildren to take care of. One year later, two of my sons died and left me with 7 children. In total I ended up having 12 orphaned children. Our biggest problem is food because we can finish 20 kilogram of maize floor in just 2 days. Now am struggling to make a roof for my house, so that if I die now the children will have a good place to live. It is better for children to look for food and other basic needs while they have a good and safe place to sleep." (64 years old woman)

4.4. Coping strategies

This section focuses on how household living with orphans in the study area make an effort to deal with and become accustomed to the impacts of orphans on household income and labor shortage. In this section 20 responses from head of households living with orphans concerning coping mechanism were interviewed. The information given point out the various ways a household make an effort to cope with the impacts of orphans on household's income and labor shortage so as to build resilience and reduce vulnerability of households to the impacts of increased number of orphans.

The following responses were given by the households as coping mechanism;

- Selling out household assets
- Renting out land

- Withdrawal of children from school
- Reduction of area under cultivated
- Labor reallocation

The frequencies and percentages of these responses were then categorized and put in a table 5 as shown below.

Table 6: Coping strategy in household to deal with orphans (n=20)

Coping strategy	Household category		
	A(MHH)	B(FHH)	C(FHH)
Selling household assets	3	4	3
Renting out land	3	3	-
Reduction of area under cultivation	-	5	12
Reallocation of labor	1	5	12
Withdrawal of children from school	-	5	12

Source: Household survey, 2010

4.4.1. Selling household assets

The study showed that in order to deal with decreased income and increased expenditure, the household would sell some assets so as to raise some income to cover necessities like food and health care cost required by children/orphans in the households. The assets being sold by households included radios, bicycles, oxen, livestock and land. Not all households sold their assets because the impacts of AIDS and orphans were not the same in all households and the household asset base was also different. This means that not all households living with orphans are affected in the same way or to the same degree. The study showed that households category A headed by males, were the ones able to sell assets and very few female headed household under category B and C reported selling their assets but with permission from their husband's relatives.

This is supported by Nombo (2007) that, to cover the gap that was created by the declining income and increase of expenditure on health care the household had to find other alternatives to generate income or to get cash for immediate needs. The other options included borrowing from relatives or friends, sales of crop and other assets, employer, casual work and petty business. Foster, (2000) explained that following the inability of the household to afford the cost of giving care to orphans, and in desperate circumstances when there are no other sources of income, poor households may sell off available assets such as oxen which provide draught power to provide desperately needed revenue at the cost of long-term development.

Household's asset base brings differential vulnerability to the impacts of orphans caring in the households.

4.4.2. Renting out land

In small scale agriculture land is one of the major resources for livelihoods. Thus renting out land is not easy, especially if one only has a small piece of land.

In study findings it showed that male headed household and few female headed households from category B rent out land. This is because the culture encourages men to own land. Those females reported to rent out land, had to do it under control of husband's relatives. It is revealed that when the households were in need of money for buying basic needs to children/orphans and at times when the households was looking for farm input which was sold at high price during land clearing or planting season. They would tend to hire out piece of land per season so that they could have money to buy basic needs and farm inputs. Most of the households interviewed headed by females said that due to financial constraints faced by households, the people renting land would take advantage of the situation in order to eventually buy the land at a very low price from desperate households. This would affect the asset base of the households. One female said, "In rural areas without land you are nothing because we mainly depend on farming activities and land is the only asset we have been given by God. Although we have been given the gift of land by God, our society doesn't give us the right to own land." Female house heads said that the land they used to cultivate was under control of their husband's relatives. In every season they needed to request permission to use it.

By observation male headed households own large pieces of land compared to female headed households, because men have more access to and control over land than women. Renting land is done mainly with those heads of households who have access and control over land.

4.4.3. Reduction of area under cultivation

From the study it showed that all female headed households used to reduce area under cultivation, as a coping strategy to overcome labor shortage and time constraints. They said by cutting down the area under cultivation helped them to spend less farm inputs, time and labor on farm. The female headed households said they spent less time on agricultural activities than they normally would. Females reported that they reduce area under cultivation just to cope with labor shortage and time. By doing this households are affected in terms of food and livelihood security.

This is in line with what Barnett and Rugalema (2002) said that the combination of adult morbidity and mortality has decreased time spent on farms and time spent on caring orphans. This has led to reallocation and withdrawal of labor on farming activities which have affected household food and livelihood security, namely; downgraded crops/reduced cultivated area and loss of livestock, loss of farm management resources and skills, inability to earn income, loss of income, loss of assets, disruption of social networks and increasing dependency as a result affecting food security by reducing households' ability to produce and buy food, by depleting assets and reducing the insurance value of social networks as the households calls in favor. Also according to FAO (1997) study, indicates that crop production is highly affected by reduction of area under cultivation, declining of crop yields and a decline in the range of crops grown.

"After the death of my son and his wife, I took his children (5 children). My son was helping me in buying farm inputs and hiring labor. But now I decided to reduce the farm size from one acre to half acre because I don't have anyone to help buying farm inputs and hiring labor. Now I don't have much time to spend in the farm as I normally used to do, most of the time am staying home looking for my grandchildren. This affected my crop yields as am not harvesting like previous.

Reduction of area under cultivation was the only option for me to cope with labor shortage and time; I cannot leave my grandchildren alone, because they need much attention and I don't have money for hiring labor for my farm (62years old woman)."

When the households overloaded with children switch their ways of looking for food by stopping working into their farms to look for jobs that will give them an immediate income to buy food. By doing so it leaves them more vulnerable to poverty.

4.4.4. Reallocation of labor

The study showed that household intra-dependence due to high dependency ratio and large family household size comprised of children and elderly lead to insufficient adult from the productive age group which provides an estimate of the prime labor pool from which a household can draw for productive tasks.

From the study, most female headed households and very few male households experienced labor reallocation in their households.

The households experienced workload of raising orphans as the family devoted much time on taking care of orphans instead of participating in the income generating activities. This has resulted into worsening of coping strategies of household living with orphans.

Head of households are too much occupied with production task and domestic tasks especially looking after the children. The interviewed participants said it was difficult for them to participate fully on income generating activities because of shortage of labor force and time. While they would have wanted to go to the farm you would find their children were sick, thus making it very difficult to leave sick children alone. Sometimes older children would participate in income generating activities especially those which demanded less time and labor like raising poultry in the house. An interviewee said, "It is rather good to have a small project in the family which demands less labor and time so that I can take advantage of children I have in the household to solve the labor shortage." The survey confirmed that households labor base strategies generally involved replacing the lost labor force in the household by reallocating labor such as adjusting time, hiring labor from neighbors or use of children as labor force so as household members could have extra time to do other chores. Children were used to help in critical labor shortage like crop weeding or harvest of particular crops which would otherwise get spoilt if not immediately harvested. This in turn increased child labor in the household, the child was expected to bear the burden of expenses of other family members. But also it was mentioned in the study that households moved away from cultivating labor intensive crops which would require much time than those that require less labor and time input, and were drought resistant like cassava and sweet potatoes which are cultivated throughout the year.

Because of too much obligation in the household and time limit, the members of the households had to undertake other activities alongside engaging in income generating activities such as poultry production and extra working hours. The women who headed the households were occupied with too much workload and time constrains, making it difficult to balance between time for caring orphans and participating in income generating activities (poultry production). This meant that women assumed triple responsibilities; production, reproduction and other community role, thus making women to spend more hours working than men. They are also always over employed in terms of hours spent working and receive minimal returns in terms of income. The increasing number of orphans in the households exacerbates this situation.

4.4.5. Withdrawal of children from school

The conditions for the orphaned children are difficult in the sense that their likelihood of attending school is very minimal. According to the household survey, all female headed

households were reported to withdraw children from school in contrast to the male headed households. The female heads said that children were withdrawn from school temporarily and sometimes permanently just to cover labor shortage in the household in the farming activities and to reduce money spent for school requirements. The children were also engaged in small income generating activities like raising and selling of poultry, selling of vegetables in the street and selling of snacks. Children took adults roles of participating in paid casual works or exchange services for the aim of getting money and food to feed other household members. Female household heads who had high dependency ratio and big household size, said that when the head of household was occupied with other work, older children were withdrawn from school to help in taking care of the younger children, thus they assuming adult roles. They further explained that in times of difficulties children were expected to join efforts in the family to look for money and food. These children who once in a while are out of school use their time to look for money to help themselves purchase school materials like exercise books, pens and other basic necessities for home use. Sometimes children are left without supply of immediate and future needs by the head of household, such as housing, food and school materials. As a result they are forced to seek for help in the streets, begging for money which makes them more vulnerable to abuse. The situation is worse to girls who turn into prostitution to survive, and most likely become infected with HIV just like their parents thus perpetuating the vicious cycle as it is supported by Isaksen, *et al.*, (2002).

One female head of household said that she lived with orphan boys and girls, but sometimes because of lack of money in the family, children were forced to engage into risky situation. For girls sex is often viewed as an opportunity to earn money quickly while boys are involved in casual work, this was true particularly in female headed households interviewed. She continued on to say that sometimes they would find themselves forcing female orphans to have sex for money so that they could buy food and other household needs. From the discussion with head of households it seemed like there was different treatment of orphans and own children. By doing so, female orphans got pregnant which meant that they were having unprotected sex with those men. This meant female orphans were at higher risk of getting HIV. When in household there is no food, no money and other necessary needs and no one who is close to the family to give advice to children on life skills, the female orphans would have no choice but to have sex for survival. The reason behind having unprotected sex was because they were not receiving proper supervision and moral instruction at home.

"I am staying with seven orphans, four girls and three boys who are all my grandchildren. Three months ago I realized that, three of my grandchildren (one who is 16 years old and the two 15 year olds) got pregnant and did not know who was responsible for the pregnancies. It is difficult for me to blame them because I do not have money to give them to buy clothes, body lotion and other things. They used to go to the weekly market which is held once a day on Saturday and came back on Sunday with money, sugar and salt and other items which they did not show me. The market attracts business people from town and nearby villages. It is difficult for me to know to whom they got involved with. One day I asked one child, who was responsible for her pregnancy, and she told me that she does not know and threatened to poison herself and follow her parents if I kept on asking. I am expecting in the next 4months one of the three children will give birth." (Woman of 61 years old)

From the findings it shows that, children were withdrawn from school because of financial constraints facing households. The children withdrawn from school are engaged in prostitution, by doing this, children are at high risk and the chances of susceptibility to HIV infection is high and later on the households will be vulnerable to the impacts of AIDS. Therefore there is need to

capacitate these households taking care of orphans financially so as to reduce the risk of HIV infections to orphaned children.

“I have 8 grand children, who are in primary school, but now this is the season for school opening after the holiday and I am supposed to pay school fees, buying exercise books and pens for all eight children. Two of them don’t have school uniforms. When I am looking in my saving I don’t have enough money for sending all eight children to school and buying uniforms. If I will send all to school then I will not have enough money to feed them. So I decided to send two children who are in their final year and I will send others after getting enough money. Because this is harvesting period, me and children expect to get casual works on farms to harvest crops. From this work I will be able to raise some money for sending my grand children to school. But also in some farms they don’t allow children and old people like me to work (66years old).”

4.5. Results of participating in the project

Poultry was introduced by IADO as a means of generating income in the household living with orphans experiencing decrease of income and increase of expenditure due to the different needs on taking care of orphans. The poultry project was implemented with the assumption that it need less time of management and labor, thus automatically head of households and elder orphans in the family can participate in raising the poultry. Before the start of the project, the head of households were imparted with training on poultry husbandry and were given start up food and drugs for treatment. The following table7 shows the changes of poultry owned by households and income from poultry sales.

Table7: Changes in poultry owned by household and income from poultry sale

Household categories	Poultry owned				Income from sale of eggs and chicken in 19months 1USDollar≈1300Tsh	Income generated per household
	Before the project March, 2008	Received from the project	Currently July,2010	Average poultry sold		
A (n=3)	-	6	32	12	94000	31333
B (n=5)	12	10	56	21	185100	37020
C1 (n=8)*³	9	16	76	38	285000	35652
C2 (n=4)*	-	8	48	18	135000	33750
Total	21	40	212	85	659100	31385

Source: Household survey, 2010

³ *C1 and C2: These households were grouped in one category C because all belong to poor category by having high dependency ratio and low asset base. But here we want to know income earned from poultry production per each household. C1 were having 61-65 age range while C2 ≥ 66 ages range.

During the survey, it shows that male headed households and female headed households elder than 66 years of age who participated in the project were not having poultry before. According to interviews, the reason was most of male headed households were not considering poultry as a means of raising income, while female headed households above 66 years said they thought that they could not keep the poultry because of their old age and do not have time. After the project offering poultry and training on how to raise the poultry, the households managed to raise poultry as it is shown in the table 5 above. Within 2.5 years the trend shows that, all household categories interviewed managed to raise poultry from 61 poultry to 212 poultry and managed to generate income from chickens and eggs sales as it indicated in the table above within 19 months. This implies that the poultry production has generated income in all household categories living with orphans, this helped to reduce vulnerability of households to the impacts of orphans in terms of income, because the income obtained used by households to cater for some important necessities in the household like buying food, covering health cost, paying school fees as it is more elaborated under table 3 on reason for selling poultry and expenditure patterns. When looking on the above table under the column of poultry produced and poultry still kept by households, shows that the poultry will continue to contribute to reduce vulnerability to the impacts of AIDS in the households because after selling poultry they are remained with parental stock to continue in production.

“One interviewee said, the project is successfully because there is close collaboration between households hosting the project and organization staffs. The organization staffs are ready at anytime to give us technical backstopping whenever we need it and they equipped us with poultry husbandry techniques, record keeping and they have good monitoring system to see the project progress. We need you not to get tired to be we us. God bless you!”

4.6. Use of income generated from poultry project

Households taking care of orphans participated in poultry project, they sale the poultry and eggs. The income from the project has been spent depending on different reason per household category. The reason mentioned for selling poultry and eggs are buying foods, paying school fees and buying school materials, buying clothes and covering health cost. The peak for spending the income is different per household category.

Table 8: Reasons for selling poultry and use of income generated by poultry per household category.

Reason for selling poultry	Household category			Total Percentage of response	When spend	
	A(MHH)	B(FHH)	C(FHH)			
Buying clothes	1	1	1	15	Occasionally	when needs occur
Paying school fees	-	2	1	15	January and July	
Health care	-	1	2	15	Occasionally	when needs occur
Buying food	1	3	3	35	Before harvesting and	

					after food stock finished
Buying school material	-	2	2	20	January and July
Total				100	

Source: Household survey, 2010

According to the finding from the interviewed households, high percent of household spend their income on food. All household categories reported that they spend their income on buying food. The reason is whenever income received in the family is directed to look for food first and other things are followed after the family is food secured. The demand for food is all the time but the time for buying food is high before harvesting period and after food stock finished in the house. Households headed by female are the ones that reported most of their income from poultry and other sources are used to buy food; this is because female headed households have high dependency ratio and their family size is big compared with male headed households.

The female respondents also explained that the income is much used during months of January and July, this period is when primary and secondary school is opening after the holiday. Most of households are spending much money during this period for buying school materials like stationeries and paying school fees for orphaned children. Male headed households did not report this, may be because they are wealthier than female headed households; Thus it is assumed they have other sources of income for covering school costs. But some of the families because of financial constrain and having big number of orphans in the house they are failing to send some of the children to school, instead they stay home and participate in domestic work and casual work to neighbors.

In all households interviewed, in rare occasions they spend their income on buying clothes and health care. This is because very rarely it occurred the orphans to be sick and when bought clothes once, can stay for the whole year hence you can buy clothes only once in a year.

From the observation it shows some income from poultry is used for daily needs and survival needs like buying salt and sugar. The income helped to reduce some of the impact in households. But the households' incomes still not enough to send all children to school.

4.7. Effectiveness of project in mitigating AIDS impact

The poultry project helped in mitigating AIDS impact in households taking care of orphaned children in various ways. The income from poultry and egg sale has been used by head of households to lessen the impact of AIDS. The expenditure patterns from the study show exactly the way the income was spent in reducing the vulnerability of households to the impacts of AIDS. The following table 7 shows some changes noted as a result of project. Although the households participate in poultry project, they still continue with other activities. The advantage of poultry keeping is that it requires less time and labor compared with other farming activities. Because it is less labor intensive, the households take advantage of children who can participate in poultry keeping after school hours like feeding and giving water to poultry.

Table 9: AIDS impact situation of household before and after the project.

Impact on	Before the project	After the project
Income	Decreased household income	The project contributed to generate income
Labor reallocation	Difficulties in labor allocation	In poultry project; -Children participated in poultry keeping -Head of household participated -Less time and labor required compared to farming activities
Food	Food shortage	-Income from poultry sale contributed to buy food -Some household members get quality food from poultry meat and eggs
Health care	Difficulties to cover health care cost	-Income from poultry and egg sale in some households contributed to cover some health care cost.
School fees and other school material	Difficulties in sending orphaned children to school and buying school materials	-Income from poultry and egg sale in some households contributed send children to school and buy school materials (uniforms, pen and exercise books).

Source: Household survey, 2010

4.8. Challenge during project implementation.

During implementation of the project there might be things that went right and those that went wrong. After interviewing the target group (households living with orphans), it was worthwhile to get information to the project and government staffs to see how the project was implemented and what was the problems and limitations during implementation. So when making recommendations, these challenges should be included and see how to rectify the situation. The following are the problems and limitations mentioned by organization and government staffs involved in the project.

4.8.1. Problems

Organization and government staffs listed some problems encountered and affect their performance during project implementation and those are;

1. Availability of transport to make a regular visit to households living with orphans to monitor the progress of the project

2. Some households are not committed to participate in the project as head of households sometimes it is difficult for them to make balance between their daily activities and involved in raising poultry as a means of generating income.
3. Some head of households/guardians are not capable of participating in any income generating activities because of their old age; hence more money is needed to hire workers for the works or to use children to do work who also are supposed to be in school. Instead head of households they want direct support like provision of food, school fees, school uniform, soap etc.
4. Most of head of household cannot read and write, hence during training it is difficult for them to take notes, which means the appropriate teaching method for them is practical which has much cost implication to the organization. Also the organization incur cost of hiring translator during training as most of head of households cannot understand national language (Kiswahili language) instead they use local language.
5. There is a problem of poultry diseases like new castle in the area of implementation, when poultry attacked with disease it is difficult to cure and treat because household don't have money for buying drugs thus some poultry died just because there is no drugs for treatment.
6. While some households managed to raise a big number of poultry, other household don't have even those poultry given from the project. Because of limited fund, the organization did not manage to give them other poultry.

It was suggested that household involved in the project should establish revolving fund scheme which will help them to find a solution of their problems especially buying poultry drugs and helping them during difficult situations.

4.8.2. Limitations

Also organization staffs provided the information on the progress of the project and also it is evidenced on table 2 above on poultry owned by household and income from poultry sale which shows the progress trend. Together with a good progress, but there are some areas which need support for them so that they can perform well and convince the donors to continue facilitating them with funds.

1. The organization does not have proper guideline on how to provide support for the needy of household living with the orphans. Although in collaboration with the government managed to identify those household taking care of orphans who are in needy.
2. The organization has few staffs, so it is difficult to be close to the households hosting the project during implementation. The organization staffs cannot give regular visit to households hosting the project.
3. Because of limited fund and time, bound the organization to support the orphans and vulnerable children, hence there some household taking care of orphans who does not have support while they are in need of it.
4. Organization staffs need more expertise and skills on Right based approach so that they can implement the project in accordance to children's right.

5. Staffs need to be capacitated more on basic knowledge on HIV/AIDS and on how to identify special groups who are in need in the community.
6. Head of households prefer to get direct support like provision of school materials(uniforms, pens and exercise books) for their children rather than indirect support like training and income generating activities as it is evidenced earlier by some of households who fail to manage poultry project without having convinced reason.

IADO still need support to scale up the project so as to support large number of households taking care of orphans. According to Mbeya district council (2008), the total number of orphaned children in the district is 10500 but IADO managed to support 250 which is equivalent to 2.4 percent only of the total number of orphaned children. Apart from difficulties in implementation of the project according to the intended objectives, the currently activities were also not implemented in accordance to the timeframe planned.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.0. Conclusion

There is increasing number of orphans due to the death of parents as a result of AIDS in Mbeya district. The parental deaths caused many children to be left without proper guidance. The impact of parental deaths on children is complex and affects the children in several ways including mentally, psychologically and socially. Being orphans reduces the future hope of personal development and lowers self esteem. After the death of their parents, orphans join other families, where they will be cared of as part of household members, but in other families orphans are treated differently compared to children of that household.

The impacts of orphans in the households taking care of them are felt in different ways. In this study it is evidenced that there is a decline in household savings, increased health care cost and increased food demand in the households. It is evident in the study that income generated through the poultry project, helped to mitigate some impacts like buying food, paying for health care, paying school fees and buying school materials. This lessens to some extent the burden of orphans in the households taking care of them. The impact is different due to different factors; Asset base owned by household, dependency ratio, household size (including number of orphaned being cared), the age and gender of head of household. The expenditure pattern of income from poultry production is spent in different way in the households depending on household demand. Those households that are heavily burdened with high number of orphans have different expenditure patterns as compared to those households having few orphans. This is because not all households taking care of orphans are impacted in the same way.

In household category A which is headed by males, the impacts of orphan caring is not as big as in household category B and C headed by females. Category A has a smaller household size and the head of household is younger. This means these head of households are able to participate in other income generating activities like farming. Hence they can even generate income from other jobs. That is why they were not successfully in the project because they are still strong and have other alternatives way of generating income.

Category B, headed by female with high number of asset base and high dependency ratio were successful in raising the poultry and it seems they accepted the project and took self initiatives to keep the poultry.

In category C, headed by elder female with low asset base and high dependency ratio, had big households size and large number of orphans. Because of their age they could not participate in income generating activities which requires much time and labor force. The poultry project was an appropriate way of generating income to this category as it requires less time and labor.

These household categories were useful to know which categories were actually in need and know what category was the poultry project appropriate.

In the study all households interviewed were headed by elder person and a high percent were female. By involving them in small income generating activities like poultry production, it is appropriate for them because they spend less time on the project for it is not demanding in terms of labor. Also the children can participate in some activities like feeding and giving water to poultry after school hours. This means they can reallocate labor in household and have extra time to do other social work.

Therefore there is need for the organization to consider the age and gender of the head of household by giving them more support than others. When it comes to the issue of supporting the households taking care of orphans, the age of guardian is of great significance. The young heads of households are more capable of taking care and giving support to the orphans than the older heads of households.

From the findings it shows that, children were withdrawn from school because of financial constraints facing households. Those children withdrawn from school are engaged in prostitution. By doing so children are at high risk and the chances of susceptibility to HIV infection is high and later on the households will be vulnerable to the impacts of AIDS. Therefore there is need to capacitate these households taking care of orphans financially so as to reduce the risk of HIV infections to orphaned children. When looked to the changes of household income from poultry production, it is evidenced that the income brought some changes like buying food, paying school fees and buying school materials like exercise books, pens and uniforms and paying health care bills.

Before starting to support households taking care of orphans, it is good to know exactly the magnitude of the problem so as to plan how to use resources when helping this group. It is very important to take into consideration that collaboration between stakeholders in supporting households taking care of orphans is very crucial. By working in collaboration we will be in the position of pooling together resources to tackle the problem. It is good to involve the community, NGO's, CBO's and the government on the efforts of reducing the vulnerability of the impacts of AIDS to households taking care of orphans.

Despite the challenges encountered during project implementation. The poultry production has contributed to reduce vulnerability to the impacts of AIDS in households taking care of orphans in the sense that it helps to generate income which is used to cater for necessary needs in the households.

5.1 Recommendations

From the research findings, it was found that generally the project was useful in mitigating some of the impact of AIDS to households taking care of orphans. Besides its effectiveness, there are some areas on project implementation which need to be looked at for better performance.

Due to good progress of poultry project, it is recommended that IADO should scale up the project so as to reach large number of households taking care of orphans in the district. In the discussion it came out that the project managed to help households to raise income which in turn was used to buy food, school materials like pen, exercise books and uniforms, help to cover health costs and to pay school fees. The assumption is, the project helped to reduce vulnerability to the impacts of AIDS in households taking care of orphans.

Based on households categories participated in the study it is recommended that households category A, which is headed by male. It is good for the organization to re-think on how to help this category to undertake another income generating activities instead of continuing to participate in the poultry project. This is because this household category did not have great success in implementing the project as the female headed households. This might be because this type of project is not appropriate for this category.

Households in category B, which are headed by female it is recommended that the organization should continue supporting this category in implementation of the project. This is because the

category was successful in raising the poultry. So it is recommended for the organization to scale up the project to this kind of households category so as to reach many such households.

Households in category C, which are headed by elder female it is also recommended that the organization should continue supporting them. This household category was also successful in raising the poultry. Since this category is heavily burdened with orphaned children and is poor, it is recommended that the organization should think of introducing another small income generating activities so as to diversify livelihoods options for this category.

The project expectation was that the income of households taking care of orphans will improve thus leading to improved care of orphans. Since all households do not manage to save money from poultry raising it is not expected that it gives the households the possibility to start rebuilding their asset base. It only gives money for daily survival.

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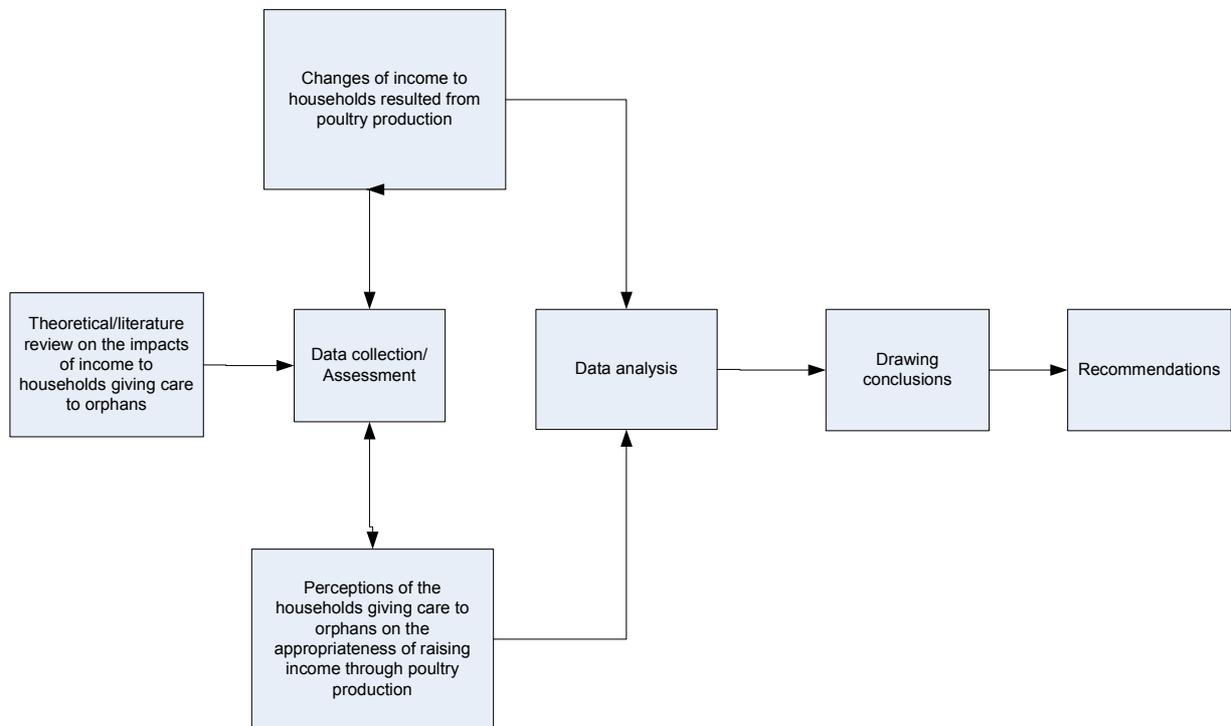
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Appendices

Research framework



Appendix 1: research framework, source author, 2010.

Research schedule plan

Events/Activities	June	July				August				September	
	week	week				week				week	
	4 th	1 st	2 nd	3 rd	4 th	1 st	2 nd	3 rd	4 th	1 st	2 nd
Proposal preparation											
Data collection											
Data analysis											
Report writing											
Editing of first draft											
Submission of final report											

Appendix 2: Research framework, source author, 2010

Checklists

Checklist for households living with orphans:

Section A:

1. What is your age?
2. Who is the head of household? Female headed/Male headed
3. What is the size of the whole household?
4. What is the number of orphans are you taking care?
5. What are the impacts of orphans in the household?

Section B:

6. How many poultry have you received from the project?
7. How many poultry do you own currently?
8. Do you sell the poultry and eggs?
9. When do you sell the poultry and eggs?
10. What are the reasons of selling poultry and eggs?
11. How do you spend money from selling poultry and eggs?
12. What are the income situations in the household before and after participating in the project?
13. What are the results of participating in the project?
14. What are the benefits of the income resulted from poultry production in the household?

Section C:

15. What are the households coping strategies in dealing with the orphans before the project?
16. What are the other sources of income in the household?
17. What assets do the household own?
18. Do you sell the assets, yes/no, if yes at what time and why? Give the reason for selling household assets
19. Did the poultry production proper means of raising income?
20. How do you allocate labor in the households?

Checklist for organization staffs and key informants:

1. What went right or wrong during project implementation?
2. What are the limitations encountered during project implementation?
3. What are the problems encountered during project implementation?
4. What are the weaknesses in the project that need to be addressed?
5. What is the effectiveness of the project in mitigating AIDS impact?