

Adaptation of Development Organisations to the changing needs of new clientele in the context of HIV and AIDS pandemic:

“A Case study of Heifer Project International, Cameroon support to People Living With HIV and AIDS support Groups”

A Research Project Submitted to Larenstein University of Applied Sciences in Partial Fulfilment of the Requirements for the Degree of Master of Development (MoD), specialization Rural Development and HIV and AIDS

By

Tabi Cherrycharry Agwa

Wageningen

The Netherlands

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Fax: 31 26 3615287

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Dedication

This piece of work is dedicated to my kids Niels, Lorraine, Norris and my husband Joel for bearing my absence and to God be the glory, honour and majesty for granting us all good health, courage, protection and love.

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List of Acronyms

AI-ChrisWoV	- Aid International Christian Women of Vision
ARV	- Anti-retroviral Vaccine
BBH	- Banso Baptist Hospital
CBCHB	- Cameroon Baptist Hospital Health Board
CBO	- Community Based Organisation
CCM	- Country Coordinating Mechanism
CDC	- Centre for Disease Control and Prevention
CIA	- Central Intelligence Agency
CRD	- Community Resilience and Dialogue
CWS	- Centre for World Solidarity
CWS	- The Centre for World Solidarity
FBO	- Faith Based organisation
GDP	- Gross Domestic Product
GFATM	- Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	- German Technical Cooperation
HIV	- Human Immunodeficiency Virus
AIDS	- Acquired Immune Deficiency Syndrome
HPI	- Heifer Project International Cameroon
IOC	- International Organisation of Employers
IRAD	- Institute for Agricultural Research and Development
MOD	- Master of Development
OVC	- Orphans and Vulnerable children
PLWHA	- People Living with HIV and AIDS
PRSP	- Project Self Review and Planning
PTG	- Provincial Technical Group
RDA	- Rural Development and HIV and AIDS
PMTCT	- Prevention of Mother To Child Transmission

TASO	- The AIDS Support Organisation
UNAIDS	- United Nations joint Commission on AIDS
VCT	- Voluntary Counselling and Testing
VSO	- Volunteer Services Overseas

ABSTRACT

AIDS is the leading threat to development in Africa which is the most affected continent in the world accounting for 64% of the world's people living with HIV. Cameroon has not been spared by the compounding effects of AIDS. The country's current prevalence rate is estimated at 5.1% with 540,000 people living with HIV, although stigma against the illness keeps the number of reported cases artificially low. The North West Region of Cameroon has the highest prevalence rate (8.7%) amongst the ten regions with Bui division having 5.7%. The high HIV prevalence in Bui division, poses a threat to the livelihoods of the household. In recognition of this threat, rural development organisations have put in place responses that are aimed at responding to livelihood erosion threats. Though much efforts and resources have been invested into HIV and AIDS impact mitigation, most rural development organisations have limited knowledge on strategies for long term sustainability of interventions. Interfaith Vision Foundation Cameroon is one of the local development organisations in this region that has been working with People Living With HIV (PLWHA) support groups in order to reduce their vulnerability to HIV and AIDS impacts but its support's programme has been care oriented. Heifer project International Cameroon (HPI), supporting the poor and vulnerable including the HIV and AIDS affected households is principally development orientated and has been working with resource constrained farm families, HIV and AIDS support groups to improve their livelihoods through integrated livestock and vegetable management support. HPI has been responding by adapting its programmes to meet the needs of the changing clientele as new types of vulnerabilities associated with HIV and AIDS are now setting in. However, there is no clear documented information to show how HPI support to PLWHA support group interventions is positively impacting on this new clientele.

The objective of this research was to understand how HPI is adapting its PLWHA support activities to meet the needs of this new clientele in order to transfer or adapt the strategy to other development organisations especially IVFCAM who has insufficient experience in responding to the needs of PLWHA support groups in a sustainable manner.

40 households were randomly sampled out of 180 PLWHA, one in-depth household interview, 2 focus group discussions and 4 key informants were selected for the study. Household interviews included, 7 Male headed households PLWHA and orphans, 11 female headed with PLWHA and orphans, 11 Male headed with PLWHA, and 11 female headed with orphans and PLWHA. Mobilisation of PLWHA group was done in partnership with the Bansa Baptist Hospital who conducts VCT. HPI has to date supported 180 households with PLWHA through the Passing On the Gift (POG) approach. HPI targets PLWHA by groups and not individuals.

The finding showed that HPI support type to PLWHA is uniform using the organisational comparative advantage by supporting with sheep, vegetable seeds, related trainings and farm implements. The differential vulnerability was not taken into account in targeting. Factors that positively influenced implementation of HPI supports are; stakeholders involvement, organisational competencies, institutional linkages, funds to meet clientele's genuine needs of the group and environmental factors. Challenges in adapting to the new

clientele included; difficult terrain, vast geographical area, limited number of staff to meet up demand. IVFCam being a young organisation has a lot of opportunities to learn from HPI as IVFCam cannot grow if not open to learning as a development organisation. The difficulty IVFCam may face is in the short term to re-orientate its care orientated support to sustainable development work.

However, though HPI support has been critical in addressing the needs of the households with PLWHA, the programme has not addressed the aspect of differential vulnerability to AIDS impacts as household support is based more on what the group requests and not the individual household needs. Intervention targeting should go beyond homogenization of household types in terms of HIV and AIDS status but critically assess the socio-economic vulnerability of the individual households. Active involvement of stakeholder with comparative advantage is a critical issue that come out from the finding that IVFCam should learn from and consider in its programming for PLWHA support interventions.

Key words: HIV and AIDS, Adaptation, New clientele, PLWHA Support groups

CHAPTER 1. GENERAL INTRODUCTION

This report is organised into six chapters. Chapter one which sets the ground for the research consists of general introduction which highlight the background of the study its relevance and necessity, identified research problem, research objectives, and research questions. Chapter two dwells on the literature review which gives experiences of HIV and AIDS external mainstreaming and people living with HIV and AIDS (PLWHA) indirect support as experienced by other development organisations. Chapter three gives the research strategy, methods used in collecting and analysing the data collected from the field. Chapter four presents findings from the field, an overview of the study organisation Heifer Project International (HPI) and the learning organisation Interfaith Vision Foundation Cameroon (IVFCam). Chapter five links field findings with literature review and chapter six draws conclusions from the discussions and recommendations.

1.1. Background to the study

The global Human Immune Virus and Acquired Immuno Deficiency Syndrome (HIV and AIDS) pandemic is widely acknowledged to be the most severe health crisis of modern times. As we approach the fourth decade of the HIV and AIDS pandemic, it is becoming increasingly clear that HIV and AIDS has diverse implications and affects virtually all aspects of society (Pharoah 2005). HIV continues to spread at alarming rates through many parts of the world, and there have been few victories in the efforts to contain it. This is true despite remarkable advances by medical experts in understanding the virus which has led to major therapeutic discoveries (anti-retroviral drugs) in the second decade of the epidemic. The AIDS pandemic has kept researchers, professionals, academicians and development organisations awake due to its devastating impacts which are felt by all, seeking measures to arrest the spread and impacts. AIDS is the leading threat to development in Africa which is the most affected continent in the world accounting for 64% of the world's people living with HIV (CDC, 2006). All sectors of the economy are experiencing reduced availability of productive and skilled labour and investment opportunities' (UNAIDS and IOE, 2002, p.8).

Cameroon one of the developing countries in Africa with 80% of its active population depending on agriculture as their main source of livelihoods and contributing 64% of the gross domestic product (GDP), has not been spared by the compounding effects of AIDS with 540.000 people living with HIV 2007 estimates (CIA 2009). Both rural and urban poverty pose a major challenge to socio-economic development in Cameroon whose Human Poverty Index is estimated at 48% of its population classified as poor and are living below the poverty datum line (CIA, 2008). The national prevalence rate is estimated at 5.1% (UNAIDS 2008) for those aged 15-49, although a strong stigma against the illness keeps the number of reported cases artificially low. With such a high prevalence rate, HIV and AIDS poses many difficulties to the agricultural communities and institutions in the country that is already facing social and economic challenges such as massive and continuous rural exodus of

youths. This has contributed to reduced farm labour, food insecurity, urban poverty, and unemployment.

The North West Region of Cameroon has the highest prevalence rate amongst its ten regions. The prevalence rate of this region stands at 8.7%, with women having 11.9% compared to only 5.2% in men (PTG, 2008). The rising trend in the North West Region, poses a serious threat to the livelihoods of households. In recognition of this threat, rural development organisations have put in place responses that are aimed at responding to livelihood erosion threats such as AIDS impacts from the development point of view in order to reduce susceptibility to HIV infection and vulnerability to the impacts of AIDS for effective implementation of their programmes. There are remarkable efforts being made by rural development agencies involved in AIDS impact mitigation. These include support in terms of food aids, cash transfer, home base care, livestock, agricultural inputs, microfinance for income-generating activities, and training in livestock and crop production management. However, these responses as argued by Barnett (2006) have neither stopped the epidemic nor alleviated much of misery associated with it as the most vulnerable households are left out of the programmes. Though much efforts and resources have been invested into AIDS impact mitigation, most rural development organisations have limited knowledge on strategies for long term sustainability of interventions.

1.2. Research Problem definition

Interfaith Vision Foundation Cameroon (IVFCAM) is one of the local development organisations in the North West Region that has been working with PLWHA support groups in order to reduce their vulnerability to AIDS impacts. Its support programme for the PLWHA is principally care oriented and not development oriented. IVFCAM adopted a group approach in supporting PLWHA through the provision of food aid, treatment literacy, counselling, promotion of voluntary counselling and testing (VCT), strengthening spiritual life for HIV positive persons to live positively, sensitization and the provision of preservatives (male/female condom). Palliative care, social cash transfer and home base care have proved not to be sustainable. However, the PLWHA support development programme for IVFCAM is still in its infancy and need viable strategies if vulnerability to AIDS impacts is to be reduced in the long term within her programme and target groups. In recognition of this need to ensure long term sustainability of IVFCAM support to PLWHA groups, the program conceived a need to link up and learn from other organisations that have been doing similar interventions. In this context, HPI Cameroon was identified as an organisation IVFCAM could learn from.

Heifer project International Cameroon, a farmer support, non-governmental organization is a development organisation supporting the poor and vulnerable including the HIV and AIDS affected households. This organisation is principally development orientated and has been working with organised rural community groups of resource constrained farm families, youth, HIV and AIDS persons through integrated livestock management and agriculture. Assistance is provided to the group for three to five years. However, there is no clear

documented information to show how PLWHA support group interventions by HPI is positively impacting on this new clientele for other development organisations to learn from. Therefore, this study seeks to understand how HPI support is responding to the needs of this new clientele (PLWHA) in building their resilience to AIDS impacts. In addition the research has also identified and documented implementation approaches used by HPI in supporting PLWHA groups and key challenges this organisation is facing working with PLWHA support groups,. Sustainable practices for mitigating AIDS vulnerability among PLWHA support groups which can be transferred or adapted by IVFCAM from this study have also been documented.

1.3.Research Objective

The main objective of this research was to understand how HPI is adapting its PLWHA support activities to meet the needs of this new clientele in order to transfer to or adapt the strategy to other development organisations especially IVFCAM who has insufficient experience in responding to the needs of PLWHA support groups in a sustainable manner.

1.4.Research Questions

Main Research Question #1: How is HPI implementing its PLWHA support group activities to adapt to the needs of this specific clientele who are economically vulnerable and HIV and AIDS affected?

Sub questions

- How does HPI mobilise and form PLWHA support groups?
- How are activities of this new clientele identified?
- How are decisions on PLWHAs activities for implementation made?
- How are these activities implemented in a sustainable manner?
- What do the PLWHA support group members think about the HPI support in terms of successes, weaknesses, challenges and constraints?
- What do PLWHA group leaders think about the HPI support?
- What are the competences of HPI HIV and AIDS activities implementing staff in terms of knowledge, skills and attitudes in working with the new clientele?

Main research question # 2: How can the experiences of HPI be transferred or adapted by IVFCam?

- How is IVFCam competent to manage PLWHA support groups from the development point of view?
- What are the opportunities for IVFCam to adapt or transfer HPI strategies?
- What are the limitations for IVFCam to adapt or transfer HPI strategies?

1.5. Research expected outcomes

- The expected outcome of this study is to contribute towards generating information on key aspects and factors that are critical for effective and efficient development of PLWHA support group activities for rural development organisations.
- This research is expected to generate information on how HPI development work has contributed to building resilience among the economically vulnerable HIV and AIDS affected households.

Definition of key terms

- **PLWHA support group:** A group of HIV positive living people who have come together to form a social support group in order to facilitate mutual problem-solving, coping, dealing with grief and sharing information.
- **Adaptation:** In the context of this study, adaptation refers to a change or modification of a programme or implementation approach to suit the needs of the new clientele who are economically vulnerable and HIV and AIDS affected households
- **HIV and AIDS affected households:** Households that are directly affected by HIV and AIDS in that at least one family member of productive age is sick and/or lost to HIV and AIDS or related illnesses, and/or that are indirectly affected through caring for orphaned children
- **AIDS work:** Work which is directly focused on AIDS prevention, or care, treatment, or support for people infected with HIV.
- **HIV prevalence:** In this study refers to the total number of cases of HIV infection in a defined population at a given time expressed as a percentage of people aged 15 to 49 year.
- **HIV and AIDS impact mitigation:** To lessen the impact of HIV and AIDS on afflicted or affected individuals or organizations.
- **AIDS mitigation responses:** HIV and AIDS mitigation responses in the context of this research study are support services such as training farmers in animal husbandry; credit provision to groups, livestock support, and crop production training for AIDS afflicted households with a view of building their resilience capacity to cope with AIDS induced food insecurity.
- **Vulnerability to the impacts of AIDS:** Vulnerability refers to the likelihood of significant impacts occurring at a certain level (for example, individual, household, community) because of AIDS, once HIV transmission has taken place (Holden, 2004).

- **AIDS differential vulnerability:** In this study, it implies that not all AIDS affected households are socially or economically or adversely affected in the same way or to the same degree by AIDS
- **Resilience:** The active response that enables people to avoid the worst effects of AIDS at different levels or to recover faster to an acceptably normal (Levisohn and Gillespie, 2003).
- **Livelihood:** the capabilities, assets and activities required in order to acquire a means of living
- **Ethno-veterinary:** It is the use of plants and indigenous knowledge in the treatment of animals
- **Passing on the gift:** This is the acronym that makes up the set of essential principle known as HPI cornerstones for just and sustainable development. That is each family who receives an animal/training/loan in turn pass-on an offspring or knowledge or loan to another family and pass back an additional offspring to group's account.

CHAPTER 2. LITERATURE REVIEW

In order to appreciate how organisations have been responding and adapting their programmes to address the needs of HIV and AIDS affected households and support groups, it is of paramount importance to review related literature. This chapter gives a review of literature of key issues related to HIV and AIDS responses, organisational support to HIV and AIDS support groups and external mainstreaming by development organisations in order to gain insights on; organisational experiences in working with HIV and AIDS support groups, aspects of organisation and functions of support groups. The review is also meant to identify key opportunities and lessons for organisations that are in the process of developing programmes which are aimed at responding to the needs of vulnerable PLWHA support groups.

2.1. HIV and AIDS mainstreaming

The definition of mainstreaming is always used by many development actors interchangeably to mean the same as HIV and AIDS work which is a direct response or integration or multi-sectoral response. From the indirect response point of view, HIV and AIDS mainstreaming is a process that enables the development actors to address the causes and effects of HIV and AIDS as they relate to their mandate in an effective and sustained manner, both through their usual work and their workplace (UNAIDS, The World Bank and UNDP 2006). Mullins (2002) on the other hand looks at HIV and AIDS mainstreaming to mean that it involves bringing the issues surrounding the pandemic into all strategic planning, and into the day-to-day operations inside an organization, in its programs, and in its relationships with others. By doing so, he identified three areas where mainstreaming takes place: in the workplace, in strategy and programming and through links with focused interventions on HIV and AIDS. In the context of this study, the HIV and AIDS external mainstreaming component which is explored is focused on the programming and links with interventions on HIV and AIDS for the PLWHA support groups. External mainstreaming of HIV and AIDS in livelihoods programmes is a strategy aimed at reducing the impact of AIDS on communities and households. According to Sue Holden (AIDS on the Agenda, Oxfam 2003), external HIV and AIDS mainstreaming refers to “adapting development and humanitarian programme work in order to take into account susceptibility to HIV transmission and vulnerability to the impacts of AIDS. The focus of external mainstreaming is on core programme work in the changing context created by AIDS.” For Eley et al (2005, p.12) it involves, “refocusing the work of the organization to ensure that those who are infected and affected by the pandemic are included and able to benefit from their activities”. External mainstreaming takes into cognisance issues of ‘comparative advantage; possible context-specific interventions and their cost effectiveness; and consequent appropriate resource allocations, thus trying to limit duplication of efforts among sectors and agencies’ (UNAIDS & GTZ, 2002, p 9).

2.2. Research Design and Conceptual framework

This study is designed to focus only on component “D” of the framework (figure 1) which deals with the impacts of AIDS and responses by rural development organisations with regard to needs of new clientele especially the people living with HIV (PLWHA). Therefore this study is design to look into how HPI interventions to this new clientele are contributing towards building resilience of PLWHA.

The HPI programme for the PLWHA support groups is designed in the context of external mainstreaming. As such, this study is meant to get insights on how HPI is responding to PLWHA needs and understand the extent to which the key principles of external mainstreaming are observed.

Rural development organisations are currently working within a framework of two aspects of mainstreaming HIV and AIDS. That is internal and external mainstreaming of HIV and AIDS comprising of four components in responding to impacts of AIDS at individual and organisational level as shown in figure 1. These components include; (1) internal HIV and AIDS mainstreaming which primarily comprise; (a) prevention of HIV infection among employees, and (c) treatment of staff, prolonging productive lives, addressing issues of employee benefits and operational ability, conduct situational analysis and assess ability to supply services (2) external HIV and AIDS mainstreaming which constitutes; (b) prevention of HIV infection in communities within own areas of action, and (d) deal with impact of AIDS on core organisational activities. In this research, the main focus of the study is on component (d) which is looking at how HPI is responding to the impacts of AIDS through the organisational core activities.

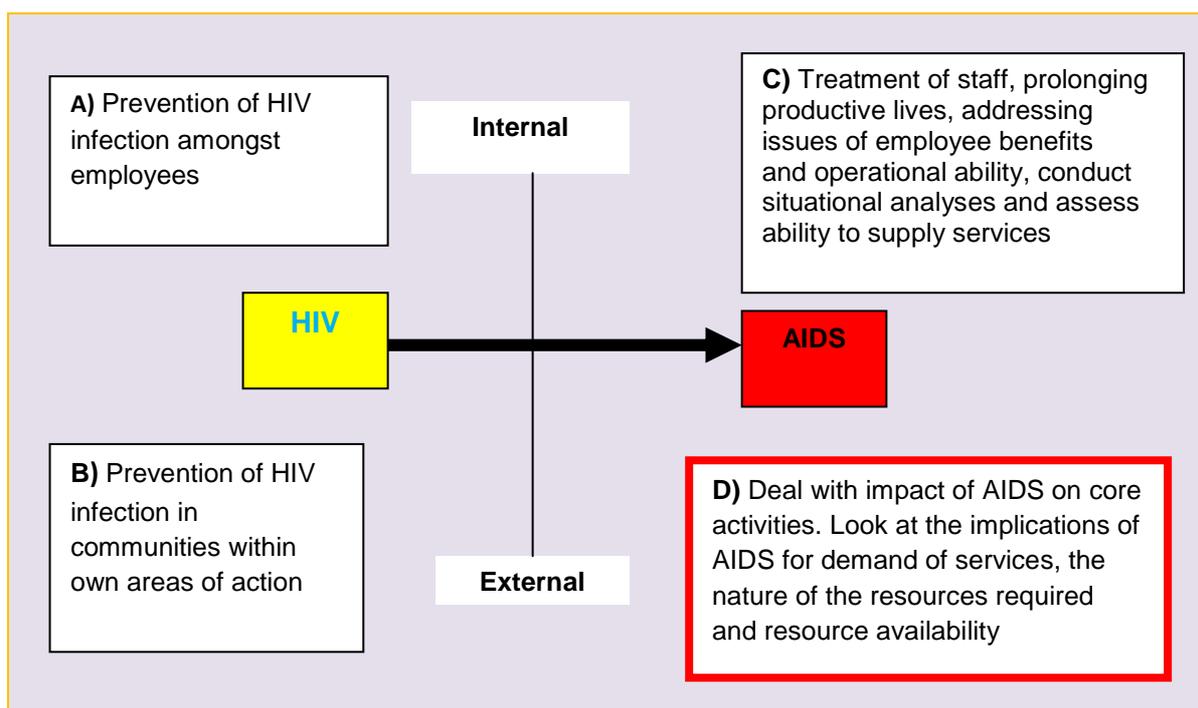


Figure1 Impacts of and responses to HIV and AIDS in rural development organisations

Source: Adapted from Loewenson and Whiteside (2001) in Pharoah (2005)

2.3. Organisational experiences adapting their programmes in the context of HIV and AIDS to meet the needs of PLWHA

In terms of adapting HIV and AIDS responses and support to needs of affected households and communities, experiences on external HIV and AIDS mainstreaming in Mwanza city of Tanzania as reported by Oxfam (2006) indicate that involvement of individuals and households affected by HIV and AIDS in shaping interventions contribute to identification of appropriate coping strategies in their communities. This approach of involving target populations who are directly affected and who knows best what interventions can work best for their situation helps organisations to effectively adapt their responses and support to the actual needs of the new clientele. Another important element in this context is community involvement in decision-making and monitoring processes. This furthermore helps affected households and individuals in improving their social and economic wellbeing which contributes to the reduction of stigmatization and discrimination.

In an effort to ensure effective adaptation of HIV and AIDS activities in the Mwanza livelihood programme of Agency for Cooperation and Research in Development (ACORD) (Oxfam, 2001), one key experience and consideration proposed in this project was that interventions such as micro-finance and environmental sanitation interventions which were key project components needed to be examined so as to ensure that they responded to the changing needs¹ of the households due to HIV and AIDS and its impacts.

In Andhra Pradesh, India, many development organisations are putting in efforts to combat HIV and AIDS in the state. The Centre for World Solidarity (CWS) facilitates the empowerment of vulnerable rural communities particularly women at the grassroots through the provision of skills, perspective and financial resources to empower the rural communities to assert their socio-economic and political rights. This same organisation see HIV and AIDS as a development problem not only a health issue by recommending development organisations to treat it as a cross cutting issue to be tackled through development programmes. Therefore, there is an urgent need to start adapting HIV and AIDS mitigation programmes so that the spread of HIV can be curtailed and the associated stigma and discrimination minimized (CWS 2005).

The HIV and AIDS epidemic poses a series of challenges for agricultural extension agencies. According to Karuhanga (2008), these, till now have been identified as “technical”, relating to issues like serious pests and disease outbreaks, natural disasters or campaigns to promote certain technologies. She notes however that, the HIV and AIDS epidemic, over and above existing problems has created a completely new set of complex challenges with which extension agencies have to deal with: a different clientele of extension services, the impact of the epidemic on the extension organization itself, and the very nature of the extension work itself. This calls for the need for rural development organisations to be flexible in their programming and adapt to the extension needs of this new clientele.

2.4. Experiences on PLWHA support group mobilization, formation and functioning

The African People Living with HIV and AIDS (2001) indicate that Associations and networks of people living with HIV/AIDS in Africa have emerged as powerful mechanisms for strengthening community responses to the pandemic. These associations and networks have established the problem of HIV and AIDS as a living reality in the form of ordinary men and women from every sphere of African society. The process of actively networking and sharing experiences has served as a very powerful therapy for individuals, families and communities across the African continent as this has been a forum for the infected to share their experiences and encouraged positive living,. To this end, networking has facilitated prevention, care, capacity development and leadership skills strengthening at community, national and international levels.

¹ Changing needs in context of HIV and AIDs impacts(labour alleviation, nutritional and financial requirements,

The creation of support groups, the formation and the organization of the PLWHA groups is essentially to encourage positive living, access to ARV or treatment centres and this helps fight stigma which is the major cause of denial leading to asset erosion and related impacts, and the elements to reach the respect of the human rights. If five or more people infected or affected come together to form a PLWHA (People Living with HIV AIDS) it is a support group. These support groups make people feel they are not isolated and alone with problems, provide away to meet people and make friends, help individuals to become more confident and powerful, provide a basis to organise activities led by members, make links of people living in different backgrounds, help to share resources, ideas and information, make others in the community more aware of the situation facing people in the group, help PLWHA lead to change by creating a public or political voice.

Save the Children is an international independent organisation creating lasting change in the lives of children in need around the world including Uganda. Through the Community Resilience and Dialogue project, Save the Children in Uganda demonstrates in a post conflict setting how cost-effective, sustainable methods can be used to undertake community prevention interventions and reach a large number of people living with HIV and AIDS. The main focus was on community sensitisation for behaviour change; formation of Community Care Support Groups responsible for providing holistic home-based care; supporting people living with HIV to access ARV treatment; providing VCT services; and addressing the needs of children affected by HIV and AIDS. Lessons from this organisation show that it is important to include people living with HIV in prevention, care and support strategies. Strong partnerships are key to providing the necessary support, vibrant community care groups were essential in ensuring sustainability of activities, and HIV and AIDS sensitisation will yield best results if tailored sensitisation drives target high-risk groups. It was also realised that working with families in the provision of HIV and AIDS prevention, care and treatment services is very important since the family is the basic provider of health and that poverty and illiteracy undermine the impact of HIV and AIDS prevention. The organisation further recommended that, strengthening coordination and networking and partnerships with all stakeholders, building family and community resilience as a sustainability strategy, helps to rebuild family and community social cohesion, Anguyo and Ahimbisibwe (2009).

The Cameroon Baptist Convention Health Board (CBCHB) Prevention of Mother To Child Transmission (PMTCT) Program, supported by the Elizabeth Glaser Pediatric AIDS Foundation, began in February 2000 at 2 rural hospitals and, by January 2006, had screened over 104,000 women (8.6% were positive) in 175 facilities in six of the 10 regions in Cameroon. In 2001 the first support group of nine HIV positive mothers met and formed a support group. This support group for HIV positive mothers and fathers in the prevention of mother to child HIV transmission in Cameroon showed that these groups helped them to share their burden in that many came to discover that there were others suffering from the same problem, thus a new family formation, strengthen family and community reunion as they are able to live positively (Pius Tih 2008).

The AIDS Support Organization (TASO) founded in 1987 by Noerine Kaleeba and 15 other colleagues some of whom have now passed away due to AIDS, was based on people that were unified by common experiences faced when encountering HIV and AIDS at a time of high stigma, ignorance and discrimination. This support group functioned by being one

other's keeper. The founders met informally in each other's homes or offices to provide mutual psychological and social support. Cohesion among these was strengthened by the fact that they were either directly infected with HIV or implicitly affected because their very close familial associates were infected. The functions of TASO in the context of HIV and AIDS impact mitigation include the following;

- Offering counselling services to people with HIV and AIDS and their Families
- Training counsellors for TASO and other organizations and to ensure effective provision of counselling.
- Complementing available medical services.
- Sensitising the public and to promote positive attitudes towards people with HIV/AIDS and their families.
- Minimising the social ills caused by HIV/AIDS through material support to clients and their families.
- Building and supporting community-based efforts initiated to respond to AIDS epidemic.

From a study carried out with the African immigrants in New York City (African service committee, 2009) to be living with HIV and AIDS, it shows that encouraging people living with HIV and AIDS has proved an effective way of understanding how to live positively, promoting HIV testing and access to care; overcoming HIV stigma; and promoting social acceptance of people living with HIV. It was also found out that successful HIV and AIDS prevention and care is sustained by building opportunities for self-sufficiency for immigrants and their families. Their support services, combined with access to essential treatment, enable those who are infected and affected by HIV to remain integrated in their communities and lead healthy, fulfilling lives.

A research carried out in Lusaka Zambia on positive and living squad (Mwala and John, 1998) 50 people living with HIV and AIDS who belonged to various support groups and 50 who were not members of any support group, a comparison was made on well being of the people living with HIV and AIDS who belonged to support groups to those who were not members of any in a period of six months. In the results, it was observed that all the 50 who belonged to support groups had become self-reliant, were happy and experienced few health problems. Of the 50 people living with HIV and AIDS who were not members of support groups, only 6 were self-reliant and experienced few health problems. The rest were dependent on other people and their health had deteriorated drastically.

From the above paragraphs, it is important to highlight that the mobilization, formation and functioning of PLWHA point of attention are that the infected persons must be willing to come together to share their burden and they should be actively involved in the functioning of any activity within their sphere of interest.

2.5. Challenges of PLWHA support groups

Though there are a lot of positive impacts for PLWHA to come together, work and be supported as a group, there are equally some challenges faced by PLWHA support groups. As identified by TASO these includes; difficulty in disclosure of HIV positive results to HIV affected children living with positive parents, fear and unwillingness of positive parents to consent to disclosure of positive results to children, handling difficult questions asked by the children, causing emotional stress to counsellors, observing opportunistic infections of child clients causing severe trauma to HIV positive children, relating conditions of infected children to one's own causing emotional stress, absence of clear national policy guidelines concerning ethics of testing and counselling HIV positive children. The twin epidemic of Stigma and discrimination associated with HIV and AIDS has made it difficult for people living with HIV/AIDS to cope with the impact of AIDS. Many are unable to benefit from the emotional support of loved ones, friends as well as from social services, which would have improved the quality and length of their lives, and enabling them to protect other members of the society.

Experiences in Kibera, Kenya pertaining to stigma as reported by Odindo and Mwanthi in the East African Journal of public health (2008) that stigma and discrimination affects the rights of People Living with HIV and AIDS (PLWHAs). Such stigmatization and discrimination goes beyond and affects those who care for the PLWHA, and remains the biggest impediment in the fight against HIV and AIDS in Kibera, Kenya. Governmental and non-governmental organizations continue to provide key services in the mitigation of stigma and discrimination in Kibera. However, personal testimonies by PLWHA showed that HIV positive persons still suffer from stigma and discrimination. The study found out the discriminators of PLWHA were friends, peers and workmates, family members and spouses, and the community, included the faith based community were the other leading abusers of PLWHA. Other discriminators included brief contacts, visitors and persons from outside the immediate community. The various forms of discrimination were mainly in the form of segregation and separation particularly to sitting area or sleeping area, or using different eating utensils. Other challenges faced by the PLWHA in their daily lives apart from stigma and discrimination are rejection, inadequate financial adequacies, lack of proper housing, and loneliness. Inadequacy was due to unavailability rather than denial by relatives or friends.

Although many studies on HIV and AIDS have been carried out by authors, such as, UNAIDS, FAO, and others, there is a dearth of specific literature on the role of development organisations adapting to the changing needs of this new clientele PLWHA support groups and in the context of mainstreaming HIV and AIDS externally. There is equally some bit of information showing the functioning of associations of PLWHA. Most studies have concentrated on the effects of HIV and AIDS pandemic on food and nutrition security and how it has affected different sexes and age groups (UNICEF 2000 2003).

CHAPTER 3. RESEARCH METHODOLOGY

This chapter describes the research strategy used, the data collection tools, data analysis strategy, description of the study site and limitations to the study. The ethical considerations, for the study are spelt out in annex 1.

3.1. Research strategy²

This research is a case study of PLWHA Support groups programme in Bui division assisted by HPI Cameroon. In addition the research also did a review of literature on programme experiences in relation to AIDS impact mitigation for PLWHA support groups. In-depth interviews were used simultaneously with direct observations at every stage in the research.

3.2. Data collection

Four different methods were used to collect data to enable the researcher to understand HPI HIV and AIDS external mainstreaming approach in adapting to the changing needs of PLWHAs. The research used the following qualitative methods to collect data; desk study, four key informants for semi structured interviews, two focused group discussion which were participatory. In addition, a survey of 40 HIV and AIDS affected households was conducted and an in-depth interview to capture both qualitative and quantitative information for beneficiary households. These qualitative methods enabled the researcher to focus on people's life realities by emphasizing their perceptions and experiences to reduce the risk of making false assumptions about life. Information from focus group discussions, key informant interviews and survey was solicited using qualitative checklists/semi-structured questionnaire

Desk Review

The study conducted a desk review of existing literature relating to the research. The main sources of information from desk review included; library books mainly research reports,

² The research strategies used in this study are derived from the research book, "Verschuren, P. And H. Doorewaard (1999). Designing a Research Project. Utrecht, Lemma".

publications, scientific journals, conference reports, workshop proceeding reports and HPI annual, progress and strategic reports. These documents were accessed physically and electronically on internet. Information collected from desk review assisted in widening the understanding in terms of organisational responses and adaptation of HIV and AIDS programmes, specifically focusing on areas of success and challenges of PLWHA support programmes. Information reviewed helped in developing questions that were included in the household questionnaires, key informants and, in- depth and focus group interviews checklists.

Key Informant Interviews

The researcher interviewed 4 key informants to get independent insights on organisational activities pertaining to HIV and AIDS activities and support. Among the interviewed informants were a technical HPI staff who is directly coordinating HIV and AIDS PLWHA support groups activities and HPI Social Development Coordinator who gave an independent insight on organisational commitment to PLWHA activities. One HPI partner, the Bansa Baptist Hospital (BBH) outreach coordinator of general support groups of Bui Division gave information on field realities as a community leader. The present coordinator for the HIV and AIDS department of IVFCam was equally interviewed. This is based on the fact that IVFCam is the learning organisation where the researcher had been working before going out for studies.

The interviews were semi structured and were characterized by probing depending on the flow and nature of respondents' input. Interviews were conducted once informed verbal consent³ had been obtained. The key informants were purposefully selected to collect in-depth information related to the study and this is described in detail below.

PLWHA focus group discussions

The researcher held two focus groups with Takija and Meluf PLWHA support groups to get group experiences on the HPI support in terms of benefits, challenges and opportunities for improvement of the programme. The total number of participants in the focus group discussions was 90 (33 men and 57 women). This method helped the study to figure out the advantages and constraints of functioning of PLWHA support groups. This brought out empirical data on the relevance of HPI support and the sustainability aspects which is the emphasis of this study.

³ Informed consent is a mechanism for ensuring that people understand what it means to participate in a particular research study so they can decide in a conscious, deliberate way whether they want to participate.

PLWHA Household Survey

The targeted households are double burden with economical vulnerability and HIV and AIDS status. The affected households have been chosen to understand how HPI is adapting its programme to the changing needs of the PLWHA households in order to reduce their vulnerability to AIDS. Using the beneficiary lists of the two PLWHA support groups (Takija and Meluf), random samples of 40 different households' type were selected that comprised of; 7 Male headed households with PLWHA and orphans, 11 female headed households with PLWHA and orphans, 11 Male headed households with PLWHA, and 11 female headed with orphans. The random sampling of households' types was aimed at limiting bias in household selection for the study. Individual household interviews solicited information about household experiences in terms of benefits, challenges and household perception about the PLWHA support. The household survey also included one in-depth household case study to get better insights on positive impacts of the support at household level.

3.3. Data analysis strategy

In order to analyse findings from this study the various tools have been used. Microsoft excel was used to input and analyse the data from the household survey. Information from key informants was analysed using PESTEC⁴ and SWOT analysis tools. This helped to bring out factors influencing the successes and weaknesses of HPI support to the PLWHA support groups for IVFCam or other development organisations to explore when designing support for the PLWHA. Furthermore, the analysis tools also helped in identifying opportunities and threats to impact mitigation interventions and implementation approaches being currently used by HPI. In addition the study took into considerations the external mainstreaming process of HIV and AIDS with focus on the new clientele PLWHA. In this respect, analysis of external mainstreaming related to HPI activities have been based on the last three boxes of the 12 boxes framework by Oxfam and the basic principles of external mainstreaming. These last three boxes are looking at how the PLWHA program is designed, decision making and actions taken on programs, staff belief and behaviour of staff involved in the implementation.

⁴ PESTEC acronyms for; Political, Economical, Social, Technical, Environmental and Cultural factors that influences institutional programming

3.4. Description of the study site

The study region North West geographically is an extension of the Adamawa plateau and in particular hilly. The altitude ranges from 800 to 2200 meters with an average of 1200 meters above sea level. The North West region was chosen for this research because it carries the highest HIV prevalence of 8.7% amongst Cameroon's 10 regions. HIV prevalence amongst women is 11.9% compared to only 5.2% for men. The national rate stands at 5.1% prevalence rate. The study focus is on Bui division which is one of the 7 divisions that make up the North West region.



Figure 2 Location of study site and HPI zones of intervention

Source: Heifer Project 2009-2014 strategic plan report

Bui division like any other division in the North West Region got its name from the river Bui that is the largest river in the division. It is the only division which is made up of almost entirely one tribe the Nso. Out of the 7 divisions in the North West region, Bui is made up of 5 sub-divisions, 98 villages, covering a land surface of about 2300 km² and has about 405854 of which 211,044 are female and 194,810 are male inhabitants (NW Regional Service of statistics 2005). It is a rural area and one of the most naturally endowed regions within the national territory with rich natural, cultural, and human resources.

Bui enjoys a climatic condition similar to the tropical savannah type. It experiences two distinct seasons, the wet season, spanning from mid-March to October and the dry season which runs from November to March. The daily temperatures vary from 15-28⁰C with an average of about 21.5⁰C. The soil type ranges from ferralitic to hydromorphic soils. Annual rainfall ranges from 1800 to 2200 mm. This area is also dominated by savannah vegetation, with a few forest galleries and mountain forests.

These agro-climatic conditions are most favourable for crop diversification and livestock production which is HPI spring board for poverty alleviation. About 80% of the total rural population depend on agriculture and animal husbandry as their main source of livelihood. The major field crops include beans, maize, potatoes and cattle as livestock.

The division is strategically located and forms the cross road to neighbouring Nigeria. The cold climatic condition and the influx of people from other parts of Cameroon have shaped the social life of people in this division. However, the development index of the country ranks Bui amongst the least developed areas in the region with very few schools, roads, high birth rates, high unemployment, poor infrastructure, high illiteracy rates, high HIV and AIDS level and high poverty level. Handicap/disabled centre are also based in this location.

Focusing on HIV and AIDS in this division, Bui is ranking first with 5.7% (C BCHB 2008) HIV prevalence rate from PMTCT records. This formed the base for HPI choosing this division to be one of the first divisions in the North West region to intervene to build resilience for PLWHA groups who have open up to live positively and it is the sole division that HPI is supporting PLWHA directly as groups. The high prevalence rate is being influenced by the following factors which includes;

The presence of two mission hospitals in the region (The Catholic Mission Hospital Shisong Banso and The Banso Baptist Hospital) where people come from all over the region for counselling, education and sensitization. These hospitals pay special attention to recording HIV and AIDS cases which make it easy to follow the division's statistics on AIDS. Most people from the interior of the division come to these hospitals because of stigma, refusal, religious background of the hospitals and confidentiality for VCT and treatment. Effective sensitization of HIV and AIDS carried by these hospitals make more people to be more open to VCT, acceptance and treatment.

Discussion with the BBH outreach HIV and AIDs coordinator for Bui revealed that the dominance of catholic Christians who hold firm to catholic belief of abstinence and no promotion of condom use in the division causes the sexually active population to be more susceptible to HIV infection. The coordinator also mentioned that the percentage of women to men in this division is so great which causes a scramble for men as husbands or boyfriends. To this effect, women tend to seduce the men not and thinking about their HIV status is a second thought making women more susceptible.

However, with the appreciation of the impact of AIDS, development organisations such as HPI have introduced vegetable gardening for its quick turn over of income, its nutritional value for PLWHA and small livestock (sheep) for its multiplication rate, easy to manage in barns to ensure food security which is the ultimate for this new clientele.

Limitation to the study

The dispersed nature of the PLWHA affected households dotted in the division and very bad road network equally in the heart of the rainy season was a challenge. To overcome this challenge, the researcher hired a motor bike for all the days while carrying out household survey and the focus group discussions. It helped to facilitate movement from one village to the other and at appropriate time.

CHAPTER 4. RESULTS FINDINGS

This chapter is divided into three parts; part one gives an overview of HPI's work., Part two present field findings and part three gives an overview of IVFCam activities on PLWHA support groups and lessons for adaptation from the HPI experiences.

Part One: An overview of Heifer Project International support to PLWHA Groups

4.1. Functioning of Heifer Project International Cameroon

Heifer project international (HPI) is an ecumenical, Christian, charitable organisation funded by contributions from those who believe in its basic commitment to helping resource-limited people help themselves and their communities. It was officially registered in Cameroon in 1995 as an independent non-governmental organisation with the ministry of Territorial Administration. HPI firmly commits itself to develop small scale livestock production with willing resource-limited farm families in Cameroon. This forms the base where every family that receives an animal passes on the first female offspring to another family in need. HPI provide appropriate training, technical material support to impoverished farm families in Cameroon. It also facilitates farmer's use of animal and integral component of sustainable agriculture. HPI works in partnership with other stakeholders both national and international.

In 2003, an evaluation of HPI Cameroon activities led to a new strategic plan and restructuring of the Cameroon country program. The restructuring exercise brought into being thematic projects "Gender, HIV and AIDS, Ethno-veterinary, Agro-forestry and Small scale dairy farming". This study is focused on the HIV and AIDS thematic area.

Statement of purpose

In collaboration with other stakeholders, HPI Cameroon will work with willing resource limited families and disadvantaged groups to integrate animal agriculture and livestock development in environmentally friendly sustainable ways.

Bamenda the capital city of North West Region is where the head office of HPI Cameroon is located. HPI operates in the whole country through programs in 4 major agro ecological zones:

- Equatorial Rainforest program zone (Centre, East, South regions)
- Western highland program zone (North west, west regions)
- Humid Rainforest program zone (South west, littoral regions)
- Sudano-sahelian program zone (Far North, North, Adamawa regions)

Vision statement

HPI Cameroon envisions a future where;

- The livelihood of assisted families is improved by achieving self-sufficiency as a result of improved food and economic security, health and family relations.
- It is building stronger community or farmer organisations, resulting from improved capacity (skills, knowledge and accountability)

Development approaches/principles

HPI has developed a set of essential principles known as the HPI Cornerstones for Just and Sustainable Development. All organisations and farmer groups wishing to work with HPI are selected,, monitored and evaluated on the basis of these principles. Project plans made by farmer groups also take these principles into consideration. The 12 principles make up the acronym, **PASSING** on the **GIFTS (POG)**:

Passing on the Gifts, **A**ccountability, **S**haring and caring, **S**ustainability and Self-reliance, **I**mproved Animal Management, **N**utrition and Income, **G**ender and Family Focus, **O**n the, **G**enuine Needs and Justice, **I**mproving the environment, **F**ull Participation, **T**raining and Education, **S**pirituality.

Target population of HPI

The philosophy of HPI Cameroon is to assist self-help farm families/cooperatives that consist of willing resource limited farming groups, socially disadvantage groups such as women, HIV and AIDS infected and affected persons, leprosy infected and affected persons, disabled persons and church groups.

4.2. Heifer Project International support to PLWHA groups

Interviews with the HPI social development coordinator and the technical staff who works directly with the supported PLWHA groups revealed that HPI Cameroon through the Western Highlands Integrated Livestock development programme in partnership with Bingo Baptist Hospital (BBH) support group-Bui work together to improve sustainable crop/livestock agricultural activities in the division. This is achieved through the provision of 5 sheep per assisted farm family, tools, agricultural and horticultural supplies and livestock trainings. Leadership training is provided in the groups to build capacity, so as to prepare them to take control of their project in future when groups are weaned. Cognizant of the scourge of social inequity, HIV and AIDS and environmental degradation on the livelihoods of rural communities, all activities undertaken mainstream gender equity, HIV and AIDS, human nutrition and agro-ecology issues in partnerships with government, NGOs and private

enterprises. These strategies are for assisting HIV and AIDS resource constrain farm families to ensure food security and prevent poverty in ways that ensure ecosystem health.

4.2.1. HPI AIDS Impact mitigation implementation approach

The PLWHA support programme is guided by a number of factors that are meant to ascertain achievement of programme objective and sustainability in the long term. Key factors among others include; HPI programme implementation guiding principles, collaboration, beneficiary identification, mobilisation and group formation. These factors are discussed in detail in the subsequent sub-chapters below.

4.2.1.1.HPI Programmes Implementation Guiding Principles

Key informants from HPI indicated that the implementation process for HPI support for PLWHA groups follows some key principles in addressing HIV and AIDS within the realm of mainstreaming. These principles are vital for effective implementation of support to HIV and AIDS affected households. In this context, the next sections of this sub-chapter bring out the support implementation process that is followed by the programme as well as key principles observed.

In terms of support package design, this is done by both HPI and the support groups. HPI follows its general program and project design principles as a guiding principle which ensure that all HPI projects and programs should:

- i. Be designed using the values-based planning model integrating the cornerstones and the project planning framework process.
- ii. Be consistent with these Program Growth Principles, Organizational Alignment Guidelines and any technical guidelines and standards for incorporating cross-cutting themes (e.g. agro-ecology, gender, education, and advocacy)
- iii. Incorporate lessons learned from evaluation of past Heifer projects or from other organizations.
- iv. Be technically, economically, environmentally, and socially appropriate and feasible.
- v. Set final, achievable and measurable goals that will make significant positive changes in the lives of the project and program participants.
- vi. Have a funded monitoring and evaluation plan and system.

A review of HPI programme documents on support targeted at resource limited farm families who are infected and affected by HIV and AIDS reveals that this is based on HPI program growth principles which ensure that HPI should be able to;

- i. Determine the level of community poverty and social exclusion to identify the needy and marginalized using demographics and classification by the government, United Nations and other development organizations.
- ii. Consider the level of community members' interest and willingness to implement Heifer's values-based planning, including the passing-on-the-gift system.

- iii. Consider the project participants' capacity to implement the project, especially availability of basic resources, and balance this against the need to ensure that the majority of the project participants are the most needy and marginalized.
- iv. Consider gender equity and social and cultural suitability.
- v. Consider other organizations that are available to assist project participants.

In order to realise proper implementation of support and activities for sustainability even when the project phases out, the project for the support of PLWHA uses a holistic community development approach which is participatory, appreciative, capacity building and learning. HPI development approach follows the input, process and output model of a living tree (figure 3). The roots represent the inputs comprising both physical resources (staff and organizational capacity, money, partners, and donors) and non-physical resources (values and HPI cornerstones, especially sharing and caring, genuine need and justice, trust, accountability and flexibility). The trunk and branches represent the strategies and processes that Heifer employs to address community development needs. The core strategy is the sustainable livelihoods and food systems (through integrated livestock and agricultural programs) approach. Other integral components include building knowledge, skills and power (education) and capacity to positively influence policies, systems and practices (advocacy). The core process underpinning all strategies is the philosophy and practice of passing-on-the-gift.

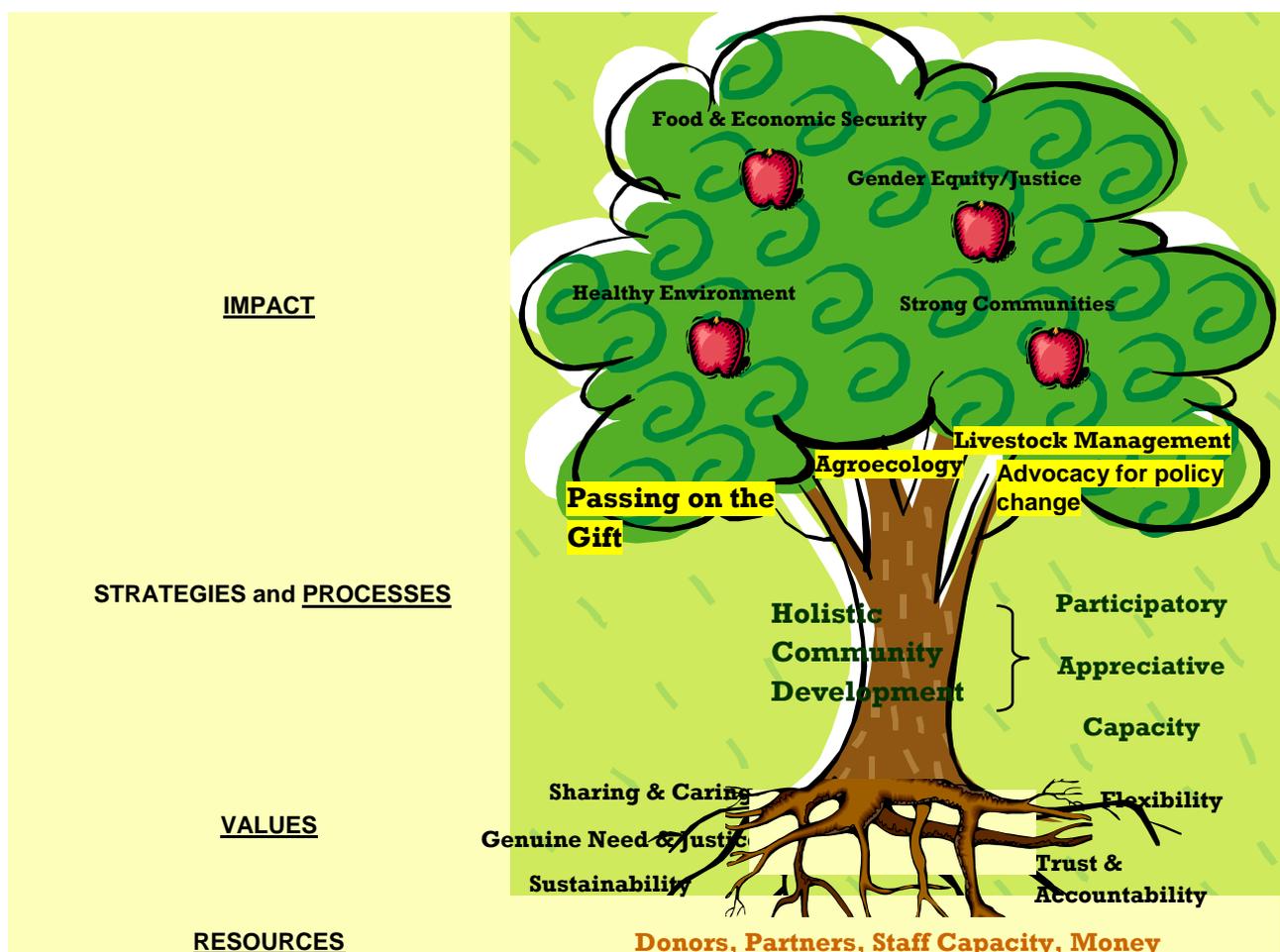


Figure 3 Diagrammatic representation of HPI growth program model

Source: Adapted from HPI Program Growth Principles, 2006

Finally, the fruits of the tree represent the impact that HPI desires to achieve for communities. These are: strong communities characterized by relative food and income security, improved physical environment, improved gender equity and ability to organize to bring about improved social and policy change.

In summary, the program model implements HPI's mission (ending hunger, poverty, and caring for the earth) through a:

- Holistic needs-diagnosis approach that is participatory, appreciative, seeks to learn and build capacity in the community, and recognizes the interconnectedness of community needs.
- Programming that focuses on building sustainable livelihoods and food systems through integrated livestock and agricultural programs, with education and advocacy playing integral supportive roles.
- Philosophy and practice of passing-on-the-gift.

Interviews with key informants from HPI indicated that for the organisation to respect its programme growth principles for PLWHA support project, firstly, individuals record their needs and then the group, thereafter a synthesis of the various support type are decided upon by the group following HPI group approach strategy. The various support types are then indicated on the request form from HPI to the group for support. HPI on its parts now looks through it and builds the capacity of group members by adding the necessary livestock and vegetable management, group dynamics trainings that will compliment the various support types for sustainability of the support. To ensure appropriate choice of good seeds, HPI uses the locally available technology in partnership with the research centre, IRAD through agricultural extension workers to identify seeds that will be appropriate for PLWHA support groups' soils where they are located in the division. In addition to the vegetable seed HPI equally in collaboration with the divisional delegation of livestock source for good quality sheep that can adapt to the climate of the area which ensures that supported PLWHA will be able to pass on animals to others in need.

4.2.1.2. Programme collaboration under PLWHA support groups

The interview with the HPI Social Development Officer indicated that HPI works in collaboration with other stakeholders to ensure a successful and sustainable support for the PLWHA support groups. The organisational community development approach congregates a number of stakeholders which HPI embraces for a multi-sectoral intervention using their comparative advantages. The various stakeholders involved in implementing the PLWHA support programme and their roles are presented in table 1 below;

Table 1. HPI field collaborators and their major roles in implementing PLWHA support

Collaborators	Role(s)
Extension staff of the ministry of agriculture	Carry out training on vegetable garden management They monitor farmer agricultural work and report directly to HPI which normally is filled in the PLWHA collaborators files.
Extension staff of the ministry of Livestock and animal husbandry	Carryout prophylactic treatment and vaccination for animals of farmers Trainings on sheep production and management Technical follow up of farmers in the field and report to HPI
Banso Baptist Hospital	The BBH authorities facilitate identification of the groups whose main role to these infected persons have been that of providing a support system as well as subsidize anti retroviral to PLWHA. Provide transport for members by the end of every meeting. Train members for sensitization campaigns in schools and communities.
Western Highlands integrated livestock development project (HPI)	Source funding, program coordination, training, technical backstopping
Community-based animal healthcare promoter (CAHP)	Assist to carryout prophylactic treatment and vaccination for animals of farmers. They are part of the support groups and so work directly with other members in handling basic drugs for the animal treatment.
The institute for agricultural research for development (IRAD) of the ministry of scientific and technical research	Recommend best vegetable foundation seeds suitable for the soils of Bui division to ensure proper germination and better results.

Traditional and administrative collaborators, mayors, divisional officers, sub-divisional officers, Fons and chiefs (traditional rulers)	They provide moral support and security to to the project of PLWHA
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Source: Survey data (July – August 2009)

Though each collaborator has a role to play, HPI technical staff provides backstopping by visiting the field for appropriate follow-up or advice to the farmer.

4.2.1.3. Beneficiary identification, mobilisation and group formation

Key informants from HPI indicated that the implementation process for HPI support for PLWHA groups follows a number of stages which are critical for the success of the programme. Among the key stages include; beneficiary identification, mobilisation and group formation.

Beneficiary Identification

The Western Highlands Integrated Livestock development project of HPI provide assistance to Bansa Baptist Hospital (BBH) Support groups of PLWHA who are located in different parts of the division and meet as groups in both Meluf and Takija villages in Kumbo Sub- division. The sub project holder BBH support groups constitutes HIV and AIDS infected persons residing within Bui division with membership of 180 persons (160 women and 20 men) for the two groups out of 450 PLWHA in the division. The selection criteria are indicated in 4.2.1.3.1. These infected persons are identified by the hospital who works in partnership with HPI in the domain of VCT in HPI target communities, ill health and antenatal clinic consultation for most of the women.

Mobilisation and group formation

The patients, who are counselled before and after testing for HIV and AIDS, are treated for opportunistic infections if any and then advised to join the BBH direct support system for People Living with HIV and AIDS. These two groups who used to be divided into the male and female infected persons who met once a month separately are now mixed under the HPI support and meet in the different villages. The objectives of bringing these infected persons together are;

- To seek support from donors organizations to assist the infected/affected persons,
- To provide a support system whereby members could share their problems and experiences,
- To bring hope and dignity to the infected persons,
- To fight against stigmatization of infected persons,
- And to enhance family values and health for PLWHA.

The BBH in the North West region of Cameroon facilitated the link between HIV and AIDS infected persons and HPI- Cameroon. These groups through the authorities of the Bansa

Baptist Hospital applied for assistance from HPI in July 2004 and started receiving assistance in September 2004.

4.2.1.4. PLWHA Support groups/household selection criteria

Upon receiving application from the groups for support, the application is screened at the office level. Then a team of technicians from HPI go to the field to carry out an on-site screening with the groups/individual families. HPI follows certain criteria for legible beneficiaries for support as follows;

- a.) Infected families seeking for support must be limited resource farm families,
- b.) There must be the willingness to receive support contributing in kind (labour, time, land for agricultural activities) to own support
- c.) The socio economic status of PLWHA seeking support should be low that is the genuine needs
- d.) Belong to one of the two groups (Takija or Meluf PLWHA support groups)
- e.) Willingness to share and care for others by abiding to HPI various implementation principles.

During the field screening more of the information on how HPI operates is given to group members. After the screening exercise looking at the socio economic status of each group member which is critical to ensure that the most vulnerable are not left out, then a letter of acceptance is sent to the groups. A deliberate effort is made to select 80% women for assistance since women are more vulnerable to the impacts of AIDs than men. In addition, the socio-economic status of women in the Nso community is generally lower than for men.

In addition to the above criteria at households level, recipients for the support are selected based on the amount of material support (25% in-kind cost of the project) to be contributed by the farmers. This 25% goes into the groups revolving fund for sustainability. A data baseline survey (HPI, 2004) was conducted in the groups to assess the socio economic status of the project members. At the end of that survey, One hundred and eighty (180) infected family heads (160 women and 20 men) were willing to and could provide some basic requirements as defined by the project. Out of the 180 household heads, ninety (90) were selected as first livestock recipients. Each received 5 breeding sheep (4 awes and 1 ram), financial assistance for sheep barn construction, feed and animal drug supplies, vegetable seeds and related trainings. Other 90 beneficiaries two years later on received (Passing on the gift) POG from the first beneficiaries.

Part two: Presentation of findings from field interviews

4.3. Types of HPI AIDS Impact Mitigation Support and Targeting

Information from focus group discussion confirmed by the household survey indicated that in mitigating the impacts of AIDS for the vulnerable households with the view to meet the needs of the affected households, HPI responded from the organisational comparative advantage perspective. The following are the various types of support/ activities given to the

PLWHA support groups. These included small Livestock (sheep), animal feed, vegetable seeds (carrots, cabbage, tomatoes, curry, celery, licks, onion, huckleberry, garlic), farm tools (wheelbarrow, sprayer, watering cane), material for sheep band construction, pasture seeds,, agro forestry/horticulture seeds, livestock drugs, establishment of ethno-veterinary gardens , mineral leaks and trainings related to the above support.

Field findings indicated that the HPI request form for the PLWHA support groups had as options the following which HPI could offer for groups to make a choice from. Livestock choice included sheep, goats, pigs, rabbits, snails, bee farming, dairy, draft power and for the livestock species chosen, there was the option of either for groups to fatten or to multiply. These options gave an opportunity for the groups to choose what best suits their situation and the climatic conditions of the communities. Both the Takija and Meluf groups chose the sheep and the wish was to multiply. Findings showed that out of 40 sampled 26 households had requested different support type (poultry, pig, and goats for personal reasons) and received sheep through group influence. Receiving a different support from the desired makes the support ineffective in meeting the household needs, however, HPI offered trainings to all households that receive support to ensure that household capacity to manage the interventions is enhanced.

Though all the targeted households received the same type of support, there were variations in the number of years these households have been on this support. The average years of receiving support as summarised in table 1 shows that, male headed households with PLWHA and orphans have been on the HPI support for 3.4years, whereas male headed households with PLWHA 4.1years, female headed households with PLWHA and orphans 4 years and female headed households with PLWHA 3.8 years. Among the male headed households, those with PLWHA have been on HPI support longer by approximately 0.7 years which translates to 8 months on average compared to the double burdened households with both PLWHA and orphans. In the case of female headed households, the double burdened households with PLWHA and orphans were slightly longer (4 years) on HPI support compared to those with PLWHA only.

Table 2. Number of years of support from HPI by household type

Household type	Average number of years with HPI
MHHPLWHA + Orphans	3.4
MHHPLWHA	4.1
FHHPLWHA + Orphans	4
FHHPLWHA	3.8

Source: Household Survey data (July – August 2009)

From the forgoing paragraph, the study showed that HPI gave a uniform support to PLWHA through a group approach targeting affected families. But looking further at interviews carried out by the same supported family heads, it shows that HPI neglected the differential vulnerability aspect. As showed in the table 3, the supported families proposed other type of support for HPI to take into consideration when designing support for PLWHA in the nearest future and or add on to the existing support.

Table 3. Type of proposed support for HPI to add on or consider in designing PLWHA program

Household type	Number of household responses based on proposed types of additional support					
	Poultry	Petty trading	Well for gardening	Reduction of POG percentage	Sustainable IGAs	Scholarship for affected children
MHHPLWHA + Orphans (N=7)	7	4	5	6	1	3
MHHPLWHA (N=11)	10	5	8	2	0	5
FHHPLWHA + Orphans (N=11)	11	4	9	4	11	8
FHHPLWHA (N=11)	10	3	2	3	9	5
total	38	16	24	15	21	21

Source: Survey data (July – August 2009)

From the various types of households interviewed as shown in table 2, out of 40 interviews, 38 households proposed poultry for the following reasons: source of nutrition from eggs or chicken for immediate need, quick income, rich manure for vegetable gardening, easy to manage and matures faster than sheep which is the other type of livestock in the support package. 16 out of 40 propose support for petty trading for the following reasons; PLWHA do not need to do very tedious work; after cleaning their sheep barn, work in their gardens, they can rest and relax by selling provisions and all time invested usefully. 24 requested for a well to be sunk for garden use. Visits done at the gardens of these households proved that these are very far from Kumbo central where the Kumbo water development authority source is located and only people situated around kumbo town have access. They said they find it very difficult to cultivate much vegetable during the dry season and vegetable fetches them much income. This is due to lack of water near their gardens and they are weak to go fetch water from the far off valleys. 15 proposed that HPI should reduce the percentage they are paying on POG since they have so many needs to meet in their double vulnerability of limited resource farm families and HIV positive status. 21 families proposed sustainable income generating activities such as powder soup production and local lotion production. 21 proposed scholarships for their children to enable them continue with education. Out of the 21, 13 were female headed households showing higher degree of vulnerability AIDS impacts. Vegetable support is one of the important AIDS impact mitigation supports which gave quick turn-over to the households. However, a significant number of sampled male headed households with PLWHA (8 out of 11) and female headed households with PLWHA and orphans (9 out of 11) reported scarcity of water as a constraint for this intervention. To this effect, 17 households out of 22 proposed additional support such as sinking wells for gardening as long term solution to their gardening activity.

- Table 3 equally highlights that all the female headed households with PLWHA and orphans and 9 out the 11 female headed households with PLWHA requested for additional support in terms of sustainable income generating activities (IGAs) compared to the low response to the male headed households to this activity. This could be attributed to the cultural aspects of women engagement more into income generating activities than men. More so high poverty levels among female headed households who are in need of income to meet immediate family needs.

4.3.1. Key Positive Impacts of the support at group/household level

Like any other support, the HPI support to the PLWHA support groups has shown benefits in terms of meeting the needs of the PLWHA support groups/households. HPI support to the PLWHA in Bui division has impacted positively on the livelihoods of the supported beneficiaries by restoring hope and dignity in the lives of PLWHA as confirmed by in-depth interview.

Targeted households benefitted uniform support from HPI as well as household benefits in general. From the support all households benefitted food security, financial empowerment that households were able to supplement from the market what they couldn't produce like

maize and beans because of the surpluses they got from the gardens. There was the aspect of community recognition of targeted households due to the unique support from HPI such as rearing sheep in barn, vegetable gardening which was not common in the division and treatment of their animals and even community members from their ethno-vet gardens. PLWHA supported groups by HPI are now referred to by community members as veterinary doctors of the community most especially those who were equally trained as community animal health providers (CAHP). Every community member who rear animals try to identify his or herself with all supported households in order to benefit from their skills thus their values for the community were recognised and appreciated. This increased their social status such that they are reintegrated once again. This made them to gain hope and dignity in their communities.

Compared to the field crops of potatoes, maize, beans and the nature of the community, targeted households acknowledge the fact that vegetable and sheep rearing less labour intensive matching for easy handling with their health condition. Due to land degradation caused by intensive rearing of cattle, the presence of eucalyptus which is very common as source of energy for cooking, HPI support with agro-forestry seeds helped to improve their soil fertility which equally serves as feed for their animals. Adding on to agro-forestry, the easy to collect manure from the sheep barns improved their vegetables and sourced some income for the households after giving part to neighbours in need (respecting HPI values of sharing and caring for each other in need), the surplus is sold for income. Even though positive impacts were generally felt, there was a difference with regard to sustainability of these impacts, mostly with female headed households with PLWHA and orphans. There is still the need that the issue of differential vulnerability needs to be considered by development organisations when designing support for PLWHA.

4.4. Households benefits based on in-depth household case studies

An in-depth interview with one beneficiary household and literature from the HPI programme documents indicated that sheep support has potential to restore life among vulnerable households. This fact is attested by two male headed infected/affected families from the Takija and Meluf groups who are among the first 90 beneficiaries.

Box 1: Sheep restore hope in a hopeless life

I was in my early thirties when AIDS began to savage my life. After a year of misery being a man with high self esteem and dreams of helping other people whose lives lay in ruin. I accepted my HIV and AIDS positive status.

I live with my infected wife and nine children at home in Takija village, Kumbo. By local standards, it's not a bad house. Its rust-colored brown plastered walls blend perfectly into the yard. It's old now, and the plaster is chipping from the walls. The roof needs some repairs. There are some loose floorboards and a coat of paint would do wonders. Still, the narrow front porch shelters a host of new friends gained after HIC's assistance.

I got HPI assistance in 2004 at that time I was very sick and my wife. I was advised to join the BBH support group. When I joined this group, I was selected for HPI support where I was given 5 sheep as a seed. Before assistance, I was also being stigmatized in the community; people did not want to associate with me or my family. They felt as though we would die in the coming months.

Things took a positive turn when HPI stepped into this situation with 5 animals and lots of trainings. I and my family started seeing how situations were getting a favourable transformation. In 2005, my self esteem started returning, I was trained on livestock and agriculture. I used the new HPI trained skills to make a basket garden⁵. As the compost decomposes in the centrally-located container, rich nutrients leach into the raised bed around it. This tiny garden is now producing tasty and nutritious meals for my family. Every new month brings a new project for this "me with high self esteem".

Today, I have sold countless goats and have a herd size of 38 sheep. I have also used the knowledge from the project to diversify to pig farming and now I have 12 pigs. "HPI is my second saviour" he echoed. I pay school fees for my children with ease (4 children in secondary school and 5 in primary school) a phenomenon which has never happened before.

Nutrition in my family has greatly improved, I can eat anything I want and in any quantity (nutrition has improved qualitatively and quantitatively). I find it easier to pay for drugs of opportunistic infections monthly unlike before when I could not. Even if the government does not give the anti-retroviral drugs for free, I can pay for it without any problem. I have been able to purchase a cell phone for myself and now have a feeling of belonging in the community again. In order to facilitate movement and heighten my self esteem, I have advanced a motor bike for my family.

In a bid to boost family shelter, I have given my house a face lift, carried out repairs on my pen and fence my pasture plot to ensure sustainability and year round availability of fodder which also means money and wealth. I have enlarged my pen

⁵ It's a raised bed filled with rich composted soil. In the very middle of the raised bed is a basket-shaped container made of sticks and filled with kitchen waste, manure and other agricultural by-products.

and enlarged my herd size so as to ensure enough food supply, animal for sale and family status (largest sheep ban in the community). "Our crops have witness a geometric progression in output due to the use of composed manure taught us by HPI". This would not have been possible without HPI.

Gender and family focus is one of HIP's bedrock cornerstones. This has positively influenced me and I have actively mainstream it in my entire family in project activities. "With the growth of the project, my family is very enthusiastic to contribute too" With my new found social status facilitated by HPI, every group in the village now yearns to associate with me and my family. I am a leader in the Samba of my church (Catholic Church Kosi parish), a member of Tav-manjong (local village council), I have been awarded the title of "Shey" in Bansa, I have been elected President of BBH support group, Secretary in the village traditional council and word chairman of a political party in Takijah. I hope to change my house, purchase household equipment, landed assets, sponsor children in school amongst others. May the Lord continue to Bless the donors of HPI and staff.

Source: In-depth interview July-August 2009

The in-depth interview below gives a recount of the potential benefits a PLWHA household is able to benefit from small livestock support especially sheep.

Literature reviewed from the BBH Support groups progress report in HPI revealed that PLWHA beneficiary from Meluf, a male headed household head worn the Western highland program zone golden talents for 2008. This was because of the good usage of HPI support and benefits that changed their family status. This family was able to diversify, pass on his POG successfully and a second one to another community member which falls strongly within HPI core values. The purpose of the "**Golden Talent**" **Award**, is to recognize the individual or family that has taken minimum resources, convert it into a sustaining source of income and other resources, while at the same time helping other families and the community at large. This award recognizes the degree of improvement, not just the magnitude, thus putting very poor farmers on more equal ground with the more resource-rich farmers that might be participating in any given project.

Box 2: Heifer Cameroon program, Western Highland Program Zone, Golden Talent Awards 2008

Name and Gender of recipient: Langai Emmanuel, his wife and three children live in a small village house in Meluf, about 150km away from Bamenda, capital of the North West Province of Cameroon. He is a member of BBH support group Meluf.

Name and activity number of the project: The group is being assisted by Western Highlands Integrated Livestock Project (HQ) with the following activity number 21-0717-01, LC-0001-00

Ages and gender of family (household) members: Langai Emmanuel aged 33, Jackline Bongmoyong is 33 and they are blessed with three children, one daughter and two sons (Betilla Birmirmnyuy aged 9, Bertino Bonkongnyuy aged 11 and Alli Wiyeh aged 14).

Langai's standing in the community: Emmanuel presented himself thus: "I am the Vice-President of Tankiy Young Gardener's Group and adviser of our Root and Tuber's Group. The palace conferred on me the title of "Shey", but I turned it down because of commitment to my activities which will prevent me from often attending village issues".

House conditions: Prior to Heifer Cameroon assistance the Langai's family still lived in his father's house. While there he started building a four room house. After Heifer Cameroon assistance, the family has built a two apartment house consisting of 5 rooms. Emmanuel's family lives in one apartment of four rooms. This apartment has been roofed and plastered inside. The other apartment has been roofed and ready to be plastered. He has also bought a new television set and a CD player.

Work history: Langai Emmanuel received assistance from Heifer Cameroon in 2004. Emmanuel used to be a hawker but the business was not fruitful so he resorted to farming. Emmanuel's sero positive status made him join a People Living with HIV (PLWHA) Bansa Baptist Hospital (BBH) support group. Emmanuel attended several Heifer Cameroon trainings and gained skills in various livestock production aspects. The group witnessed placement of sheep in 2004 and Emmanuel received 4 sheep. Today, there are 30 (PLWHA) farm families with sheep in Kumbo community. Four years later, Emmanuel has seven sheep having raised income from the sale of sheep to diversify in other business.

Income and nutritional status before the Heifer project: Prior to Heifer Cameroon's assistance, life was challenging for the Emmanuel's family. Emmanuel was a hawker but later joint his wife in farming because the business was hardly yielding fruits.

Prior to the arrival of Heifer Cameroon assistance, Emmanuel and wife testified that surviving was a challenge. "We were involved in farming. We cultivated potatoes, beans and corn on a 3 ha of land. In ignorance using poor farming techniques such as slash and burn was our best bet and we had neither manure nor money to purchase fertilizer. You can imagine how discouraged we were each harvest period. For example, we cultivated maize on a farm of 3 ha and harvested 100kg of corn (which is harvested just once a year), 45 litres of beans, and 300kg of potatoes. With such harvest, having food sufficiency all year was a dream we know will never come true. In the year of bumper harvest, we will raise 35,000frs (70USD) from 200kg of potatoes and 30 litres of beans. We hardly sold corn because it was not enough for our consumption".

Such a situation had a bearing on the nutrition standards and ability to meet basic needs for the Langai family. The wife remarked “the family used to eat a lot of unbalanced meals. Firstly we did not diversify crop cultivation as we do now and we had no money to buy other food items. We ate fish once a month. Besides our soups had no supplement such as groundnuts or egusi. Because of same meal repetitions, children usually had running stomachs”.

Langai Emmanuel noted that education for his children then was an uphill task. “Though all my children went to school then, they were often driven for school fees. We could only afford their fees 6,000frs (12 dollars for the three kids) towards the end of the academic year”.

However, with Heifer Cameroon intervention, things changed for the better. The Langai family had this to say “Thanks to manure from the sheep farm output has increased on the same piece of land. We now have approximately 200kg of beans, 500kg of potatoes and 300kg of corn. From sales of beans and potatoes we are able to raise 55,000frs (110USD). We now cultivate cabbages and tomatoes. In a year we harvest cabbages and sell for about 40,000frs. We eat variety of meals now because we can afford other food items. The family also eats protein like fish at least thrice a week. And we also eat vegetable unlike before. We now have food sufficiency all round because if harvest does not take us through, we sell a sheep and buy food to add what we have”. Langai added that their savings have increased from little or nothing to saving at least 50,000frs (100USD) a year in their account in BBH Credit Union. Emmanuel and wife are now involved in local thrift and loan, saving at least 5,000frs (10USD) a month. This was impossible prior to Heifer Cameroon intervention.

Children attending school: The Langai family is blessed with three kids who are schooling in primary school. Their daughter, Betilla Bimirmnyuy aged 9 is in class five and their two sons, Bertino Bonkogyuy aged 11 and Alli Wiyeh aged 14 are in primary six respectively.

Land and /or other business ownership: With project proceeds, he has opened and operate the sole documentation centre in his village. The documentation centre has two computers and one printer. Each month he gains 10,000frs (20USD) from the centre having settled his bills. He has employed a young lady (Irene Ndifon) who runs the centre and he pays her 7,500frs a month. The centre also gives an opportunity for young people to acquire skills and knowledge on computer technology. By doing this Emmanuel remarked that he has saved people the trouble of documentation and information. With project proceeds he also purchased a generator to use for his documentation business.

Still from project proceeds he wife started operating a small food stuff business with 10,000frs. Today the business has grown to a small provision store with a running capital of 50,000frs. These two business and sales of vegetable and crop produce gives them an annual income of 350,000frs (600USD) yearly.

Pass-on and/or loan repayment details: He has passed his POG.

Community contribution (for example, passed on additional animals, etc.): Langai Emmanuel recounts that he has been of great help to his community. “I have shared knowledge and skills in other groups. For example, I trained 29 young farmers on applying compost manure and one of them is successfully doing marketing gardening now. I am also training an orphan in my documentation centre. I have also shared my knowledge on

gender equity. A certain woman came complaining to me that her husband sold potatoes and ate the benefits alone. Hence they had problems and after my intervention the issue was resolved and they are happy”.

Francis Njong, a member of Tankiy Young Gardeners testified that Langai Emmanuel had personally helped him. “Emmanuel nursed cabbage seeds and gave mine. He also took me to my farm and taught me how to plant these seeds in a proper way. Today sales of cabbages helps me meet household needs and we also eat more vegetables as we no long buy cabbages. He has also been instrumental in contacting divisional delegates of Livestock and Animal Husbandry to coordinate PPR in the village”. John Langai, the father of Emmanuel noted that he used to depend solely on coffee farming. However his son taught him how to nurse and plant cabbages. Today he harvest cabbages for household consumption, shares to others and meets some basic needs thanks to proceeds from sale of cabbages.

Emmanuel Langai concludes by saying “thanks to Heifer Cameroon assistance, I usually feel as if I am in Europe, the project is a key that opened a door of happiness in my life, I am now knowledgeable and my family is relatively comfortable”.

Source: HPI BBH PLWHA support groups progress report 2008

The Golden Talent Award meant for the whole HPI Western highlands Program zone that is targeted at both affected and non-affected vulnerable households was won by Emmanuel's household which was a household with PLWHA. This scenario shows the ability of an HIV and AIDS affected household's potential to fully utilise the support and improve their livelihoods beyond the non-affected households. This case is a testimony to other AIDS affected households and people who feel AIDS is a death sentence and that they cannot do any better and excel in life.

4.4.1. Challenges faced PLWHA in meeting up with HPI support

Information from interviews with the households confirmed by both the BBH coordinator and focus groups discussions indicated that beneficiaries are faced with the following challenges in meeting up with support at household level. Late arrival of livestock drugs, vegetable seeds, pesticides and insecticides as well as supply in limited quantities is a challenge in terms of meeting up with support. Significant number of respondents (9 households on average) mentioned these challenges as critical (refer to table 4).

Table 4. Challenges faced by HPI households targeted for HIV and AIDS impact mitigation

Household type	Challenges					
	Long distances to meeting points	Late/limited arrival of livestock drugs	Late/limited arrival of pest/insecticides	Lack of airtime for communication	Late arrival of agricultural seeds	Planned but failed programme
MHHPLWHA + Orphans (N=7)	3	6	6	5	7	5
MHHPLWHA (N=11)	6	9	9	2	9	2
FHHPLWHA + Orphans (N=11)	10	10	10	4	10	4
FHHPLWHA (N=11)	3	9	9	3	9	3
Mean	6	9	9	4	9	4

Source: Household Survey data (July – August 2009)

All household interviewed bear out to the fact that though HPI has done well to give support targeting families for proper management of support, there are some challenges faced at group/individual level. All 40 households testified that they are faced with the challenge of stigma at household levels. Respondents said they face difficulty to disclose their HIV positive status to their children for fear that they may be psychologically tortured. Children turn ask very emotional questions when they see them taking medication (ARV) every day.

With such challenges, households use some key initiatives to address the difficulties of accessing drugs and other support which included household paying own transport fare as well as buying drugs from other reliable sources to sustain their animals as they have been empowered to collaborate with stakeholders freely. Additionally, farmers have been trained on ethno veterinary practices which enable them to use local herbs and indigenous knowledge to treat some animal diseases of economic importance when need be while waiting on drugs. Table 5 gives more detailed statistics on the responses by household type.

Table 5. Household responses to challenges faced in delayed support and related HIV and AIDS impact mitigation support

Household type	Number of household responses		
	Buy drugs/ethno-veterinary drugs	Tracking to meeting point	Pay transport fare

MHHPLWHA + Orphans (N=7)	7	5	4
MHHPLWHA (N=11)	9	7	5
FHHPLWHA + Orphans (N=11)	10	6	5
FHHPLWHA (N=11)	9	7	6
Mean	9	6	5

Source: Household Survey data (July – August 2009)

4.4.2. Challenges faced by HPI in adapting its programme to meet the needs of new clientele

Interviews with the social development coordinator for HPI indicated that, this organisation has inculcated the multi-sectoral approach by training staff and selected farmer leaders, sensitization of assisted farmers, facilitating voluntary counselling and testing (VCT), linking infected persons to treatment centres, providing direct support to infected persons and orphans, all in partnership with health institutions to adapt in the context of HIV and AIDS but more into the direct response which is basically bio-medical. HPI though professionally very competent with technical staff working on its core business who have adapted to HIV work on prevention through trainings, workshops and seminars, there is a lack of expertise in addressing the impacts of AIDS from a development perspective taking into consideration the differential vulnerability.

Findings from the BBH outreach coordinator also indicated that, the HPI strategy of the multi-sectoral approach has impacted positively as there is a reduction in stigmatization of people living with HIV and AIDS within the communities, a slow positive change in sexual behaviour such as fidelity and abstinence as support keeps beneficiaries busy, hope and dignity rekindled in PLWHA, active participation of PLWHA on sensitization campaigns, increased life expectancy as observed among the assisted PLWHA but HPI is faced with challenges of slowness in change in sexual habits of target beneficiaries one PLWHA who is a widow still get pregnant thus probably re-infected and/or infected. The high demand of HPI support services and the process of POG is a challenge as it takes a long time (minimum two years) for POG to be passed-on to others in need.

In managing the project, HPI is facing challenges in terms of PLWHA groups' inability to cope with the organisational financial accountability regulations for their group revolving funds and irregular meetings as distance impair members from attending regularly. Both groups from the focus group discussions attest to the fact that some members are delinquents in paying revolving fund. This destabilises the growth of this fund which is for group benefit. This is a big challenge for HPI given the dispersed nature of individual beneficiaries.

Part Three: Overview of the learning organisation, Inter-faith Vision Foundation Cameroon (IVFCam)

4.5. Functioning of Inter-faith Vision Foundation Cameroon (IVFCam)

Born in 2000 with the name Aid International Christian Women of Vision (AI –ChrisWov), Inter-faith Vision Foundation Cameroon (IVFCam), is a women's headed charity organisation based in the North West region of Cameroon. IVFCam started as a single-faith based Organisation with the name "Aid International-Christian Women of Vision (AI-ChrisWOV). Later, in January 2007, after a five-month long Organisational Development Self Assessment Process, sponsored by VSO Cameroon, the organisation was transformed into a multi-faith based organisation, and so adopted the new name "Inter-faith Vision Foundation Cameroon (IVFCam). This new name was legally authorised on 31st January 2008, and officially launched on 19th February 2008, whose purpose is to mobilize mainly Faith Based Organisations (FBOs), and Community Based Organisations (CBOs) into a Network of Project Implementing Partners (PIP) at the Grassroots, so as to better reach out to the numerous abandoned disadvantaged persons.

Vision

IVFCam dreams of a 'World in which all faiths work collaboratively for the disadvantaged without religious boundaries and inclinations.'

Mission

To facilitate and promote the translation of faiths into feasible and realistic actions of charity and human development.

Goal

To provide sustainable aid to both christians and non-christians for the alleviation of poverty, the promotion of health, safety and education among the disadvantaged persons in both rural and urban areas, with preference to the female population.

Objectives

- Facilitate the development and coordination of a Network of Grassroots Faith Based Organisations (FBOs) and Community Based Organisations (CBOs) as our implementing partners
- Develop and strengthen the operational and management capacity of our Partners.
- Develop, Coordinate, Monitor and Evaluate Programs.

- Help prevent, and mitigate the impact of HIV AND AIDS and other pandemic diseases on the infected and affected.
- Promote and defend the rights and freedoms of the disadvantaged within our communities especially orphans and other vulnerable children (OVC), widows and PLWHA.
- Empower disadvantaged youths for sustainable self-reliance.
- Promote unity in faith for action in development.

Target population

IVFCam assists People Living With HIV and AIDS (PLWHA), orphans and other vulnerable children (OVC) including teenage mothers, destitute grassroots young widows and single mothers with dependent children.

Our verses of inspiration:

“Our Great and Awesome God calls us to seek justice, correct oppression and see that, orphans and widows are given their full rights.” (Isaiah 1:16-20).“And Allah found you poor and made you rich. Therefore, treat not the orphans with oppression. And drive not the needy away.” (Q.93:8-9).

IVFCam involvement with PLWHA

IVFCam since 2003 has been involved in integrated AIDS work. Their focus is on direct prevention, care, treatment and support which are in line with Holden (2005). Its work is linked to other projects within wider programmes. In IVFCam, the project on HIV and AIDS was designed following the identification of OVC programme in Momo and Donga Mantung divisions which are the biggest in terms of population in the North West region. During this identification exercise, it was discovered that 35% of the total identified OVC and parents were HIV and AIDS infected, more so the death of 30 % of the parents were as a result of this epidemic (IVFCam 2003). A needs assessment was carried out and the results showed that PLWHA needs include; resource mobilisation, nutrition and male involvement; psychosocial support and PLWHA group management; health care support and treatment/adherence literacy; information, experience sharing and disclosure; life and survival skills, education and technical support, human rights, legal and anti-stigma/discrimination support.

Following results of the assessment, it was necessary to address the needs and a department of HIV and AIDS in IVFCam was created in 2003. Interventions have been in line with identified needs in a less sustainable manner. The researcher's experience working with IVFCam assesses the organisation based on "Test your organisation with the 12 Boxes framework (Oxfam 2007), the last three boxes on external mainstreaming taking the PLWHA into consideration shows that, the proper functioning of the organisation in adapting development and humanitarian programmes taking into account vulnerability to the impacts of AIDS has been overlooked. The organisation policies and action on HIV and AIDS, and gender has never been reflected in its mission. Influential management committees have not been committed towards the support of PLWHA related issues in the policies and actions of the organisation in the allocation of social, financial and technical resources.

Interviews with the IVFCam coordinator for HIV and AIDS department indicated that the present activities of the PLWHA support groups are still care oriented. More so the dependency syndrome of both the male and female PLWHA groups have become so high that funds given for IGA to the support groups are misused. This syndrome has caused most members to bear different names in different support organisations. Memberships for both groups have dropped as the organisation finds it difficult to sustain care oriented support. Furthermore, the coordinator indicated that, there are no new policies put in place to address the situation of PLWHA support. As a way to overcome these difficulties, the organisation continues to educate willing members, networking and seeking more funds from donors.

CHAPTER 5. DISCUSSION OF RESULTS

In the context of HIV and AIDS impact mitigation, the HPI interventions support for the PLWHA fall within the spheres of HIV and AIDS external mainstreaming. In implementing the PLWHA support programme, HPI worked on the basis of the key basic principles of HIV and AIDS external mainstreaming.

Box 3 The key Basic principles of HIV and AIDS external mainstreaming

- 1.) External mainstreaming should be participatory
- 2.) Take into consideration gender issues
- 3.) Act from organisational core business
- 4.) Organisation should act from their comparative advantage
- 5.) There is no blue print, that is, there is no single recipe for external mainstreaming of HIV and AIDS. Organisation understand the context, there could be other factors/trends being compared to others organisations
- 6.) Organisations should learn from other experiences –(but do not take it as blue print)
- 7.) Response should void stigmatization
- 8.) Take into consideration the “rights based approach”
- 9.) Responses should be innovative

Source: GTZ, 2002

These basic principles of external mainstreaming served as a reference point in the assessment of the effectiveness of the HPI intervention support to households with PLWHA.

The findings in table 1 pointed to the fact that HPI did not consider the differences in the degree of vulnerability or orphans who are as a result of HIV and AIDS related illnesses. The uniform distribution of support could be attributed to the group approach that HPI uses in targeting. If the programme is to effectively meet the needs of the different household types, it is important for HPI to avoid homogenisation of households when rendering HIV and AIDS impact mitigation support as AIDS impacts felt by households go beyond just experiencing chronic illness (PLWHA) but also having shocks, asset erosion, labour shortage and loss of other capital assets. This finding is also in line with Barnett and Whiteside (2006) who also argued that there is differential vulnerability among AIDS affected households. Based on the findings analysed above, it shows that HPI does not take differential vulnerability into consideration in targeting HIV and AIDS affected households.

HPI supports willing limited resource families who come seeking for support. The organisation places conditions adding onto support groups existing bye laws for PLWHA farm families to benefit from support. These conditions showed that all group members must

be recommended by the BBH Takija or Meluf general support group to ensure all group members were HIV positive, abide to rules and regulations of both the Takija and Meluf support groups. All beneficiaries showed proof of land availability for proper sheep and vegetable management, attain and/or bring family members for all HPI trainings since HPI is targeting but farm families and not individuals in order to enhance sustainability. This enabled PLWHA farm families to pass on their gift with no stress. HPI followed these conditions strictly to ensure households commitment and ownership. This implied that any willing resource limited PLWHA farm family that was unable to meet up with these conditions could not benefit from the HPI support.

5.1. Key factors that influenced success and failure of HPI support to PLWHA Support groups

It is important to note here that looking at the presentation of findings, there are a number of factors that influenced HPI support to PLWHA development work to adapt to the changing needs of this new clientele and these include political, economic, social, technical, environmental and cultural factors. Below is a detailed discussion of the different aspects of these factors.

The political system of the division has the divisional officer and his assistant, sub-divisional officer, the divisional delegations of agriculture, the mayor who runs the council; the security officers of both the gendarmerie make the legal system very secured for HPI who collaborates with all to be effective in its work. The traditional authorities are the one who are directly custodians of the national laws at village level provide security to the project of the PLWHA HPI works with all these authorities in carrying out its services to ensure sustainability. These are the structures on the ground that facilitates their work. The agricultural extension workers monitor its work and report directly to HPI.

Economically all beneficiaries are involved with agriculture which is the most important part in the economy of the North West region. This has improved their economy once again as they are able to produce and sell all since the markets of the division are not yet saturated. These support groups are the most prosperous in Gardening which is a new activity introduced in this area by HPI, and the ready market of sheep within and in the near towns around this division has provided a unique opportunity for these new clienteles to improve their income level and mitigate financial shock. Socially, clients have unspoken knowledge which field workers can work with and learn from them.

Technically, HPI has agricultural technicians, veterinary nurses and doctors for the success of the project of these support groups. All staff working on this support project has undertaken a number of seminars, workshops and trainings on HIV and AIDS to build their capacities in handling PLWHA avoid the unintended actions that may cause stigma. When the structures on the ground that is the government agric service is unable to manage the sheep or gardens of this group, HPI technical staff provide backstopping by visiting the field for appropriate follow-up or advice to the farmer. From the farmer perspective, the linkage between the beneficiary households and agricultural research in the choice of crops and varieties as well as active involvement in livestock health management has helped to build capacity among targeted beneficiary households to manage the support effectively during

the project phase. This approach also assures sustained implementation of these activities even beyond the HPI support period as knowledge and skills have been enhanced among the AIDS affected households.

The PLWHA programme implementation staff of HPI showed that the attitudes and behaviour of staff who are directly involved in implementing the activities of the PLWHA support groups take care of their unintended attitude which may cause stigma to support groups and individuals. All these is due to the many seminars and workshops organised by HPI with stakeholders to build staff capacities in handling HIV and AIDS related issues.

Environmentally, the area has fertile soil and in areas where the soil is not fertile, farmers use compost which they prepare from sheep faeces and household waste to increase soil fertility. There is also the availability of water supply from the numerous streams and community water network (Kumbo water development authority) which is used to clean and feed the animals except when the dry season is hard. Another factor is the weather which is conducive for the growth of vegetables and animals such as the support of sheep, rabbits, pigs, poultry, and heifers, sheep was preferable because it's less labour intensive also with the availability of abundance of natural grass in some parts of the community. Although the people in this division belong to different political parties, the political situation of the division is stable and conducive for work to be done without hitches.

5.2.HPI strength in supporting the PLWHA

HPI Cameroon has got some strength that ensures sustainability of PLWHA support which includes the following; the most important strength of HPI is that it is an international organisation that is found in over 125 countries in the world. This helps the organisation to grow from strength to strength because they are able to share experience with other branches around the world and are able to solve some of the difficulties they face. HIV and AIDS is mainstreamed in all its programmes and it is accepted at international level which gives management commitment. Adding to external mainstreaming policy, HPI has committed and devoted staff who are very educated on HIV sensitive issues like stigma and are always ready to work to achieve the goals of the organisation that is working together to end hunger and poverty by building resilience for the PLWHA support group.

The PLWHA are very willing to work with HPI as they see the benefits working which is got with little or no cost. HPI only ask for commitment and local materials and not money but the POG with the first female sheep or quantity of seeds received passed on to other groups which also need help. This makes the PLWHA to have hope and recognition they are still economically active to be treated the same with other farmers who are not affected.

The HPI cornerstone of spirituality does not discriminate in carrying out activities or recruitment of new members who are willing and most vulnerable. This makes HPI to be very dynamic to handle the PLWHA with the diverse staff of all fields of life. The issue of accountability is a very important cornerstone in HPI where groups identify their needs, set their goal and plan appropriate strategies to achieve them. HPI only help to guide them to achieve their goal. This makes HPI work unique and easy to carry out and execute since the

farmers are the ones who initiate the project and also feels fully involved. (Basic principles of mainstreaming) and claim greater ownership of the project. Training and education of the group and other community members who are interested in their trainings is done without restrictions. Where the local people are given training in livestock, husbandry, care for the environment and other diverse topics like group dynamic, ethno-veterinary etc and gender. This makes their development more successful and impact felt both at short and long terms.

The wider involvement of stakeholders both at community and regional levels contributed positively to the effective implementation of the HPI support interventions for PLWHA. Ministry of agriculture which has a wider coverage in terms of geographical coverage helped in ensuring that needy households located in remote areas where HPI alone could not reach were equally covered by the programme. Community based organisations especially local traditional leadership, home based care programme and the PLWHA support group committee ensured that the most vulnerable were secured. These programme success factors in terms of stakeholder involvement and roles are a learning point for IVFCam.

The motivation of supported PLWHA award by HPI boost the morale of beneficiaries completely wiping away stigma as Emmanuel is able to give his household identity for reference. This award equally brings about competition for sustainable usage of HPI support thereby building resilience of the PLWHA. This helps to reduce the dependency syndrome of PLWHA.

5.3. Challenges and constraints in programme implementation

Though an international organisation, HPI also lack enough funds to help the increasing number of PLWHA needing supporting from HPI. Out of 560 PLWHA who are divided into 21 groups in this division, HPI has only helped 180 individual willing farm families who are organised into two groups and benefitted in two phases. The POG approach is good but takes a long time making the already infected more vulnerable.

Though support groups are involved in the designing of the support with full assessment of the needs, the group approach being used by HPI in responding to the needs of individual PLWHA household results in ineffective responses as households are experiencing different levels of AIDS impact and demand different support types but through group influence they adapt.

5.4. Lessons for IVFCam based on HPI experiences on PLWHA group support

As a young organisation engaged in HIV and AIDS impact mitigation for PLWHA support groups, IVFCam can draw a number of lessons from the HPI support to PLWHA groups. These lessons are those that facilitated success of the programme as well as those that hindered achievement of the programme. Though both organisations are using the group approach in supporting PLWHA, HPI goes beyond to support not only individuals within the groups but the involvement of all members of the supported infected which helps to reunite separated families caused by their status. In addition to this, there is family management of given support for the benefit of the whole household thereby building capacities of household members in case of absence of the targeted.

Though the livestock (sheep) support is of high value, the benefits are long term and do not meet the immediate food security needs of the PLWHA compared to vegetable which have a quick turn-over. Vegetable package was more responsive to the needs of the PLWHA support groups in terms of quick income and food security. However, livestock/sheep also played a complementary role in vegetable production through the provision of the much needed manure for soil fertility improvement and acts as saving for financial shock mitigation. This indirect benefit significantly played a role in the success of vegetable production. The finding affirms the complementarity roles of HIV and AIDS interventions and need for consideration of a combination of short cycle as well as long term interventions in the design of impact mitigation interventions for PLWHA support groups and other HIV and AIDS affected households. It is important for IVFCam to use this complimentary support as start to reorient it care support type to sustainable support. This help support groups produce food and not have food.

Support to PLWHA did not target markets that have been saturated so that support could make meaning in the life of PLWHA as income could be realised from support easily. HPI support based on agriculture which is the backbone of the Cameroon's economy is very important to enhance food security. This should be a very important lesson IVFCam should take into consideration when rendering support to PLWHA.

HPI support to PLWHA households' activities always starts with prayers or devotion with the help of a spiritual leader or simply group members, this helps to counsel the depressed people, impart fear of God in members, brings spirituality among groups and households. It is common to all group members regardless of their beliefs. Spirituality is the share of value, this creates a bond among group members and give them faith, hope and a sense to work together for a better future for their family.

HPI support takes care of the most vulnerable of the PLWHA by doing a study looking at the economic status of those who apply for support not just their HIV positive status which gives room for genuine need and justice. HPI partner with people who truly need an opportunity to improve the quality of their lives, and who can benefit from modest support. This is a very important lesson for IVFCam to consider for not all PLWHA who knock their doors for support are in genuine need but only exercising the dependency syndrome which makes

IVFCam support not sustainable. Group members develop their own criteria to determine who receive animal and related inputs. The poorest PLWHA in the community is not left out provided there is prove of a little bit of commitment and so are included in the group membership and receive priority for assistance. Families are eligible regardless of creed or ethnic heritage. Priority is given to groups that have traditionally been neglected.

HPI gives support to PLWHA groups beyond sheep and animal. Quality time is equally spent to give related training to group members for group sustainability and ownership of project. For example, accountability of support groups to HPI which gives room for groups to define their own needs, set goals, and plan appropriate strategies to achieve them which should be strongly considered by IVFCam. HPI only provides guidelines for planning the project (including pass-on process), selecting recipients, monitoring farmers' progress and conducting self-evaluations. Groups are committed and responsible for submitting quarterly progress report of activities to HPI.

5.5.Opportunities for IVFCam to adapt HPI strategies

IVFCam being a young and national organisation has got a lot of opportunities to learn from this international organisation (HPI) as IVFCam cannot grow if not open to learning as development organisation.

IVFCam deals with PLWHA farmers in rural areas in divisions where there are no opportunities for direct support from medical institutions and can use the available stakeholders of these communities to identify more PLWHA so as to concentrate more with rural PLWHA of her divisions like those of Momo division who come for help pay transport over long distances. The PLWHA of this division are equally the most neglected in terms of direct support from medical institutions. It is an opportunity for IVFCam since the rural PLWHA are not a new target and IVFCam can build on what best the people of this area are skilled in.

The researcher is a staff of IVFCam who has been working as HIV and AIDS coordinator for the PLWHA IVFCam support groups, her capacity has been built by Van Hall Larenstein, she did the research and this gives the most practical experience from HPI which is a great opportunity for IVFCam to adapt HPI approach.

IVFCam has been working on Passing on the Grant (POG) adapted from HPI but had not mastered how to go about it sustainably. From this study, it gives an opportunity for IVFCam to understand, adapt easily and improve on its POG strategy technically.

Both IVFCam and HPI are located in the North West Region of Cameroon and had been doing some development work in similar divisions like in Mezam, Momo and Donga/Mantung divisions,, thus partnering with HPI for support for more practical lessons and support is a great opportunity for IVFCam to adapt to new strategies easily.

The presence of other non-governmental organisations both national and international in the North West Region gives an opportunity for IVFCam to raise funds either materially or financially to support PLWHA when it is able to lobby and advocate for sustainable support for PLWHA , and network with these institutions. This will help reorient not only IVFCam but

other development organisations that have fallen victim of unsustainable support to PLWHA increasing the dependency syndrome which has been causing the PLWHA to belong to different organisations for the same needs.

HIV and AIDS external mainstreaming is not new to IVFCam and this organisation had equally identified this new clientele of PLWHA. IVFCam has been working with PLWHA in groups but not targeting families. With its little knowledge on managing PLWHA groups, this gives an opportunity for IVFCam to adapt working with affected families and not just the PLWHA easily.

IVFCam a development organisation has been spending a lot of resources on direct support which has never been sustainable. Lessons from this study give an opportunity for IVFCam to give charity where necessary but concentrate on sustainable strategies as HPI for continuity of its programme and sustainability of its support to PLWHA. Lessons from HPI will help IVFCam to differentiate charity from sustainable development in supporting the PLWHA.

IVFCam had been involving stakeholders in its activities as witnesses to its interventions and not using their comparative advantages to build a solid ground work for its PLWHA upon phasing out. The existence of these partner stakeholders such as PTG for VCT, divisional delegates of social affairs, agriculture and extension and livestock will be an opportunity for IVFCam to benefit from their services and not mere witnesses.

IVFCam has got professional extension technical staff who are so dynamic in working in very difficult terrain in its regions of intervention, adapting to situation in the field, who equally have done much on AIDS work can easily adapt to the changing needs of the new strategies IVFCam will use.

5.6. Limitations for IVFCam to adapt HPI PLWHA support strategies

IVFCam though with its opportunities to learn from HPI there are some limitations to adapt HPI strategies which include the following;

IVFCam is not livestock oriented and has neither experts' veterinary nurses nor doctors who can train or follow up PLWHA support for livestock.

Being a national organisation with limited funds, it will be difficult for IVFCam to adapt to heavy support of PLWHA such as bigger livestock (sheep) which entails more for proper management compared to poultry which IVFCam had once supported its beneficiaries with but failed because of limited competencies.

PLWHA for the time being had known IVFCam to be a charity organisation because of the type of support it had been offering to these group of clients which widens the dependency syndrome in PLWHA. IVFCam may lose credibility from these beneficiaries in the short term by changing to a more sustainable support which requires commitment from the group as done by HPI.

Looking at the above opportunities and limitations for IVFCam to learn and adapt HPI strategies in supporting groups of PLWHA as a young organisation at its infancy has got more opportunities to learn from HPI than limitations thus this give a better opportunity for IVFCam to learn from HPI.

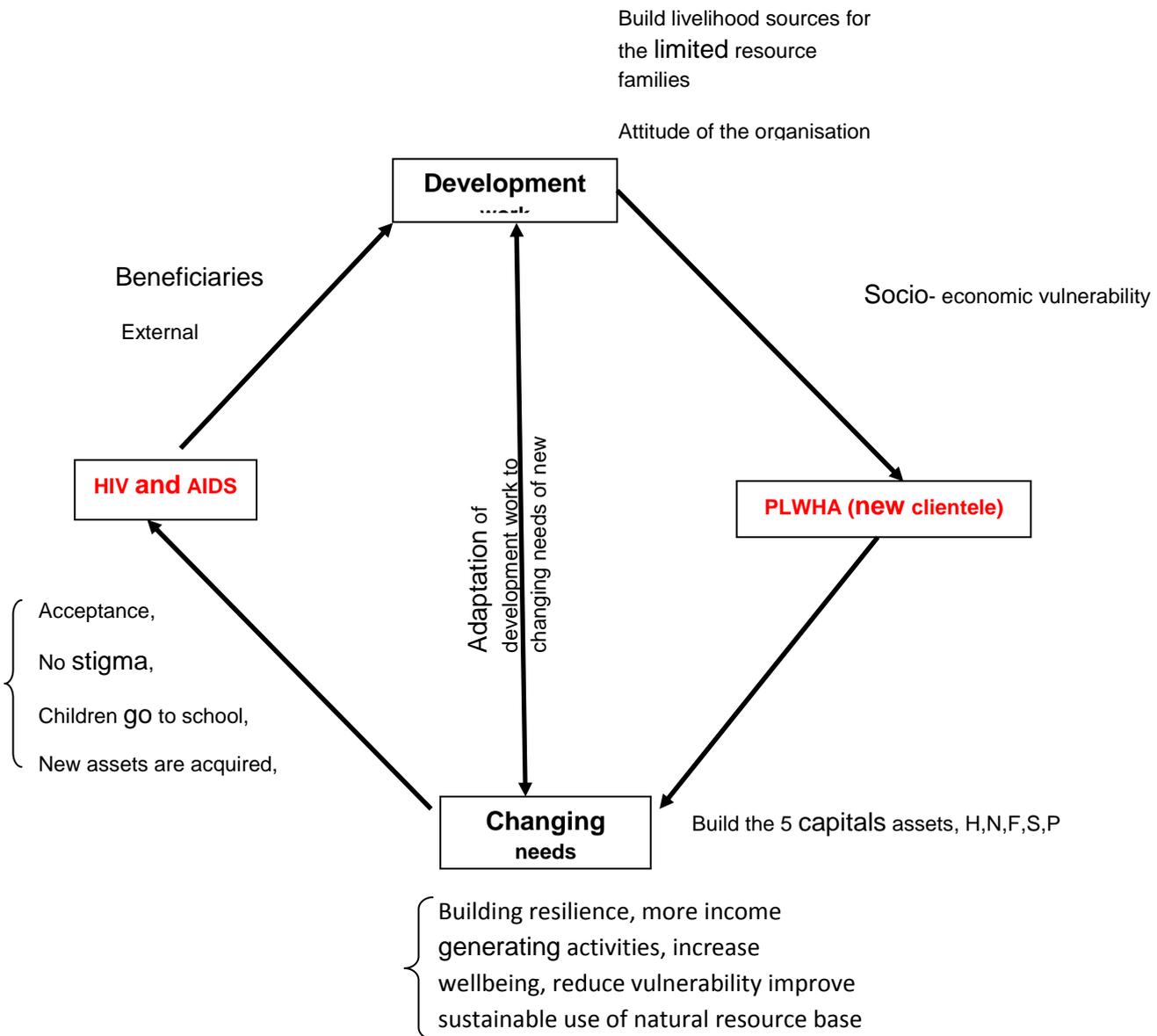


Figure 4: The vicious cycle of development work and HIV and AIDS

Source: Based on field experience

The figure 4 above shows the relationship between HIV and AIDS and rural development work and the needs to respond to the needs of the new clientele (PLWHA). The vicious cycle indicates that there is actual need for IVFCam to respond to HIV and AIDS from the development point of view which needs the organisational attitude towards the PLWHA support to be reoriented towards the indirect response to ensure sustainability and not relief or care services. This can only be possible if IVFCam is able to build the various 5 capital assets to reduce vulnerability (Human, Natural, Financial, Social and Physical).

CHAPTER 6. CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

In its efforts to adapt HIV and AIDS support to PLWHA groups and households, HPI has made tremendous strides in a number of aspects. The organisation has been designing its intervention support with full involvement and consent from different partners who have knowledge and ability to contribute to the implementation of the PLWHA support group programme. Involvement of different partners (BBH, departments of agricultural extension, and livestock and husbandry, IRAD, community leaders) in programme implementation helped ensure that each organisation contributed the most to its comparative advantage to ensure that the PLWHA support was sustainable.

For HPI to adapt its programme to the changing needs of PLWHA, by supporting the double burden resource limited households with livestock and vegetable seeds support, helps to improve their food security which has a direct bearing on their health and hence increasing their ability to be self sustaining in terms of the much needed food and nutrition for these households of PLWHA.

In addition, the organisation has also actively involved PLWHA support groups to ensure that indigenous knowledge is also integrated in the design of the programme. Decisions on the nature and type of support are also designed with the existing farming systems and therefore, the support is not any way new to the area. However, the organisation compliments the support with training to ensure that beneficiaries are well equipped with knowledge and skills on improved management of both the livestock and crop based interventions.

PLWHA are mandated with the responsibility of choosing the type of support they need and which is suitable within their environment and circumstances in which they currently find themselves in.

In appreciation of the changing clientele from the usual socio-economic vulnerability resulting from poverty solely, HPI has recognised that HIV and AIDS is now an important added-on shock that has both affected its core business by changing the nature of its target clientele by bringing in new household types such as those with orphans and PLWHA. In this perspective, HPI has responded by adapting its programmes to meet the needs of the changing clientele/farm families as new types of vulnerabilities associated with HIV and AIDS are now setting in.

However, though HPI support has been critical in addressing the needs of the households with PLWHA, the programme has not effectively address the aspect of differential vulnerability to AIDS impacts as household support is based more on what the group

requests and not the individual household needs. The conditions for households to access support and POG are the same for all households despite differences in vulnerability and circumstances in which the households find themselves as a result of AIDS.

Most activities of both international and local non- governmental organisations (NGO) in the North West region and Cameroon as a whole are relief oriented and work in liaison with the local communities. The willingness of the local communities to liaise with NGOs can create a conducive environment to the efforts of NGOs.

IVFCam has got a lot of opportunities to adapt the HPI strategies to reorient it care driven support to sustainable support for the PLWHA support groups.

PLWHA indirect support is a new area and needs further research to know the best method to respond to the needs in a sustainable way.

6.2. Recommendations

Active involvement of stakeholder with comparative advantage is a critical issue that comes out from the findings strongly that IVFCam should learn from and consider in its programming for PLWHA support interventions.

Intervention targeting should go beyond homogenization of households' types in terms of HIV and AIDS status but critically assess the social and economic vulnerability of the individual households. This has a bearing on the household ability to fully utilise the support and achieve the necessary intended support objectives. Though group approach is easier to facilitate easy reach of households with PLWHA this approach tend to shield the needs of the different households within the groups,

HPI should consider revising the percent contribution on POG for the beneficiary households with PLWHA in view of the high poverty levels among the targeted population. This is inline with the human right and non-discrimination principles of external mainstreaming of HIV and AIDS in the support groups as they give no differential treatment to PLWHA support groups but encourage them to get involved and remain economically active and less vulnerable despite their status.

Organisational competencies in HIV and AIDS and rural development perspectives in terms of staff existence and numbers should be considered by HPI and other rural development organisations if HIV and AIDS interventions are to be well implemented. There is equally need for further capacity building of staff implementing PLWHA support activities on how they can best handle the needs of PLWHA taking differential vulnerability into consideration.

Based on the study findings and the research questions, HPI has been able to adapt to the changing needs of new clientele PLWHA though some attention needs to be paid on differential vulnerability in targeting, and IVFCam can learn from its implementation strategies.

HPI support to PLWHA Working with farm families where development is felt is a very important point for IVFCam to emulate. Building on capacities of PLWHA on what they had been doing makes them more competent in managing activities with the supported resources. A baseline survey which brings out the vulnerability nature of target beneficiaries is a strong point for IVFCam to learn. This ensures that felt needs are made, and appropriateness of resource allocation. IVFCam should be able to develop a sample of a request form to evaluate its target beneficiaries to ensure that the most vulnerable are not left out and genuine needs are known. This helps beneficiaries to understand IVFCam better.

HPI group support approach through families builds family social cohesion for the PLWHA who were already neglected by family members. This will be very interesting for IVFCam as this system makes family to see potentials in the PLWHA once again, dignity and hope and a sort of reunion with family and community members.

Groups decide on their training needs and local people are involved as trainers. This includes formal as well as informal (farm visits, demonstration) and is on the job more than academic. In addition to training in livestock and care for the earth groups also ask for diverse training in diverse topics such as marketing and human nutrition. This is a strong point for IVFCam to learn not to decide on type of training/ activities they think are relevant for the PLWHA groups. HPI works with PLWHA at grass root groups of agriculture base and also where development can be felt. These PLWHA groups have strong and effective leadership and involve all its members in their activities as well as decision making. Members of the group “own” the project and the groups have all the key decisions.

The motivation award is a good learning point IVFCam should support to cancel the dependency syndrome of her PLWHA that causes them to have double support by membership bearing different names in different support organisations. Also this reduces stigma as PLWHA can accept their positive status everywhere, give their identities which is a true sign of positive living to encourage others to come out than testify in areas where they are not known for little financial benefit.

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Appendix 1: Research ethical considerations

HIV and AIDS is a sensitive subject at both individual, household and community level. Working with people living with HIV and AIDS needs great care to avoid the unintended actions or words that may cause stigma. Therefore in order to ensure that the study does not breach the research ethics in collecting information related to HIV and AIDS at household levels, some important ethical factors when dealing with HIV and AIDS affected households have to be taken into consideration. These include, seeking informed consent from target respondents, detailing target respondents about benefits and risks about their participation in the study. To this effect, an informed consent will be included as part of the data collection questionnaire at household level. The consent form will be read, purpose explained, benefits and possible risks for the research study will be explained to enable respondent make an informed decision to participate in the study or not. Furthermore it will be explained that

Risks

All data used in the study will come from respondent own experience and no reference to other households or organisations will be made and recorded. All data from the study will be kept as strictly confidential.

Benefits

Though this study may not have direct benefits to the study subjects, hopefully it will help rural development organisations involved in HIV and AIDS mitigation. The study may also contribute to the development of better response strategies for HPI

Appendix 2: Check list for HPI

a) Formation of PLWHA Support groups

- What is the position of the respondent in the organization?
- What is the background to the PLWHA support group approach used by HPI)?
- How were the PLWHAs identified in the community?
- How are the PLWHA groups formed? (how they came into existence as a group)

b.) Identification of PLWHA support activities

- What types of support are given to PLWHAs?
- When did you start this intervention by type?
- Who are the household types that benefit from the support?
- How many PLWHA households has the HPI supported so far by type of intervention?
 - How is decision made on type of support given to the various household types?
 - How long has this intervention been on the ground (years) per type of intervention by household type?

c.) the implementation of various types of Support

1. How did you identify the various types of interventions that are being implemented in the PLWHA support groups?
2. How are these programmes or interventions organised at community level in terms of:
 - a. Daily management of programmes. i.e. what is the structure like on the ground?
 - b. How are target households organised (i.e. in relation to group or individual support and targeting)?
 - c. Who identifies beneficiaries?
 - d. What criteria do you follow for the targeting of different households?

2. What measures have you put in place to ensure that the targeted households receive the appropriate support?

d). Successes and constraints

1. What have been the major successes and constraints faced in the implementation of the different support type?

- Support type
 - Constraints faced (i.e. in terms of economical, environmental, social, natural, policy, and technical factors)
2. What have been the successes of the PLWHA support programme in general?
 3. What have been the major challenges and failures of the PLWHA support group approach in meeting the needs of this new clientele in general?
 4. What have you done as an organisation to address these challenges and failures?

e.) Sustainability of programmes

5. What is the organisation doing to ensure that the programmes continue after groups are weaned from the HPI support?
6. What do you advise for future programme if similar programmes have to be replicated?

b) d.) HPI experiences in responding to PLWHA needs

- 1.) How many members of staff are involved in the PLWHA support group programme?
- 2.) What expertise do these staff have in relation to the programme activities
- 3.) Are there specific experts handling the PLWHA support programme from the development point of view? If not what strategies are put in place to address this gap?
- 4.) What was the situation of PLWHA before your intervention?
- 5.) How do you check or re-evaluate the needs of PLWHA?
- 6.) How does HPI include gender specific factors that influence vulnerability to AIDS impacts in situational analysis of PLWHA? (AIDs differential Vulnerability)
- 7.) How are the PLWHA supports different from the normal support given to limited resource farm families?
- 8.) How comfortable are your staff working with PLWHA support groups?
- 9.) How is management committed to the PLWHA programme?

Thanks for your kind attention

Appendix 3: Check list for BBH

- What is the HIV prevalence rate in Bui division?
 - Who are the most affected with AIDS?
 - Why are they the most affected?
 - What are some of the reasons for the high HIV prevalence in Bui?
 - What is the total number of people who are living with HIV in Bui division as of date?
 - How are these people organised into groups?
 - What is the reason for organising them into group?
- Are there mix or separate groups? That is men and women?
- How did you come to link up with HPI for support?
 - How many PLWHA are benefitting from the HPI support?
 - How were those who are benefitting from HPI selected for support?
 - Was it important linking up with HPI that is not a medical organisation?
 - Why is it important to link up with HPI?
 - What do you think are the benefits for the PLWHA support groups from the HPI?

It's been nice working with you. Thanks for your kind attention and contributions

Appendix 4: Checklist for IVFCam

- What is the present situation of the PLWHA support groups?
- What are the present activities of the PLWHA groups by groups?
- What is the situation of membership for the men and women groups of PLWHA?
- What are the new policies put in place to ensure management commitment to the PLWHAs support group?
- What are the difficulties faced working with the PLWHA support groups presently?
- What have been the measures to overcome these difficulties?

Thanks for your kind attention and contributions

Appendix 5: Checklist for PLWHA Focus group discussion

a) General Support Group information:

- What is the name of support group?
- When was your group formed?
- How was this group mobilised and formed?
- How many members are in this group?
- Has your membership increase, decrease or remain constant over time?
- Why has membership increase, decrease or remain constant over time?
- What is the composition of group members (men, women or mix)?
- What are the conditions for new membership?
- What is your group management structure? (leader structure)
- What are the advantages of working in this group?
- What problems have you experienced in working as a group? How have you tried to overcome these problems?
- If similar problems occurred in future, what do you recommend?

b) HPI Group Support Activities

- What type of activities are you carrying out as a group in relation to HPI support?
- What type of support do you receive from HPI for the specific activities you are carrying out as a group?
- Who is targeted for the different types of support by gender (focus is on criteria)?
- What are the conditions for group members to benefit from the different support activities?
- What are the recruitment criteria for new members to benefit from the different HPI support types?
- What activities/support have shown the greatest benefits to the members of this group?
- What are the things that contribute to such success ?
- Which activity has shown the least benefits?
- Why has this activity shown the least benefit?
- What have been the main challenges in carrying on with the different support activities you receive from HPI as a group?

c) Other support and group perceptions

-
- How HPI does ensure that the support they gave you is sustainable till when you are weaned?
- What do you do on your part to make sure that the support given to you by HPI will help you in the long run?

- If this type of support is to be repeated in another community what would you advise the programme to take into consideration to ensure that the program succeeds?
- What other specific type of support different from what you are receiving now would you love HPI to do for you as a group?
- What are the specify reasons that you have for this type of support?
- What lessons do you give to other people who want to benefit from HPI support?

Its been nice working with you. Thanks for your kind attention

Appendix 6: Households questionnaire

Adaptation of Development Organisations to the changing needs of clientele in the context of the HIV and AIDS pandemic: **A Case study of HIV and AIDS mainstreaming in Heifer Project International, Cameroon**

Consent Form

I am a student of Van Hall University of Applied Sciences in the Netherland and a Cameroonian. As part of my study program, I am here to carry on a study to understand how HPI is working with the communities. In order to do this study, I will like to work with households for a better understanding of the types of supports HPI is giving you.

In this regard, your household has been chosen because you have benefited from HPI support. Though this study may not have direct benefits to you for now but, it will help other rural development organisations involved in HIV and AIDS mitigation to fully understand and appreciate how HPI a development organisation is responding to HIV and AIDs from the development point of view by building resilience for its new clientele (PLWHA). Lessons learnt from this study will be implemented by other rural development organisations. The study will also contribute to the development of better response strategies for HPI based on literature for other rural development organisations.

All data used in the study will come from your own experience and no reference to other households or organisations will be made and recorded. Your names will not be included as it is not a requirement and not necessary for the study. All data from the study will be kept as strictly confidential.

Section A: Household general information

- A1. Division
- A2. Sub- division
- A3. Village
- A4. Quarter
- A5. Type of household /Code
.....
- A6. Household head sex
.....
- A7. Is the household head the main respondent right now?

Section B: HPI support to households

- 1. How are you associated to HPI support group?
- 2. For how long have you been a member of this group?

- 3. How did you come to know that there exist this HPI support group?
- 4. What were the conditions for you to belong to this HPI support group?
- 5. Could you have received support from HPI if you did not belong to this support group?

- 6. What type of support have you received from HPI as an individual?
- 7. Was the type of support received proposed to you by HPI?
- 8. Was the type of support received based on your request?
- 9. What were the conditions for you to receive the type of support you needed from HPI?
- 10. How did you fulfil the conditions needed by HPI before receiving the support?
- 11. Did you for any reason receive a different type of support from what you had wished?
- 12. What have been the benefits to your household from the different interventions/support received from HPI?

(a) Livestock support

Type of livestock received	Intervention/support benefits (Tick as appropriate)			Other (specify).....	Other (specify).....
	Milk	Income	manure		
Heifers					
Sheep					
Goats					
poultry					
Other.....					
Other.....					
Trainings (specify).....					
Trainings (specify).....					
If others specify					

(b) Crop seeds/ farm implements

Type of crop seeds support received	Intervention/support benefits (Tick as appropriate)			Less labour intensive	Other benefits (specify).....
	Increased food availability	Income	Improved soil fertility		
Crop seeds (specify).....					
Vegetable seeds (specify).					
Training on composting (specify).....					
training (specify).....					
Other training (specify).....					
Agro-forestry					

seeds					
Type of farm tools received (specify)	Benefits from farm implements				

How has the type of support improved your livelihood in terms of other benefits? (Tick as appropriate)

Benefits	Tick as appropriate
Able to pay school fees	
Buy agricultural inputs	
Medical bills	
Able to pay community social contributions	
Buy livestock drugs	
Able to buy households assets	
Able to belong to a social community group	
If any other benefit, specify	

If the support given has failed to meet your household needs and expectation why?

Type of support received	Reasons for failure to meet household needs (Tick as appropriate)				
	Support demands too much labour	Crop/livestock pest/disease	Lack of sufficient knowledge and skills	Poor financial status of household	Other (specify).....
Heifers					
Sheep					
Goats					
poultry					
Pigs					
Trainings					

(specify).....					
Trainings (specify).....					
Crop seeds (specify).....					
Vegetable seeds (specify).					
Small farm tools (specify)...					
Training on composting (specify).....					

1. What type of support would you propose for your household other than the one you received?
2. Why do you prefer this type of support?
.....
3. What difficulties have you been facing in participating in the HPI support group programmes?
4. What are your suggestions to overcome the mentioned difficulties to enable you participate effectively with HPI?
.....
5. What are some of the difficulties you face caused by the support you receive from HPI?
6. What have you done to overcome these difficulties?
7. How will advice HPI to design support activities based on your experience for long term benefits?
8. What lessons will you like other development organisations to take into consideration when they want to support your group?