

# Providing livelihood options for children and youth living with and affected by HIV and AIDS in Uganda



Boys learning how to repair motorcycles at Bukomansimbi site in Masaka

## The Villa Maria Hospital Home Care Programme

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Villa Maria Hospital is located in Masaka district in Uganda, an area that has experienced high HIV prevalence rates since the advent of the disease in Uganda. The hospital serves a scattered rural population characterized by high levels of poverty, low literacy levels, cultural taboos, stereotypes and beliefs that marginalize women and girls. In this district, there are high HIV prevalence rates, high numbers of orphans and vulnerable children (OVC), poor government service delivery riddled with corruption and ill-equipped health institutions. Villa Maria's Home Care Programme started in 1989 with the purpose of assisting people living with HIV and their families. In 2001, the programme designed a holistic approach to respond to the growing number of orphans left by clients who died of AIDS-related illnesses. The quality of life for orphans and vulnerable children in Villa Maria's environs has been poor due to inadequate support to enable them acquire education and livelihood skills. One of the major objectives of the programme thus is to improve the livelihood of OVC.

The ages of supported OVC range from six to twenty years. They are supported to attain basic primary education and vocational/apprenticeship skills, life skills, psychosocial counselling and access to HIV testing and medical treatment. Additional skills in business management, credit

sourcing, self-protection and management are imparted to the OVC in the training. Girls, who are in many cases neglected, are specifically targeted. Workshops are organized for out-of-school orphans and vulnerable youth to help them appreciate their weaknesses, strengths and opportunities, exploring their career opportunities/options, and building their skills. In addition, they are educated on reproductive health, sexuality, and HIV and AIDS and are encouraged to go for voluntary counselling and testing. HIV-infected OVC receive medical care, including antiretroviral therapy, through the Home Care Programme. Young people are encouraged to set up self-help groups. So far 18 youth groups have been formed for mutual support, self help and cohesion. Furthermore, community sensitization

campaigns are run and they aim to empower the community with the skills to deal with OVC. These campaigns focus on facts and myths surrounding HIV and AIDS; will-making and use of memory books, community participation and involvement, child rights, career guidance, effective communication, government OVC Policy and where to seek various services.

### Acquiring professional skills

Villa Maria's approach is placing OVC at apprenticeship sites within the communities to acquire professional skills from craftsmen. For those who have completed Grade 7 and above (15-20 years) who satisfy the requirements of some vocational institutions, we facilitate access to these institutions under a modular training approach where practical rather than academic lessons are offered. We developed a special curriculum for our trainees after a feasibility study. Our support is limited to training/tuition fees, overcoats/uniforms, lunch, psychosocial counselling and HIV testing, practical materials/training tools and medical treatment. The major courses offered include shoemaking, masonry, carpentry, tailoring, welding and hairdressing. Others are electrical machine installation/repair, radio/TV repair, phone repairing, mechanics, home economics and nursing. The duration of the courses range from one to two years apart from nursing, which takes three years



After her apprenticeship, this girl was offered a sewing machine and is now self-employed

### Lessons learned

- A vocational and apprenticeship approach for OVC is effective because it enables them to acquire marketable skills that could be applied in their own localities.
- Supporting orphans through acquisition of practical skills as opposed to academic class work is cost effective in terms of the duration of training and the costs involved.
- To avoid misunderstandings and conflict between families supported and those not benefiting, it is necessary to involve multiple key players in the selection process.
- To ensure that as many OVC as possible benefit from the programme, other organizations need to be stimulated to offer complementary rather than duplicate services.

to complete. The programme is specifically designed to eliminate stereotype mentality which discriminates against girls. Indeed girls are specifically targeted in all the courses and perform well. Currently, 199 OVC (112 boys and 87 girls) are undertaking vocational and apprenticeship training, distributed over 23 apprenticeship sites and seven vocational schools.

When the youth complete their studies and apprenticeships they are given tools to start work. The tool kits, for example, sewing machines, hairdryers, or carpentry tool kits offered to them individually as start up capital have worked as a catalyst and have propelled their individual initiative. Some beneficiaries of the programme train and provide career guidance to their peers free of charge.

### A beneficiary's story

Muyingo Deo, an 18-year-old orphan and head of a household lost his parents to an AIDS-related illness in 2001. When he was in primary school, he struggled to look after his young siblings and to pay his school fees up to grade seven until he dropped out. An opportunity arose in 2004 to be supported by the Villa Maria programme in carpentry training at St. Ponsiano Technical Workshop where he trained for one year. Upon completion, he was given a carpentry toolkit. He felled a mature tree on his farm which he used as start up timber for his carpentry workshop. He currently earns \$70-85 per month. This has enabled him to look after himself and his siblings and he can now save some money for development. Appreciative of Villa Maria's support, he volunteered to train two OVC in carpentry for free.

We believe that our vocational and apprenticeship support approach is effective because it enables OVC to acquire marketable skills that could be applied in their own localities, thereby reducing unemployment. The lack of employment and income is one of the factors that make young people vulnerable to HIV infection. Also, unemployed youth are more likely to indulge in risky sexual behaviours and drug use.

Over all, the mid-term review conducted in July 2006 indicated that the orphan education component of the programme was on course although there was an overwhelming demand for supporting more children. An orphan said: *"We don't have any problem finding employment since there is demand for our services."* One of the advantages of the approach, according to a community leader, was that *"the orphans don't find any problem in this arrangement since they remain within their families and have to spend only a few hours at the training centres."*

### Challenges and solutions

The direct OVC support programme reaches only a small fraction of the estimated number of children in the catchment area and this brings misunderstandings and conflict between families supported and those not benefiting. To avoid this, several key players are involved, namely, the local community leaders, Community Health Workers and programme staff. A home verification exercise is done on all the identified OVC to ascertain whether they meet the selection criteria. We select children below the age of 20 who have

lost one or both parents and are in extreme need of support, e.g., children in child-headed homes, those with helpless grandparents and those who dropped out of school, as well as children infected by HIV and children living with terminally-ill parents. This exercise emphasizes several aspects namely: assessing the background of identified OVC, for example, the physical and socio-economic vulnerability surrounding them, level of discipline, interest, consent by the guardians, ability of the person to undertake the selected discipline of study and no likelihood of duplication of support by other sponsors.

To ensure that as many OVC as possible benefit from Villa Maria's programme, we have tried over the years to stimulate other players to make complementary efforts. For instance, we have enlisted support from local artisans to train OVC free of charge by appealing to their sense of community responsibility. We are organizing savings and loan associations to save for the OVC and reduce their dependency on adults. Also, we have started an advocacy and networking district committee to ensure that other organizations offer complementary rather than duplicate services.

The strategy of supporting orphans through vocational training and apprenticeships and emphasizing only acquisition of practical skills as opposed to academic class work is cost effective in terms of the duration of training and the costs involved. Vocational training with an element of work experience is skills based and by the time the trainees complete the programme to work on their own, they are competent enough to start their lives.

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