



Iloggo, an unplanned settlement at the shores of Lake Victoria, Mwanza

Photo: Daan Van Tassel

# Working with resource-poor urban communities in Mwanza City, Tanzania

## Experiences on external HIV/AIDS mainstreaming

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**About 74% of the population in Mwanza City in North-western Tanzania lives in informal settlements. The unplanned settlements of Ilemela and Pasiansi wards are characterized by high population density, lack of basic social services and generally poor infrastructure. The Mwanza Urban Livelihood Programme of ACORD (Agency for Co-operation and Research in Development) started working with resource-poor urban households in the unplanned areas in 1999, through interventions focusing on increasing community access to micro-finance services, environmental sanitation and education, and on HIV/AIDS and gender issues.**

The programme especially targets poor female-headed households. It supports women in formulation of women's groups to access micro credit, or providing home-based care and support to people living with HIV/AIDS (PLWHAs) and families affected by the pandemic. Some women were trained to become community facilitators – on hygiene education, HIV/AIDS awareness, etc. and two women were trained as local artisans who also provide hygiene education. Further, the project supports community members in the formulation of Gender Action Groups (consisting of three women and two men) with the aim to improve gender relations and fight discrimination and abuse of women.

After a participatory mid-term review conducted in 2001, local stakeholders including local government, civil society organizations and poor community members recommended that households affected by HIV/AIDS should be targeted and supported better by the programme. It was felt that especially the micro-finance and environmental sanitation interventions

should be examined, so as to ensure they respond to the changing needs of households due to HIV/AIDS and its impact.

The reviewed programme emphasized that the interventions should target individuals (especially women) and households affected by HIV/AIDS in a focused manner, to improve their economic and health conditions. The idea behind this was to ensure that households affected by HIV/AIDS benefit from micro credit and better sanitation. Resource-poor PLWHAs have almost no opportunity to access credit from traditional sources and households with poor sanitation are often affected by waterborne diseases, bringing about medication costs.

### The *Hisa* system

In order to ensure that the existing micro-finance programme benefits PLWHAs or households affected by HIV/AIDS, the *Hisa* system (a Swahili word literally meaning share system) was introduced. It involves the formation of a group of 10 to 25 people whereby each member is required to buy shares. The interest from the deposited

money is loaned to account owners. Each group has its own range of shares to be bought; generally, shares are between TZS 2,000-5,000 each (USD 1.70-4.20). Shares are sold during the weekly group meetings. Initially, the *Hisa* groups were trained by ACORD in collaboration with CARE International on business management, group cohesion, management of financial schemes, household budgeting and strategies for coping with HIV/AIDS. Currently, ACORD provides training and monitoring to 10 groups running a share scheme.

Through the share system, a support group connected to Tanzanian Women Living with HIV/AIDS (TAWOLIHA) emerged. The group became an outstanding example in advocating for women's rights, particularly access to quality social and economic support services.

### The latrine project

The environmental sanitation programme supported poor urban households, especially those affected by HIV/AIDS, through provision of non-locally available materials such as cement, corrugated iron sheets, wire mesh, iron bars and paint for construction of low-cost latrines. The supported households provided labour and locally available materials such as sand and stones. Twenty four local artisans were identified and trained on construction of double vault latrines and facilitation skills on hygienic practices to prevent outbreaks of

## Resources on external mainstreaming

**Mainstreaming  
HIV/AIDS in  
development  
and  
humanitarian  
programmes**  
S. Holden,  
Oxfam, 2004  
(135 p.)



*Mainstreaming HIV/AIDS in development and humanitarian programmes* is a shorter and simpler version of the book *AIDS on the agenda* (Oxfam 2003, 256 p.). It aims to make the idea and practice of mainstreaming accessible to those involved in development and humanitarian work.

[www.oxfam.org.uk/what\\_we\\_do/resources/downloads/mhivaids.pdf](http://www.oxfam.org.uk/what_we_do/resources/downloads/mhivaids.pdf)  
hardcopy: [oxfam@bebc.co.uk](mailto:oxfam@bebc.co.uk) (£8.50)

**HIV/AIDS and  
agriculture:  
impacts and  
responses**

*Case studies from  
Namibia, Uganda  
and Zambia*  
IP/FAO, 2003 (36 p.)



This report summarizes three case studies from Uganda, Zambia and Namibia. In addition to illustrating how different aspects of the epidemic impact rural livelihoods, the report also looks at the implications of the epidemic on the policy environment.

[ftp://ftp.fao.org/sd/SDW/SDWW/ip\\_summary\\_2003-webversion.pdf](ftp://ftp.fao.org/sd/SDW/SDWW/ip_summary_2003-webversion.pdf)

cholera and diarrhoeal diseases. Some of the latrines were for households affected by HIV/AIDS and some were given to elderly women.

Through focus group discussions and reports from street health workers and the health unit it was noted that improved hygienic conditions in the unplanned settlements led to a reduction of reported cholera and diarrhoeal cases, especially among PLWHAs and households affected by HIV/AIDS. The reduction of cholera and diarrhoeal cases thus relieved affected households, as well as others, of the burden of care and medical costs.

### Lessons learned

We have identified some key lessons learned from both interventions. First, the *Hisa* scheme improved the economic status of individuals and households affected by HIV/AIDS. The micro-finance scheme made a significant shift in economic well-being and social status of individuals and households affected by HIV/AIDS from being dependent to self reliant.

Some fifty households reported to have improved their situation – affording to pay school fees, medical costs, maintain a balanced diet, and create savings, reducing their dependence on relatives and friends: *“Prior to joining ACORD’s micro-finance scheme, I used to depend on economic support from relatives and friends who used to tease me and nicknamed me ‘omba omba’ (literally meaning a beggar). Through the Hisa system, I am now self-reliant, healthy and able to support my children.”* (Mary Joseph, TAWOLIHA member, 2004)

We believe that the involvement of individuals and households affected by HIV/AIDS in shaping interventions contributed to the identification of appropriate coping strategies in their communities. The individuals identified their needs, came up with their own solutions and participated in decision-making and monitoring processes. We also found that the participation of PLWHAs and affected households in interventions aiming at improving their social and economic well-being contributes to the

reduction of stigmatization (as well as self-stigma) and discrimination. For instance, households that constructed low-cost latrines or participated in micro-finance schemes made their neighbours realize that PLWHAs or households affected by the epidemic have rights to access socio-economic support. Initially, PLWHAs and their families were stigmatized and discriminated. We believe that the programmes instil confidence in the community members that PLWHAs are human beings and need to be supported. However, such interventions should be complemented by raising awareness at community and household levels on impacts of HIV/AIDS and ensuring that one’s social status is upheld through coaching and mentoring, and use of participatory approaches.

Finally, the interventions contributed towards improving gender relations, especially in families where a woman was diagnosed HIV positive. Due to cultural factors, women are not held in high esteem by men – decision making in the household or in the community is male-centred. Through the trained Gender Action Groups, the project has contributed towards building better relationships among men and women. It was learnt that women who participated in the programme contributed to the household livelihood strategies, improving their social status in the process. On the other hand, self-esteem and confidence among women in mixed groups greatly improved to an extent that women aspired to leadership positions in the groups. ■

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