

## INTERNATIONAL SERVICE PROGRAM

### Mata Masu Dubara (Women on the Move): Support for AIDS-Affected Women and Children in Niger, Phase II CARE International US\$300,000

**Project Update: October 2007 – March 2008**

#### PROJECT GOAL

Reduce the risk of HIV/AIDS and its physical, social and economic consequences for at least 5,100 women and their dependent children in the Bouza district by 2008.

#### SUMMARY

Since the launch of Phase II of the project in September 2006, CARE has managed interconnected activities necessary to achieve the project's goals and objectives. Some of the project's key accomplishments during the period September 2007-March 2008 include:

- 186 active MMD groups supported to mobilize a total of \$59,740 in savings;
- \$22,680 in credit extended to MMD members;
- The number of women practicing income generating activities increased from 863 to 1,189;
- 38 community groups finalized HIV action plans;
- 511 AIDS orphans or children with HIV enrolled in school (472 more than previously reported);
- \$2,550 (a total of \$7,368 from project inception to date) mobilized for a mutual assistance social fund for people affected by HIV and AIDS and other life threatening illnesses;
- 1,711 community discussions and education sessions on HIV awareness held, reaching 54,128 people;
- A mobile HIV testing center was created and 502 people were voluntarily tested for HIV; and
- 25 grain banks were re-stocked with 114 tons of rice and sorghum.



#### OBJECTIVES

- Improve the economic security of approximately 5,100 widows and women affected by HIV and AIDS.

- Improve the health security of approximately 5,100 women affected by HIV and AIDS and their dependent children, and up to 3,600 orphaned or otherwise vulnerable children, in partnership with other organizations.
- Foster the development of positive attitudes and behavioral changes related to HIV and AIDS in all Phase I and II villages.

## **PROJECT ACCOMPLISHMENTS**

After the harvest season ended in September 2007, Mata Masu Dubara (MMD) group members were able to devote more time to other income-generating activities. Between October 2007 and March 2008, 34 new MMD groups were created. With nine groups dissolved or suspended, there was a net increase of 25 groups, raising the total number of active MMD groups from 161 to 196. The number of women involved remained steady at 3,835 women, 2,389 affected by HIV/AIDS.

### ***Savings and Credit***

All 3,835 MMD members collectively made savings contributions of approximately \$33,063 bringing the cumulative total saved to \$59,740. The mobilized savings allowed 1,047 MMD members to access a total of \$17,155 in loans during this time – more than double the beneficiaries and total loan amount from the previous report. These increases are attributed to a strong resumption of group activities after the winter harvest, the addition of new MMD groups, an increase in group dues (voted and agreed upon by all group members), and the continued training of group leaders.

### ***Income Generation***

A total of 1,189 women accessed credit to start their own income generating activities – an increase of 326 women over the previous reporting period. Of the 1,189 women, 105 were accessing credit for the first time. MMD members were trained to better manage and increase the profitability of their income generating activities. In total, 2,752 women have received management training through the project.

CARE staff, MMD members and community leaders finalized a strategy for community care for those who are sick with AIDS and other illnesses. CARE hosted a workshop in January 2008 where 52 community members, regional government service agents, local NGO and CARE staff members gathered to share the strategy and discuss its implementation.



### ***Social Funds***

Despite the poor winter harvest during this reporting period, MMD members continued to contribute to social funds that help those in need of medical care. Between October 2007 and March 2008, \$2,550 was raised bringing the total since project inception to \$7,368. These funds provide for a range of services such as financing medical evacuations, medical prescriptions, and expenses linked to transport and treatment. During this period, 162 people from 33 communities benefited from the \$2,550 raised.

### ***Support Groups***

CARE staff continued to assist community support groups to develop annual action plans. These plans were presented during a community forum in October 2007, where members from 38 community support groups presented their plans to CARE staff,

partner NGOs, government service providers and community leaders for review. Key issues in each plan revolved around stigmatization, credit and savings, literacy education and education of AIDS orphans. In addition to the action plans, 72 representatives from support groups attended a four-day training on accessing savings and credit and implementing micro-enterprises.

### ***Group Discussions***

The end of the harvest season saw a sharp increase in the number of ceremonies and social occasions in the project area. As a result, project staff had greater opportunity to hold group discussions on topics related to HIV/AIDS. In total, 828 public discussions were conducted during this reporting period benefiting 19,285 attendees.

### ***Education Sessions***

Marriage and naming ceremonies present an opportunity for CARE staff and village agents to reach a large number of community members at one time. When community members discover that education messages will be part of the event, attendance actually increases. Additionally, attendees often donate money during the sessions which is deposited into the community social fund. In total, 883 educational sessions were conducted during this period, benefiting 34,843 community members. Between October 2007 and March 2008, CARE and Espoir staff conducted 1,099 personal interviews to discuss safer sexual behaviors. Conducting individual interviews is an effective and discrete manner in which to persuade people to adopt lower-risk behavior. (Espoir is CARE's primary local partner for project activities related to HIV/AIDS.)

### ***Testing and Services***

The Galmi Hospital is the most likely venue for HIV testing. However, travel to Galmi can be cost prohibitive for many rural project participants. With this in mind, CARE and Espoir organized and managed a mobile testing center in conjunction with the Bouza District Hospital. The health center reported substantial growth in the number of individuals voluntarily tested in this reporting period – 126 individuals were tested (up from 45) for a total of 195 to date. In addition, 421 individuals were tested in the newly-created mobile testing center, bringing the total number of individuals voluntarily tested for HIV this period to 547 (616 since project inception). Results reveal that as many as 12 percent of those tested were HIV positive, indicating the continued need for HIV monitoring, testing and education in the target area.

Counselor training organized during the previous period allowed health agents to watch over pregnant women who visit health centers for prenatal consultations. Apart from the normal maternal health care they receive, pregnant women must be tested to know their HIV status. During this reporting period, testing for pregnant women rose significantly to 166 women tested to date. Of these, twelve pregnant women were found to be HIV positive. These women are currently receiving treatment at the district hospital in Bouza to avoid the transmission of the virus to their unborn children.

### ***Support for Orphans***

CARE conducted a census during Phase I of the project, and in Phase II registered a total of 2,450 orphans. As of this report, CARE has enrolled a total 511 of these children in school – more than 13-fold increase over the previous reporting period. These efforts are due in large part to the work of CARE-trained village agents and community support groups, who monitor children's attendance and serve as mentors to promote their academic success. They also mobilize communities to provide children with notebooks, pens, chalk, and money to pay for food and travel expenses.

To better understand prevailing attitudes and behaviors in the communities, project staff met with health center staff to discuss the data collected for patients who were tested for HIV. Participation of health providers – from individual health centers to the national Ministry of Health – indicates that all branches of government health services are supportive of the project.

The Minister of Health stated that his department eagerly awaits the results of the project's research, particularly the strategy for community treatment of those infected or affected by HIV and AIDS.

No formal laws against stigmatization currently exist in the project intervention zone. CARE continues to work alongside local clergy and encourage them to spread messages of acceptance and inclusion of people living with HIV. This approach to realizing the fair treatment of infected persons seems to be most appropriate and effective.

People living with HIV have been involved in all MMD activities and integrated into the community structure, even though their visibility remains somewhat poor as a result of lingering stigma about the disease. One question that came up repeatedly during the community action plan validation sessions mentioned above revolved around the necessity of community leaders to disclose their HIV status. While there was no clear consensus on the matter, the fact that such a topic was open to discussion marks a significant advance in social attitudes about the disease.

#### ***Other Activity: Grain Banks***

Grain banks, established by project staff and the World Bank, contribute to the food security of MMD members and their communities. It has been demonstrated that grain banks have greatly improved the social position of MMD group members, who are now more well-known in their communities and more involved in village decision making. During the reporting period the 25 grain banks in the intervention zone continued to function according to their established regulatory principles. The grain banks hold regular meetings to decide how best to transfer and reconstitute grain stocks. For example, despite the poor winter harvest, this reporting period saw the reconstitution of grain stocks to pre-hunger season levels.

## **CONCLUSION**

Generous support from the Zonta International Foundation continues to make a considerable difference in the lives of thousands of women affected by HIV/AIDS in Niger's Bouza District. Between April 2008 and October 2008, the project will focus on:

- Institutional support of the integrated health centers with pharmaceutical products
- Training of government health service agents on the treatment of infections; and
- Installation of two mutual health care systems that will complete the community mechanism for providing treatment to people living with HIV.

The **International Service Program** is a Zonta International program, funded by the Zonta International Foundation. In the 2006-2008 Biennium, four crucial projects are funded by your contributions to the Zonta International Foundation's **International Service Fund**: ***Education and Leadership for Girls and Young Women in Bolivia*** (CARE International); ***Mata Masu Dubara, Support for AIDS-Affected Women and Children in Niger, Phase II*** (CARE International); ***Afghanistan: Developing Community-Based Efforts to Educate Afghan Women and Girls*** (Afghanistan Institute of Learning); and, ***Support for Revival of Rural Community-based Self-Help Initiatives in Sri Lanka*** (UNIDO).