

Chronic Poverty Research Centre
Draft paper on HIV/AIDS, socio-economic mobility and chronic poverty: case study
results from a small panel in Rakai, Uganda.

Andrew Shepherd, with Nambusi Kyegombe and Matthias Mulumba

International Conference on Chronic Poverty and Development Policy, University of
Manchester, April 7-9, 2003.

Draft – not to be quoted

Abstract

Fourteen HIV/AIDS households were interviewed in 1993 and again in 2000 or 2002 about the impact of HIV/AIDS on their households and livelihoods. This was used to generate ideas about what maintains people in chronic poverty, the contribution of HIV/AIDS, and the possibilities of exit. The picture is apparently more fluid than expected, due to dramatic but local economic growth for those able to take advantage of this, and the positive impact of AIDS deaths on land fragmentation. However, almost no progressing households were able to invest in secondary education, which would be an indicator of more sustained exit from poverty. The maintenance of poverty over a long period of time for the majority of households has more to do with household structure and intra-household relations, and the capabilities and freedoms derived from these than with structural socio-economic factors, which were relatively permissive. This suggests a new range of policies designed to address some of these constraints.

Introduction

The objective of this paper is to begin to examine the chances of socio-economic recovery after a severe HIV/AIDS epidemic during the 1980s and early 1990s in a fairly typical village in central Uganda. The aim is to learn lessons from this experience for areas in Uganda which are only now in the epidemic stage, and for other poor countries experiencing the same epidemic. This is an exploratory study, the results of which will be confirmed against other data.

The study is based on open-ended re-interviewing in 2000 or 2002 a small sample of 14 household heads or senior household members who had been interviewed (with a semi-structured interview guide) in 1993 about the impact of HIV/AIDS on their livelihoods, and in particular on their agricultural livelihoods. A current and historical wealth ranking exercise was also carried out to investigate socio-economic mobility over the period 1993-2002. However, this did not give full coverage of all 14 families, so needs to be repeated. The 1993 dataset turned out to be less complete than would really be needed as a baseline against which to assess change. The 2000/2 interviews were also less comprehensive than they needed to be, due to time limitations.

The results of this work will only act as a guide; if hypotheses for testing against other datasets can be generated from the work it will have been worthwhile. It is hoped to carry out similar work on a 1991/2 dataset in Masaka district, and to further test hypotheses against other life history work being carried out under the CPRC in Uganda, as well as through use of the Uganda National Household Survey panel data set.

HIV/AIDS and socio-economic development in Rakai: the background¹

Almost a million people had died from AIDS in Uganda by the end of 2001, out of 25 million globally. Over a million people were living with HIV/AIDS, out of 40 million globally. Rakai was internationally famous as the crucible of HIV/AIDS in Uganda in the 1980s and the first place in Africa to receive international attention.² There are still about 2500 clinically diagnosed AIDS cases in the district, out of 60,000 in the country (Ministry of Health, 2002: 22-3). HIV prevalence in Uganda as a whole has declined dramatically from the highs of the 1980s and early 1990s, and then seems to be stabilising recently, along with some of the indicators of effective prevention of transmission (Ibid: 17-19).

As is well known, Uganda has established a progressive HIV/AIDS policy process. Despite the reduction in sero-prevalence to 6.5%³ the government is in the process of developing a new overarching policy framework to try to deal with the deep impacts of HIV/AIDS on labour shortages, agricultural growth, the estimated 1.6 millions orphans (defined in Uganda as not having both parents alive⁴) – about 14% of children under 18 in Uganda are orphans.

The situation in 1990

The AIDS epidemic led to an ‘invasion’ of foreign NGOs offering relief and HIV/AIDS researchers from the late 1980s. Rakai one of the least developed districts in Uganda at the time, partly due to HIV/AIDS but also to its poorly developed infrastructure and neglect by successive governments. By 1990 it was in the worst of the epidemic. The impact was deep and increasingly widespread:

- ?? HIV sero-prevalence stood at 12.6% (19% in areas studied by the Rakai project).⁵
- ?? AIDS was the main cause of adult mortality – estimated at half of all deaths (Sewankambo et al, 1994).
- ?? Its impact was most marked in the economically active age groups, which added to the difficulties of generating an economic recovery.
- ?? Men were more likely to die of AIDS than women (Wawer et al, 1994; Barnett and Blaikie, 1992: 33).
- ?? Deaths due to HIV were associated with higher education, non-agricultural occupations and residence in roadside trading centres (see Gysels et al, 2002); however certain rural, agricultural areas had already been significantly affected (Barnett and Blaikie, 1992) and the epidemic was in fact spreading its tentacles throughout the district.
- ?? There were already a large and growing number of orphans usually redistributed among relatives, but sometimes forming their own households. By 1990 there were an estimated 65,000 orphans. This decreased to around 50,000 in 1995 (Danida, 1995).
- ?? Coping strategies were coming under increasing strain as the proportion of dependent and sick people increased, and there were growing requests for help to local government and external agencies (Barnett and Blaikie, 1992: 104ff).
- ?? Families and extended families were experiencing the time and cost strains of growing caring burdens.
- ?? Widows were losing access to critical resources such as land, as women gain access through their husbands in Buganda.
- ?? People’s morale was often low, and there was a pervasive fear of AIDS.

The 1979 war of liberation had substantially destroyed what little infrastructure by way of schools, clinics, water supplies, sanitation and roads history had bequeathed to Rakai; in many parts of the district physical infrastructure was either non-existent or in such bad repair that it was barely usable.⁶ By 1990 there had been little rehabilitation and reconstruction, though a number of donor-assisted programmes were in the pipeline. There were few operational programmes beyond NGO handouts (Danida, 1990a: p13). Government resources for reconstruction were minimal, and communities were sorely taxed by the need to run their

schools and any other facilities almost independently of government. The poor quality of health and education as well as production oriented services meant that few people used them.

Box 1 Education in 1990

Education in Rakai was at a low ebb in 1990. There were few primary schools with proper classrooms, furniture or equipment. A large proportion of teachers were unqualified. School management was poor. Teachers did not receive their pay regularly. There were few women teachers. Funding from government was very limited so schools relied heavily on whatever Parent Teacher Associations could raise. This was little in much of Rakai, where the cash economy had virtually collapsed to subsistence levels.

There was a high dropout rate in both primary and secondary schools. Comparatively, in 1990 Rakai had a higher dropout rate in secondary and a lower retention rate in primary schools than many Ugandan districts. Enrolment actually declined between 1990 and 1995, and was well below the national average. This was despite a continuing high crude birth rate (45.7 per 1000 – Sewankambo et al, 1994).

“School children can be seen being taught under the trees, the buildings are still standing, most of the teachers remain. However, there is no money for maintenance, the teachers themselves often go without pay, which is meagre when they receive it....Nankya will have to find 3600 shillings per child at the beginning of each term in addition to the compulsory school uniform and books, pencils, rulers, and all the other little things that enable a child to benefit from primary education...” (Barnett and Blaikie, 1992: 12)

In summary the district was suffering from 20 years of absence of ‘normal’ development processes, on top of its previous history or marginalisation within the Buganda kingdom (Danida, 1990: 10) and on top of the degradations of war.

The situation in 2000

By 2000 the situation of the district’s population had improved significantly, along with that in the southern part of Uganda as a whole.⁷ Critical improvements in health status were: reduced sero-prevalence and incidence of HIV, somewhat reduced infant mortality, which was at least partly due to reduced diarrhoeal diseases. Aspects of health which had not improved markedly, or had worsened included: malaria incidence and as a cause of death, and continued very high levels of maternal mortality. Maternal mortality is one of the most sensitive indicators of the quality of basic health services. It would be expected that the substantial improvements in primary education enrolment and retention achieved as a result of UPE and increases in income during the 1990s will eventually feed through into health status in this decade.

Education, especially completing upper primary and extending into secondary, had a substantial effect on job acquisition and business development (Danida, 2002: 15). However, there was a ‘lost generation’ of children who dropped out of school early in the 1990s, or never attended. Many of these were AIDS orphans, despite the existence of a number of scholarships schemes to help them through school.⁸ By 2000 Rakai had caught up with national primary enrolment and exceeded it. It had moved from low down the league of districts in the primary leavers’ examination to 4th position indicating that it had also been able to improve at least its relative position on quality after UPE, which generally had a substantial negative effect on the quality of the service.

Broader aspects of social change included: the improvement in people’s spirit, a rapid development of trading centres along the roads, an improvement in women’s participation in development and some improvement in women’s status, and, surprisingly, a decline in standards of justice and security.

There was significant economic growth, including the redevelopment of key markets in commodities, financial services and labour. Benefits of economic growth were reasonably widely distributed and there was less destitution than at the beginning of the decade. There was more work available, more land cultivated and fewer funerals. Housing stock (a good proxy indicator of wealth and wellbeing) had improved significantly, with the exception of 20-30% poorest households. The most notable area of growth was fisheries.

This positive picture was moderated by continued absolute poverty for many, social conflict and loss of access to land for some, loss of cattle for others. The 1990s witnessed both economic growth and also the development of an 'underclass' of the socially excluded. Negative social effects of market development included the persistence of widespread sex for money, and the development of household food insecurity due to excess sales of output.

HIV/AIDS-induced poverty in Guanda village: the situation in 1993

The 14 households⁹

These households were *all* severely affected by AIDS in the early 1990s. Many had been ravaged by successive deaths; the rate of death in the community as a whole had become impossible to bear

'The death rate has gone down since 1993. Then we used to bury twenty people in a week; now we can go one month without burying anyone. The reduction is because we have controlled our behaviour. We understand the causes.' (the words of Paul Lubega, teacher)

Funerals were common, and would take one to four days of mourning (Barnett and Blaikie, 1992: xx; Seeley, 1993: xx), and produced significant obligations to cook food for affected relatives.

Several had only one remaining working age adult out of several (up to 8) siblings. In many there had been several deaths in the few years preceding the interviews in 1993. Several interviewees were ill. Most households were 'barely surviving'. In some cases, where sons had died, daughters in law had been welcomed to stay on and contribute labour into household economies where adult labour was increasingly the scarce resource. This reinforced the pre-existing feminisation of farm and household labour. Surviving grandparents missed the occasional injections of income from children who had migrated and remitted, or had non-farm occupations. A very few seemed able to resist the depression and resignation which often comes with chronic and fatal illnesses:

one widow had kept her husband's land, grew food (maize, beans and groundnuts) for sale, ran a vegetable club, worked for World Vision part time as a community agricultural worker, made and sold mats, baskets and table cloths for sale, bought coffee and processed it and sold it, and bought piglets for fattening.

Almost all households had land, and much of it – usually more than half, was not cultivated due to labour shortage, and the absence of cash with which to hire labour. This situation was particularly difficult for older people, who continued to make valiant efforts to make ends meet for themselves and whatever grandchildren they cared for. One '77' year old widower was brewing banana beer, and making bark cloth as well as farming one acre of his own plus whatever small parcels he could rent from people to support four grandchildren. Food was short, one meal a day was common, the household was miserable, there was not even a radio to listen to as batteries had been bought by his children. He could not afford to buy the grandchildren clothes, but they bought their own by rearing and selling chickens.

Older people continued doing hard physical work to support their households, even when they felt they should not have to – eg despite the onset of blindness, one widow travelled ‘a long distance’ to grow cassava and sweet potatoes for the grandchildren on her son’s farm. Most households wanted to grow bananas (*matooke*) as the main food crop. However, many had switched to the less labour demanding cassava and sweet potato, although these were not preferred.

All the households had had episodes of caring for sons and daughters dying of AIDS. This meant using scarce cash resources to pay for medicines, and doing without basic necessities, since most households had little cash available. It also meant reduced labour on the farm, and reduced crop harvests, which in turn produced less cash and food. Adults had to train children to economise on everything.

While many were traumatised, sometimes this took dramatic forms. One divorced man in his seventies had lost some¹⁰ of his children, and had developed a speech impairment as a result. His household was scattered, and there were few material links between him and his remaining children. A 16 year old grandson lived with him and supported him with purchases of food and materials for house reconstruction after a fire; the grandson was earning money from petty trading. Household land was weedy and uncultivated.

Several other younger adults also made a living from petty trading – this seemed easier than farming. Guanda benefited from being near Kasensero fish landing site on Lake Victoria, which, even then, was a growing settlement where there was demand for food crops from the interior.

People were perpetually worried about survival. A widow whose husband and 8 children died of AIDS, was left with one surviving son and four grandchildren at school, anxious about how to feed and clothe them. Buying basic items (soap, paraffin, sugar, salt, clothes, fish, and meat) had become very difficult. Her son relied on casual labour in the village to supplement the very little cash from farm production.

Some households had been reasonably prosperous before AIDS.

‘A widow with five children whose husband died of suspected AIDS in 1990: He had died a wealthy businessman. Ndagire lost most of the property to her husband’s relatives and her co-wife’s children, even though the co-wife had separated from the husband. Before his death the farm had operated with hired labour, and Ndagire had run a shop. She managed to retain access to 2 acres, but was not able to cultivate it all as she could not hire labour. She supplemented the food grown with beer selling, selling paraffin and salt and weaving mats for sale. Life was an uphill struggle. Credit to employ labour and to expand sales would have helped.’ (Sarah Ndagire)

The most resilient household was one where a number of adult children survived, had a diverse range of occupations, and, critically, a well integrated family, with children all contributing materially to the household, even if they lived elsewhere in the district, or in Kampala.

Assistance from NGOs at this time was in the form of relief: the payment of school fees, especially for orphans was what was most often reported. Some complained of not receiving some assistance. Village elders occasionally arranged for young people to help an older household head repair or reconstruct a house, but this was exceptional. People could also beg others in the village for help with materials for a house, or for daily needs like firewood.

A household relatively less affected by HIV/AIDS – one son and one daughter had died, leaving - had been able to maintain a coffee farm, and a diverse range of crops, vegetables

and fruit trees, continue to hire labour, engage in a number of clubs, and have a reasonably varied diet. Remarkably, this household remained relatively less affected when interviewed in 2002, although a number of daughters' husbands had died, two possibly from AIDS, two from accidents or murder. These deaths meant that a large number of adults were in the home, as the widow daughters had returned, providing a good labour force. The household was not swamped with grandchildren – there were nine and UPE paid the main costs for their schooling.

Socio-economic mobility since 1993(maintainers, interrupters and new drivers)

Positive change in Rakai district¹¹

In the 1990s there was a coffee boom which helped many farm households invest in improving their houses among other things,¹² the fishing industry developed rapidly on Lake Victoria, which generated jobs and demand for farm produce. Greater production for the market and growth in commercial activity was widespread as a result of the introduction of 'improved' crops – clonal coffee, beans; the re-establishment of coffee factories; the development of road infrastructure to allow evacuation of products, and the supply of consumption goods to remote areas; the control of cattle diseases permitting re-opening of markets; the provision of medium-sized loans to produce buyers – the 'missing middle'¹³; and the provision of small loans to a limited range of rural enterprises. People generally frequently commented on the fact that they were doing more work, attending fewer funerals, and cultivating more land. People widely perceived that incomes increased significantly in the early 1990s from a low base, but fell back in the later 1990s. More than half of those surveyed in the district-wide survey indicated that they thought their income had increased compared to 5 years before; however a third thought it had reduced, and a tenth that it had stayed constant.¹⁴

Education was very important to determining life chances in Rakai, with a strong association between numbers of years in school and access to jobs and non-farm self employment. The primary school system improved dramatically during the period, even relative to other districts, and after the dramatic expansion in numbers resulting from UPE. There was significant progress in girls' enrolment and retention. There is, however, a 'lost generation' of children in the district who have not had education because of AIDS. The 40-65,000 orphans in the district during the 1990s represented a substantial proportion of the school-going age population, about one quarter. Most of them missed out on school to a large extent. As many as 20,000 orphans were being supported by NGOs at the peak of the programme in 1995. UPE in 1997 rendered financial support for primary attendance largely unnecessary.

Health status improved significantly as measured by reduced sero-prevalence and incidence of HIV, reduced infant mortality rate and reduced diarrhoeal disease contribution to mortality. Improvements in health status can plausibly be attributable to particular health interventions, since (perceived) change in income was varied, and the beneficial results of (especially girls') education could not be expected to occur until the following decade.

Reduced HIV sero-prevalence and incidence has been widely attributed to the greater adaptation of sexual behaviour to knowledge about HIV/AIDS. Whereas studies in the early 1990s found widespread knowledge and understanding of transmission mechanisms, they also found a persistence of high risk behaviour (two or more sexual partners) and unprotected sex, especially among people less than 24 years old (Wawer et al, 1994; Barnett and Blaikie, 1992). It appears as if there has been some progress in reducing high risk behaviour: the Guanda case studies of households affected with AIDS showed how there have been few AIDS related deaths since about 1993: "the reduction is because we have controlled our behaviour" (Paul Lubega, teacher believing himself to be dying of AIDS). The survivors have learnt the hard way (Appendix C). A survey confirmed¹⁵ national findings (GoU, Ministry of

Health, 1999: 3) that young people were engaging in sex for the first time later than previous generations, that there was a significant increase in condom use, and a reduction in non-regular casual relationships. Recently, the reduction in prevalence has levelled off, suggesting that these positive trends are fragile, and could be reversed.

In summary there were positive changes in Rakai district as a whole, which would normally be seen as poverty reducing. Greater attendance and retention in primary school; reduced morbidity and mortality from some infectious diseases, greater opportunities, at least for a time, in the major cash crop. Did these translate into improved well-being for the 14 households in Guanda?

The 14 households

What were the fortunes of the 14 households studied in 1993, and can we attribute reported changes (or the lack of change) to particular characteristics of households or individuals, or processes which engaged them?

According to the as yet incomplete wealth ranking exercise, two households were upwardly mobile (from 'low'/'middle' to 'upper' class) and two downwardly mobile (from upper/middle to low) out of the eight households covered. The rest remained in the same position (low). The criteria for placing households in one of three categories are listed in Table 1.

Table 1. Wealth ranking criteria used by the key informants

Lower class:

Grass thatched houses, falling walls and leaking roof.

Smallest piece of land - maximum 1 acre.

Poor plantation and a few crops grown due to poor health and poverty.

Orphaned and elderly members who cannot fend for themselves. Widows and widowers.

Very poor coping mechanisms assisted by neighbours and extended families.

Middle class:

Have bigger plots of land - 2 acres

Have canoe boats and fish on other smaller landing sites - Not Kasensero, for fear of competition.

Have cows 4-6 and limited numbers because of lack of land for grazing, therefore mostly practise zero grazing.

Some have bicycles and radios.

Unburned bricks and ironsheets houses.

Have 40-60 nets.

Have about 2 pigs, 2 goats and one hen.

Upper class

100+ cows

houses to rent

1+ shops

motorcycle

motorcar

widely knowledgeable about development and politics

at least 3 acres, well looked after

boats and 15+ HP engines, 300 nets

However, comparing these criteria with information from the interviews discovered incompatibilities which questioned the validity of the wealth ranking exercise. It may be that

the key informants did not have enough information about the households concerned to carry out the exercise in a meaningful way.

Nevertheless, it was clear that people perceived that a degree of mobility in both directions was possible, even quite a dramatic degree of mobility from upper to low and vice versa. The same group of key informants' explanations for mobility are listed in Appendix 1. Upward mobility was explained largely by reference to 'hard working', 'ready', 'strong' people who were able to take advantage of externally created opportunities – the growth of the lake fishing industry, the coffee price boom of the early 1990s, access to NGO assistance especially for significant things like house reconstruction. By contrast, downward mobility was explained largely by idiosyncratic factors: combinations of old age, loss of breadwinners and erosion of assets due to AIDS, high dependency ratios, alcoholism and absence of a savings culture. External factors were also referred to: poor crop markets, loans that kill, drought/famine. People were aware that primary education was no longer enough to take advantage of opportunities in the new economy on their doorstep. Unfortunately the discussion did not cover factors which maintained people in poverty, though one could infer that this might have been similar to the explanations for downward mobility.

A number of interviewees commented that Guanda was seen as an 'opposition' parish – it voted for Democratic Party candidates rather than Movement whenever there was an opportunity. This led to the parish being ignored both by the local authorities and by NGOs. From the interviews, it was certainly difficult to see the rationale for NGO assistance to particular households; but the parish did not seem – on the face of it – to have lost out dramatically from the major public sector investments of the 1990s, the road to Kasensero, the Kyebe health centre, and a newly refurbished sub-centre in Guanda, and the development of a number of schools. However, a number of people did complain that there were no contacts through which approaches to NGOs could have been made.

'Guanda parish has not benefited from development like other parishes. Very little *in* the community (schools and health centre are outside it), except for the health post which was renovated and staffed. Very little help from NGOs. They only had assistance for one child. Mr L 'a person like me' (old, disabled) should have been helped. There were no 'avenues' to apply. Community workers don't come to them. Nearby villages were restocked (livestock) – not here'.

The analysis of the interviews is still continuing. What is reported below are preliminary results. The majority of households (7/14) were not particularly mobile in either direction. Land and livestock holdings, occupations, involvement in fishing, availability of household labour and ability to employ labour were more or less the same as in 1993. 5 of these 7 would have been in the 'low' category used by key informants in the wealth ranking. 2 would have qualified as 'middle'. There was no destitution, and no households had completely disappeared, though some had split into smaller units through divorce and widowhood, usually leaving women with children in a precarious position.

Key 'maintainers' for these households were: widowhood with its attendant loss of access to property, coupled with limited market opportunities for sale of home made products and saving/borrowing; adult children breaking away to form nuclear families, reducing the labour available for farming the family farm, and moving out of farming and into fishing, leaving parent 'behind' in farming; this was compounded (in the parents' eyes) by the interest of youth in having new clothes and spending their own money; the inability to take even low levels of risk (eg brewing beer rather than selling *matooke* for beer, rearing chickens for sale). Occupationally, people merely survived on small farms, with casual labour, and through handicrafts and beer brewing: there were no prospects of saving from most such enterprises.

On the positive side (maintainance preventing destitution) the deaths of large numbers of adults had significantly reduced the fragmentation of land, so that landholdings were still viable, even if scarcity of labour and cash meant that farming was constrained. And UPE has created the opportunity for even the poorest households to see their children and grandchildren through school – something for which many sacrificed considerably (for example, the labour constraint in farming was *not* by and large solved through child labour).

These limitations all meant that children were unable to progress beyond primary school, even if they were able to complete it. This would be likely to be a key determinant of their fortunes as adults. Saving and investing was fraught with difficulty. NGO support figured in some of these stories, but was never enough or of the right kind to make a difference to the household's trajectory.

For the stably 'middle' households keys to stability were: a job as a school teacher; being a tailor in addition to having some land. Another rare key was the ability to disperse children to other branches of the extended family, reducing costs at home. However, this stability was precarious: the death of the schoolteacher (who thought he had AIDS) would have severe implications for the household, as the land would be fragmented and there would no longer be that (small) salary each month.

One household (headed by Tomasi Mulyannimire, 83 years old) appeared to have moved from the 'upper' to 'middle' category. This was largely a result of greatly increased dependency of grandchildren on grandparents, resulting from the death of four daughters; and was despite a large number (15) of working age (other sons and daughters) adults living away from the household many of whom were still contributing materially to it. This demographic situation combined with a poor sale of a substantial piece of land which had been jointly owned by Tomasi and two brothers, and the failure of a carpentry enterprise. The result was a large house which was not being maintained and a household labour shortage. However, a complete assessment would have needed to cover the fortunes of the 15 sons and daughters living away from home, before a complete assessment could be made.

A further household was clearly impoverished, a consequence of estrangement in a polygamous household, which removed access to the income from the key coffee crop on the farm. At the same time, the estranged wife was expected to look after her estranged husband's mother's two orphan grandchildren in addition to her own son.

The most interesting finding from the study was that 5 households appeared to have progressed somewhat. However, on further inspection, particularly of the fortunes of the children or grandchildren, progress might be temporary. One case was that of a village leader, a widowed woman who had become a Bursar for LC1, and Information Secretary for the LC3 women's council, having been 'picked' up by almost every NGO programme in the area as a facilitator, trainer or group leader. However, her husband had been a school headmaster and both she and he had secondary education. Only one of his 19 children from three co-wives was in secondary school. As a whole, the family was likely to be downwardly mobile despite the personal achievements of the councillor and the co-operative relationships between the three surviving co-wives. This case illustrates how tough it has been to maintain let alone develop socio-economic status.

A second case was more clearly one of progress. Compared to his father in 1993, the son experienced greater prosperity due to migration to Kalisizo, a local town, learning building skills, saving and investing in cattle. The land holding was not fragmented on death of father due to the death of potential competing siblings, and the cattle manure ensured high productivity.

A third case illustrated the significance of the shift into the fishing economy. Here again, apparent progress is tinged with costs. Sons setting up their own nuclear households on the basis of wages and income from nets and boats were not contributing to their parents' household economy in cash, preferring to 'buy clothes', nor much in labour, leaving the farm short of labour. In reality, of course, Kasensero being a small town, a different level of clothing is needed to maintain a decent status, and new nuclear families are often sufficiently precarious themselves that contributing to a wider household economy is difficult. Thus, the change from rural to semi-urban culture and extended to nuclear family setup remains a significant structural influence on the degree of progress which units within the extended family can make.

The final case will be presented in more detail.

Box 1 A household which has progressed, post AIDS

1993

Ddungu was 76 years old, his wife was 70 They had 2 surviving children, 5 having died young. The two sons were both married with children. One died of AIDS in 1992, leaving 5 children. Ddungu made barkcloth, leaving the farmwork to the sons and daughters in law. The farm was 1.5 acres, and they hired in an additional 0.25 – 0.5 acres. The daughters in law were a very significant addition to the household labour force – collecting firewood, water and farming became much easier.

2000

The one remaining son, Santoyo Cosma, was the head of the household. His mother was still alive, as are the five children of Santoyo's deceased brother. All (4 out of 5 are girls) are in primary school – the oldest was 17 in P7. The farm is still essentially the same. Sometimes hired labour now supplements that of his wife and mother, and sister in law. The farm is too small to permit sales, except of coffee. In 1999 the family had to buy 'posho' as the farm failed.

The household is now reasonably prosperous as Santoyo (a P6 graduate) has two businesses: he is a motorcycle mechanic with a small shop in the village, and a fishmonger. He has a fish stall in Mbarara, buys a pickup full from Kasensero (c 300 fish), and transports it there, sells the fish over two days, and returns. He has 4 trainees in the motorcycle shop and 1 on the fish. These young men are not paid any salary, but may get gifts of soap and meals.

The fish trading was expanded following a group of 10 fishmongers receiving a credit of Ug Sh 0.3 million from World Vision in 1996. His 6 month loan @ 2% p.a. was repaid, but some of his group have not repaid. There was a lack of a grace period which led to problems. If he needs credit he generally borrows from credits at low interest rates.

He got into motorcycle maintenance through an apprenticeship in the parish. There are now 6 mechanics in the parish, so it is competitive. Hence the need for a second occupation. World Vision also gave tools to some of the mechanics after a training course to which he was not invited, not having 'contacts' with the WV co-ordinator or local politicians.

The family's health is now better than in 1993. Children's diseases have reduced due to immunisation. There are lots of private clinics in the parish and the quality of the Kyebe health centre is good. Malaria is the chief problem now – it is rampant. There is a lot of use of herbs to reduce fever. The Kyebe clinic is good, but the distance means that children or the very ill have to be carried or walk, or hire a car to get there. However, there was an awareness that as far as HIV was concerned there could be problems ahead as the teenagers become adults.

Primary school is affordable with UPE – the costs are c Ug Sh 2000 per term. However, funding students at secondary will be difficult if not impossible.

Moderate prosperity in this case has come from non-farm enterprises, despite the small size of landholding, and the absence of more than primary schooling. Farm labour has long been and still is feminized. Credit has helped expansion. There was a widely shared perception that accessing public or development agency resources is a matter of contacts – who you know. There was a worry about HIV/AIDS in the future.

Do these cases enable us to say anything about 'exit routes' in Guanda? Perhaps a little. Economic growth is important in terms of generating opportunities, and has been most evident in the lake fisheries and urban development, though with spin-offs for farmers and the economy as a whole, especially since the all-weather road to Kasensero landing site has passed through Guanda. Opportunities are largely for young men, however, and they come with a price tag for the multi-generation family as young men have greater incentives to hive off their nuclear families, and cease contributions to larger household.

Non-fragmentation of land holdings due to HIV/AIDS deaths has probably underpinned prosperity to a degree; however, only households which do not have significant labour shortages in relation to land available can take advantage of this sad opportunity. Poorly functioning markets have also limited the opportunities.

However, none of the progressing households were able to send their children through secondary school. As pointed out by one or two interviewees, this was likely to be a constraint on employment opportunities in the future as jobs required higher qualifications.

A timeline

An informal 'LC1' (ie village council) meeting put together the following timeline for Guanda. The key point was how the impact of HIV/AIDS disappeared during the 1990s, submerged by a whole host of other issues and problems.

Box 2. 10 year timeline for Guanda village

1989	new banana weevil
1993	number of orphans severe.
1992-5	coffee prices high (1300/-), people built houses, bought bicycles
1994	bodies floated down river from Rwanda
1995	cholera epidemic; coffee prices fell to 250/- per kg leading to farms abandoned due to shortage of cash to hire labour
1995-8	Kasensero (fish landing site) developing
1998	road bridge damaged by floods
1999	coffee wilt; no help 1995 – date from extension workers. Input prices unaffordable. bridge replaced, road rehabilitated, and Kasensero economy boomed
2002-	fish 'taken away' – become too expensive to buy, but people earning money from the fish economy
2002	lake being sold to foreigners

The interventions of NGOs did not feature in the story until prompted.

Source: meeting of village leaders at the bar on the main road, November 2002

Hypotheses for further testing

Hypotheses derived from this work would include:

- ?? Households severely affected by HIV/AIDS but with extended family social support systems have been able to resist impoverishment, but none have been able to progress to the point of investing in secondary education. (Investing in secondary education is an indicator of sustained poverty reduction.)
- ?? Active sources of economic growth are critical to opportunities for exit. Since these are locationally specific (coffee, urban development, lake fish) their impact will also be so. Exit opportunities will vary significantly by location.
- ?? HIV/AIDS has slowed the fragmentation of land, but constrained the possibilities for profitable small holding by increasing dependency ratios.
- ?? Maintenance of poverty has more to do with household structure and intra-household relations, and the capabilities and freedoms derived from these than with structural socio-economic factors.

There is a similar but superior qualitative database covering 27 households in three villages, with a bias to female headed households, carried out over 1991/2 and published as Seeley (1993), which it is intended to follow up in the next phase of CPRC work in Uganda. Hypotheses can also be tested against the growing number of life histories being collected by CPRC researchers in Uganda, and against the Uganda National Household Survey panel data.

The roles of policies and interventions

It is too early to draw policy implications from this work; however, we can 'flag' some critical policy areas for analysis.

HIV/AIDS

Reduced HIV sero-prevalence and incidence in Rakai as a whole was widely attributed by key informants to the greater adaptation of sexual behaviour to knowledge about HIV/AIDS.

Whereas studies in the early 1990s found widespread knowledge and understanding of transmission mechanisms, they also found a persistence of high risk behaviour (two or more sexual partners) and unprotected sex, especially among people less than 24 years old (Wawer et al, 1994; Barnett and Blaikie, 1992). It appears as if there has been some progress in reducing high risk behaviour:

- ?? The Guanda case studies of households affected with AIDS showed how there have been few AIDS related deaths since about 1993: “the reduction is because we have controlled our behaviour” (Paul Lubega, teacher believing himself to be dying of AIDS). The survivors have learnt the hard way.
- ?? A local survey confirmed¹⁶ national findings (GoU, Ministry of Health, 1999: 3; 2002: 17) that young people were engaging in sex for the first time later than previous generations, that there was a significant increase in condom use, and a reduction in non-regular casual relationships.

However, these are only trends, and as such they are fragile, and could be easily reversed. The decline in prevalence and incidence is only that – a decline. There are worrying indicators:

- ?? The Rakai project¹⁷ research has found risky behaviours to be still high: 15% of its cohort had more than 2 sexual partners during the previous year, only 4% use condoms consistently, 20% have had sex for money or a gift, and for 12% their sexual partner lives more than 5 km away.
- ?? Adolescents have a 7% HIV incidence rate – ie 7% of adolescents become HIV positive (compared to 2.4% of the population as a whole). Given that adolescents are or quickly become the most sexually active part of the population, this is a figure high enough to generate a continued and even enhanced epidemic.
- ?? Studies of sexual networks have shown that some communities (eg cattle keepers in Kabula County) with closed networks which have protected them from HIV in the past have increasing prevalence though still at low levels (0.4 – 1%)
- ?? Sexually transmitted diseases (STDs) remain a chronic and widespread menace. While research has indicated that treatment of STDs has no impact on the incidence of HIV, the existence of widespread untreated STDs is likely to increase the chances of the transmission of HIV (Rakai Project, no date). STDs themselves contribute to mortality

Secondary education

It is clear that this may be a major constraint for the new generation in participating in the more agro-industrial economy which President Museveni would like to create. Universal secondary education is a major policy issue for the coming years in Uganda, and linked to it the creation of employment opportunities for graduates from secondary schooling.

Financial sector (savings and credit institutions) and social security

The reconstruction of a financial sector which enables people to save and access working capital for enterprise, including agriculture, is a critical aspect of socio-economic recovery, which has been slow to materialise. Linked to this is the need for accessible social security mechanisms which reduce risks, and to a degree replace the extended family as a safety net, which poverty and HIV/AIDS combined has largely caused to collapse.

Land policy

The lesson here is the advantage of avoiding fragmentation. Land tenure reform has been under active but unresolved discussion in Uganda. A policy analysis would need to assess proposals against this criterion.

NGOs

The work of NGOs in Rakai is hard to grasp at this distance. It is likely that vast resources were channelled into Rakai district by international NGOs in the wake of the HIV/AIDS epidemic during the 1990s. An attempt is being made to quantify these resources. While further work needs to be done on this issue, it can be concluded that the achievements have not been sustained or widespread. This suggests that the resources introduced would be better spent in other ways. One of these would be to provide a social security scheme (eg a universal pension scheme) which would be continuous and benefit the elderly who the main carers of orphans and the sick, and often among the persistently poor, or the downwardly mobile. NGOs' role would then be to monitor the implementation of such a scheme. The provision of Anti-retroviral drugs for AIDS sufferers would be another possible course of action.

The need for broader social policy

The suggestion that the persistence of poverty is due as much to household structures, especially dependency ratios, and intra-household relations, leads to a broader conclusion. Social policy needs to engage with such issues. These are partly addressed in the current discussion of 'engendering the Poverty Eradication Action Plan' (Keller, 2002), but the discussion remains bounded by the parameters of the current PEAP. The suggestion from this work, as well as other CPRC work presented at this conference, is that the broader social policy vacuum needs filling whether by government or NGOs or a combination, if chronically poor people in households severely affected by AIDS are to get a chance of participating in Uganda's growth and development.

References

- Barnett, T. (1994) *The effects of HIV/AIDS on Farming Systems and Rural Livelihoods in Uganda, Tanzania and Zambia* unpublished
- Concern (1999) *Insights on poverty: livelihood strategies of community members in Rakai District Uganda* October
- FAO (1995) *The effects of HIV/AIDS on farming systems in eastern Africa* Rome
- Danida (1990a) *Proposal for a District Development Programme in Rakai District* Copenhagen: Report of a Project identification Mission
- Danida (1995) *RDDP II Appraisal* Copenhagen, April
- Danida (2002) *Evaluation of Rakai District Development Programme Vol 3 Social and Economic Development in Rakai: Effects of the Rakai District Development Programme* Copenhagen
- GoU (1999) *Education Census 1998*
- GoU (1999) *School Mapping Census* Kampala: Ministry of Education
- GoU Ministry of Health (1999)
- GoU Ministry of Health (2002) *HIV/AIDS Surveillance Report* Kampala, June
- Keller, B. (2002) *Engendering Uganda's Poverty Eradication Action Initiatives* Kampala: Ministry of Gender, Labour and Social Development/Ministry of Finance and Economic Planning/Department for International Development
- Munagisa, S. and Bagge, J (1995a) *Study on the educational sector of Rakai District, Uganda* Copenhagen: Ministry of Foreign Affairs/Danida, April
- Munagisa, S. and Bagge, J (1995b) *Rakai District Development Programme – RDDP II Education*
- RDDP (1991) *Programme Document* Copenhagen: Danida
- RDDP *LWF Plan of Operation: Revised Version* Supporting Documentation Volume IX, Copenhagen: Danida
- Rakai District Council (1994) *District Development Plan (1994/95 – 1998/9) Volume I: Policy Guidelines*
- Rakai Project (no date) *Summary of activities and results*
- Seeley, J. (1993)
- Sewankambo, N.K. (1994) “Demographic impact of HIV infection in Rural Rakai District, Uganda – results of a population based cohort study” *AIDS*, Vol 8 No 12, pp 1707 – 1713
- Gysels, M., Pool, R. and Nnalusiba, B. (2002) ‘Women who sell sex in a Ugandan trading town: life histories, survival strategies and risk’ *Social Science and Medicine* 54: 179-192

Appendix 1. Key Informants' Explanations For Changes:

How people move upward (out of poverty)

- Kasensero landsite 90s transformation has benefited people who were smart enough to develop with the tides of the time.(Hard working people)
- Some NGOs have given relief and support for example World Vision has built houses which with other developments through massive sensitisation have developed those who were ready and strong enough like Filster Nassuna.
- Surplus production and availability of good prices and markets.
- Gainful employment/multiple income sources and having saving skills.
- The major factor is the *lake*, which has brought trade, jobs, and market for farm produce etc.
- The renovation of the road has also eased communications and brought development to some individuals.

*Others: Access to land/property, literacy, having start up capital, petty trade (esp.women), access to affordable loans, rearing small animals for sale, acquiring property through corruption/theft/robbery and dowry.

How people have moved downwards (into poverty)

- The older one becomes, the weaker he/she becomes and the less productive he/she becomes.
- The AIDS disease has brought about orphanhood, loss of husbands or wives (breadwinners) and the high experience of caring and nursing the sick. These have combined to exhaust even the little resources/assets one had.
- Large families/many dependants.
- Lack of savings/saving culture.
- Drought and famine.
- Polygamy.
- Alcoholism.
- Government propaganda of new crop varieties which end up without market yet the farmers invest a lot of money in producing them.
- Loans with very short grace periods and high interest rates have led to selling off some assets. These loans are not friendly to farmers and sometimes disbursed without actual training of beneficiaries. Many of them use the money for basic requirements like soap, salt etc and end up unpaid.
- Youth have no skills since they drop out early from schools yet the fishing industry today requires skilled people unlike the past when the traditional means were used. For example the new factory being constructed will require workers with O and A level certificates, which many youths do not have.

¹ This section is substantially extracted from the main author's work in Danida (2002) Vol 3.

² A journal index search from 1990 to 2000 produced 7 articles referring to Rakai. Of these 5 were about HIV/AIDS.

³ [from around 12?? But this average was based on highly varied figures from a much smaller number of sentinel sites, and so is not really comparable with today's figure – in fact the extent of the decline may have been exaggerated?? needs further reading.]

⁴ This definition may seem perverse to the outsider, but given the separate parenting roles of fathers and mothers, and the frequently polygamous structures of households in which co-wives may not necessarily live in one place, the definition makes sense.

⁵ The 'Rakai project' (a collaborative programme still going today, centred at Uganda Virus Research Institute, Entebbe, Makerere University, and Columbia and John Hopkins Universities' Schools of Public Health) produced an estimate of 19% but adjusted this downwards to 12.6% as the large scale study of 15000 respondents excluded some of the remoter areas, where it was assumed prevalence was lower. The rate may have been over-adjusted according to the local Project Manager interviewed in 2000.

⁶ The effects of war were not at all equivalent to those which occurred later in the Luwero Triangle or Teso where war was based on inter-ethnic and/or inter-political party competition.

⁷ For further details, see Danida (2002).

⁸ If education is a critical poverty interrupter, this group is likely to be the chronically poor of the coming decades.

⁹ Interviewed as part of the research for Barnett (1994) and FAO (1995). Kind permission of Tony Barnett to use the interviews is acknowledged. The interpretation is the main current author's responsibility alone.

¹⁰ It was not clear from the interview how many.

¹¹ This section is derived from the main author's work in Danida (2002) Vol 3

¹² Over the decade it was reported that the proportion of grass and mud houses declined from about 2/3 to 1/3 of all houses.

¹³ A tentative finding at this point in time

¹⁴ The picture for Uganda as a whole over this period is substantially reduced poverty incidence, but with the bottom quintile remaining very poor, or having got poorer (Appleton, XXX).

¹⁵ Although the number of respondents on the issue was too small to give much credence to the figures by themselves.

¹⁶ Although the number of respondents on the issue was too small to give much credence to the figures by themselves.

¹⁷ The Rakai Project is a long term joint action-research project of the GoU Virus Research Institute, the Universities of Columbia, Johns Hopkins, and Makerere.