How backyard garden programmes can improve quality of life for households affected by HIV/AIDS.

An experience in Swaziland

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Backyard Garden Project

Overview presentation

- Context
- Design
- Results
- Lessons learnt
- Replication
Context Swaziland

- Almost 39% of adults (ages 15-49 yrs) infected by HIV
- 66% (2004) of the population in Swaziland lived below the poverty line
- Predominantly subsistence farming
- Repeatedly droughts and inadequate rainfall
- Access to food in poor households – problematic
- FAO/WFP (2005) estimated that almost 20% of people faced severe food shortages for 4-7 months 2005/06
Design Backyard Garden Project

- **Objective**: ‘to ensure that PLWHA and their families have permanent access to sufficient and nutritious food and water and therefore it should improve their quality of life’.

- Households **identified** by Home Based Care facilitators (Swaziland Red Cross volunteers) in collaboration with the clinic

- Inclusion **criteria**: families with PLWHA and/or OVCs.
Design continued

- Individual 10 x 10 m plots next to each household

- Provision of
  - fencing material
  - seeds and seedlings (enough for 1 year produce)
  - material to construct cement water harvesters

- Training on food preservation and agricultural techniques and plant disease control

- 1 FS officer from Red Cross and 1 site officer visiting each household on a regular basis for technical support
Design continued

- Backyard garden project: part of a large pilot project with communal gardens, communal income generation projects (poultry, fish rearing, etc)
Results

- All households identified had established their individual gardens.

- The majority of the families had no income in the form of salaries.

- Membership increased over the years, beyond the initial planned number (60 → 194).
Results

- Availability of vegetables in community increased.

- Accessibility to vegetables increased for each studied household.

- at least 5 or more of the following varieties in each backyard garden: beetroot, spinach, tomatoes, beans, cabbage, fennel, peppermint, lettuce, green pepper, chilli, garlic, spring onions, and maize.
- 70-75% of the grown food: for direct consumption.

Remaining crops sold and revenues used for medication, basic non-food items, transport, school materials, school uniforms, seeds.

Gains were shared with relatives and OVCs.

- Construction of cement water harvesters partially failed due to physical labour constraints
Families’ desire to expand the garden but lack of fencing material and insufficient access to water were the limiting factors.

Household size underestimated: 10 – 6 children, 3 female adults, sometimes 1 male adult
- Purchase capacity improved on household level

- People claimed to have improved diets (including some people on ART)

- Preservation techniques were NOT used, Families ‘could not afford to preserve…’
Lessons learnt - positive

- Selection through the Home Based care facilitators guaranteed the right beneficiaries.

- Spill-over effect: threefold increase in project members.
  Its simple design and quick revenues caused enthusiasm throughout the community and desire to be included in the project.
Lessons learnt - positive

- If members died: membership passed on other household members (continuity!).

  New additional members: included after identification by the Home Based care facilitators.

- Some project members were on ARVs and the project increased the quality of their food which presumably will have increased their quality of life.
- The *individual* set-up assured commitment and responsibility of each project household.

The crops could provide food within 1-3 months and no other decision takers but the household members were involved in when to consume or cash in revenues.....

- Most backyard gardens planted throughout the year with alternating crops.

- No project members withdrawals.
• No major outbreak of plant diseases
Lessons learnt - negative

- Water collection partially failed: internal disagreement - alternatives should have been sought quicker and tested.

- Training was systematically provided to new project families, but never repeated for households from which initially trained project members had died.
Lessons learnt - negative

- Young people were not systematically engaged in the cultivation nor in training.
  Targeting mainly the elderly and PLWHA could be a threat in commitment and sustainability

- Lack of proper baseline data to measure impact fully

- To date lacking information on cost-efficiency
Replication possible in other countries

Some notes:

- Good needs assessment/feasibility study
- Importance of water (pragmatism, drip kits, water roof collection, plastic containers, etc)
- Project members – level of vulnerability, OVCs/PLWHA, (link with HBC)
- Baseline information
- More youth involvement, school gardens
- Monitoring – simple records
- Integrate HIV/Aids education
- Importance of support with fencing, land clearing
But keep it simple…

and scale up as soon as possible
Backyard gardens: why not as ‘relief’ intervention?

- Planning and material (water containers, seeds/seedlings, fencing) purchase
- Identification of beneficiaries via Home Based Care
- Planting – harvest possible after 1 - 3 months

Very simple, easy and rather quick!