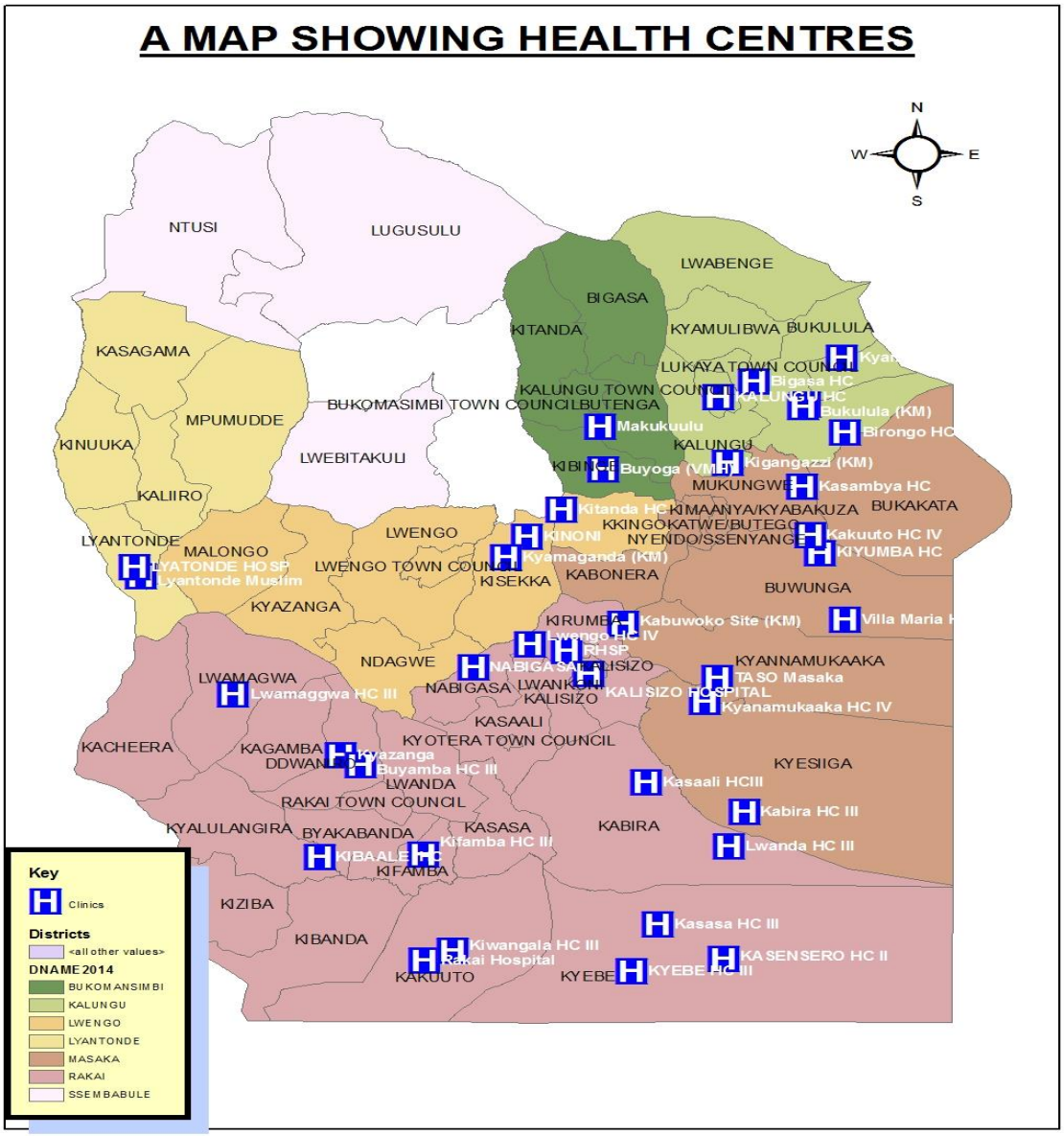
COLUMBIA UNIVERSITY, SCHOOL OF SOCIAL WORK
International Centre for Child Health and Asset Development (ICHAD)
SUUBI+Adherence Study, Uganda
INCOME GENERATING ACTIVITY (IGA) COMPONENT

Support Supervision Report (Home Visit Report) –Suubi+Adherence Study Participants and Their Caregivers



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Nov 6, 2016

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I feel honored and privileged to have been part of this team over the last 5 years and also to be part of ICHAD family and this study. My interaction with senior research teams at both local and international levels have enriched my experience not only in planning and managing IGA training component but also in appreciating the importance of applied research, data and its influence in advocacy, policy formulation and programming.

Training and Support Supervision Teams

Abel Mwebembezi : Lead Trainer/ In Country Co-Investigator-ICHAD

: Executive Director, RTY

Extension Workers Who participated in the home visit exercise

Rogers Mawanda : Kalungu/Masaka/Lwengo/Bukomansimbi Districts

Moses Lutasingwa : Rakai District

Lubingwa Martin : Rakai

Nganda Tumma : Lyantonde

Extension Workers (Training Team): Sessions I & II .

Rogers Mawanda : Kalungu District

Ssesanga Ibrahim : Kalungu District

Josephine Mukasa : Masaka District

Moses Lutasingwa : Rakai District

Lubinga Martin : Rakai District

Kyagaba James : Lwengo District

ICHAD Staff- For Logistical Support/Compiling of Participants Lists

Damulira Christopher : Data Manager

Bettina Nabisere : Research Assistant

Francis Ssemujju : Research Assistant

Data Analysis

Joshua Kiyingi : Data Manager; Reach The Youth Uganda, Kampala, Head Office

Districts, Health Centres and Study Participants

District	**No. Health centres**	**No. of participants per study arm**		
		Treatment	**Control**	**Total**
Masaka	3 (Treatment 1)	117	30	147
Rakai	16 (Treatment 9)	132	108	240
Lwengo	5 (Treatment- 3)	34	27	61
Kalungu	7(Treatment- 2)	117	137	154
Lyantonde	2 (Treatment-- 2)	34	0	34
Bukomansimbi	6 (Treatment-- 3)	24	42	66
Total	**39 (treatment 20)**	**358**	**344**	**702**

Participants Education status by district and study arm

District	Treatment Arm				Control Arm				**Grand Total**	%
	Not enrolled	Enrolled	Never enrolled	**Total**	Not enrolled	Enrolled	Never Enrolled	**Total**		
Bukomansimbi	4	20	0	**24**	7	35	0	**42**	**66**	9.41.
Kalungu	3	14	0	**17**	13	123	1	**137**	**154**	21.94
Lwengo	4	28	2	**34**	8	19	0	**27**	**61**	8.69
Lyantonde	6	26	2	**34**	0	0	0	**0**	**34**	4.84
Masaka	13	104	0	**117**	0	2	28	**30**	**147**	20.94
Rakai	11	120	1	**132**	1	10	96	**108**	240	34.18
total	**41**	**312**	**5**	**358**	**29**	**189**	**125**	**344**	**702**	

Rakai district contributes highest number of study participants (34.18%) followed by Masaka (20.9%) and the least come from Lyantonde (4.84%)

Source: ICHAD Data base, 2016

Definition of Study Participant

Adolescents 10-16 years, in or out of school, aware of their HIV sero status and on ART, receiving ART services from either a public or recognized private health facility. Recruited by ICHAD; consented and assented to participate in the five year research study

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immuno Virus
ICHAD	International Centre for Child Health and Asset Development
IGA	Income Generating Activity
RTY	Reach The Youth –Uganda

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Executive Summary

Suubi+Adherence Study is a 5 year research project that started in 2013 and is implemented in the Greater Masaka region comprising of Masaka, Rakai, Lwengo, Bukomansimbi, Lyantonde and Kalungu districts, a region known to be the epicenter of HIV and AIDS. The Adherence study is being implemented in partnership with 39 (20 treatments and 19 controls) public and private health facilities and a total of 702 study participants living with HIV, aware of their status, and on ART treatment are involved. Suubi+Adherence are informed by an efficacious economic empowerment intervention previously tested in Rakai and Masaka among children affected by AIDS. The aims of the study are; to Provide support for adherence to antiretroviral therapy (ART) and Promote income-generating activities for poor HIV+ adolescents and their families so that there is sufficient income to meet the specific needs associated with managing HIV as a chronic illness (e.g. having sufficient nutritional resources, and funds to cover costs associated with medical care, such as transportation, and medication).

The study has two intervention components namely training study participants in Income Generating activities (IGAs) and supporting study participants to open bank accounts, encourage them to make monthly savings and ICHAD matching their savings on monthly basis for a period of two years. The banking and matching components are implemented in partnerships with Diamond Trust Bank (DTB) and Centenary banks; and Kakuuto micro finance where study participants were supported with initial capital to open bank accounts. Every child who saves money following the match cap, the project matches it with project funds in the ratio of 1:1. The money can be used for three purposes a) economic empowerment (start or expand a family based IGA owned by the study participant); b) Education (buy school requirements or pay fees,) and c) health purposes (meet medical expenses including drugs not offered at health centres during routine visits for ARV refills and checkups and transport to health centres) among others.

Reach The Youth Uganda (RTY) is the main implementing partner of the IGA training component. This component is implemented with support of government extension workers (Agriculture and animal husbandry). As part of the intervention, the project trains study participants and their caregivers to spur, study participants with support of the families, to start family based IGAs that will eventually generate income so as to enable them eke a living while saving some of the proceeds from IGAs in their bank accounts.

From the 20 Health Centres under the treatment arm, the project expected a total of 358 adolescents (155 boys and 203 girls) to attend every IGA training session. However in session I, 272 (119 males and 153 females) representing 76.0% attended while in session II, 277 (125 males and 152 females) representing 77.4% attended. During support supervision 245 (106 males and 139 females) about 68.44% were visited.

The home visits were preceded by a meeting with extension workers who participated in the home visit exercise. During the meeting they were briefed brief on the task, discussed the tool and schedule and duration of the exercise (30 days). It was also agreed that the home visits were to be done during holidays when most study participants were expected to be at home. The study participants that were visited were purposively selected basing on the list of study participants who had attended IGAs, opened bank accounts, and were saving and those that had not saved anything at all despite having bank accounts.

During the home visits, a total of 245 (106 males and 139 females) study participants were visited, out of which 24 (17 males and 7 females) were not found at home hence 221 study participants were visited. The 24 study participants not interviewed; 14 (5.71%) not at home, 2 (8.34%) did not get information about the visit, 6 (25.0%) their homes could not be located by extension workers, 2 (8.34%) relocated to unknown place,

This home visit report presents findings on the performance of IGAs started by the study participants, with the support of their caregivers and other family members.

Findings during support supervision visits

Background of the participants visited

1.0 Out of 221 participants visited 151 (88 females and 63 males) are orphans while 70 (39 females and 31 males) are non-orphans.

2.0 Out of 221 participants visited 127 were females with 109 (85.8%) in school and 18 (14.2%) out of school while 94 were males with 75 (79.9%) in school and 19 (20.1%) out of school.

3.0 Of the 184 that are in school, those in lower primary (P1-P4) were 57(26 males and 31 females), upper primary were 82 (49 females and 33); secondary level were 38 (24 females and 14 males) while those in vocational schools were 11 (8 females and 3 males)

IGA attendance levels by Participants

4.0 Out of 127 females who attended IGA trainings 9 attended once while 118 attended twice. On the other hand out of 94 males, 7 attended once while 87 attended twice. In total 205 adolescents visited attended twice and 16 attended once being represented by 92.76 % and 7.24% respectively.

5.0 Reasons advanced for not attending the IGAs ranged from did not get the invitation (12%), was not feeling well (78%) and had travelled (10%).

Caregivers/Guardians who attended of IGA Trainings with their children

6.0 57.47% of the female participants compared to 42.53% of the male adolescents attended IGA trainings with their caregivers. Over all 91.4% of the adolescents attended with their caregivers.

7.0 Guardians who did not attend with the adolescents under their care; 26.3% were sick,26.3% had travelled 5.3% not interested and 42.1% had various reasons

Skills Acquired From IGA Training

8.0 Study participants acknowledge they acquired a range of skills from the IGA training with 60 (27.15%) saying they acquired skills in poultry management; 44 (19.9 %) in saving; 28 (12.6%) in agronomic practices and 23 (10.4%) in piggery rearing . Other skills mentioned by study participants off head were management practices 25(11.3%), planting in rows 16 (7%), animal or seed selection 12(5.4%) These skills are essential in managing IGAs in a profitable manner.

Study Participants with bank Accounts

9.0 Out of 221 study participants visited, 172 (77.83%) opened bank accounts and were able to show their bank slips. Of the 94 male adolescents visited 73 (77.65%) opened bank accounts compared to 99 (77.95%) of the female adolescents. Over all 77.83% of the 221 adolescents visited open bank accounts while only 22.17% did not.

10.0 49 (22.17%) study participants visited did not open bank accounts. This is represented by 21(42.86%) males and 28(57.14%) females. Participants who did not open bank accounts attributed this inability to banks being too far 5(10.2%), guardians having stopped them 1(2.04%), 15(30.6 %) could not give any reason , 1(2.04%) said they were not interested while others accounted for 27(55.10%)

Saving Frequencies

11.0 Each participant was expected to save for 2 years (24 times). Over all 20.03% did not save anything. 44.77% saved between 1-5 times, 9.30% saved between 6-10 times, 5.23% saved between 11-15 times while 4.65% saved 16-20 times, and 14.53% were not sure. It was noted that generally female adolescents saved better than males in all groupings. For example among those who saved between 1 and 5 times, females were 40 and males 37 while those who saved 6 to 10 times females were 10

and males were only 6. Unfortunately the visit team did not include a question that would have explained the disparity

Saving levels and Amounts

12.0 Out of 172 participants who had bank accounts, 113 (65.7%) have on their accounts 1-50,000 by the time of the supervision visit while 23 (13.37%) had 51,000 to 100,000; 15 (8.72%) had 101,000-200,000; 6 (3.49%) had 201,000 to 300,000; 6(3.49%) had 301,000 t0 400,000; 5 (2.19%) had 401,000-500,000; 2 (1.16%) had 501,000 to 600,000; and 2 (1.16%) had 601,000 to 700,000. Over all 99 females and 73 females had money on their accounts at the time of the home visit.

Participants Withdraw of Money from bank Accounts

13.0 Of the 172 participants who had money on their accounts, 52(30.23%) had ever withdrawn money by the time of the visit and 120 (69.77%) had not as reported by the study participants themselves. Among the female adolescents, 37 (37.37%) had withdrawn money while 62 (62.62%) had not compared to male adolescents where 15 (20.52%) had withdrawn money and 58(79.48 %) had not withdrawn.

Use of money withdrawn by study participants

14.0 Out of the 52 study participants who reported to have withdrawn money from their bank accounts, 37 (71.2%) used the money to pay education related costs- fees while 9 (17.31%) used to meet health related costs and only 6 (11.54%) used it to start or expand their IGAs. This is in line with study objectives as 60% of the savings are supposed to be spent on education.

Study Participants Perception about Usefulness of a bank Account

15.0 Out of 221 study participants, 191 (86.43%) reported that having a bank account is useful while 3(3.0%) said it was not and 18 (8.14%) did not know. Only 9(4.7%) did not give specific response. Among females out of 127, 115 (90.55%) reported bank accounts are very useful compared to 76 (80.85%) males out of the 94. Generally majority of study participants do recognize that having bank accounts is very useful

Participants Committed to Maintaining Bank Accounts at the end of the Study

16.0 Of the 172 study participants with bank accounts, 148(86.05%) reported commitment to maintaining the bank accounts while 24 (13.95%) said they will not. By gender out of 99 female adolescents, 87 (87.88%) were committed to maintaining the bank accounts while 61(84.93%) out of 73 male adolescents were committed.

Participants with IGAs

17.0 Although the number of participants visited was 221, IGAs are 305. This is because some participants have more than one IGA. Poultry rearing is the most common IGA with 113(37.05%), piggery rearing 79(25.91%) while crop farming takes the third position with 52 (17.05%) and 19(6.23%) did not have any IGA. A total 70 (31.67%) participants had more than one IGA. This is highly commendable because diversification increases income by reducing risks and taking advantage of price fluctuations. Enterprise mix is one of the recommended approaches to subsistence farmers

Reasons advanced for choosing particular IGAs

18.0 Over all 20% chose IGAs based on low startup capital, 18% on profitability 18%, 36% on easy to feed , 14% on highly marketable, 10% on less time required to manage the IGA and 13% on past personal experience . The ability to recall these factors off head is indicator that their choices were done from an informed position.

Benefits from IGAs

19.0 Study participants mentioned a number of benefits that they have realized from the IGA component. These benefits include ability to access education, 33.77%, acquiring management skills 39.91% and benefiting from matching their deposits 21.05%, realizing income and accessing health services.

Sales from IGAs

20.0 The home visit exercise established that 29% of participants interviewed (N=221), had earned at least 50,000 in the last 6 months, while 7% earned between 51,000- 100,000 and another 7% earned between 101,000-2000, 000. Findings further showed that 8% earned between 201,000 to 300,000 and only 1% earned over 700,000. While these earnings from IGAs may not seem substantial, to an ordinary youth in rural setting, it means much to him/her.

What other Adolescents admire about Study Participants with IGAs

21.0 It was evident that 26% of the study participants visited reported that other adolescents admire them about the income they get, 29.41% reported other adolescents admire them because of being able to cater for their needs, living responsible life 15.84%, being able to manage their time better 9.05% and being able to pay fees 10.41%. How IGAs have changed lives of study Participants

How IGAs have changed lives of study participants

22.0 Study participants reported that IGAs have changed their lives in many aspects. 90 (40.2%) reported that IGAs have given them hope of better life, 39(35.75%) have hope of completing their primary education and Improved nutrition accounts for 4.07%, Raising hopes by reducing hopelessness among study participants is a contribution that should be commended because having hope in life changes ones behavior, increases concentration in class, improves attendance and retention in school. Having hope also motivates a person to save, lead responsible life- non risky; and changes ones behavior generally.

New Knowledge leant from IGA Training

23.0 It was observed 52.49% reported that they learned about saving and investing in IGAs, 9.95% learnt how to rear animals, 9.05% leant how to keep good records

Challenges Experienced by Study participants

24.0 Participants faced a number of challenges over the last eight months. Over all 28.18% of the participants visited faced drought, 47.27% experienced pests and diseases, 1.36% had challenges of startup capital while 14.25% had challenges with high cost of animal feeds

Study Participants Recommendations

Study Participants made a number of recommendations to both ICHAD and extension workers. The recommendations varied according to mandates – ICHAD as the research institution and extension workers as government workers mandated to extend extension services to communities.

25.0 Recommendations to ICHAD

a) 14.03% recommended that IGA startup capital be increased
b) 4.07% recommended that study participants be provided with school requirements
c) 13.57% recommended that participants involved in IGAs be provided with agriculture inputs
d) 7.06% recommended that procedures for withdrawing money from the banks be relaxed and reduced
e) 47.52% recommended that refresher IGA trainings be organized

26.0 Recommendations to Extension Workers

a) Conduct regular home visits to provide on farm training
b) Continue to conduct more home visits (56.11%),
c) Provide quality agric. inputs 4.07% and
d) Respond to emergencies when called upon 19%

Support received from extension workers

28. Study participants were asked if the extension workers who trained them during IGA trainings ever visited them to provide onsite practical technical support which is even more crucial than the classroom training. At the time of engagement, ICHAD advised the extension workers to continue supporting the families and more so the study participants. This is the very reason extension workers were asked to facilitate IGA sessions within their locality to reduce on logistical requirements while visiting the participants.
It is evident that extension workers did not frequently visit study participants to provide technical support. According to the findings only 66 (29.86%) study participants were visited while 61.54% of the participants were not.. Probably if this had happened, participants could have earned more income from their IGAs. The participants that were visited were given more support on feeding (9%), good crop husbandry practices 14%, poultry management 12%, control of external parasites 18%, and treatment of diseases 23% among others

Recommendations by Extension Workers

29. The extension workers that participant in the support supervision made the following recommendations

a) They advised that ICHAD should organize refresher courses to enable the participants meet and share experiences. During these refresher trainings, participants will share challenges experienced lessons learnt and income earned. They will also share success stories and this will motivate others to take IGAs more seriously. During the refresher sessions, participants will ask a number of questions and technical staff will respond. By doing so even those who will not have experienced certain challenges will learn from others.

b) Participants who are doing well- managing their IGAs as trained and are realizing some reasonable income; they should be supported to expand their IGAs through their own sales, support of caregivers or matched savings.
c) Arrangements should be made by extensions ion workers to link participants to government programmes to access funds to expand their IGAs. A meeting be organized by ICHAD for local government official in charge of Operation Wealth Creation (OWC) initiated by government

1.0 Introduction

1.1 SUUBI+ Adherence Study Project

Suubi+Adherence is a 5 year research project that started in 2013 and is implemented in the Greater Masaka region comprising of Masaka, Rakai, Lwengo, Bukomansimbi, Lyantonde and Kalungu districts. This is a region known to be the epicenter of HIV and AIDS and has the highest HIV prevalence rate in Uganda estimated at 11.2 %(Abasa Andrew et al 2012); much higher than the national average of 7.3% (UAC 2012). Uganda is still classified as a high burden country with high number of persons living with HIV which has continued to increase as a result of continuing spread of HIV, and increased longevity among persons living with HIV.
The Adherence study is being implemented in 39 (20 treatment and 19 control) public and private health facilities. The study has 702 study participants living with HIV, aware of their status, and on ART treatment.

The project has a component of matching savings for study participants under treatment arm only. ICHAD is in partnership with DTB and Centenary banks; and Kakuuto micro finance where study participants were supported with initial capital to open bank accounts. Every child who saves money, the project matches it with project funds in the ratio of 1:1. The money can be used for three purposes a) economic empowerment (start or expand a family based IGA owned by the study participant); b) Education (buy school requirements or pay fees,) and c) health purposes (meet medical expenses including drugs not offered at health centres during routine visits for ARV refills and checkups and transport to health centres) among others.

As part of the intervention, the project trains study participants and their caregivers in IGA so as to spur study participants to start family based IGAs that will eventually generate income to enable them eke a living by affording basic needs while saving some of their proceeds from IGAs in their bank accounts to act as a buffer in the future.

1.2 Study Aim and Objectives

Suubi+Adherence are informed by an efficacious economic empowerment intervention previously tested in Rakai and Masaka among children affected by AIDS. The aims of the study are; to Provide support for adherence to antiretroviral therapy (ART) and Promote income-generating activities for poor HIV+ adolescents and their families so that there is sufficient income to meet the specific needs associated with managing HIV as a chronic illness (e.g. having sufficient nutritional resources, and funds to cover costs associated with medical care, such as transportation, and medication).

In implementing this study, Columbia University collaborates with three institutions namely Masaka Diocese, Rakai Health Services Programme (RHSP) and Reach the Youth-Uganda (RTY). In this study, RTY is responsible for training the 358 (155 boys and 203 girls) study participants in IGA from the 20 health facilities that fall under the treatment arm. In addition RTY has overall responsibility of designing the training manual, assembling and inducting the training team, liaising with government extension workers, conducting the training and preparing consolidated IGA training reports for onward submission to the PI.

1.3 Income Generating Activities (IGAs)

The IGA component of the Suubi+Adherence study aims to enable study participants, and their care givers and families, to gain knowledge and skills about IGAs as well as access to income. IGAs enable participants to have the opportunity to meet basic needs such as scholastic materials, basic medical care, and transport to health facilities for ARV refills, counseling and guidance. (Private Sector for Better Health 2009: Economic

Strengthening for HIV/AIDS Affected Communities: Evidence of Impact and Good Practices; Ssewamala, Michael Sherraden Working Paper No. 04-05 2004: Integrating Savings into Microenterprise Programs for the Poor: Do Institutions Matter; Fred Ssewamala, Lissa Johnson, Michael Sherraden etal 2010: Youth Savings around the World: Youth Characteristics, Savings Performance, and Potential Impacts). The economic empowerment component of the study has the following five aims:

a) Supporting study participants with initial funds to open bank accounts and matching savings deposited in the study participant's bank accounts.
b) Linking study participants and caregivers to the nearest banks within their localities.
c) Training participants on how to manage bank accounts including depositing money and reading bank statements.
d) Training study participants and caregivers in IGAs, including identifying viable and feasible IGAs and how they should be sustainably managed for the purpose of realizing profit with support of their families and extension workers.

1.4 Importance of IGAs

Income generating activities (IGAs) are important for low income subsistence families and more so those affected and infected by HIV and AIDS. They enable families to engage in activities that bring in income to meet basic needs such as household items, health care and social welfare. For families with school going children, regardless of the educational levels, IGAs have been identified as the main source of income for families to support their children's education.

IGAs play another important role in defining the behavior of children involved in running and managing family/ individual IGAs. IGAs promote initiative, responsibility and self-sustenance, and give hope and new life to those involved. In additions families which have IGA or regular income are motivated to participate in community initiatives because they feel they have something to share or talk about. IGAs are geared towards sustainable development by creating sustainable income flows. In families with people living with HIV and AIDS, be it children or parents/guardians, IGAs are even more critical. Such families have numerous socio-economic challenges namely affording education requirements for their children, food, clothing, medication and even transport to health centers to access medical supplies.

The IGA is considered a crucial part of the SUUBI+Adherence Study as it enables participants and guardians to gain knowledge of IGAs and the skills to start, manage and sustain them. . In addition, IGAs provide access to income, which can provide for basic needs such as scholastic materials, as well as house hold items and basic medical care.

The IGA component of the Suubi+ adherence research project consisted of four training sessions. Session I introduced study participants and guardians to the concept of IGAs (what is an IGA, Importance of IGAs, how do you select an appropriate IGA, factors you need to consider among others). Session II involved training participants and caregivers in crop and animal husbandry practices with support of agriculture/ veterinary extension workers. Session III focused on interfacing with participants and allowing them to ask questions relating to challenges they were facing in managing their IGAs. Its main purpose was to provide support and establish whether study participants had in started an IGA. Session four was the final activity which required that the project conduct home visits to families of study participants and their care givers. These home visits were conducted to assess the impact of IGAs on the lives of study participants in particular in relation to education.

1.5 Study Participants trained during sessions I and II

From the 20 Health Centres under the treatment arm, the project expected a total of 358 adolescents (155 boys and 203 girls) to attend every training sessions organized by ICHAD. However in session I, 272 (119 males

and 153 females) representing 76.0% attended while in session II, 277 (125 males and 152 females) representing 77.4% attended. During home visit (session III) 245 (106 males and 139 females) representing 68.44% were visited in their homes but only 221 (127 females and 94 males) we found at home.

	Males (N=155)	Females (N=203)	Total (358)	% attendance
Session I	119	153	272	76.00
Session II	125	152	277	77.4

During session one , reasons for nonattendance ranged from being sick and bed ridden 13.25%, in Kampala for holidays 21.48%, taking care of sick guardian 4.82%, arrived after training 6.02%, bad weather (rainy season) 2.41%, transferred to another clinic 8.13%, ran away from home 7.23%, reasons not given 28.92% and went for burial 1.2%. In session II, reasons for non-attendance were; participants were in Kla 14.8%, reason unknown 43.2%, had gone for holidays outside project area 38% and sick 4.6%,

During session III, support supervision at house hold level, the team had planned to visit 245 homes but the teams were not able to interact with 24 study participants because ; 4 (16.66%) had no IGA, 10(41.66%) not at home, 2 (8.34%) did not get information about the visit , 6 (25.0%) their homes could not be located by extension workers, 2 (8.34%) relocated to unknown place,

2.0 Planning and management of support supervision home visits

2.1 Government infrastructural support to farming

Government extension workers with a bias in Agriculture and Animal husbandry are posted up to sub-county level to provide technical support to families engaged in animal and crop husbandry and ensure they adopt and practice approved farming practices. Extension workers were contracted by ICHAD to support the team in facilitating IGA training sessions as well conducting support supervision home visits to provide onsite training to study participants and their caregivers. The reason for involving extension workers is to ensure sustainability of technical support since extension workers live with the communities and in every sub county where study participants live.

2.2 Developing tools to guide support supervision visits

A tool was adopted to facilitate consistency (asking the same questions to all study participants) in data collection (IGA started and reasons for choosing particular IGA, saving and income from IGAs). The tool was discussed in a meeting with extension workers before home visits were conducted to ensure questions were relevant and to develop a uniform understanding of the questions and responses expected and how they would be entered into the question guide.

2.3 Meeting with extension workers

The purpose of the meeting was to brief them about the task, discuss the tool and schedule; as well as seek their consent to participate in the exercise. To reduce on time that would be spent on visiting study participants and to benefit from their technical capacity, 4 extension workers were co-opted and each was allocated families within their areas of work.

2.4 Scheduling of home visits

ICHAD and extension workers agreed that the exercise be conducted and completed within 30 days and preferably during holidays when most study participants were expected to be at home. Each extension

worker was given freedom to schedule his home visits. The entry point was a health center where the study participants access health services, then the village and contacts of the caregiver. Lists of study participants were availed to extension workers with tel contacts of caregivers and their villages

2.5 Determining Study Participants to visit

The study participants that were visited were purposively selected basing on the list of study participants who had established attended IGAs, those who opened bank accounts, those that were saving and those that had not saved anything at all despite having bank accounts. . During the home visits, a total of 245 (106 males and 139 females) study participants were visited, out of which 24 (17 males and 7females) were not found at home.

2.6 Basis of analysis of the home visit findings

The analysis in this report is based on the 328 participants that were found at home and had IGAs. There were no repeat visits for participants that were not found at home

3.0 Findings during support supervision home visits

The data analysis was using CSPro5.0 and later exported to STATA12.0 for analysis. Findings are presented in the proceeding sections.

3.1 Home visited by project team

3.1.1 Participants visited and found at home

Out of 358 participants under the treatment arm, 245 (106 males and 139 females) were visited representing 68.4% of total participants under the treatment arm. A total of 221 (127 females and 94 males) participants were found at home and interviewed while 24 (12 males and 12 females) were not able to participate in the exercise and reasons advanced were that 4 (16.66%) had no IGA, 10(41.66%) not at home, 2 (8.34%) did not get information about the visit, 6 (25.0%) their homes could not be located by extension workers, 2 (8.34%) relocated to unknown places,

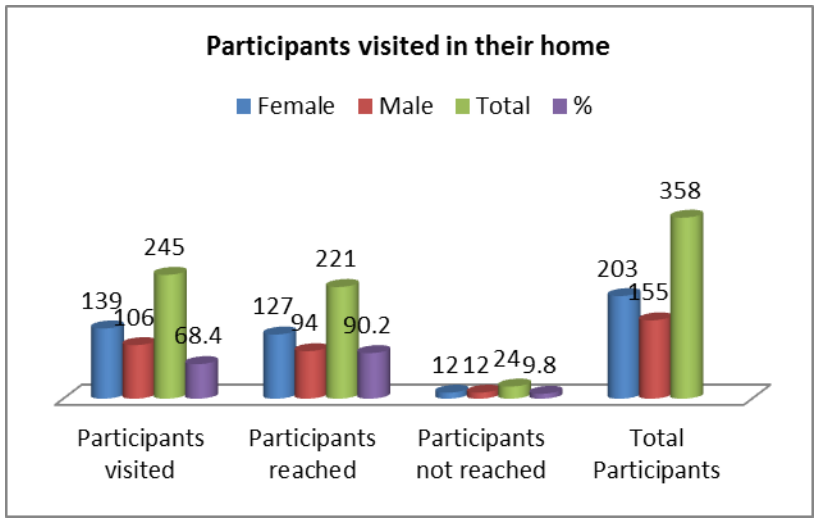

Figure 1: Study participants visited

3.1.2 Orphan hood levels

Out of 221 participants visited 151 (88 females and 63 males) are orphans while 70 (39 females and 31)males are non-orphans as shown in the graph below.

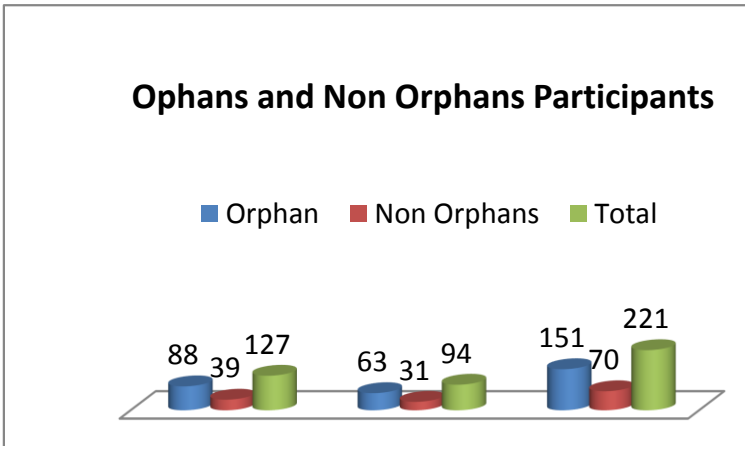

Figure 2: Orphans and non-orphans

3.1.3 In and Out of school Youth

Among the 221 participants visited and found at home 127 were females with 109 (85.8%) in school and 18 (14.2%) out of school while 94 were males with 75 (79.9%) in school and 19 (20.1%) out of school.

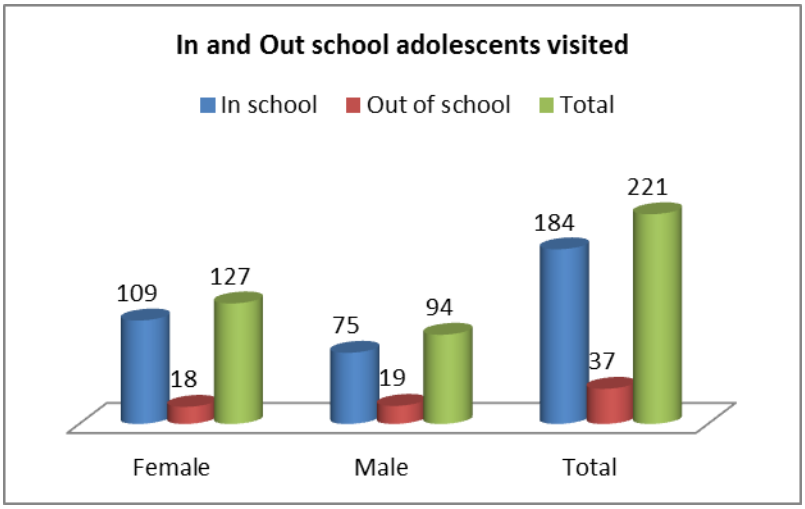

Figure 3: Schooling status

3.1.4 Level of Schooling

Out of the 184 that in school, study participants in lower primary (P1-P4) are 57(26 males and 31 females) while those in upper primary are 82 (49 females and 33); secondary level are 38 (24 females and 14 males) while those in vocational schools are 11 (8 females and 3 males)

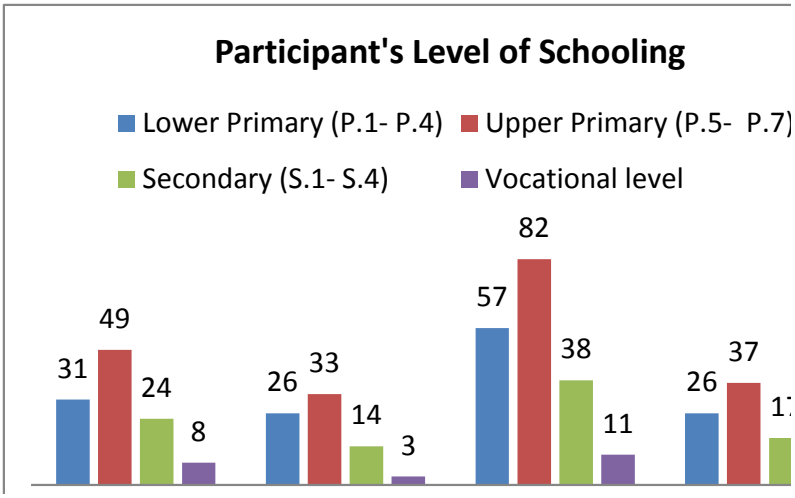

Fig 4: Participant's level of school

3.1.5 IGA attendance levels by Participants

Participants were asked to mention how many times each one of them had attend IGA training. It's observed that out of 127 females who attended IGA trainings only 9 attended once while 118 attended the two IGA trainings organized by the project. On the other hand out of 94 males, only 7 attended once while 87 attended both trainings conducted. In total 205 adolescents visited attended twice parity 16 attended once being represented by 92.76 % and 7.24% respectively. From the graph below, participants visited show high level of interest in the IGA trainings. Reasons advanced for not attending the IGAs ranged from did not get the invitation (12%), was not feeling well (78%) and had travelled (10%).

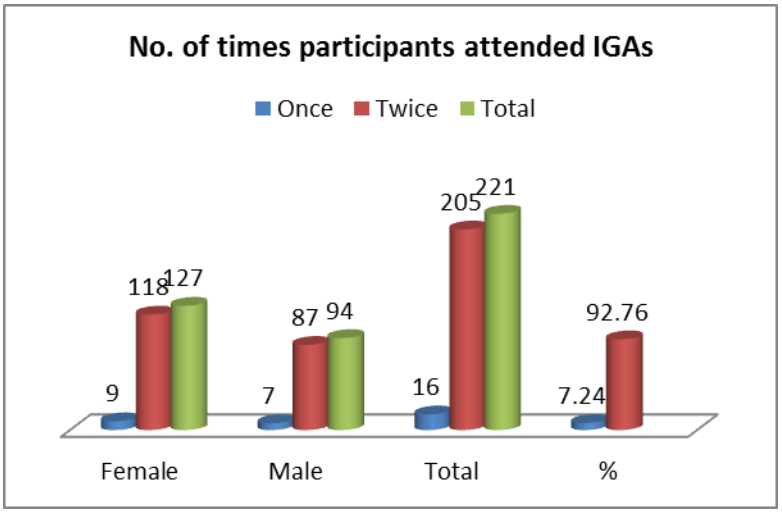

Fig 5: Participant's IGA attendance levels

3.1.6 Caregivers/Guardians who attended of IGA Trainings with their children

According to the study design, it is recommended that that each study participants attends with their caregivers. The visit found out that 57.47% of the female participants compared to 42.53% of the male adolescents attended IGA trainings with their caregivers. Over all 91.4% of the adolescents attended with their caregivers. This demonstrates commitment of caregivers have, high mobilization ability of contact persons at health centres, positive attitudes of caregivers to the study and probably anticipated benefits

associated with the study. Considering that these adolescents are on ART, caregivers feel insecure if the adolescents are left to travel on their own. It is important that caregivers attend the IGAs with their children because they are expected to support and assist in the management of the IGA and more so those who are still in school and importantly those who are boarders

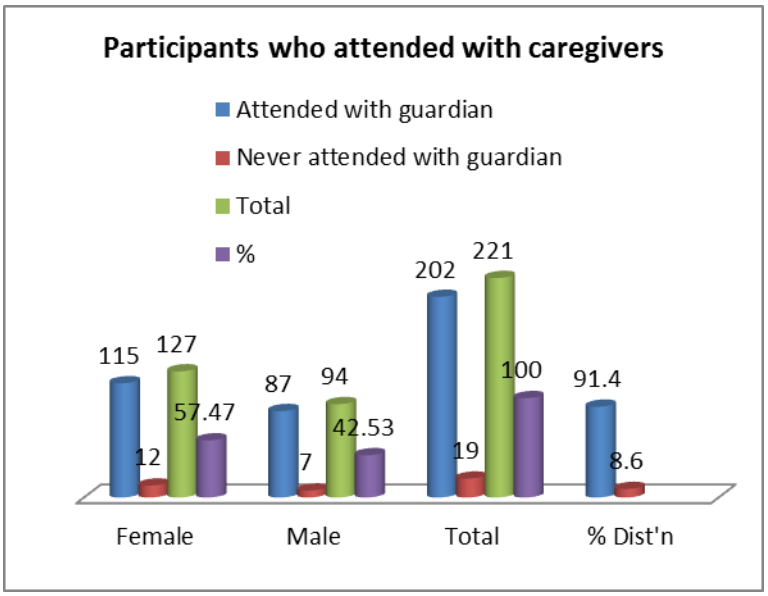

Fig. 6 Participants who attended with caregivers

3.1.7 Reasons why care givers did not attend IGAs trainings with study participants

Most of the caregivers are old and some infected by HIV. From the graph, of the guardians who did not attend with the adolescents under their care 26.3% were sick, 26.3% had travelled 5.3% not interested 5.3% and 42.1% had various reasons

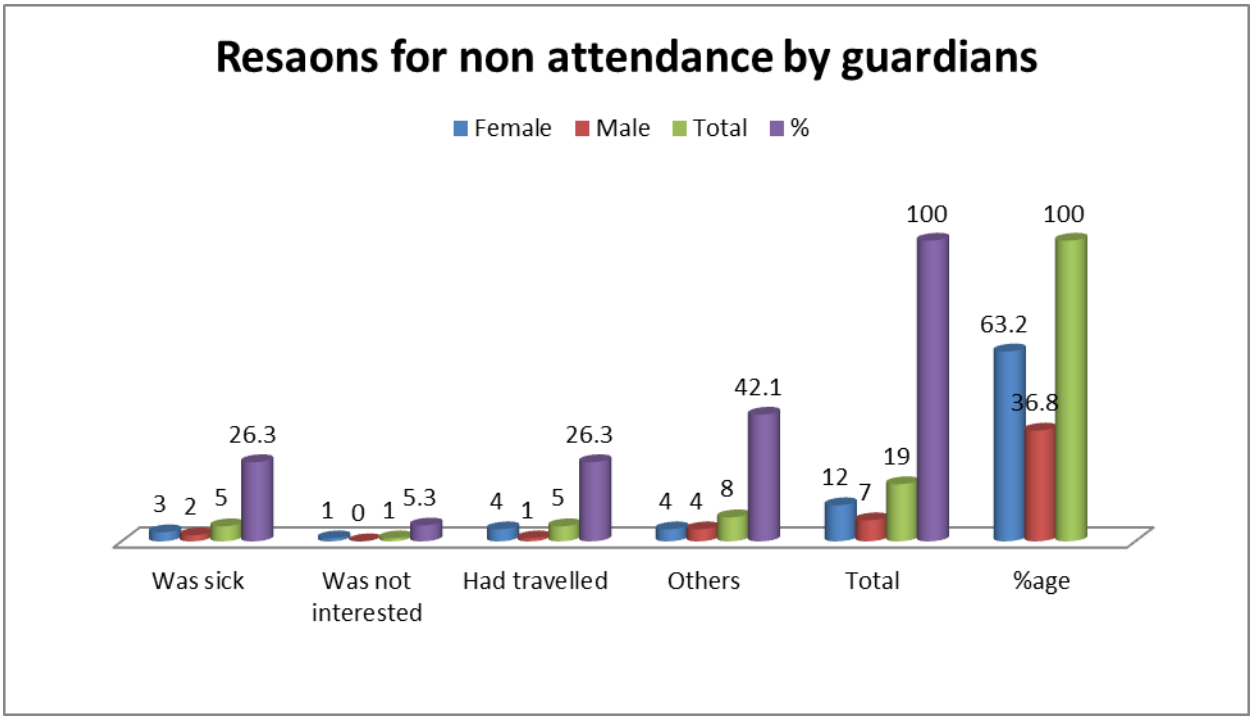

Fig 7: Reasons why caregivers did not attend

3.1.8 Skills Acquired From IGA Training

Participants acknowledge they acquired skills from the IGA training with 60 (27.15%) affirming that indeed they acquired skills in poultry management; 44 (19.9 %) in saving; 28 (12.6%) in agronomic practices and 23 (10.4%) in piggery rearing . Other skills mentioned off head were management practices 25(11.3%), planting in rows 16 (7%), animal selection 12(5.4%) These are essential in profitable management of IGAs .

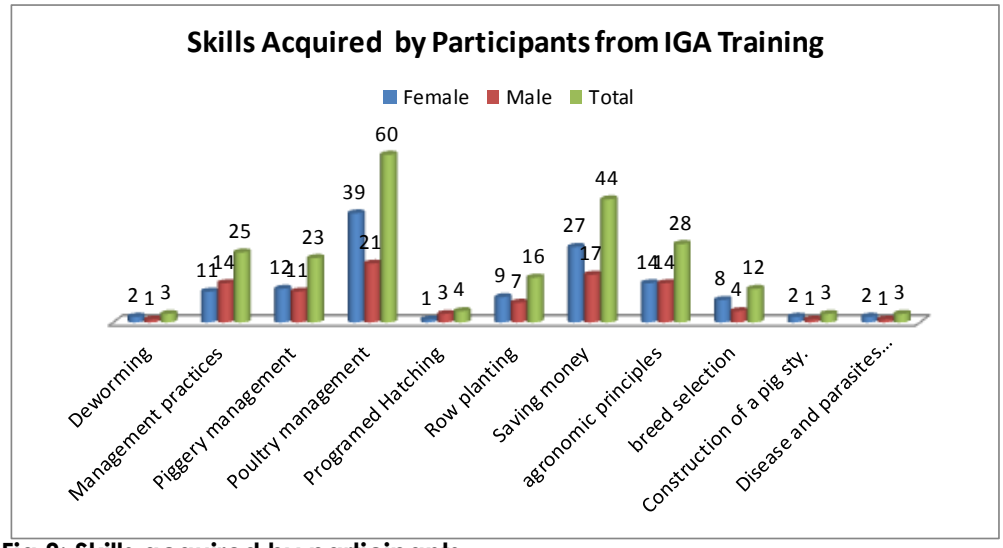

Fig 8; Skills acquired by participants

3.2 Bank Accounts Information

3.2.1 Study Participants with bank Accounts

Out of 221 study participants visited, 172 (77.83%) opened bank accounts and were able to show their bank slips and could remember when they last made deposits. Of the 94 male adolescents visited 73 (77.65%) opened bank accounts compared to 99 (77.95%) of the female adolescents. Over all 77.83% of the 221 adolescents visited open bank accounts while only 22.17% did not.

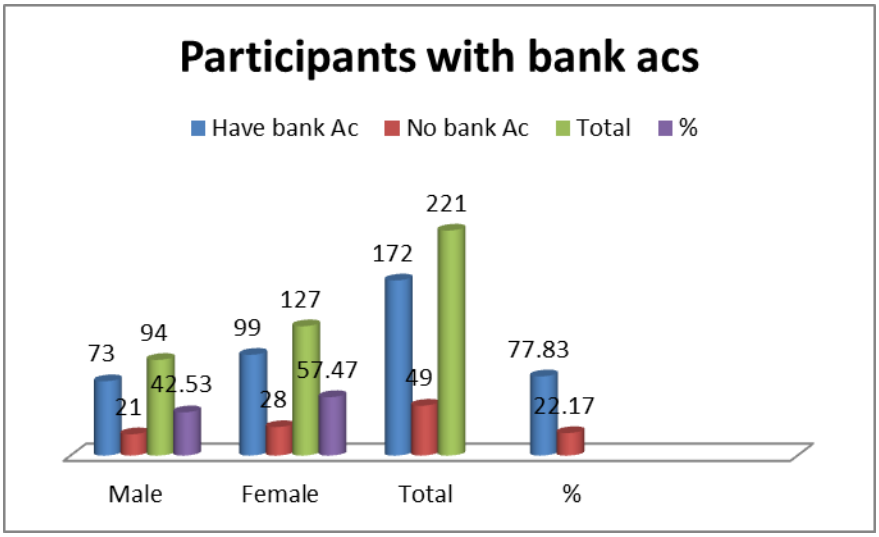

Fig 9. Participants with bank accounts

3.2.2 Reasons for not opening bank accounts

Over all 49 (22.17%) study participants visited did not open bank accounts. This is represented by 21(42.86%) males and 28(57.14%) females. Participants who did not open bank accounts attributed this inability to banks being too far 5(10.2%), guardians having stopped them at 1(2.04%), 15(30.6 %) could not give any reason , 1(2.04%) said they were not interested while others accounted for 27(55.10%)

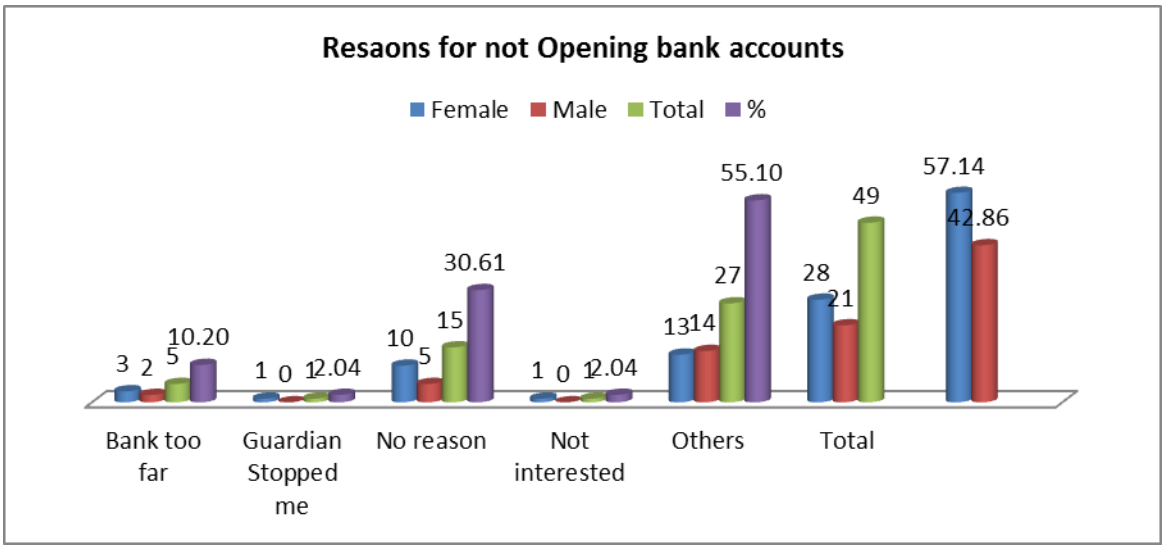

Fig 10: Reasons for not opening bank accounts

3.2.3 Saving Frequencies

Each of the study participants was asked to mention how many times he/she had saved since opening the bank ac. Over all 20.03% did not save anything, 44.77% saved between 1-5 times, 9.30% saved between 6-10 times, 5.23% saved between 11-15 times while 4.65% saved 16-20 times, and 14.53% were not sure.

It was noted that generally female adolescents saved better than males in all groupings as shown by the staff below. For example among those who saved between 1 and 5 times, females were 40 and males 37 while those who saved 6 to 10 times females were 10 and males were only 6. Unfortunately the visit team did not include a question that would have explained the difference

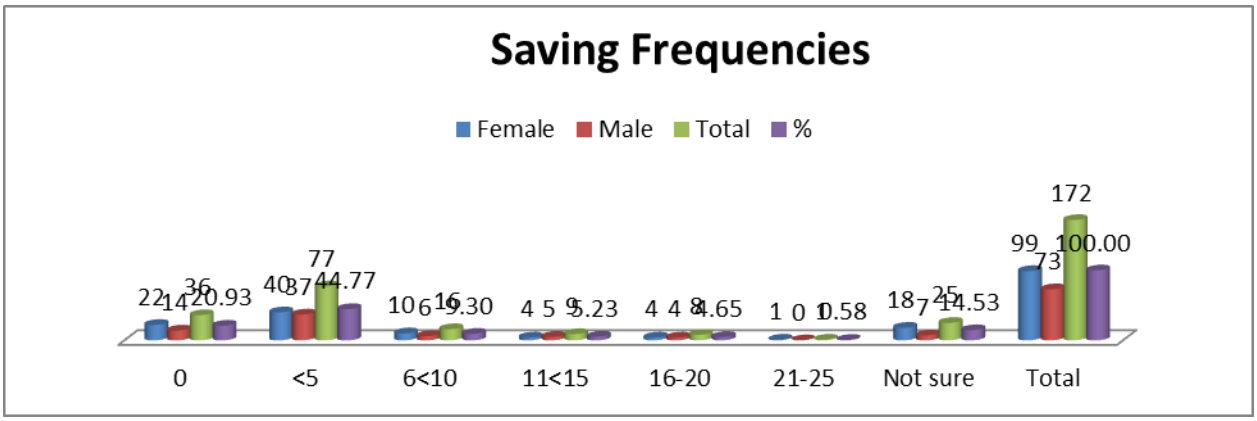

Fig 11: saving frequencies

3.2.4 Saving levels and Amounts

Out of 172 participants who had bank accounts, 113 (65.7%) have on their accounts 1-50,000 by the time of the supervision visit while 23 (13.37%) had 51,000 to 100,000; 15 (8.72%) has 101,000-200,000; 6 (3.49%) has 201,000 to 300,000; 6(3.49%) had 301,000 t0 400,000; 5 (2.19%) had 401,000-500,000; 2 (1.16%) had 501,000 to 600,000; and 2 (1.16%) had 601,000 to 700,000. Over all 99 females and 73 females had money on their accounts at the time of the home visit

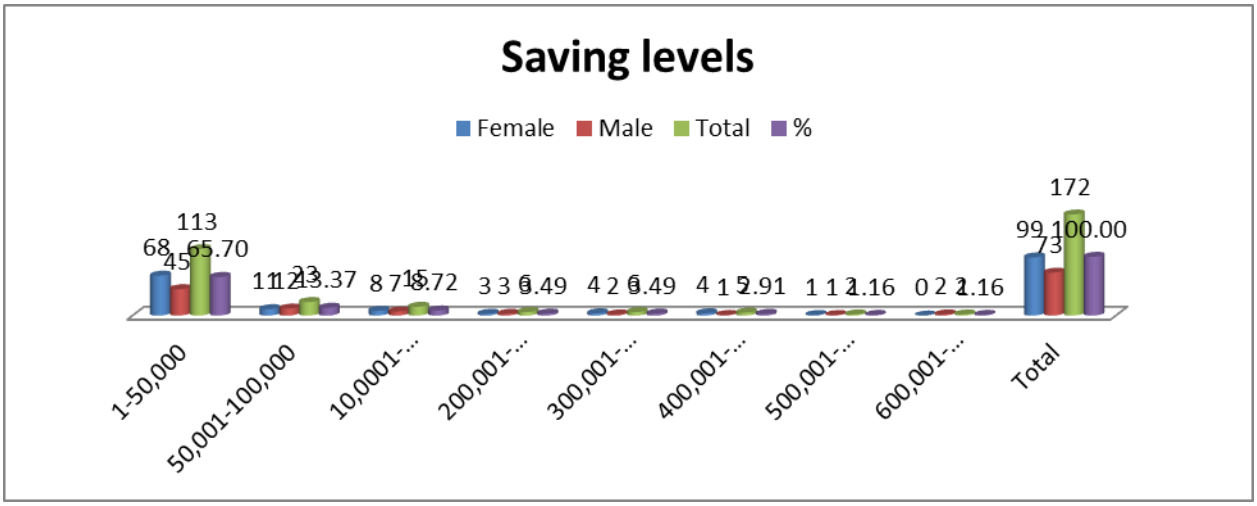

Fig 12: Saving amounts

3.2.5 Participants Withdraw of Money from bank Accounts

Of the 172 participants who had money on their accounts, 52(30.23%) had ever withdrawn money by the time of the visit and 120 (69.77%) had not as reported by the study participants themselves.

Among the female adolescents, 37 (37.37%) had withdrawn money while 62 (62.62%) had not compared to male adolescents where 15 (20.52%) had withdrawn and 58(79.48 %(had not withdrawn.

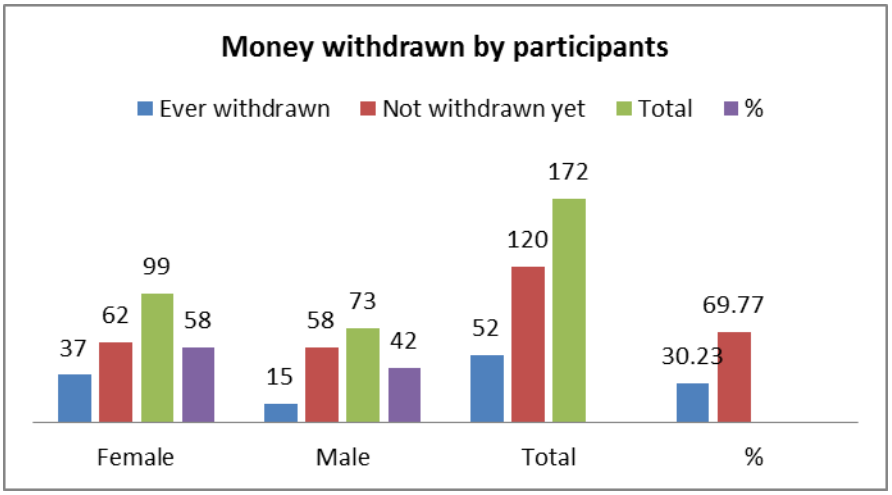

Fig 13: Withdraws ever made

3.2.6 Use of money withdrawn by study participants

Out of the 52 study participants who reported to have withdrawn money from their bank accounts, 37 (71.2%) used to pay education related costs- fees while 9 (17.31%) used to meet health related costs and only 6 (11.54%) used it to start or expand their IGAs. This is in line with study objectives as 60% of the savings are supposed to be spent on education.

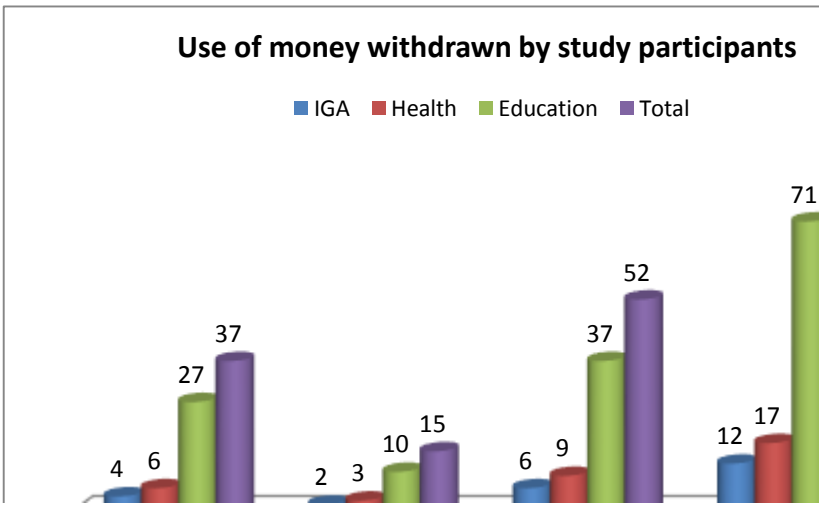

Fig 14: Use of money withdrawn by participants

3.2.7 Study Participants Perception about Usefulness of a bank Account

Out of 221 study participants, 191 (86.43%) reported that having a bank account is useful while 3(3.0%) said it was not and 18 (8.14%) did not know. Only 9(4.7%) did not give specific response

Among females out of 127, 115 (90.55%) reported bank accounts are very useful compared to 76 (80.85%) males out of 94. Generally majority of study participants do recognize that having bank accounts is very useful

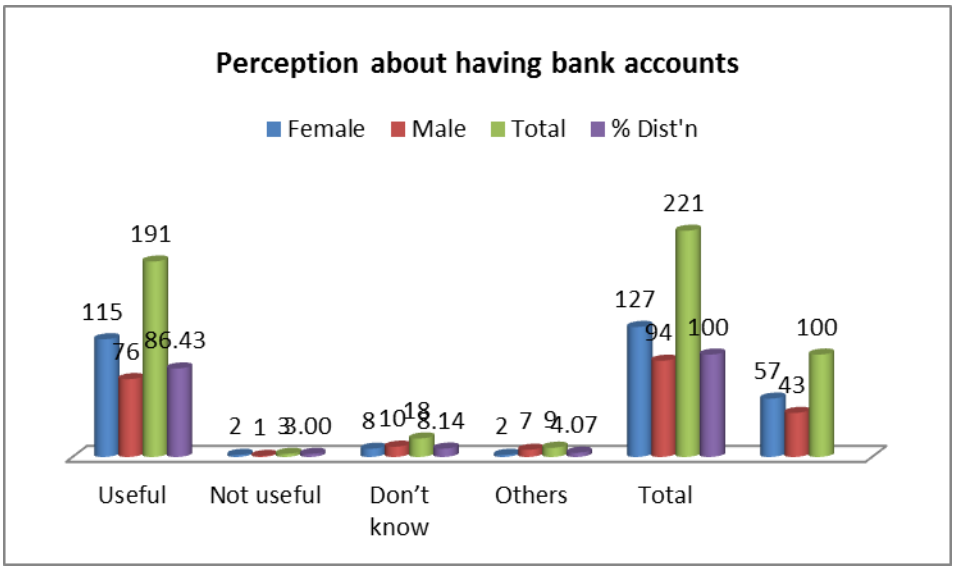

Fig 15: Perceptions about banks

3.2.8 Participants Committed to Maintaining Bank Accounts at the end of the Study

Participants were asked if they would maintain operating the bank accounts when the study ends. Of the 172 study participants with bank accounts, 148(86.05%) reported commitment to marinating the bank accounts while 24 (13.95%) said they will not. By gender out of 99 female adolescents, 87 (87.88%) were committed to marinating bank accounts while 61(84.93%) out of 73 male adolescents were committed.

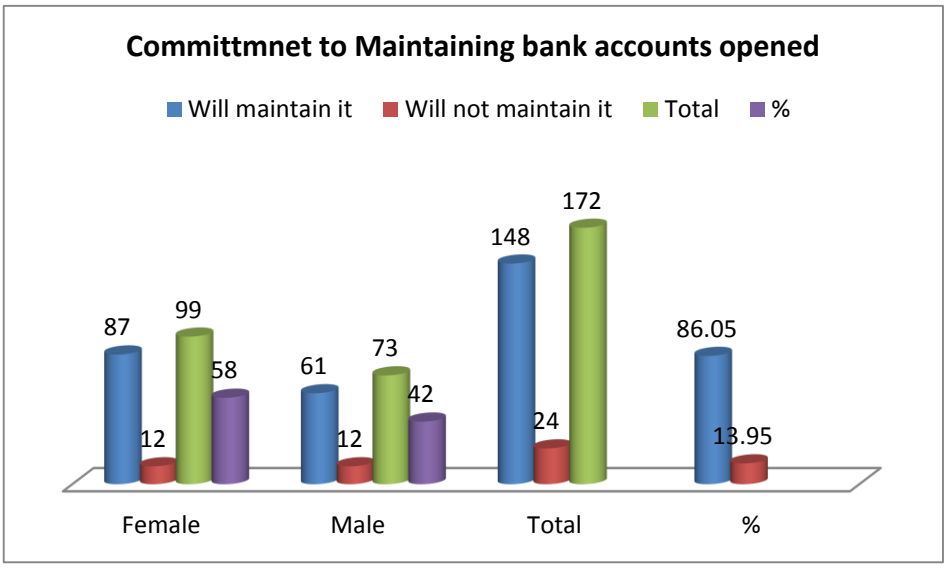

Fig 16: Participants Commitment to maintaining bank accounts

3.3 Information about IGAs

3.3.1 Participants with IGAs

Although the number of participants visited were 221 the number of IGAs are 305 because some participants have more than one IGA. Poultry rearing is the most common IGA with 113(37.05%) followed by piggery rearing with 79(25.91%) participants involved. Crop farming takes the third position with 52 (17.05%). During the visit it was also established that 19(6.23%) did not have any IGA.

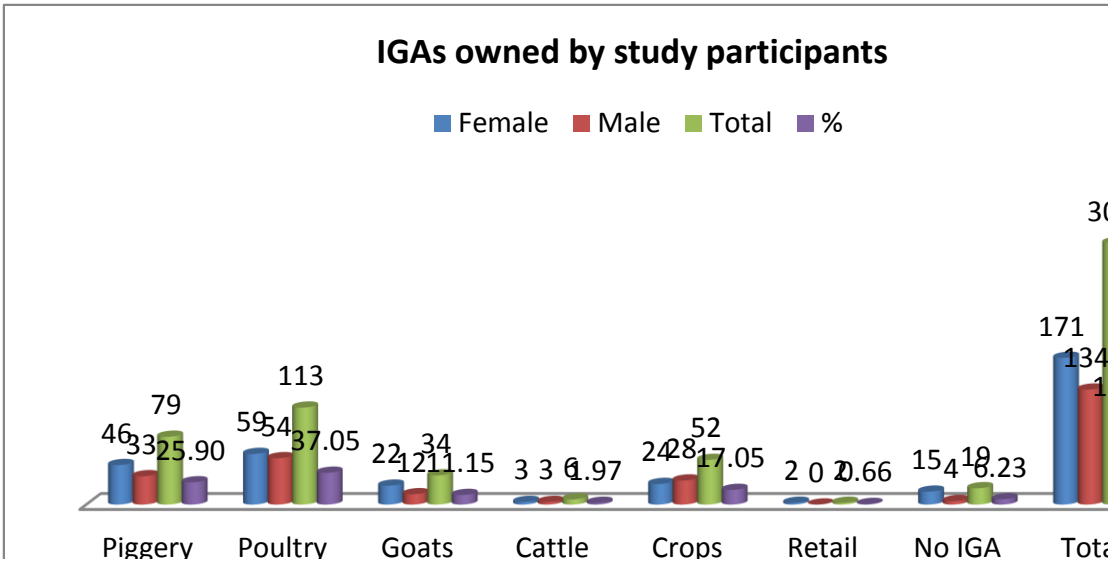

Fig 17: Participants with IGAs

3.3.2 Participants with Multiple IGAs

From the 221 study participants visited, 70 (31.67%) had more than one IGA. This is highly commendable because diversification increases income by reducing risks and taking advantage of price fluctuations. Enterprise mix is one of the recommended approaches to subsistence farmers

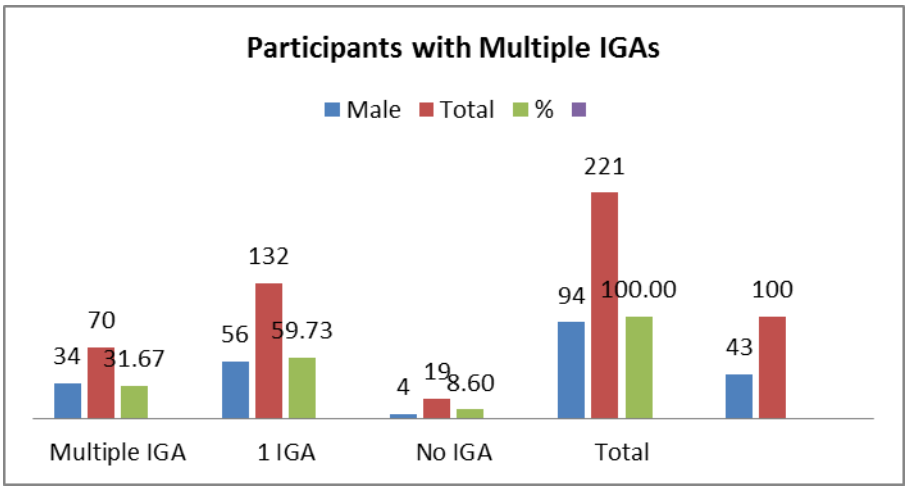

Fig 18: Participants with Multiple IGAs

3.3.3 Reasons advanced for choosing particular IGAs

Study participants were equipped with knowledge and skills to guide them in choosing a suitable IGA in previous trainings. They were informed that factors to consider include but not limited to personal experience, interest, initial startup capital and running costs, availability of market, payback period, profitability, and resistance to diseases among others. During the home visits, the study participants gave reasons they based on to choose the IGAs they are managing. Over all 20% chose IGAs based on low startup capital, others based high profits in short time 18%, easy to feed 36%, highly marketable 14%, less

time required to manage the IGA 10% and past personal experience at 13%. The ability to recall these factors are indicator that their choices were from an informed positon.

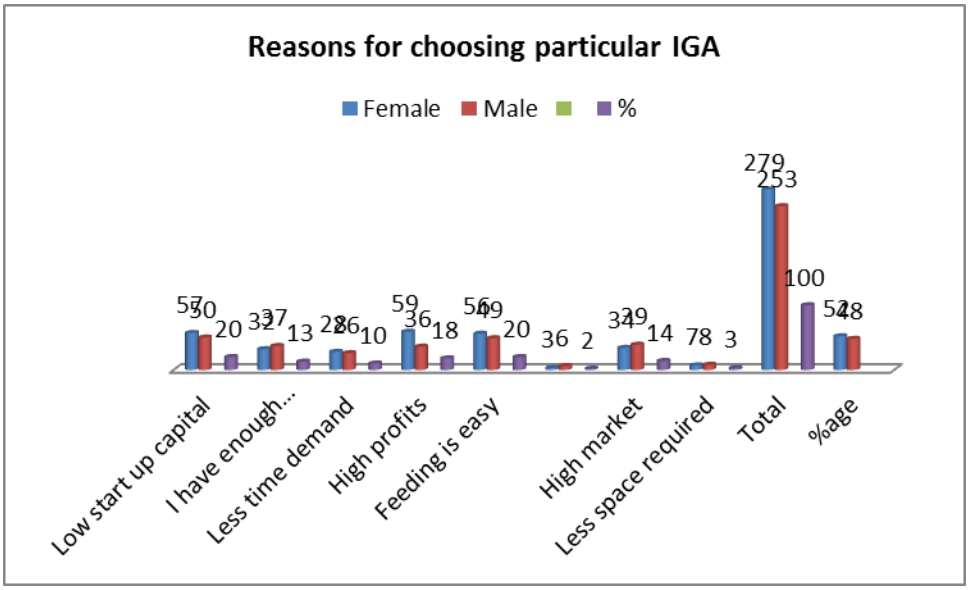

Fig 19: Reasons choosing an IGA

3.3.4 Benefits from IGAs

A number of benefits normally accrue from trainings ranging from capacity building if an individual is able to use the skills acquired. In the aspect of IGAs study participants mentioned a number of benefits that they have realized from the IGA component. These benefits include ability to access education, 33.77%, acquiring management skills 39.91%, benefiting from matching their deposits 21.05%.

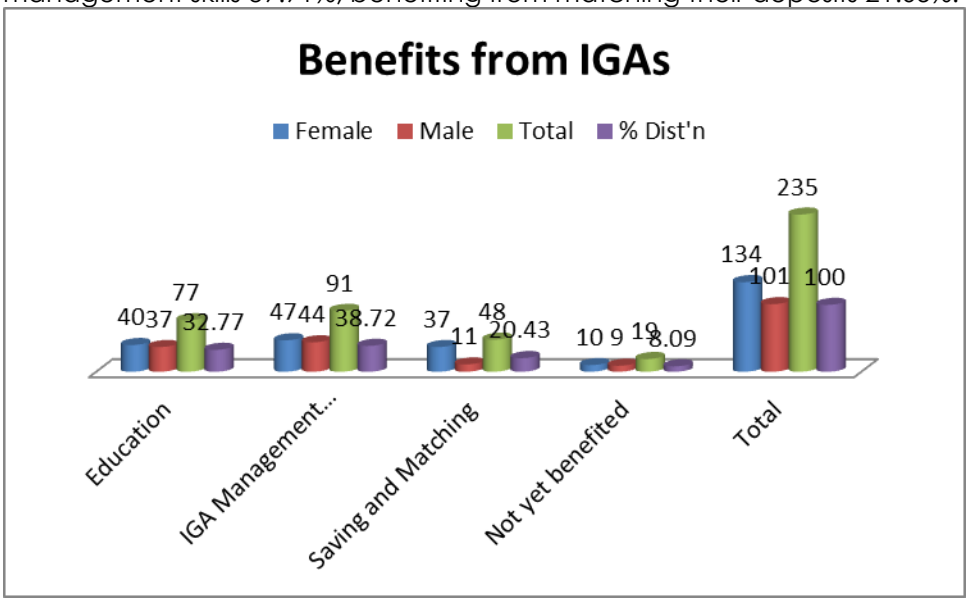

Fig 20: benefits from IGA

3.3.5 Sales and Income from IGAS

IGAs are meant to enable participants improve on their socio-economic status. To assess whether indeed the study participants are earning extra income from IGAs, the visiting teams solicited information on the sales from their IGAs. The home visit exercise established that 29% of participants interviewed (N=221), had earned at least 50,000 in the last 6 months, while 7% earned between 51,000- 100,000 and another 7% earned between 101,000-2000, 000. The graph further shows that 8% earned between 201,000 to 300,000 and only 1% earned over 700,000. While this earning may not be from IGAs may not seem substantial to an ordinary youth in rural setting, it means much to him/her.

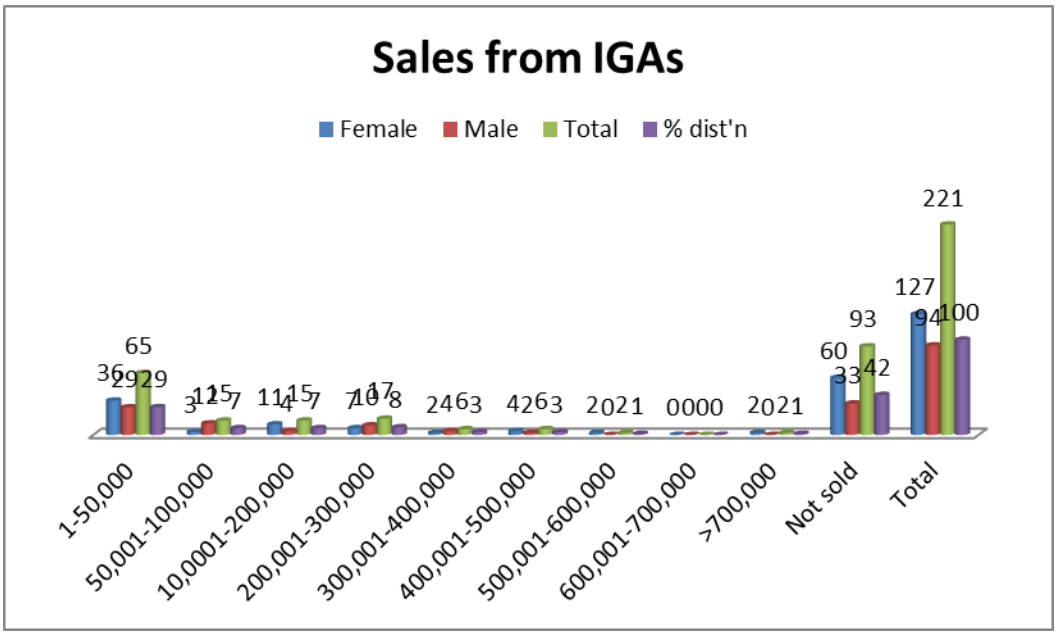

Fig 21: Sales and income from IGA over the last 6 months

3.3.6 What other Adolescents admire about Study Participants

Study participants reported that adolescents not participating in the study do admire them because of IGAs. For example 26% reported that other adolescents admire them about the income they get, 29.41% reported other adolescents admire them because of being able to cater for their needs, living responsible life 15.84%, being able to manage their time better 9.05% and being able to pay fees 10.41%.

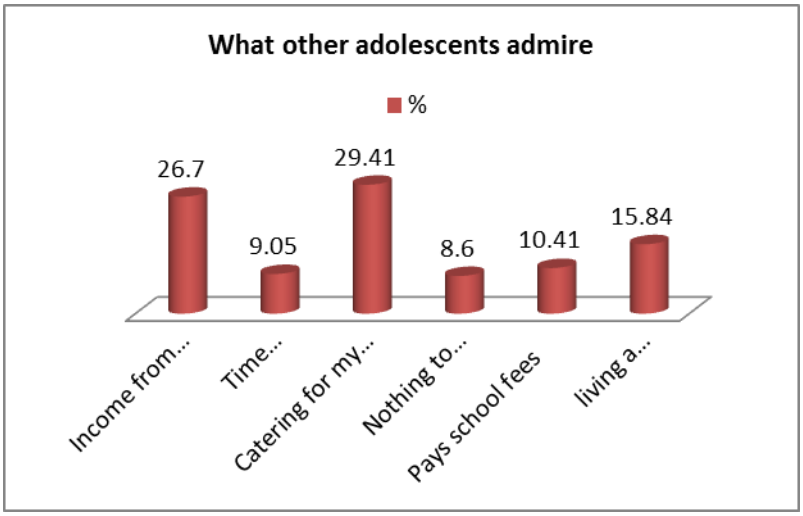
What other adolescents admire
%
26.7
9.05
29.41
8.6
10.41
15.84
Income from...
Time...
Catering for my...
Nothing to...
Pays school fees
living a...

Fig 22: Why other adolescents admire

3.3.7 How IGAs have changed lives of study Participants

Study participants did report that IGAs have changed their lives in many aspects. A total of 90 (40.2%) reported that IGAs have given them hope of better life, 39(35.75%) have hope of completing education, Improved nutrition accounts for 4.07%, widened their knowledge among others as shown in the graph below. Raising hopes by reducing hopelessness among study participants is a contribution that should be commended because having hope in life changes ones behavior, increases concentration in class, and improves attendance and retention in school. Having hope also motivates a person to save, lead responsible life- non risky; and changes ones behavior generally.

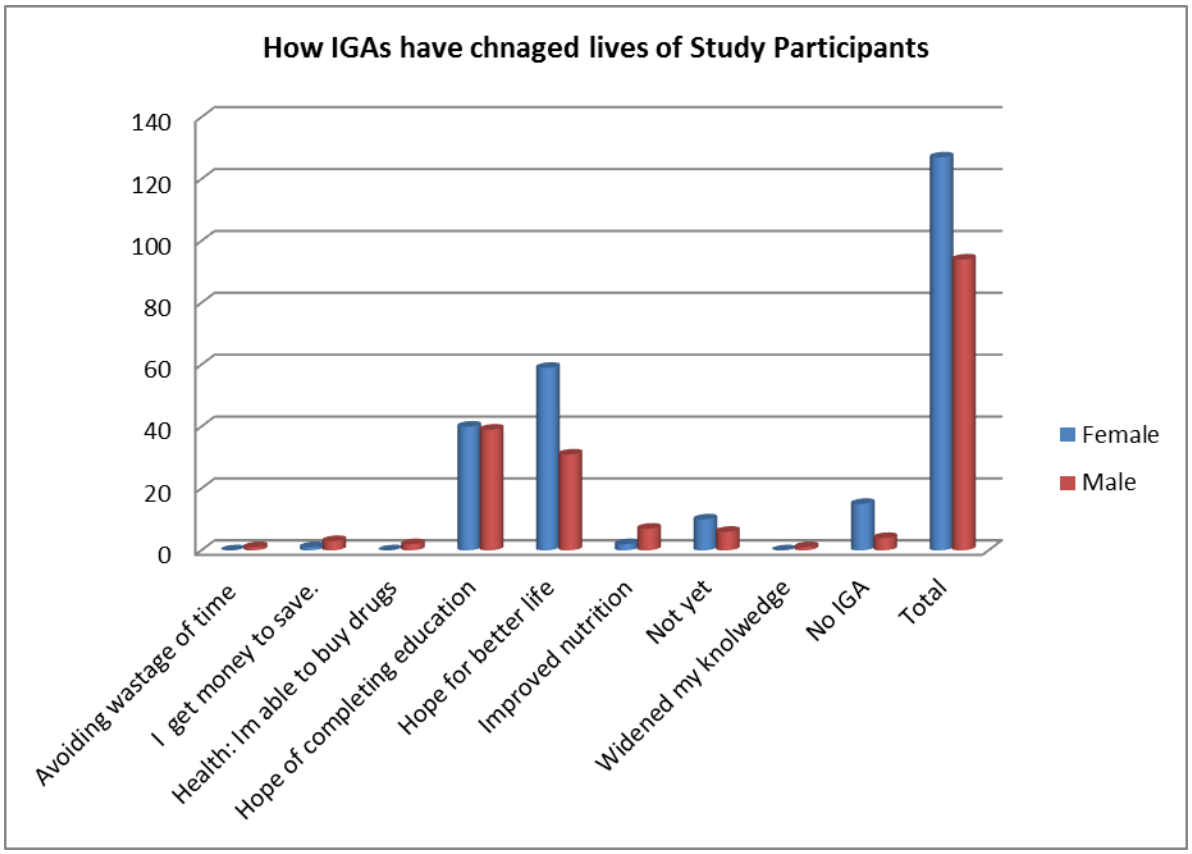

Fig 23; How IGAs have changed the participants lives

3.4 Challenges Experienced by Study participants

Participants faced a number of challenges over the last eight months and these include drought 28.18%, pests and diseases 47.27%, startup capital 1.36%, high cost of animal feeds at 14.25%. Most of these challenges have been addressed by consulting the extension workers for drugs (28%)

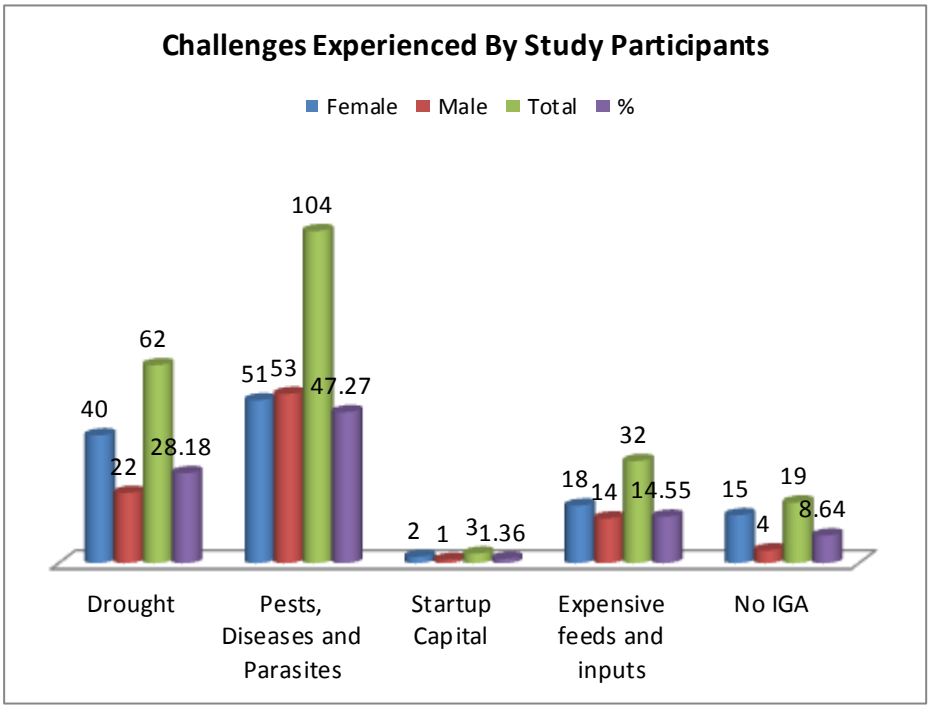

Fig 24. Challenges faced by study participants

3.5 Support received from Extension workers

Study participants were asked if the extension workers who trained them during IGA trainings ever visited them to provide onsite practical technical support which is even more crucial than the classroom training. This is very critical because most of the study participants and their care givers are not aware of recommended agriculture and animal husbandry practices. At the time of engagement ICHAD advised the extension workers to continue supporting the families and more so the study participants. This is the very reason extension workers were asked to facilitate IGA sessions within their locality to reduce on logistical requirements while visiting the participants.

It is evident that extension workers did not frequently visit study participants to provide technical support. According to the findings only 66 (29.86%) while 61.54% of the participants were not visited Hence did not receive more technical support after the training. Probably if this had happened, participants could have earned more income from their IGAs.

The participants that were visited were given more support on feeding (9%), good crop husbandry practices 14%, poultry management 12%, control of external parasites 18%, and treatment of diseases 23% among others

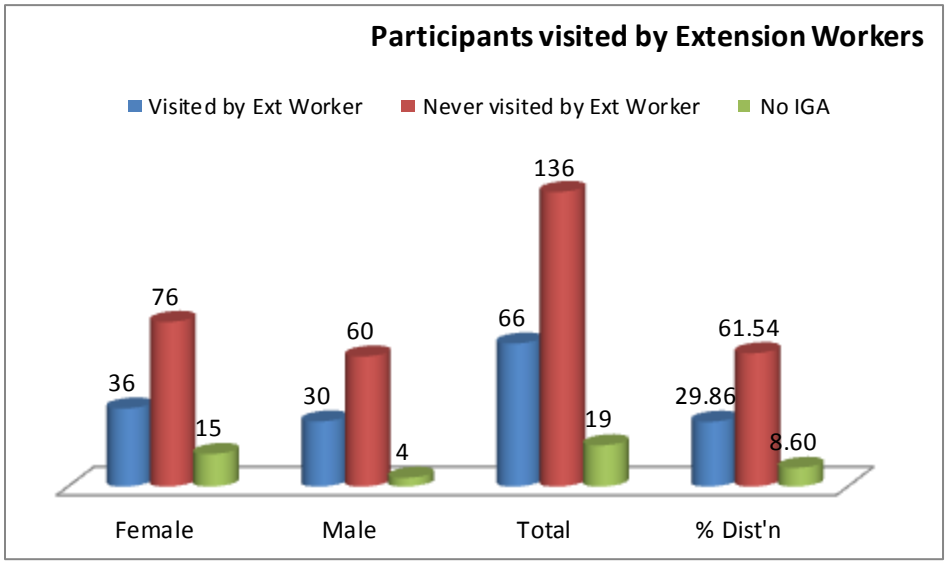

Fig. 25: Support received by participants from extension workers

3.6 Study Participants Recommendations

Study Participants made recommendations to both ICHAD and extension workers. The recommedations varied according to mandates – ICHAD and the research institution and extension workers as government representatives mandated to extend extension services to communities.

3.6.1 Recommendations to ICHAD

The study participants made the following recommendations; increase IGA startup capital 14.03%, provide school requirements 4.07%, agriculture inputs 13.57%, reduce on withdrawal procedures 7.06%, organize more IGA trainings 47.52% and assess our schools performance. A closer look at this recommendations shows that study participants valued the IGA trainings

3.6.2 Recommendation to Extension workers

Extension workers are have the responsibility of providing technical support to households involved in farming through trainings, and home visits when farmer calls them for any technical assistance. However they claim are limited by inadequate support from government. Study participants recommended that extension workers should conduct more home visits (56.11%) and provide quality agric. Inputs 4.07% and respond to emergencies when called upon 19%

3.7 Recommendations by extension workers

The extension workers that participant in the support supervision to the homes of study participants and their caregivers were part of the core training team. This implies they have interfaced with the participants and their caregivers more than once and hence are familiar to each other. The extension workers made the following recommendations

a. The extension workers advised that ICHAD should organize refresher training s to enable the participants meet and share experiences with each other. During these refresher trainings, participants will have experienced a number of challenges, learnt some lessons and some will have earned some income. During these sessions, participants will ask a number of questions and technical staff will respond. By doing so even those who will not have experienced certain challenges will be able to learn from others

b. Participants who are doing well- managing their IGAs and are making some reasonable income be supported to expand their IGAs through their own sales, support of caregivers or matched savings
c. Arrangements be made to link study participants to government programmes such operations wealth creation so as to be supported to expand their IGAs.

4.0 Home visit Limitations, Challenges and Recommendations

4.1 Limitations

Only 221 (61%) out of 358 study participants under the treatment arm were visited. Probably if over 80% was visited, a bigger picture would have been obtained

4.2 Challenges

Extension workers were not able to trace 24 study participants as they had relocated or travelled since it was a holiday

4.3 Recommendations

a. Extension workers need to continue visiting the study participants and their families to ensure that the IGAs continue to flourish.
b. ICHAD may need to meet OWC at district and sub county levels and explore ways of linking the study participants so that they can benefit from government wealth creation programmes

Nov 6, 2016
Kampala, Uganda