



# CHICKEN REARING PROJECT

## PROJECT SUMMARY

Working with the Rural Health Clinic and the local Department of Agriculture and using an existing but unused chicken rearing house the project seeks to train a support group of HIV/AIDS infected people and set them up in a small-scale collective commercial poultry production unit thus:

- increasing much needed household income for HIV/AIDS affected families (approximately 160 members) during this very difficult period of their lives and
- reducing stigma and improving the community status and the feeling of self-worth of the group members

After the initial support from Kaloko the poultry production enterprise should be self-supporting and provide a successful example to the community of the benefits of both enterprise and collective action.

The project will also assist the Rural Health Clinic to ensure that 40 potential HIV infected people can travel to the nearby hospital to be tested and if necessary receive the necessary counselling and medical support.

Of the £5,461 required for the project Kaloko Trust has already raised £1,312 from other sources, including small individual donors and the Rural Health Clinic who will provide £149 of inputs as their contribution. **Kaloko Trust is therefore seeking £4,000 to enable them to start the project early in 2009.**

## **Objective**

To improve livelihoods and social status of HIV/AIDS affected families living in rural Zambia by establishing a viable collective small-scale poultry production unit thus reducing stigma and providing a successful example to the community of both enterprise and collective action.

## **Budget**

1. HIV Screening	£ 299
2. 6 week training programme in poultry production	£ 484
3. Repair of chicken house	£ 373

4. Initial rearing equipment for chicken house	£ 475
5. Running costs for initial batch of 500 chickens	£ 1,478
6. Transport of supplies	£ 597
7. Project supervision	£ 1,186
8. KTUK Monitoring and Evaluation	£ 569
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Total Project Costs	£ 5,461

## **Overall outcomes**

1. 40 people receive HIV testing and if necessary appropriate support from the Rural Health Clinic
2. 20 HIV/AIDS affected members of solidarity group trained in small-scale poultry production
3. 160 members of HIV/AIDS affected families receive increased and sustainable household income
4. 20 HIV/AIDS sufferers and future affected people benefit from improving acceptance within the community, reduction in stigma and improved feeling of self-worth
5. Community benefit and motivated from witnessing a successful example of both enterprise and collective action

## **Kaloko Trust**

Kaloko Trust UK was established in 1995 as a UK registered charity (No. 1047622). Our objectives are to promote sustainable rural development in Africa. We do this by working in partnership with local NGOs. Our work has focused on Zambia, where we work principally with a locally registered NGO, Kaloko Trust Zambia, which has been established for 19 years.

Within Zambia we are presently involved in a comprehensive range of rural community development initiatives, at a grass roots level. Activities include: Agricultural Development, Community-based Natural Resource Management, rural-based Income-Generation, both formal and informal sectors of Education, Primary Health Care and Health Education.

Currently the main focus of activities is at Luansobe, an area of 400 square kilometres about 100 kilometres south of Ndola, in the Copperbelt Province. The local population is about 12,000, the vast majority of whom are subsistence farming families. Single women head 1/3 of local households and approximately 50% of the population are below the age of 18 years, with a very high percentage of these HIV/AIDS orphans.

Kaloko's vision (for the Luansobe community) is one where:

- Every family is able to meet their basic household food requirements
- Every family has access to education, health services and clean water
- Every family has the opportunity and skills to earn a basic income
- Kaloko Trust Zambia is an independent and dynamic local NGO, and is a valued and integral part of the Luansobe community

Kaloko believes in an integrated approach to development and as such we work with communities to address their broad development needs, rather than focussing on isolated themes. Some of our medium term objectives are:

- To increase our support for local agriculture, including developing dry season cultivation for food security and income generation
- To develop local community schools to increase educational opportunities, especially for HIV/AIDS orphans
- To increase health services and access to clean water in more remote areas, particularly focussing on women and children
- To further develop our support for beekeeping as a source of income
- To increase Kaloko Trust Zambia's ability to raise funds independently

Kaloko has a number of broader, longer-term strategic objectives that underpin all our activities and aim to move us towards realising our vision. These are:

- To enhance the Luansobe Community's ability to support itself economically
- To enhance the Luansobe Community organisationally
- To enhance the long-term stability of the Luansobe community
- To enhance the capacity and effectiveness of Kaloko Zambia as an organisation

Our staff consists of a UK Director, who has over 20 years experience running development programmes in Africa, and who now manages the UK operations and supports our partner

organisation in Zambia during regular visits to the field projects. An Administrator based in the Brighton Office, who is also supported by a number of volunteers, supports the UK Director. The Director reports to the Board of Trustees in the UK who meet quarterly.

Kaloko has from inception been funded from a range of sources. These include regular sponsorship from individual supporters, funding from small groups and clubs and grant making bodies, both small and large. In the past we have received support from Comic Relief and the National Lottery, and we are used to handling large grants from grant making bodies.

**Further details can be accessed on the website :** [www.kalokotrust.org](http://www.kalokotrust.org). A full version of the 2007 Annual Report and Accounts is available on the Charity Commission website [www.charity-commission.gov.uk](http://www.charity-commission.gov.uk) by entering the number 1047622 in the box in the Search the Register of Charities.

### **Needs Analysis**

Currently many people living with HIV/AIDS and their families are unable to meet their daily food needs. This sadly has led to many orphans and vulnerable children (OVCs) leaving school. People living with HIV/AIDS are also not living longer even though they are on ARTs because their nutritional needs are inadequately met. The problems mentioned above are as a direct result of their low income and poor food production capacity.

According to the Living Conditions Monitoring Survey (LCMS) of 2004, as much as 68% of the population of Zambia fell below the national poverty line, earning less than £16 per month. This is despite the impressive growth in the Zambian economy recorded over this period. The depth and severity of poverty remain high. The incidence of rural poverty stood at 83% in 1998, though this figure fell to 71% in 2004 and poverty levels still remain higher in rural areas in comparison to urban areas.

### **Project Background**

The Kaloko HIV/AIDS Support Group was formed in 2004 by Kaloko Rural Health Centre staff. This group was specifically formed for people openly living with HIV/AIDS and the clinic ran a successful crop production project in partnership with Kaloko Trust Zambia in the 2006/2007 agricultural season. The support group is now officially registered with the

Department of Health and is managed by a committee of eleven people (four female and seven male). The main objectives of this group are to:

- Give care and support to its members and their families
- Help and encourage members access Anti-Retroviral Therapies (ARTs) and food supplements
- To provide an enabling environment for people living with HIV/AIDS to talk about HIV/AIDS openly with people in the same area
- To equip people living with survival skills in order raise money for looking after their children and orphans

The eleven Luansobe communities in which Kaloko works reside in the Masaiti district, an area which sadly has not been spared the effects of HIV/AIDS. The people of the area are mainly subsistence farmers whose income depends largely on farm produce from rain-fed crops. Currently the income of many households have been reduced by the rising price of fertiliser and the depletion of soil nutrition and many are struggling to survive, especially those families which are headed by people with HIV/AIDS. Due to their condition they are frequently weak and are so not able to cultivate their maize fields. Besides of their sickness their nutritional and health needs have increased as a result of following a strict drug regime that requires that they take proper meals before they can take the drugs. Although the problem of access to ARTs has now been overcome there is still a pressing need to establish a sustainable way of income generation that is less demanding in terms of physical labour needs. This project aims to help the primary beneficiaries with training and start up capital to set up an collective income-generating venture through chicken rearing. There is an unsatisfied market for chickens in the nearby city of Ndola and the current price is about £ 3.60 per bird, (input costs are about £3.00). The participants will provide their own labour and profits will only be distributed after provision is made for the input costs for the next batch of chickens. It is expected that there will be three cycles completed each year.

### **Activities**

1. The established HIV/AIDS support group will work together to repair the existing poultry rearing building
2. Kaloko Trust will assist the group in the procurement of the poultry rearing equipment for batches of 500 chicks
3. Kaloko Trust will assist the group with procuring 500 chicks and their feed and medicines

4. A Department of Agriculture Technician will train the group over the period of 6 weeks in correct procedures for rearing the chickens.
5. Kaloko Trust will assist the group with transport for the procurement of inputs and the sale of the mature chickens (to be sold in Ndola town)
6. The Rural Health Clinic staff will monitor the health of the group members and conduct HIV/AIDS and other medical tests on members and other suspected sufferers.
7. The Rural Health Clinic staff will provide ARTs and counselling for new HIV/AIDS sufferers.

### **Project Implementation and Reporting**

Kaloko Trust Zambia (KTZ) staff together with the nurse-in-charge of the Rural Health Clinic will be responsible for organising the implementation of the project. They will organise the training of the group and the procurement of the necessary inputs. Funds expended on inputs and received from the sale of the chickens will be carefully recorded by the group and reported to the members. Proceeds from the sales will be maintained by the group and used to procure future batches of chicks and inputs such as feed and medicines for the birds. Project progress will be regularly reported in the Kaloko Newsletter, which is produced three times per annum and sent out to all donors, with fuller details included in the Trustees Annual Report. Major donors will receive a full final project report including project achievements and a financial breakdown.

### **Zambia: Country Information<sup>1</sup>**

- Capital: Lusaka
- Government: democracy
- Population: 11.9 million
- GNI per capita: US \$630
- Life expectancy: 40.6 years
- Area: 752,614 sq km (290,586 sq miles)
- Major languages: English (official), Bemba, Lozi, Nyanja, Tonga
- Major religions: Christianity, indigenous beliefs, Hinduism, Islam
- People: Over 70 ethnic groups largely black Bantu
- Monetary unit: Kwacha (approx 7,000 = £1)
- Main exports: copper, minerals, tobacco
- Children: 45.7% of population under 15



<sup>1</sup> Statistics from the UN 2007 Human Development Report, World Bank Country Report 2007 and UNAIDS Global Report 2006

- Poverty: 68% living below the national poverty line
- HIV statistics: more than 17% (pop aged 5 – 49)
- Orphans: Zambia has the second highest proportion of AIDS orphans in the world (> 700,000)
- 95% of people in rural areas are subsistence farmers

According to the United Nations, Zambia is ranked 165 out of 177 countries on the Human Development Index<sup>2</sup>. 64% of the population live on less than \$1 a day and 87% live on less than \$2 a day. For some time United Nations indicators for eradicating hunger, achieving universal primary education and reducing child mortality have been in decline. A past legacy of economic mismanagement, debt and disease are said to have contributed to the country's poor economic status today. Politically, Zambia gained independence in 1964, switching from a colonial government into an era of one-party rule lasting 27 years. A multi-party system emerged in the early 1990s and more recently the economic situation has begun to improve.

At independence, Zambia had one of the highest per capita incomes in sub-Saharan Africa. It had large deposits of minerals, a good climate, plenty of agricultural land, and wonderful game reserves. Zambia was encouraged to concentrate on the production and export of copper and it became one of Africa's most industrialised and urbanised countries. Initially the newfound wealth from copper paid for extensive education and health programmes. But following the oil crisis in the 1970s, the price of copper fell dramatically and the price of oil rose. Zambia was forced to turn to the IMF<sup>3</sup> and the World Bank for assistance. So began some thirty years of Bank and Fund intervention in the Zambian economy with a period of increasing foreign debt, economic collapse and social crisis. During this time Zambia's debts rose from US\$800 million to almost US\$6 billion. Current monies owed by the Zambian government total US\$3.3 billion. Since 1991, to qualify for debt relief, Zambia has been forced to implement economic reforms such as privatisation, trade liberalisation, subsidy cuts and public sector wage freezes. And yet, in the same period and despite these actions, Zambia has had the worst economic performance of any

African country that has not suffered from conflict. Its economy declined by 1.7% a year in the 1990s, and by 2003 Zambia had received only 5% of the debt service reduction committed to it. Between 1993 and 1996, Zambia spent four times more on debt servicing than it did on education. The government raised school fees as a result and primary school enrolments fell with almost 600,000 children not attending school, the majority girls. More recently the Zambian government reversed its stand on school fees and access to primary school is now free. However, many schools lack adequate classroom space, qualified staff and appropriate teaching materials and still rely on contributions from parents and other charitable sources. For poor people in rural areas the consequence of these economic difficulties has been a steady decline in access to such basic rights as sufficient food, clean water, health services and education: 46% of the population are undernourished; 10% of children do not live to see their 5th birthday; only 60% of children go to school; and life expectancy has fallen to 40 years. Against this backdrop of extreme poverty, Zambia now faces yet another crisis: HIV/AIDS. Approximately one in six people are HIV positive and AIDS is now considered the biggest threat to Zambia's struggle for development. It is killing an entire generation, and Zambia now has the second highest number of orphans in the world.

Zambia's climate can be split into three periods. From December to March it is hot and wet, with regular and heavy downpours. The average rainfall at the project site is about 1,000mm a year. From April to August it is dry and cool and then from about September it starts to get progressively hotter until the rains start again. About 70% of Zambia consists of what is termed Miombo woodland. This is a mixture of grassland dotted with trees and shrubs. However, less than 10% of the country is used for agricultural production.

<sup>2</sup> The HDI provides a composite measure of three dimensions of human development: living a long and healthy life (measured by life expectancy), being educated (measured by adult literacy and enrolment at the primary, secondary and tertiary level) and having a decent standard of living (measured by purchasing power parity and income).

<sup>3</sup> International Monetary Fund