



THE WOMEN AND WEALTH PROJECT

Empowering positive women through social enterprises

RESULTS ASSESSMENT



JAPAN
Official Development Assistance



*Empowered lives.
Resilient nations.*



*Empowered lives.
Resilient nations.*

The views expressed in this publication are those of the authors and do not necessarily represent those of the United Nations, including UNDP, or UN Member States.

Copyright © UNDP 2012

United Nations Development Programme
UNDP Asia-Pacific Regional Centre
United Nations Service Building, 3rd Floor
Rajdamnern Nok Avenue, Bangkok 10200
Thailand

Email: aprc@undp.org

Tel: +66 (2) 304-9100

Fax: +66 (2) 280-2700

Web: <http://asia-pacific.undp.org/>

Design: Ian Mungall. Photos: Shaju John and Kazuyuki Uji/UNDP

CONTENTS

v	Acknowledgements
vi	Acronyms and Abbreviations
1	Executive Summary
6	1. Introduction
8	2. Background
16	3. Assessment of Sub-Projects supported under the Women and Wealth Project
16	3.1 Modern Dress Sewing Factory, Phnom Penh, Cambodia
30	3.2 Social Light Communications, Chennai, India
39	3.3 Weaving Destination, Kokrajhar, India
48	3.4 Positive Candle Works, China
53	4. Synthesis and Conclusions
57	5. References
59	6. Annexes

ACKNOWLEDGEMENTS

We would like to extend our appreciation to Scott Bamber, an independent consultant who carried out the comprehensive assessment of the Women and Wealth Project (WWP) and authored this report. By reviewing an extensive amount of relevant materials; visiting all the existing project sites; interacting with the staff; and interviewing key stakeholders, he was able to capture the essence of WWP, to disaggregate various factors of success and failure, and to provide insights and recommendations for future endeavours. We would also like to thank all the staff members from the women's groups participating in WWP and all the supporting individuals and organizations including the Population and Community Development Association of Thailand and UNDP Cambodia and India. WWP, together with this assessment, has only been made possible by their dedication to empowering women living with HIV; mitigating the socioeconomic impact of HIV; and collectively pursuing better HIV responses. I would also like to extend our appreciation to the Government of Japan for its funding support for WWP.

Although WWP officially ended in December 2011, it is hoped that the spirit, experiences and lessons from this pilot project will continue to live and assist those living with, affected by, and vulnerable to HIV.



Clifton Cortez
Practice Leader
HIV, Health and Development
UNDP Asia-Pacific Regional Centre, Bangkok, Thailand

Many people helped make this assessment possible, but special acknowledgement should be made of the contribution made by the ladies involved in WWP for their willingness to share their thoughts and opinions, as well as their time, which were greatly appreciated. Particular thanks are also due to Kazuyuki Uji, Clifton Cortez and Pranee Threekul, at UNDP APRC, for their support during the assignment, as well as Mini John for her wonderful help in making arrangements for the site visits and preparation of the business results data. At PDA, Bangkok, Barbara Eagles and Urai Homthawee were very generous with their time and resources, and helped provide a good understanding of the WWP, its benefits, challenges and future directions. For translation, coordination and support during the site visits, thanks are due to Mony Pen, in Phnom Penh, Digambar Narzary, Padmini Brahma and NEDAN Foundation staff, in Assam, and Suseela Anand, Ahmed Basha and Banu Samagunam, in Chennai.



Scott Bamber
Consultant/Author of the report

ACRONYMS AND ABBREVIATIONS

AAC	Artisans Association of Cambodia
ACC	AIDS Care China
AIDS	Acquired immunodeficiency syndrome
APRC	UNDP Asia-Pacific Regional Centre
ART	Anti-retroviral therapy
BLS	Bamboo Ladder Survey
BTC	Bodoland Territorial Council
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CCW	Cambodian Community of Women Living With HIV
CPN+	Cambodian People Living with HIV/AIDS Network
GFATM	The Global Fund on AIDS, TB and Malaria
GMC	Guwahati Medical College
HIV	Human immunodeficiency virus
ICW	International Community of Women Living with HIV/AIDS
INP+	Indian Network for People Living with HIV/AIDS
JD	Job description
MARYP	Most-at-risk young people
MDSF	Modern Dress Sewing Factory
MSM	Men who have sex with men
NACO	National AIDS Control Organization
NACP	National AIDS Control Plan
NGO	Non-government organization
NSP	National Strategic Plan for HIV and AIDS
PCW	Positive Candle Works
PDA	Population and Community Development Association
PPP	Positive Partnerships Programme
PWID	People who inject drugs
PWN+	Positive Women Network
SLC	Social Light Communications
TANSACS	Tamil Nadu State AIDS Control Society
UNDP	United Nations Development Programme
WD	Weaving Destination Project
WWP	Women and Wealth Project



EXECUTIVE SUMMARY

The Women and Wealth Project (WWP) has been supported by United Nations Development Programme Asia-Pacific Regional Centre (UNDP APRC) from 2006 until the present, as a pilot project in response to mitigating the impact of HIV on women in the Asian region. The WWP sought to empower and improve the well-being of women living with HIV through the development of social enterprises that would provide a livelihood and a safe working environment free of stigma and discrimination, build self-confidence and increase community acceptance. Specifically, the project had the following objectives:

1. To provide women living with HIV an opportunity to lead a life with hope, economic security and dignity through the development and operation of small social enterprises;
2. To reduce stigma and discrimination against women living with and affected by HIV through business interactions and raising their status and public perceptions as important income earners and social contributors;
3. To increase public awareness and understanding about HIV, leading to a greater acceptance of people living with HIV.

As originally conceived by UNDP, the WWP was intended to provide a sustainable livelihood for women and their families, to relieve the immediate issue of lack of income, and re-build women's self-confidence and self-esteem through individual and collective empowerment. As well as addressing these core issues, the successful implementation of a social enterprise approach had potential to fund activities of the mother organizations involved. Few other projects of this nature had been attempted in the region, and none on this scale, so the WWP constituted an important pilot project. However, this also meant there was little information to draw on to help in its planning and design and during implementation. UNDP, the Population and Community Development Association of Thailand (PDA – the implementing agency of the WWP) and the people living with HIV groups involved were in a constant process of learning and improvement.

Initially the project was implemented with groups of women living with HIV at four sites in three countries, Cambodia, India and China, in collaboration with networks of women/people living with HIV. PDA was responsible for overall implementation and management of the project, as well as capacity building activities, commencing with an initial training workshop and exposure visits in Thailand in June-July 2006. An additional site, in Assam, India, was added later under an NGO, the NEDAN Foundation. The model implemented in the Assam site differed from other sites in some important ways: it did not involve direct collaboration with a network of women living with HIV; the beneficiaries consisted of women living with HIV together with other vulnerable women, rather than only women living with HIV; and there was no PDA involvement.

At each site, the group involved was encouraged to start a sustainable business enterprise, based on market research and development of a business plan. The Phnom Penh group, consisting of members of the Cambodian Community of Women (CCW), affiliated with the Cambodian People Living with HIV/AIDS Network (CPN+), proposed a garment factory,

the Modern Dress Sewing Factory (MDSF). In Chennai, India, the Positive Women Network (PWN+) developed a plan for *Social Light Communications* (SLC), a communication design and print production business. In China, Women's Wing of AIDS Care China (ACC), planned two businesses, the *Positive Candle Works*, a candle making business based in Kunming, and the *Jasmine Online Exchange*, an online used goods seller, in Guangzhou. In Kokrajhar, Assam, India, the NEDAN Foundation supported the development of Weaving Destination (WD), a business that produced high quality hand woven textiles. The Chennai group was the first to commence operations, in August 2006, followed by Cambodia and the China groups at the beginning of 2007. Weaving Destination was the last activity to start, commencing in 2008.

In regard to monitoring and evaluation of WWP activities, the different sites provided regular reports to PDA, which were supplemented by information from field visits in compilation of six monthly and annual reports submitted by PDA to UNDP. Site reports included business and financial data that could be used to assess the success of the business aspect of the Project. PDA adapted its "Bamboo Ladder" monitoring tool for assessment of women's empowerment. However, there were no clear overall indicators for measurement of the expected outcomes of the project. In particular, the lack of defined indicators for the second and third objectives of WWP, related to empowerment of the women, and improvement in the social environment, meant that the outcomes in these areas proved difficult to assess. Bearing these considerations in mind, the different businesses experienced varying degrees of success.

To date MDSF in Cambodia has not been successful in creating a sustainable business model for livelihoods; however, it has achieved considerable success in empowerment of the women involved and building their self-confidence, and also seems to have improved community acceptance of women living with HIV. These two successes are, however, tempered to some degree by the fact that there are now fewer beneficiaries than previously. While MDSF has struggled to break even throughout most of its existence, the high sales that were seen at certain times during the implementation of the project and the annual net profit (despite being small) achieved for 2010 give a glimpse of the good potential of the project, and what could be achieved should MDSF be able to address some of the key challenges that have limited the success of the business. In particular, the management of MDSF needs to be strengthened in order to clearly define roles, responsibilities and accountability of all staff. The marketing component, which is crucial to the success of the enterprise, needs to be managed by skilled and experienced personnel and supported by a clear marketing strategy that exploits potential markets in the private and government sectors.

SLC in Chennai has not been highly successful as a business enterprise to continuously generate sufficient profits for its mother organization (Positive Women's Network - PWN+) despite strong initial successes; however, it has been successful in empowerment of the women involved, and increasing acceptance of women living with HIV in the community. SLC has made an important contribution to the empowerment of women living with HIV, by demonstrating that women living with HIV have the capacity to acquire skills to operate and manage an enterprise working in a highly competitive area of the private sector. The business model identified an area where high profits could be achieved, as seen during the initial two years of implementation. However, subsequent management difficulties, internal conflicts and a subsequent high turnover of personnel weakened the effectiveness of the enterprise to the point that it appeared close to collapse at one point.

Financially, the main benefits from SLC's business model can be expected to come through utilisation of profits into micro-credit activities or supporting activities of its mother organization, PWN+, rather than from direct employment of women living with HIV in the enterprise itself. However, the early efforts in this direction were premature and for this reason unsuccessful, and only served to worsen the management difficulties. It will require considerable effort and commitment on behalf of SLC and PWN+ to turn the situation around. To do so, it is crucial that the management structure of SLC be revised so that the enterprise can function effectively as a business, including recruitment of skilled and

experienced marketing staff, greater autonomy in financial management, decision-making, and staff recruitment, and clarification of the role and responsibilities of PWN+ in providing support and management of income generated by SLC.

WD in Assam has been highly successful in establishing a sustainable business model, as well as empowering the women involved, and increasing the acceptance of vulnerable women including women living with HIV in the community. While differing from the other WWP sites in that it was not focused directly on women living with HIV, WD has, to date, been the most successful social enterprise under WWP. As a business enterprise, WD established itself quickly and was able to show impressive profits continuously. For more than 2.5 years since its inception, WD has made net profits for every single month and year. The business model selected built on existing skills and expertise of both the beneficiary group, as well as the NGO partner, taking a traditional craft and, through improvement in quality and design, adapting the products to markets at the local, national and international level. Over two years of operations of the business, WD has implemented an effective business model that has made money and has shown benefits for both the women involved and the communities they live in.

The reasons why WD has worked so well are the combination of building on an existing skill, good timing, the commitment of the women and other key stakeholders, strong support from an experienced local NGO and the linkage of the social enterprise with effective community development activities. The main challenges faced by WD include the need to adjust the management structure to meet the demands of development and expansion of the scope of the enterprise, with more independence in its management, and recruitment of a marketing officer. This will allow NEDAN to continue its focus on social and community development activities, and reduce time spent on marketing and other activities related to the business side of the project.

The enterprises in China ceased operations relatively quickly, after only one year. While the business opportunities identified were creative and potentially lucrative, the enterprise experienced management difficulties and personal conflicts, which threatened the effective operation of the positive women's wing of the host organization, leading to closure of the project.

Assessment of the second and third objectives of WWP relies largely on qualitative information. While measurement of stigma and discrimination (including self-stigma) has now become a distinct component of M&E in a number of Asian countries, the tools on which this is based only evolved after the initiation of this project. Nevertheless, in all sites, a key achievement of the project has been the empowerment of the women living with HIV involved, increasing their confidence and self-esteem and the recognition by themselves and their communities that they can make an important contribution to their families and society.

While hard to measure in concrete terms, information gathered from interviews indicates that the project has also helped increase the acceptance of women living with HIV by their communities, through showing the important contribution that they can make to improve their own well-being, as well as benefit society in general. This has resulted in reduction of stigma and discrimination, an increased feeling of well-being, and the opening of more opportunities for women with improved skills acquired under WWP to re-enter the workforce through employment in other enterprises with higher pay or through self-employment. However, overall the number of women living with HIV who have benefited directly from WWP in terms of employment is low, being around one hundred twenty in total, if we do not count the number of people indirectly benefited such as family members of the women participating in WWP.

Some notable successes of the WWP include the creation of a safe and supportive work environment, where workers' rights are prioritized, and there is sufficient flexibility in working time to allow employees time off for medical appointments, replenishment of HIV medicines, and regular breaks. This recognition of workers' rights, together with an emphasis on "natural products", is also an advantage in terms of accessing certain markets,

especially the international tourist market, and the export market to Europe, Japan and the USA. At the same time, however, compliance with Fair Trade requirements means an increased challenge in competing with other local businesses, which did not follow these guidelines.

The results of WWP show clearly that successful development and implementation of a business model requires constant support from a strong local NGO with experience in small-scale social enterprise and community development. Initiation of additional activities, such as recycling of the profits of the enterprise, should be approached carefully, ensuring first that the business enterprise is well-established and the NGO or CBO has the capacity to support these activities.

Human resource capacity has been a major challenge at all sites. On the whole, in development of the business plans the capacity of the partner to manage the activity tended to be over-estimated, and the availability of women with the level of skills necessary to implement the business plan underestimated. Most people living with HIV organizations are primarily engaged in advocacy and care services and may not have the experience, specific skill sets and organizational structure needed to support small-scale business development programmes. Many women living with HIV have experience in the private sector; however, relatively few have a high education background and the level of specialized skills in design, marketing, finance and marketing necessary to operate a business enterprise by themselves. Training can help address this, but can not really compensate for formal education and experience, and in the case of WWP the effectiveness was compromised by high staff turnover. The most successful site, WD, was the only one that was established in a rural area, built on existing skills of women, and where a local NGO with a strong community development focus and experience in small social enterprises provided support.

Development of well-defined management structures and a clear organizational structure, with well-defined staff job descriptions, organograms and accountability, was a further factor that contributed to the success of WD. Where these were lacking, or not implemented, as in Chennai and Cambodia, serious difficulties arose in management. At the same time, for the businesses to be successful, a broader and more pro-active approach to marketing needs to be adopted, involving approaches to the business sector and government agencies, rather than a heavy reliance on the UN and INGO sector as the main point of access to markets. Also, in the long term, changes in management structures are needed to ensure greater autonomy in financial arrangements and human resources, with a view to eventual separation of the business activities from those of the NGO or CBO when ready.

Under its responsibilities for management of the implementation of WWP in Cambodia, India and China, PDA recognized the need for provision of technical assistance to strengthen management systems. PDA provided technical assistance in the form of periodical monitoring and onsite training visits, regular communication by phone, email and other means, as well as coordination of training workshops and other input from experts in various areas. Despite these rigorous efforts and continuous support, management problems still occurred. The likely reasons for this are several, including the challenge of close continuity in follow-up resulting from PDA's remote base in Bangkok, management problems that were beyond the scope, and capacity, of the WWP project to solve as they reflected wider problems in the key partner organizations, and differences in attitude, commitment and motivation among the individual women involved.

In terms of the overall design of the WWP, implementation would have benefited considerably had a longer time frame been possible and planned from the outset, rather than approval of a series of extensions. While almost all development projects operate on annual or, at most, biannual, funding cycles, a long-term plan incorporating a longer time frame of five, or at least three, years with annual approval subject to availability of funds, would have helped increase the sense of security and commitment among partners, and enabled better planning for learning and capacity building activities within the project. This might have helped in development of a system for sourcing of materials and services

from within the project and in better organization of the knowledge management process in the closing phase of the project, helping the networks of women living with HIV involved assess and increase their ownership of the project outcomes, and summarize the key lessons for sharing more widely. Again, however, given the reality of the funding cycle, this was a timing factor beyond the control of the Project.

The WWP reaffirms several key lessons. The first of these is that, given the opportunity and with technical and financial support, women living with HIV can identify viable business opportunities, and design and implement business models to exploit them. However, in all but one site, the WWP has not succeeded in creating a sustainable social enterprise model, and the one successful site differs from the others in several important ways. Based on this assessment, it appears that in order for the social enterprises developed by women living with HIV and other vulnerable women to be sustainable, strong and on-going local technical support is needed from people or organizations with experience in social enterprise and community development. A further lesson is that having an understanding of the situation faced by people living with HIV and expertise in areas such as advocacy, as exemplified by people living with HIV networks, does not necessarily translate into capacity to provide strong support for social enterprises run by women living with HIV.

By the time UNDP funding comes to a close by end of 2011, the WWP initiative will have lasted a total of six years. In view of the large number of women living with HIV in the region, WWP, as one of the few initiatives to address their socio-economic situation in a systematic way, remains important. It is recommended that a number of concrete steps be taken to move forward in order to consolidate achievements and ensure that the lessons are shared. These include:

1. Strengthen the management structure and marketing capacity of the social enterprises;
2. Explore the possibility of on-going technical and financial support for the social enterprises through local NGOs with strong capacity and experience in social enterprise and community development;
3. The lessons-learned from the WWP should be effectively used and widely disseminated to inform future socio-economic empowerment initiatives within and beyond Asia.



INTRODUCTION

This report summarizes an assessment made of the Women and Wealth Project (WWP), an activity supported by United Nations Development Programme Asia-Pacific Regional Centre (UNDP APRC) from 2006-2011. Based on the main objectives of the WWP, the key overall question addressed in this assessment is: How effective has the Women and Wealth Project been in terms of achieving (i) the economic empowerment of women living with HIV; (ii) the personal and social empowerment of women living with HIV; and (iii) the improvement of the social and community environment for people living with HIV?

In order that the experiences and lessons learned from the WWP contribute more effectively to future activities that respond to the socio-economic impact of HIV on women and their families in the region, the assessment also addressed some additional questions. These were: (i) what are the main strengths and weaknesses of the project and each social enterprise? (ii) what have been the most important challenges faced? (iii) what have been the key lessons from implementation in each site? (iv) what are the prospects for sustainability of the WWP initiative after the cessation of UNDP/PDA support at the end of 2011? and (v) what broad recommendations can be made in terms of future support for socio-economic empowerment initiatives with women living with HIV? This report addresses the first four of these questions, with the last being considered in a separate report¹ that compares the WWP to other similar initiatives in the region.

Owing to the nature of the WWP objectives, the methodology used in assessment is based largely on the use of qualitative research methods. Where available, quantitative data is used. However, as the project design did not place great emphasis on quantitative indicators, such data is limited mainly to the business aspects of the project.

There were three main sources of data for the assessment, consisting of documentary information, interviews with stakeholders and observations made in the course of site visits by a consultant. Documentary information included reports prepared by the different sites, PDA and UNDP and other project documents, news articles and media reports, video documentaries, and a literature review. Interviews were undertaken with beneficiaries, consultants, business partners, and other stakeholders at the country and regional level, in Bangkok and during visits made to each of the project sites.

Site visits were conducted during the period 18 April – May 2011. These consisted of a visit to Modern Dress Sewing Factory, Phnom Penh, (18-23 April); Weaving Destination, Assam, (24-28 April); and Social Light Communication, Chennai, (28 April – 1 May). A list of people met in each location, including Bangkok, is included in the Annex. A focus group discussion was held with MDSF staff in Phnom Penh and three focus group discussions, two with WD beneficiaries and staff and one with NEDAN staff, in Assam. Personal observations were also recorded by the consultant in the course of a visit made to each of the project sites.

Interview guides were developed, consisting of a number of common questions, as well

¹ See "A Review of Socio-Economic Empowerment Initiatives for Women Living with HIV in the Asia-Pacific Region," UNDP APRC, 2011.

as specific questions for each of the respondent groups. Questions included both closed and open-ended questions to provide respondents with an opportunity to give additional information. Because of language constraints, interviews were conducted in English, with the consultant relying on staff with English skills to translate questions and responses.

Data collected during the course of site visits, together with that gathered from the documentary sources, was analysed according to each of the assessment questions described above. The results were summarized for each site, with a synthesis and conclusions made based on a comparison between the various sites, identifying points of communality and differences among them. The findings are presented in this report.

Wherever possible, during data collection and analysis, triangulation was used to confirm information and validate data. Nevertheless, despite the efforts to employ a rigorous methodological approach, there remains a possibility that a degree of bias exists in some of the information and conclusions, resulting from the reliance on translation, the short duration of site visits, and factors such as the consultant's age, gender and ethnicity (older, male Caucasian). While it can be argued that these same factors could also serve to increase the objectivity of the assessment, they should be borne in mind when considering the findings, conclusions and recommendations presented in this report.



Fig. 1: Trainees at Weaving Destination

BACKGROUND

Of the estimated 4.9 million people living with HIV in Asia, over 35 percent (around 1.7 million) are women.² However, although they bear a disproportionate share of the impact of the HIV epidemic, the impact of HIV on women in Asia has for the most part been overlooked and under-estimated. Despite the progress that has been made regarding access to care and treatment, women living with HIV in the Asian region still face challenges in regard to access to ART and health care and they and their families are subject to stigma and discrimination. Women living with HIV still bear much of the burden of care and support for other family members affected by HIV, and in many countries in the Asian region they also have to confront gender inequality and poverty, which make them more vulnerable to the impact of HIV. Loss of livelihood has been identified as one of the most important factors contributing to the vulnerability of women and their families affected by HIV in the Asian region.³ Furthermore, a study conducted by the women's working group of the Asia Pacific Network of People Living with HIV/AIDS (APN+), which surveyed a total of 1,306 women living with HIV from 6 countries in Asia, found that the lack of income was one of the major barriers for the women to access HIV services.⁴

In response to the need to promote livelihood opportunities for women living with HIV, in early 2006, the UNDP Asia Pacific Regional Centre, later with financial support from the Government of Japan, initiated the Women and Wealth Project (WWP). The project was designed to promote the socio-economic empowerment of women living with HIV, which UNDP viewed as the next phase of their continuous support to people living with HIV, following implementation of the Asia Pacific Regional Initiative on the Empowerment of People Living with HIV from 2003-2005. This Initiative focused on establishment and organizational development of people living with HIV networks, leadership, advocacy and care and support skills.^{5,6} Key achievements of the Initiative included emergence and growth of people living with HIV groups and leaders, development of platforms for mutual support at the regional level, services provided to people living with HIV and their families where there was none, collective regional advocacy to address their rights, needs, and issues, and growing public recognition that people living with HIV groups constitute a critical and indispensable part of collective responses against the epidemic.

Through their support and strong involvement in the Initiative, UNDP came to recognize the urgent need for economic empowerment among HIV-positive women, which provided the rationale to move ahead into the next phase of support to positive people with a greater focus. An important principle guiding UNDP's approach was that, in accordance with the principle of GIPA (Greater Involvement of People Living with HIV), women living with HIV should be provided with as much "space" as possible, to develop sustainable livelihood

2 *Global Report: UNAIDS report on the global AIDS epidemic 2010*, UNAIDS, 2010.

3 *ICW Vision Paper 3: HIV Positive Women, Poverty and Gender Inequality*, The International Community of Women Living with HIV/AIDS (ICW), 2004.

4 *A long walk- Challenges to women's access to HIV services in Asia*, APN+, 2009

5 *From Involvement to Empowerment: People Living with HIV/AIDS in Asia Pacific*, UNDP 2004.

6 *Working in Partnership with Networks of people Living with HIV in Asia and the Pacific: A Guidance Note for Development Practitioners*, UNDP/APN+, 2006.

activities by themselves as part of a genuine empowerment process.⁷

Thus, as originally conceived by UNDP, the WWP was intended to address several critical issues related to the well-being of women living with HIV. These included provision of a sustainable livelihood for women and their families, to relieve the immediate issue of lack of income and, in recognition of the need to re-build women's self-confidence and self-esteem, individual and collective empowerment.

As well as addressing these core issues, UNDP also identified the successful implementation of a social enterprise approach as having the additional potential to fund activities of the mother organization. Social enterprises are one among a range of livelihood models that have been implemented to address poverty and the needs of vulnerable populations in the Asian region. The different approaches are compared in more detail in a complementary report.⁸ In brief, however, group-based social business models like WWP have several advantages for people living with HIV. One of the most important of these is "collective security" in which staff can cover each other when someone is sick or has to take leave for regular health check-ups or collecting HIV medicines, without loss of salary. In individual-based micro-credit initiatives, there is no such security and there is no income for days when staff are absent from work. On the other hand, micro-credit initiatives do not require a high capital investment and high fixed costs, as is often the case with group-based businesses, and thus the financial risk is lower.

Another possible advantage of the group-based business model is creation of support and information-sharing systems, and a strong sense of belonging and solidarity, which may contribute to the social, mental and physical well-being of the staff. However, under such social environments where close interactions among members are necessary, there is an increased risk of internal conflicts that negatively affect the business operation. As will be seen, this was experienced with the SLC and MDSF projects implemented under WWP. Such risk is minimal in the individualized micro-credit based initiatives.

The WWP has been implemented by the Population and Community Development Association of Thailand, drawing on PDA's expertise and experience in the field of economic empowerment in the context of HIV. In addition to provision of technical support and project implementation, an objective of this partnership with PDA was to facilitate South-South learning, in which PDA's extensive HIV and community development experience in Thailand could be transferred to assist other countries in Asia.

Working with networks of people living with HIV in Cambodia, China and India, the WWP aimed to create sustainability and financial resources among people living with HIV groups through a social enterprise scheme. Through the project, each of the groups involved was encouraged to start a business that would be sustainable. The activities would increase confidence among the women involved, reduce stigma and discrimination within their communities, and provide financial and other support for women living with HIV and their families.

The people living with HIV networks involved were:

- AIDS Care China, Women's Wing in China
- Positive Women's Network in India
- Cambodian People Living with HIV Network, Women's Sector, in Cambodia

The reason for selection of networks of people living with HIV in the three countries, China, Cambodia and India, was based on a number of considerations. At the time UNDP conceived the project in early 2005, activities within the positive community focusing on positive women were very limited across Asia, not to mention development of an organized effort or institution within positive networks. Under these circumstances, the three groups were selected, in consultation with a GIPA advisor living with HIV on the UNDP team and the Asia

⁷ Mr. Kazuyuki Uji, UNDP, personal communication, 9 May 2011.

⁸ See "A Review of Socio-Economic Empowerment Initiatives for Women Living with HIV in Asia", UNDP, 2011.

Pacific Network of People Living with HIV. Selection was based on the following criteria:

1. Existence of a positive women's organization (at that time PWN+ was the only such entity in Asia) or the presence of a women's wing within a positive people's network;
2. Attainment of a certain level of capacity or strong potential to manage a complex project within the women's group or the umbrella positive people's network;
3. Strong willingness and determination to pursue socio-economic empowerment of women living with HIV.

In 2008, an additional project implementation site and partner were added, located in Bodoland Territorial Council, Assam, India, implemented through a local NGO, the NEDAN Foundation. The partnership with NEDAN differed from the original structure of WWP in some important ways, in that NEDAN is an NGO, not a people living with HIV organization, and the NEDAN Foundation was funded and supported directly by UNDP India and UNDP APRC, rather than through the MOU with PDA as in the case of the other groups.

It is important to note that the WWP was conceived as a pilot project. Given the fact that few other projects of this nature had been attempted in the region, and none on this scale, there was little information to draw on to help in its planning and design. This was also the case during implementation; because WWP was a pilot project, with no previous experience, UNDP, PDA and the people living with HIV groups involved were in a constant process of learning and improvement.

Objectives

The overall objective of the Women and Wealth Project was to pursue the socio-economic empowerment of women living with and affected by HIV through development of small-scale social enterprises. The project had the following objectives:

1. To provide women living with HIV an opportunity to lead a life with hope, economic security and dignity through the development and operation of small-scale social enterprises;
2. To reduce stigma and discrimination against women living with and affected by HIV through business interactions and raising their status and public perceptions as important income earners and social contributors; and
3. To increase public awareness and understanding about HIV, leading to a greater acceptance of people living with HIV.⁹

Intended beneficiaries

At its inception, the project was implemented with groups of women living with HIV in Cambodia, India and China, with the main beneficiaries consisting of:

- Women living with and affected by HIV, their families and their community;
- Vulnerable girls and women (in the case of Weaving Destination);
- Stakeholders, including people living with HIV networks and other community based organizations and NGOs working on HIV and related issues.

Time frame

As this project was conceived as a pilot project, the appropriate project duration was not clear. As originally conceived, the Women and Wealth Project (WWP) was a project of two

⁹ Attachment to Terms of Reference: Consultancy to Assess the Women and Wealth Project and the socio-economic empowerment initiatives, UNDP APRC, March 2011.

and a half years length, from December 2005 until June 2008. Later, when it was realized that the project needed a longer duration than that of the original MOU, the WWP was extended on two occasions: a two-year extension of support for the WWP, from June 2008 to June 2010, with a further extension of one and a half years, from July 2010 until December 2011. Some of these extensions are attributable to additional funding availability, particularly from the Government of Japan.

Development of business models and initial training

Each group was given US\$40,000 to start a business with the aim of empowerment, profitability and sustainability, and given guidance and support from the collaborative efforts of PDA, UNDP APRC, UNDP country offices (COs), and local consultants in each country.

Implementation of the project was carried out over 4 phases:

1. Training including feasibility study;
2. Final business plan development;
3. Launch of business;
4. Redistribution of profits in the form of micro-credit.

The first task undertaken by each of the people living with HIV networks/groups during the inception phase was to conduct a feasibility study. This was followed by drafting of a business plan, developed in conjunction with participation in a training workshop organized by PDA in Bangkok. Feedback was given on each Business Plan through comments and suggestions by both PDA and UNDP. The deadline for the finalization of the Business Plans was mid-October 2006, with the expectation that each business would be operational by November 2006. Local consultants were hired in each country, through PDA, to assist the women's groups develop feasible business models, and to help the groups launch their business ventures. At each site, women were selected from the positive people's network groups to form a working group, together with the consultant, for implementation of the Business Plan.

Feasibility studies were conducted in each participating country by the consultants in close collaboration with the people living with HIV groups, in order to identify potential business opportunities. The studies were carried out based on guidelines provided by PDA.¹⁰ The study consisted of two parts: the first consisted of a self-assessment of the capacity and experience of the group related to income generation, which was answered by the three members of the organization who attended the training in Bangkok. Issues considered included: the organization's history, structure, membership, financial resources, legal status; existing skills of members; previous business experience and reasons for success or failure; and whether the group had any ideas for potential business ventures.

The second part of the study was intended to identify potential areas of income generating activities or small businesses for the economic empowerment of people living with HIV, and was undertaken by the local consultant in close coordination with the group. Each group was asked to:

- Look at existing skills of the group that can be enhanced or further developed to be a source of income-generation;
- Explore the market demand and assess whether there is a need for these products or services;
- As skills can be learned through training, after first identifying the market demand and the skills needed to meet it, determine whether the necessary skills exist, and if not, if these can be acquired by training.

¹⁰ "Feasibility Study – Market research", unpublished draft guidance document for WWP, PDA 2006.

In identifying a new potential income-generation or business activity for the group, the guideline suggested that the following issues be considered:

- The ability of the group to produce the product or provide the service or the potential to do so with skills training;
- Potential markets or market demand for the goods and services, looking first at the local market, then the city market and last at the export market;
- What raw materials are needed, and whether these are readily available, and at a price that makes it cost-effective to purchase them;
- Whether there are competitors and, if so, their capacity, market share, and whether the group has a competitive advantage over them;
- Potential marketing channels, and the possible marketing strategy that will confer a *unique selling advantage* for the group's products or services over the competitors;
- The financial situation related to the proposed venture. This covers a range of issues including: initial investment and start-up costs; estimated monthly costs; price per unit of goods or services; break-even point, that is the volume of sales required to cover the direct costs of providing the service plus other operating expenses; the estimated net profit; estimated monthly cash flows and estimated time before achieving a positive monthly cash flow;
- The governmental regulations that relate to the proposed business, including those for business ownership by NGOs, need for special licenses, and costs involved in compliance with regulatory requirements.

The initial training course organised in Bangkok by PDA was entitled "Socio-economic Empowerment of People Living with HIV", and aimed to provide participants with the understanding and skills necessary to start a business and keep it operating on a long-term basis. Participants attending the training course included three women from the three network groups in China, India and Cambodia. In addition, three selected local consultants from the respective countries attended, as well as a UNDP APRC representative. During the first week of the training course representatives from UNDP China and Cambodia also joined the classroom sessions.

Content of the course consisted of an overview of PDA's activities in the area of socio-economic empowerment of people living with HIV, including the Thai Business Initiative in Rural Development (TBIRD) concept and Positive Partnerships Programme, presentations on business sector involvement in HIV activities, planning and management for small enterprises, including financial management, business plan development, implementation and management. The course included site visits to observe small business activities supported by the Thai Red Cross in Bangkok, and PDA in Buriram, a rural province in Thailand's northeast region.

The training course also allocated time for participants from each country to finalize their business plans. At the beginning of the workshop, the three country groups, represented by the local consultants, presented the output of their feasibility studies. During the course the groups drafted business plans that were presented for comment by all participants at the end of the second week.

Subsequent to the training course, working groups continued development of their business plans including budgets for initial capital investments and operation costs. Local consultants assisted the working groups in further researching selected business ideas and worked with PDA and UNDP to strengthen and finalize their business plans. Each group had to submit a business plan to PDA for comments and suggestions. Once business plans were considered viable and approved by PDA, the working groups received funds to launch the business ventures.

The businesses chosen by each of the country groups were:

1. Cambodia
Phnom Penh: *Modern Dress Sewing Factory*, a garment factory;
2. India
Chennai: *Social Light Communications*, a communication design and print production business;
3. China
Kunming: *Positive Candle Works*, a candle making business;
Guangzhou: *Jasmine Online Exchange*, an online used goods seller.

The group in India was the first to commence operations, in August 2006, followed by Cambodia and the China groups at the beginning of 2007.

Technical Support

Local consultants were recruited by PDA in order to assist each group with identification of business opportunities, and development and implementation of the business plan. Their specific roles and responsibilities were detailed in a job description. Suitable candidates were identified through advertising and networking in the respective countries. In general, qualifications consisted of previous experience, skills and networks related to business management, experience or familiarity with NGOs and awareness of issues related to HIV and its impact on women and their families.

In order to help measure the impact of activities in the three main areas of the project, income generation, empowerment and social acceptance, at both the personal and community level, PDA developed the Bamboo Ladder Survey (BLS) approach, a self-assessment tool. Using the BLS, beneficiaries fill out diagrams corresponding to five key areas relating to their well-being. These consist of: physical health; mental health; social condition; economic condition; and quality of life. When used regularly, the BLS provides a useful means of measuring changes that have occurred in people's lives and their future aspirations. In addition to monitoring implementation progress, the BLS provides a useful means of improving performance, through provision of on-going feedback.

On-going technical support to the groups and consultants was provided by PDA staff, in particular the Director of the Community Health Bureau and Planning Officers. UNDP APRC also provided technical support, mainly through an HIV/AIDS Programme Specialist and a consultant, and by facilitation of inputs from a range of expert consultants. These included the international fashion designer Ms. Bibi Russell, and Mr. Seimi Wangsai, a skilled apparel designer and the owner of Tragoon, a high-end fair trade store in Yokohama Japan, whose costs were covered by UNDP APRC. Additional technical support for WWP activities has been obtained from the Singapore International Foundation (SIF), a non-profit organization based in Singapore, which completely funded its support in the form of technical trainers, onsite training and donation of equipment to the WWP, and WEINC (Women Empowered through International Cooperation), a group of volunteer Japanese women who came together to take action to support women living with HIV and advocate for HIV prevention. Catalyst Management Services (CMS), a Bangalore, India-based consulting and research organization also provided technical support. Additional in-country technical support was obtained from a range of other sources, including international volunteers, local NGOs and community-based organizations.

Aside from the initial training workshop in Bangkok, opportunities for group members and consultants from the different sites to meet were provided by the International Congress on AIDS in Asia and the Pacific (ICAAP), held in Colombo, Sri Lanka, in 2007, and in Bali, Indonesia, in 2009. A launch event for the WWP and the *WE* brand was held at the Colombo ICAAP in August 2007, in the form of a press conference (Figure 2). WWP also advertised the *WE* brand at an exhibition booth at the conference (Figure 3). These activities helped promote the project, and draw international attention to the issue of the socio-economic



Fig. 2: WWP exhibition booth for advocacy and marketing



Fig. 3: The WE brand launch press conference

impact of HIV on women and the steps that can be taken to address the situation through the economic empowerment of women.

Representatives from each WWP group, their local consultants, and PDA staff participated in the 9th International Congress on AIDS in Asia and the Pacific in Bali in August 2009. The project presented an exhibition booth about WWP that provided an excellent opportunity for the groups to display and successfully sell their products, as well as to explain the WWP rationale and experience to hundreds of Congress attendees. WWP representatives used this platform to describe the impact of WWP on their personal well-being and family life. PDA staff networked with individuals and organizations from throughout the Asia-Pacific region interested in launching similar livelihood initiatives in their communities. In addition, the ICAAP provided other opportunities for learning and capacity building. All representatives were invited to attend a pre-Congress event (called the Southeast Asia Court of Women on HIV and Human Trafficking) that explored the connections between women's experiences of human trafficking and HIV. Also, PDA staff organized a one-day workshop for WWP participants to share their accomplishments, strengths, and weaknesses, to discuss strategies for joint WWP promotion, and to outline six-month action plans for each business group.

The WWP provided an important opportunity for public advocacy and has actively pursued public exposures in an attempt to portray a positive image of women living with HIV for stigma reduction, to make known their challenges and empowerment experiences, and to provide the women with self-confidence, motivations and an opportunity to act as a role model for other positive and vulnerable women. In the course of the project, several important channels were used for promotion and marketing of the WWP, its products and services provided, as well as increasing public awareness of the socio-economic impact of HIV on women and role of WWP in addressing this situation through their empowerment.

Examples of publicity for advocacy include the engagement of the UNDP Goodwill Ambassador, Ms. Misako Konno (an established actress from Japan) (Figure 4) and Ms. Bibi Russell (a former super model, UNESCO Goodwill Ambassador, and a fashion designer), the launch of the *WE* brand at a press conference, WWP website and international marketing. Considerable publicity for WWP came from Bibi Russell's visits to MDSF and WD, and the subsequent media exposure that included press releases, stories in the media and appearance on the UN radio. A website (<http://www.wwp-we.org/>) was established, with information about WWP, products, marketing, news and success stories, designed both for marketing and advocacy purposes.

The launch of the common *WE* brand during the second year of WWP helped unite all products, whether produced in Cambodia, India or China, under one label (Figure 5).¹¹ The common brand name was adopted to create a sense of solidarity among positive women working in different countries of Asia under similar challenging circumstances, and to create a value addition to the groups' products and services as a differentiation marketing

¹¹ Annual Report January - December 2008, Women and Wealth Project, PDA, 2008.



Fig. 4: UNDP Goodwill Ambassador Konno Misako with MDSF staff

strategy, particularly to appeal to the fair trade sector, companies with strong corporate social responsibility (CSR) policies and customers with high social consciousness.

The brand “WE” was decided collectively by the women themselves at the first PDA workshop, and denotes (1) women’s empowerment and (2) “WE (HIV positive women across Asia) are together and can make it.” WE products were advertised on the WWP website and sold at prominent outlets such as the UN ESCAP souvenir shop and the Cabbages & Condoms Restaurant gift shop, where hundreds of customers from around the world visit. WE products were also displayed at various sales exhibitions in Bangkok, Canada, Japan, Sri Lanka, and the UK.¹² There was also online marketing for WE products in Japan, among other outlets. An advocacy message printed on the back of the WE label attached to each product was also an important part of the strategy (Figure 6).

In addition, a number of video documentaries were produced about the project. These included *WE Shall Overcome*, produced by UNDP and PDA, and *Weaving Destination: Towards Weaving a Glorious Future for Bodoland*, produced by the NEDAN Foundation.¹³ These videos, which have been widely distributed, describe the situation faced by women living with HIV, show the benefits that WWP has had for the women involved, and provide an intimate perspective on the impact that participation in the project has had on building their self-confidence and improving the quality of their lives.

“WE IS A SYMBOL OF RESILIENCE AND RESOLVE BY WOMEN IN THE FACE OF ILL-HEALTH, POVERTY AND DISCRIMINATION. THE LABEL REPRESENTS A NEW HOPE AND EMPOWERMENT FOR ALL THE WOMEN LIVING WITH HIV IN CAMBODIA.”

Mr. Douglas Broderick, UNDP Resident Representative in Cambodia



Fig. 5: WE logo

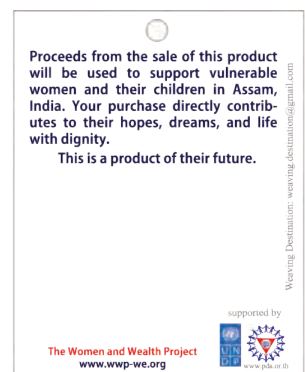
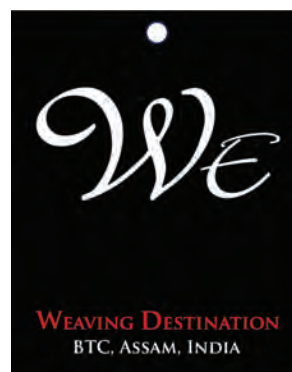


Fig. 6: WE product label

¹² See <http://www.wwp-we.org/Exhibitions>.

¹³ See for example *WE Shall Overcome*, UNDP and PDA, n.d., and *Weaving Destination: Towards Weaving a Glorious Future for Bodoland*, NEDAN Foundation, n.d.



Fig. 7: MDSF staff

ASSESSMENT OF SUB-PROJECTS SUPPORTED UNDER THE WOMEN AND WEALTH PROJECT

3.1 MODERN DRESS SEWING FACTORY (MDSF), PHNOM PENH, CAMBODIA

3.1.1 Background

In 2009 there were an estimated 57,900 people aged 15-45 living with HIV in Cambodia. An estimated 52 percent, or about 30,100, of them were women.¹⁴ Cambodia's epidemic has been attributed primarily to heterosexual transmission among high-risk groups, particularly female sex workers, their clients, and the other sex partners of clients. Significant progress has been made in regard to increasing access to treatment, care and support services, with the number of people living with advanced HIV infection on ART increasing by 40 percent from 2007 to 2009. Cambodia now has near universal ART coverage, with over 90 percent of people living with HIV in need of treatment reporting they are on ART.¹⁵ Growing numbers of orphans and vulnerable children are being reached by essential care and support services.¹⁶

In Cambodia, the HIV epidemic is closely linked with poverty and loss of livelihood. A recent large-scale survey study by the UN¹⁷ on the socio-economic impact of HIV on households indicated that households with members living with HIV were 23 percent more likely to be poor, with children from the poorest households 62 percent less likely to attend school than children in the wealthiest households. Heads of HIV-affected households were more likely to be young, female, and widowed, and HIV-affected households owned significantly less of every asset surveyed than non-affected households. Twenty-seven percent of people living with HIV reported they had stopped earning income after their diagnosis, and for those who remained employed, the average income was less than half of what it had been before their diagnosis. In another recent survey on stigma and HIV, 51 percent of people living with HIV reported having lost their jobs or income in the last 12 months, due mainly to their HIV status or poor health. Nine percent of men and 14 percent of women reported being denied employment or job opportunities because of their HIV status.¹⁸

¹⁴ *Cambodia Country Progress Report: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS*, The National AIDS Authority, March 2010.

¹⁵ *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector*, WHO/UNAIDS/UNICEF, 2010.

¹⁶ *Cambodia Country Progress Report: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS*, The National AIDS Authority, March 2010.

¹⁷ *The Socioeconomic Impact of HIV at the Household Level in Cambodia*, National AIDS Authority and United Nations, 2011.

¹⁸ *People Living with HIV Stigma Index Cambodia 2010: Final Report*, Cambodian People Living with HIV Network (CPN+)/UNAIDS February 2011.

Based on these findings, the Cambodian National AIDS Authority and the Cambodian People Living with HIV Network have recommended that HIV impact mitigation be integrated into poverty reduction and income generation programmes, including maximizing access of women to credit and income generation.¹⁹ Positive people's networks and NGOs should design and implement interventions that empower people living with HIV to participate in social and community actions to address both external and internal stigma and discrimination and promote opportunities to engage in income generating and livelihood interventions to improve living conditions of people living with HIV and reduce dependency on government and civil society programs.²⁰ Income generation and livelihood activities should also include young people, especially those who are most at risk of HIV infection.²¹

In fact, while interventions for impact mitigation have been slow to expand, Cambodia's National Strategic Plan (NSP) does provide a strong framework for these recommendations to be addressed. The interconnectedness of the HIV epidemic and overall socio-economic development issues is recognized in the third goal of the NSP, "To alleviate the socio-economic and human impact of AIDS on the individual, community and society", where Objectives 2 and 3 under Strategy 3 are "to improve the social and economic status of people living with HIV and their families, especially the most vulnerable" and "strengthen the capacity and participation of people living with HIV in social and development activities and their meaningful involvement in impact mitigation interventions and decision making processes." However, the NSP gives few details of activities other than to "advocate for and expand evidence-informed sustainable livelihood and income generation interventions for people living with HIV and their families."²²

Cambodia has seen considerable efforts to address poverty and socio-economic inequality, including a number of initiatives that focus on the empowerment of women. These include the Creative Industry Programme (a joint programme supported by UNDP in cooperation with ILO and UNESCO), the ILO-supported Women's Entrepreneurship Development and Gender Equality (WEDGE) project as well as initiatives supported by GIZ Cambodia, Japan International Cooperation Agency (JICA), the Women's Development Centre in Kampong Speu, the UNDP Partnership for Gender Equity Project, and NGOs such as Hagar. While their income generation programmes benefit women in general, and thus almost certainly include a number of women living with HIV, none of them specifically target women living with HIV. There are some programmes that address the issue of livelihood and income generation among people living with HIV such as the activities implemented by Khmer HIV/AIDS NGO Alliance (KHANA), Cambodia's key NGO working on HIV, with USAID and EC support. The focus of this programme is mainly on people living with HIV in rural communities, and the activities have not had a specific focus on women.²³ For these reasons the WWP has addressed an important need.

The local partner for implementation of the WWP is the Cambodian Community of Women Living with HIV under the Cambodian People Living with HIV/AIDS Network. CPN+ is a national network of groups and organizations of people living with HIV, founded in July 2001. Currently CPN+ has over 38,000 members countrywide with 643 active support groups. CPN+ has a mandate to coordinate and contribute to national and international responses to HIV and AIDS in Cambodia.²⁴ CCW, formerly known as the Positive Women's Sector, has been part of CPN+ since 2004 and currently represents HIV positive women in twelve provinces and sixteen self-help groups in Phnom Penh.

19 *The Socioeconomic Impact of HIV at the Household Level in Cambodia*, National AIDS Authority, 2011.

20 *People Living with HIV Stigma Index Cambodia 2010: Final Report*, Cambodian People Living with HIV Network (CPN+)/UNAIDS February 2011.

21 *Cambodia Most at Risk Young People Survey 2010*, Ministry of Youth, Education and Sports, 2010.

22 *Kingdom of Cambodia National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV/AIDS 2011-2015*, National AIDS Authority, 2010.

23 KHANA Livelihoods Program, presentation by Dr. Oum Sopheap, Executive Director, KHANA, at High-level Technical Consultation on HIV-sensitive Social Protection for Impact Mitigation in Asia and the Pacific, Siem Reap, Cambodia, 27-29 April 2011.

24 <http://www.cpnplus.org/>



Fig. 8: Inside the MDSF factory

3.1.2 Description of activities and results

The business plan developed by the Cambodian group, submitted and approved by PDA in early August 2006, was for a garment production business called Modern Dress Sewing Factory business. As a factory, an important feature of MDSF was its guiding principle of compliance with the free trade and international labour guidelines promoted by ILO.²⁵ In comparison with other garment factories in Cambodia this provided very fair and flexible conditions for workers, giving the enterprise a comparative advantage in regard to a certain section of the international sales market, as well as setting a standard for the industry in Cambodia.

The Modern Dress Sewing Factory started operations in January 2007. The initial capital investment covering the setup, including equipment, premises and other basic costs was US\$8,700. The factory was housed in rented premises, with equipment consisting of 22 sewing machines, as envisaged under the original plan. This was expanded to a total of 32 machines, including those for sewing, cutting and button holes. Currently (as of April 2011) there are 28 machines (Figure 8). Given that the machines were originally purchased second-hand to save cost, have been subjected to heavy use since they went into service, and maintenance has not been regular, they are increasingly in need of repair and a number of them may be nearing the end of their working life. This affects not only the quality of the product but increases production time and also means that there will soon be a need to buy replacements, increasing overhead costs.

As originally envisaged, the focus of MDSF's marketing strategy focused on the international market, local and international NGOs, and the tourist market in Cambodia. The competitive advantage of products was their high quality, reasonable price, and the marketing system that would make use of local and international NGO networks for promotion and distribution. In fact, local and international NGOs seem to have been the main clients, together with gift shops run by NGOs, such as Friends, Colours of Cambodia and Rajana. In addition to these outlets, lower quality products such as t-shirts and other apparel items made from donated materials have been sold on local markets. Products of MDSF have been successfully marketed in various countries, including Canada, Japan, UK, USA, Thailand and Sri Lanka, which indicates that the quality of their products meets international standards.

The MDSF team designs and produces their own goods for sale directly to consumers and conference organizers. Products have consisted of conference bags, *WE* brand products comprising silk conference bags, silk wine bags, and silk wallets, tote bags, sarong bags, passport covers, and folders (Figure 9). These include the "Bibi for *WE*" line designed by Ms Bibi Russell during her visit in August 2008 (Figure 10). In addition to these items the group originally aimed to upgrade manufacturing skills to produce well-made women's garments, but this does not seem to have eventuated and conference bags have been one of the mainstays of the business. However, the market for conference bags is very narrow, with limited demand, and is highly competitive, so if the business is to grow there is a need to diversify and try to promote some of the other products that MDSF can produce and find reliable lines of production.

²⁵ <http://www.ilo.org/global/standards/information-resources-and-publications/free-trade-agreements-and-labour-rights/lang--en/index.htm>



Fig. 9: MDSF products on display



Fig. 10: Bibi Russell training MDSF staff on new products

Office and factory space has been a challenge throughout the term of the project. This seems to have been mainly due to the difficulty of finding premises that are suitable in terms of providing sufficient well-ventilated space which is readily accessible to the workers, at a cost that is affordable. Rental costs are quite high in Phnom Penh, and along with salaries, rent has been one of the main overhead costs, affecting opportunity of MDSF to break even. After several changes in location, MDSF is currently sharing premises with CCW, at a low rent of US\$50 per month that includes utilities and internet connection. However, available space is limited, and barely accommodates the current staff of 8 women, limiting expansion and showroom space. For this reason, as noted by several informants, the current arrangement must really be seen as a temporary solution.

Staffing

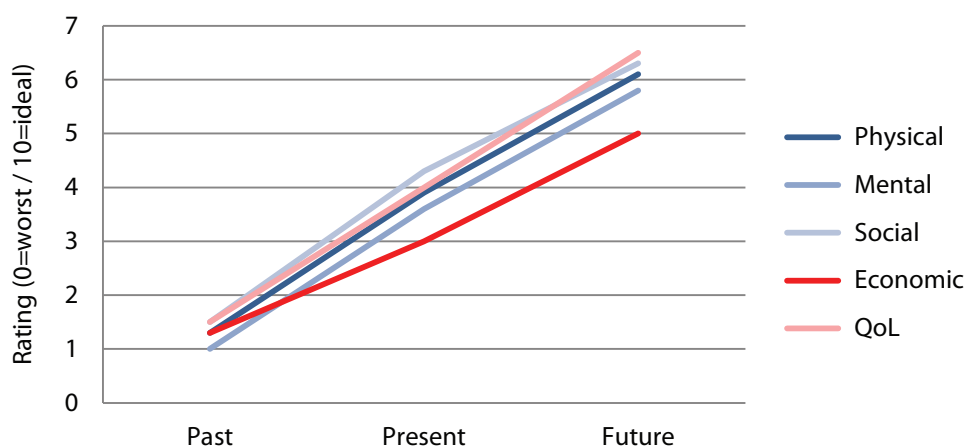
It is important to note that MDSF did not begin as an initiative developed by the positive women themselves. Rather, they were approached by UNDP APRC through PDA and CPN+, and recruitment was done through advertising through CPN+, CCW and their HIV networks. At the start, while the leaders of CCW understood the objectives of the WWP, it is possible that not all the women recruited by CCW were fully aware of what was happening. Members commented that, initially, most of them were unaware of what the project was about, and did not know it was a business enterprise. In fact some thought that MDSF was another women's self-help group, intended to help them take care of their health and find friends.²⁶ This may have had an impact on the sense of ownership of the project, and help explain some of the challenges faced in implementation.

The original management structure as proposed in the business plan consisted of a team of 26 employees, supervised by a team leader, with finance, operations and marketing staff, with overall direction from a management team made up of a project coordinator, the local consultant and supporting committee, including project, NGO, private sector and government representatives.

On start-up, 28 women were employed, which increased to 30 in 2007. In 2008, the staff numbers began to fall, with the organizational structure dropping to 22 staff positions. These consisted of: five management positions (a General Manager, a Financial Manager, an Administrative Manager, an Operations Manager, and a Marketing Manager); three assistant managers (Administration, Operations, Marketing); three unit chiefs (Design, Maintenance, Sewing Unit); nine sewing and quality control positions; an ironing position; and a cleaning position. By December 2008, the number of women working at MDSF had been reduced to 17 people and then to the current number of 8 (as of April 2011). The reasons given by staff for leaving MDSF are varied. They include leaving MDSF to take up better-paying positions (which they were able to obtain because of the improvement in

²⁶ Interviews, Phnom Penh, 18-22 April, 2011.

Figure 11: Self-assessment of positive women at MDSF (n=15, mean values)



skills that occurred through employment at MDSF), pregnancy and personality conflicts with other staff.

In the business plan developed in the Bangkok workshop, it was estimated that 80% of positive women had the necessary skills to undertake the proposed venture.²⁷ However, while several of the women initially recruited had some sewing experience, they lacked the skills in other areas necessary for the success of the enterprise. Most staff did not have sufficient experience in design and cutting let alone other areas such as quality control, calculation of quantities and time required for production, management of orders, finance, marketing or language skills. Thus, the baseline skills did not meet requirements of the business chosen, which necessitated additional training and support in these areas, and slowed the rate of the development of the business.

MDSF paid all workers a fixed monthly salary and small bonuses for overtime, hard work (good attendance), and special skills (e.g. extra responsibilities), somewhat following the ILO labour guidelines in Cambodia. While the salary was relatively generous and the working hours not long, some women still felt that the income was insufficient to meet their living costs, and they found it difficult to save any money.²⁸ This was especially the case for women who have commitments supporting children and other family members, or, in one case, a disabled husband. For this reason several of the women have engaged in additional jobs in the evening after MDSF working hours. Some women also receive additional support through projects run by WFP, Licadho and other organizations, which provide them with rice, sugar and other essentials that enable them to survive.

As can be seen from the results of a Bamboo Ladder Survey, which measures satisfaction with the income level and other benefits derived from working with MDSF, while all measured indicators showed an upward trend, the economic component has scored lower than others (Figure 11).²⁹

This is reflected in comments from some of the current workers, with previous experience working in commercial garment factories, who mentioned that the salary is not as good as working in the private sector. Some members of the group also have to invest additional time and money in order to travel a long way from their homes in other areas of the city.

However, all workers agreed that, in comparison with other firms that do not care about

27 WWP Modern Dress Women and Wealth Cambodia Team 6 July 2006.

28 Annual Report January - December 2008, Women and Wealth Project, PDA, 2008; interviews, Phnom Penh, 18-22 April, 2011.

29 Annual Report January - December 2009 Women and Wealth Project, PDA, Dec. 2009.

employees' health, they prefer MDSF as it has a better work environment, with longer lunch breaks, more reasonable working hours, and flexibility with regard to time off (paid leave) for health and medical appointments (two days per month). MDSF also maintains the ARV checklist, in which its team leader asks all the staff everyday if they have appropriately taken the medicine to ensure adherence and their good health. Also, at MDSF there is more opportunity for training, as other factories make women specialize on any one area of the production line. They are also able to share their problems (both personal and health related) with one another without fear of stigma and isolation and seek support from each other. For these reasons, they felt that many more women wanted to work at MDSF, although currently the factory is unable to recruit additional workers owing to financial constraints.

A strong sense of commitment to MDSF was expressed among the women working with the enterprise.³⁰ Nevertheless, the group has experienced its share of challenges in regard to relationships among workers. This is reflected, at least in part, in the high turnover of workers, as well as in consultants. Staff levels have varied, ranging from 30 women at the beginning of the project in early 2007, falling to around 17 in 2008, and then dropping to the current number of 8 women in April 2011. The retention of consultants has also been a challenge, with a total 6 consultants having worked with MDSF (to March 2011).³¹ This has meant expenditure of much additional time and effort on training, recruitment and communication over the course of the project by personnel, consultants, PDA and UNDP.

A number of reasons were given by informants for this situation, including lack of certainty regarding the future support for the project, moves to better jobs, marriage and pregnancy of the workers, jealousy and personality clashes among the women, differing educational levels, frequent relocation of the office premises, and differences in opinion regarding the management of MDSF. It is difficult to assess which, if any, of these reasons was the most important. Comments from several informants suggest that dissatisfaction with the management of MDSF may have been an important factor. They pointed out that the duties and responsibilities of senior staff were unclear and not properly reflected in Job Descriptions (JDs), when these were available, and the office lacked a clear organogram. There was also no contract for the manager's job (the manager was selected by the women) and, as a result, there was a lack of clarity regarding the reporting structure and supervision of this position.³² Ultimately, when serious issues were raised regarding transparency, divisions developed within MDSF and a number of staff, including the Marketing Manager and Administrative Manager, resigned.³³

Another issue, related to the management challenges outlined above, concerns the relationship with CPN+, which was not clearly defined. According to informants, while CPN+ wanted to supervise MDSF the network did not recognize the group in their organogram and did not involve MDSF in their internal meetings. At the same time, MDSF had no separate board of directors that could provide supervision to the manager and take responsibility for planning and oversight of operations. While this situation has improved considerably following changes within CPN+ and the assumption of a management role by CCW, MDSF still lacks a structure, such as a steering committee or board of directors that will provide strong management following completion of the current UNDP support phase.

Additional funding was obtained and PDA spent a lot of time revising the TOR to suit the existing consultant, who did not provide feedback or engage in the process. Based in Bangkok, it is difficult for PDA to monitor the local consultant and the women became dependant on this person who was an experienced negotiator and made all the connections for MDSF. In Cambodia men, are seen as business people, which creates a significant barrier for MDSF, a business run by women. MDSF was remaining viable through the work of the consultant and other connections but the question arose on what would happen when the

30 Annual Report January - December 2008, Women and Wealth Project, PDA, 2008; interviews, Phnom Penh, 18-22 April, 2011.

31 Annual Report January - December 2009 Women and Wealth Project, PDA, Dec. 2009; Annual Report January - December 2010 Women and Wealth Project, PDA, Mar. 2011.

32 Interviews, Phnom Penh, 18-22 April, 2011.

33 Ibid.

consultants were no longer around. It was clear that the manager had become dependent on the consultant and little in the way of skills had been transferred, with the manager taking the role of the consultant's assistant.

Training and support

The MDSF business model is one that requires a good deal of technical support. While the women already had, or could learn, sewing skills, it was more difficult to recruit women with skills in the crucial areas of design, marketing and management. For this reason it was necessary to provide regular on-going support and arrange for special training sessions to be held.

Throughout the duration of the project, MDSF has received strong technical support from PDA and a range of other partners. Altogether, to the time of this assessment, PDA has made a total of 16 visits. Five of these were made in the initial phase (2006-2007) of the project, followed by two visits in 2008, five in 2009, three in 2010, and two so far in 2011. Tele-meetings were conducted twice a month and progress reports were made to PDA every month. The PDA Bamboo Ladder Survey, a self-assessment exercise, was conducted annually, usually in November. Participants expressed that this exercise was very beneficial, helping the women to be more aware of their situation and clearer about what they wanted to do with their lives.

PDA visits were usually made by a team consisting of the Planning Officer, an international post, together with the Thai Director of PDA's Community Health Bureau. On a number of occasions, UNDP staff also joined the visits. These visits were regarded as very important by MDSF workers, who greatly appreciated the technical support and guidance given, which they felt was essential to the business. In the final 18 months of the project, the field visits have been of an extended period as it was felt that a longer time was required to work with the staff and address issues.

One issue mentioned by MDSF and consultants was the impact of frequent changes in PDA staff responsible for MDSF. While the Thai staff of PDA has remained largely unchanged, the PDA Planning Officer position has seen many changes in personnel since the project commenced, on some occasions twice in the same year (the current PDA Planning Officer is the sixth person to occupy the position since the commencement of the WWP). Informants commented that this contributed to a lack of consistency in communication with PDA, as the different planning officers each had their own approach, priorities and expectations of MDSF. In general, there was a feeling that PDA was strong in regard to theory, with strict emphasis on the implementation of the business model, and meeting deadlines, but lacked sufficient understanding of the capacity of MDSF personnel. MDSF felt that, as a community-based organization, flexibility and concern for the health of members should be a primary concern. On the other hand, a consistent comment from PDA, in both reports and interviews, was what MDSF needed to change their approach from that of an NGO to one with greater business orientation in order to survive as a business entity and continue benefiting the women and their families.

Bibi Russell, a former super model, internationally-known fashion designer and former UNESCO goodwill ambassador, conducted training on product design during her visits in 2008 and 2009. As a result, MDSF developed a new line of products called 'Bibi for WE.' While her support and the publicity surrounding her visit to MDSF was useful, staff felt that the training did not really match their skills and the future direction of the business.

The Singapore International Foundation has conducted training for MDSF staff from around early 2009. According to MDSF, the team of four Singaporean trainers dispatched by SIF has made visits about once every four months. Their training consisted of management and various technical areas of product manufacturing. In particular, their assistance on sewing and design has been greatly appreciated, as MDSF recognizes this as an area where they lack capacity. SIF has completely funded such training on its own and even donated some equipment to MDSF. SIF assistance is expected to continue even after the completion of the project in December 2011.



Fig. 12: WEINC volunteers



Fig. 13: MDSF catalogue developed by WEINC for the Japan market

MDSF has also received training from Seimi Wangsai, a fashion designer and an owner of a fair trade company from Japan, who has helped with design and marketing of products, in particular bags designed specifically for the Japanese market. Products made under Wangsai's instructions were marketed in Japan. He conducted a total of 4 trainings between 2009 and 2010 and his last visit was made in 2010. His next visit was planned for March 2011, however, it has been delayed owing to the Japanese tsunami disaster.

WEINC, which stands for Women Empowered through International Cooperation, a Japanese women's volunteer group, provided assistance and advice regarding new product designs, production, marketing research, as well as test marketing and sales of products in international outlets and Japan (Figures 12 and 13). A WEINC consultant, Ms. Asuka Kumekawa, a specialist in small-scale garment and accessory production, made a visit to MDSF during September 2008, during which she aided the group in enhancing their product design and material procurement strategies.

The Rajana Association, which has also helped establish market outlets for MDSF products, is a member of the Artisans Association of Cambodia (AAC) and invited MDSF to participate in training workshops organized by AAC such as those held in June -July 2010. The Director of Rajana is very supportive of MDSF and a good relationship has developed.

In addition to the onsite training described above, in the early years of the project some workers also received training by the Cambodia Garment Training Centre. Special arrangements were made so that they received the training for free.

In the course of interviews, a number of informants expressed appreciation for the efforts made by UNDP APRC and consultants in support of the project. This support included help with orders and marketing of products, arrangements for visits by trainers, and their efforts to solve problems that arose.

3.1.3 Key outcomes

Business

Charts showing the trends in income and expenditure over the whole duration of the project to date are included as Annex. As expected, it took some time for the enterprise to

“WE DON'T WANT SYMPATHY, BUT SUPPORT TO LIVE A LIFE OF RESPECT AND DIGNITY. SEVERE POVERTY, AND STIGMA AND DISCRIMINATION MAKE OUR LIVES IMPOSSIBLE. WE HAVE RECURRENT HEALTH PROBLEMS AND HAVE TO FEND FOR OUR TREATMENT, FOOD AND SHELTER; BUT THE MOST CRUSHING IS THE DISCRIMINATION BY SOCIETY. THIS PROJECT HELPS US TO STAND ON OUR FEET, EARN A LIVING AND STAY UNFAZED BY THE STIGMA AND DISCRIMINATION STARING IN OUR FACE. WITH HIV, ONE CAN LEAD A NORMAL AND PRODUCTIVE LIFE - THAT IS THE MESSAGE OF WE. OUR EARNINGS ALSO KEEP US ALIVE.”

Ms. Pham Srim, Business Manager, MDSF

become established, and while some revenue began to come in from around mid-2007, it was not until November that MDSF began to generate significant income. The following year, 2008, saw a total income of over US\$31,647, or an average of over US\$2,630 per month, which has been the highest annual income over the total five years duration of the project. However, this was still over US\$14,000 short of the total expenditure for the year. In the following year the project's income dropped to an average of just over US\$1,300 per month, with costs running at over US\$2,260 per month. In fact income was so low during 2009 that PDA provided three emergency fund transfers, totalling around USD \$4,000 to enable MDSF to purchase materials, pay salaries and meet other costs.³⁴ In 2010, for the first time, income exceeded expenditure, making the annual net profit of about US\$260. In 2011, results to date are not encouraging.

The worker's salaries, including bonuses such as the US\$50 per worker paid in March for the Cambodian New Year holiday, together with rent constitute the biggest costs for MDSF. For much of the duration of the project, overhead costs have been over US\$1,900 per month. The highest monthly income, which in some months exceeded US\$7,000, has usually been recorded around the holiday and New Year season, when most orders are received.

Despite attempts to develop domestic markets, MDSF has mainly relied on orders from the export market. In part this seems to have been due to better marketing through use of MDSF's links to international networks, through the UN family and other organizations. An additional reason has been the sourcing of materials, with reliance on raw materials, such as Thai sarong fabric, produced in neighbouring countries such as Thailand, Vietnam, and the Lao PDR, due to unavailability or higher prices of quality materials in Cambodia. The cost of these materials, which can amount to two thirds of the sale price of products, reduces the profit margin considerably, making it uneconomical to produce for sale on the local market. During the course of the project, various alternatives were explored to reduce these costs, for example, by purchase of cloth through PDA and use of low-cost transport to Cambodia, but these appear to have met with only moderate success.

Empowerment

The annual evaluations undertaken by PDA with the women, using the Bamboo Ladder Survey tool, show steady improvements over the course of the project in most of the five components of well-being (mental health, physical health, social, economic and quality of life) assessed. This indicates that the women have experienced positive benefits from their involvement in the project. This was confirmed by the women interviewed during the assessment, who mentioned among factors that contributed to their improved well-being was the security from a regular income, increased ability to provide for their families, the friendly and relaxed working environment with freedom from stigma and discrimination, the opportunity to work in a "decent" job, working together as part of a team, and the fact that they can take leave when sick or have a medical appointment.

According to the women, despite some of the personal and management-related issues that had arisen within MDSF, the group was still better off compared to many other self-help groups. They had better skills, a more open approach, and good thinking skills. As a result, a lot of women living with HIV wanted to join MDSF.

Socio-cultural environment

The outcomes of the MDSF project in terms of improving the socio-cultural environment for people living with HIV in Cambodia are difficult to assess. Several informants, including former consultants and representatives of international organizations, emphasized the fact that MDSF has provided an important example to society, showing that, given the right opportunity, women living with HIV are prepared to work hard and learn skills enabling

³⁴ Annual Report January - December 2009 Women and Wealth Project, PDA, Dec. 2009.

Box 1: MDSF Client snapshot

The Rajana Association is a local, non-profit income generation and skill-training project that produces fair trade products, blending traditional Cambodian skills with contemporary designs. Rajana has workshops in Phnom Penh and Siem Reap, as well as marketing products made by families in villages throughout Cambodia and goods made by other NGOs. Products are sold through six outlets in Cambodia, including two shops at the Russian Market in Phnom Penh, three shops in Siem Reap, and one shop in Sihanoukville. Rajana also exports goods to many countries.

MDSF approached Rajana around 2007 to request help in marketing their products. Rajana felt that the cause was a good one, products interesting and of good quality, and the price fair and not too expensive for foreign tourists, especially Japanese, who are their main customers. Under the relationship that resulted, Rajana sells 15 MDSF products with a 20-30 percent mark-up. These include krama (the Cambodian scarf), sarongs, long bags, and tote bags. Goods carry the WE MDSF Cambodia label, together with the Rajana label and barcode. In Phnom Penh, MDSF visits Rajana at the end of each month to collect earnings and re-supply stock. For Siem Reap, Rajana purchases stock directly from MDSF.

Rajana is happy with the relationship with MDSF and hopes to maintain it. Their advice to MDSF and other social enterprises engaged in similar activities is not to try and produce too many things that may not sell, but to begin by producing a little at a time, in order to identify styles that suit the market, then try producing these for a few months initially to build up a customer base. Groups that base their activities on strong existing skills are more successful. Compliance with Fair Trade and emphasis on the background to the social enterprise, for example through notes and pamphlets accompanying the goods, can also be used to good advantage as an effective marketing technique.

them to achieve results that are appreciated at an international level. While this is certainly true, there are no clear indicators that enable the degree of change resulting from the project to be assessed.

It is somewhat easier to assess the contribution that the project has made at the level of the community based on the workers' personal feedback regarding instances of discrimination. In fact, some of the women live in the Tuol Sambo community, a resettlement community outside Phnom Penh that became, for a period, a de-facto "AIDS colony", and have thus had considerable exposure to stigma and discrimination.³⁵ All agreed strongly that the project has brought changes in terms of their acceptance in the community. While there were reports of previous cases of discrimination, for example in relation to attendance of children at school, currently stigma and discrimination do not seem to be a major concern and most of the women appeared unconcerned whether the community were aware or not. Women have been able to apply for jobs outside the project, and they reported that there is increased understanding about what MDSF does and its contribution, resulting in increased respect from others.

3.1.4 Main challenges

MDSF has faced major challenges related to almost every aspect of the enterprise. The business model chosen is in an area that is already highly competitive, with existing competition that is well-established and well-funded. To compete in this sector, at the same time promoting workers' rights, has been a significant challenge. MDSF has spent much time exploring ways to reduce overheads, such as the cost of source materials and rental of factory space, and at the same time identify and exploit its comparative advantages in order to cover core costs such as worker's salaries.

The need to exploit MDSF's comparative advantages has placed much emphasis on the

35 Brill, D., "Concerns grow over Cambodia's 'AIDS Colony'", *The Lancet*, 374 (9694), 19 Sept. 2009, p. 966,

Box 2: MDSF worker snapshot

“Sopheap” is 53 years old and comes originally from Battambang province. She has lived in Phnom Penh since the year 2000. She was married with 3 children, two daughters, aged 31 and 28, both of whom are married, and a son aged 24, who has just graduated from college. On completion of her secondary school education, Sopheap worked for around 30 years organizing wedding parties and doing make-up for brides and grooms, until she became sick with AIDS and could not do this work anymore. After recovering from her illness she took some training on how to make bed linen. She learned about MDSF through an announcement at the hospital, and applied to join the project in 2007 as one of the founding members.

Sopheap lives in Tuol Sambo village, which gained notoriety for a time around 2 years ago as “the AIDS village”. The situation is now much improved, and Sopheap now owns her own home, which was built through assistance from the charity Caritas, with her main expenses now being food, electricity and support for her son.

The Women and Wealth Project has changed her life in several important ways: she has gained new friends; has been able to take her ARV on a more regular basis; has learned more about society, especially HIV positive society; and she has acquired sewing skills. She has participated in all the training workshops provided to MDSF, including technical support from Singapore and Japan, and also acquired skills as a team leader, including passing on her skills to other ladies. However, she still does not feel confident enough to lead or advise entirely by herself. Her hope is to become like she was in the past, preparing wedding parties, not just sewing and cutting.

Through her involvement in MDSF, Sopheap feels that she is not a woman living with HIV but a staff member of MDSF who can help other positive women to find jobs. Even though there are only 6 ladies sewing if large orders, such as 200 bags, are received from clients these can be handled if there is 10 day notice. The ladies are willing to work, and to help each other.

Sopheap hopes that in future the 8 ladies now with MDSF can cope and have strength to do their work, and she expects that MDSF will continue and help other women living with HIV in the outside community. Even though she is the oldest member of the group she never drops her responsibilities, always comes to work, and wants to see MDSF expand in the future. “If you talk about the salary, it is not enough, but I work in order to show that women living with HIV can work just like other people.”

way in which the enterprise’s products are marketed. There is much goodwill among the client base, and most seem to be very satisfied with the quality, price and timeliness of completion of orders. This has helped support operations to date. However, in order for MDSF to be really sustainable, it needs to access and expand into local markets, as well as internationally. To date the approach has tended to be passive, waiting for orders to arrive rather than proactively maintaining business relationships and contacting prospective clients. Several informants commented on the current lack of capacity of MDSF in regard to marketing, and commented that it was they who approached MDSF and not the other way around. They felt that MDSF needed to be more active in approaching potential clients and maintaining relationships with existing clients, for example through making regular visits carrying a sample book, or when new catalogues and new products are released. This would help ensure that MDSF is fresh in the minds of supply or procurement officers in large organizations, including the UN system, when supplier lists are drawn up for tenders.

To do this MDSF needs a marketing person, with the necessary skills and an outgoing approach, supported by a business plan and marketing strategy that is regularly updated. Marketing needs more than good products, but also a marketing officer who is presentable, has good English language skills, has the necessary sales skills and understands the psychology of customers. Also required is a change from what some informants referred to as an “NGO mentality” to a business-like attitude. Currently the lack of this approach represents a big challenge to the survival of MDSF, much less its growth and expansion. With these considerations in mind, a marketing and communication person has recently been recruited with support from PDA.

Management has been another challenge. In particular, there are two main aspects of MDSF's management system that have contributed to challenges in operation of the enterprise. One of these is the management structure, where the lack of board of directors or steering committee has meant a lack of clarity regarding reporting and accountability, especially for the office manager position, and a reliance on PDA to help fill this role. The other aspect that appears to have been a challenge is the management approach. Styles vary but, for any business to be successfully run, managers, as well as consultants in the case of MDSF, need to be able to get the most out of their staff. In order to keep up staff morale, some understanding and application of psychology is needed in addition to business skills. This is especially challenging in a situation such as MDSF where there are special sensitivities because the women are living with HIV and feel that they have different needs from other women. For this reason, management must be aware of and able to respond to issues when they arise in a way that eases tension on a personal level, and reminds women of the big picture – the commitment to the enterprise.

“THE COMMUNITY APPRECIATES THE FACT THAT WE ARE PREPARED TO WORK AND MAKE AN EFFORT AND DON'T JUST STAY AT HOME.”

An MDSF staff

“IF POSITIVE WOMEN DON'T LIKE THEMSELVES, HOW CAN THEY EXPECT OTHER PEOPLE TO LIKE THEM?”

Former MDSF consultant

Insecurity regarding the duration of donor support has been an important factor during the life of the project. While it has run for five years, the fact that support was given through a series of shorter contracts, of one to two years' length, seems to have resulted in a degree of uncertainty among the workers, as well as the local consultants. For this reason, a number of people opted to leave the project in order to take up more secure employment elsewhere.

There will also be a need for continued donor support after completion of the current UNDP/PDA support phase. This includes technical support, funding for activities and assistance in finding markets. On-going technical support will be needed in the area of design, marketing and management, in order to ensure that skills are updated, and also for new staff who replace current workers or join in case of expansion of the business. Training in marketing was identified as a key concern for the present, as well as the future. The need for funding has resulted from the fact that, despite five years of support from UNDP/PDA, consultants and trainers, the business has still not been able to generate a constant surplus in income that will enable funds to be saved in order to cover costs such as replacement of equipment, or bridging to cover basic costs during slow periods, not to mention the provision of financial resources to CCW to benefit a greater number of positive women across Cambodia, which is envisaged in the rationale behind the initiation of WWP.

3.1.5 Conclusions

MDSF has provided a safe and supportive working environment, income, and empowerment for the women living with HIV involved. Lacking specific indicators, however, it is hard to assess the broader impact of the project on improving the general environment for women living with HIV in Cambodia. At present in Cambodia the issue of stigma and discrimination appears to have improved considerably, largely due to the intensive public advocacy efforts of CPN+, CCW and other organizations. Anecdotal evidence suggests that the MDSF project has helped this change, by providing a good example that shows the important contribution that women living with HIV can make to Cambodian society, through undertaking challenging and productive work that is appreciated at international level.

As a business, MDSF has not been highly successful. With the exception of a few short periods, MDSF has struggled to break even throughout its duration. While generating regular income for the women involved, MDSF has been unable to expand so that a greater number of women have an opportunity to benefit. PDA had initially hoped that MDSF would operate in a similar way to that used by PDA in Thailand, where the social enterprise activities generate profits that can help support the NGO partner's activities. However, MDSF has never become sufficiently well-established for this to occur. Nevertheless, the high sales that were seen in some months give a glimpse of the high potential of the project,

and what could be achieved should MDSF be able to address some of the key challenges that have limited the success of the business.

The human resource capacity of MDSF is still limited. In order to compete more effectively in the marketplace, the enterprise needs to strengthen its personnel in the areas of marketing and design. Currently marketing is passive, relying mainly on requests from clients, rather than being proactive and seeking out new clients and maintaining existing relationships, as well as identifying ways to expand into other sectors where there are potential markets, in particular Government and private sector. This should be done according to a marketing strategy that is regularly updated. While PDA has recently assisted MDSF to engage a marketing and communications officer and a design and production person part time for the remainder of the project, this arrangement needs to be formalized.

In order to ensure that it can compete in the marketplace, and as part of a more long-term and business-like perspective, MDSF also needs to review its management structure. The link with CCW is a good step towards strengthening the social enterprise, with benefits for both MDSF and CCW. However, with the end of UNDP APRC and PDA support, a board of directors or similar organ should be established, with representation from key stakeholders. At the same time, the enterprise's organogram and job descriptions of all staff should be revised so that the management structure is clear and the General Manager reports to, and acts on guidance from, the Board. In the final year of the project (2011), PDA is currently focusing on strengthening the management structure and sustainable local support.

The current arrangement, where premises are shared with CCW, must be seen as only a temporary solution. If MDSF is functioning effectively as a business, it should be able to generate sufficient income to cover core costs, rather than relying on subsidized rental and other overheads, as at present. In the long term, subject to financial stability, MDSF needs to move to separate premises that provide an improved workspace for the women, as well as room for expansion. There appears to be little advantage in being located in the middle of Phnom Penh itself, and MDSF should consider rental of larger premises further away from the centre of the city, which will help reduce overheads. Given that Phnom Penh is not a large city, and the fact that most of the women already commute relatively long distances to work, this should not present a major problem. With effective marketing and management, the potential business advantages to MDSF should easily outweigh any disadvantages in terms of increased rental costs.

In addition to strengthening the human resource base and management structure, MDSF needs to identify funding sources in order to cover on-going training costs, enable expansion and create a contingency fund that can be used for additional costs such as replacement of equipment, bulk purchase of materials and cover running costs between payments and orders. With the shift in priorities among many donors, including the UN system, away from HIV to climate change, one of the best prospects may be the Global Fund on AIDS, TB and Malaria (GFATM). The issue of support for livelihoods for people living with HIV is included in the *Kingdom of Cambodia National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV/AIDS 2011-2015* and as the Chairperson of CCW is a member of the Country Coordinating Mechanism (CCM), she is in a position to advocate on behalf of MDSF and other organizations engaged in similar initiatives for inclusion of support for livelihoods in the next GFATM Round.

To date MDSF has taken a relatively conservative approach in recruitment of workers, focusing on women living with HIV in line with the original plan of the WWP. As the enterprise considers its future direction, it might be timely at the same time to review its focus on beneficiaries as well, exploring a broader-based approach that might include women and girls from vulnerable and most at risk populations. The adjustment of the focus to include vulnerable and most at risk populations might also increase the consistency of the activities with the current guidelines of the GFATM and other potential donors and may open new funding opportunities.

3.1.6 Recommendations

In order to strengthen the business so that it is more competitive and better able to meet its objectives in empowerment of women living with HIV and improving the social and cultural environment, a number of recommendations can be made, as follows:

- In order to strengthen its management, with a view to its sustainability in the next phase following the completion of UNDP/PDA support, MDSF should consider appointment of a board of directors or similar body, and at the same time review all job descriptions and the office organogram to ensure that the reporting structure and accountability of all positions is clear;
- In recognition of the importance of marketing for the success of the enterprise, MDSF's marketing capacity should be strengthened through separation of the General Manager and Marketing Manager positions, with recruitment of a Marketing Manager possessing good human and marketing skills, together with a review and regular updating of the marketing strategy;
- In order to reduce overhead costs, provide space for expansion and make clear the separate but complementary nature of the relationship between MDSF and CCW, in the long-term MDSF should consider relocation of its premises to a site further away from the city centre. Additionally, the possibility of home-based production can be explored as one way to reduce costs;
- To address the enterprises' long-term funding needs following the completion of the WWP, with assistance from CCW, MDSF and CPN+ should identify alternative sources of donor funding, in particular advocacy for inclusion of support for livelihood and social enterprise in the next GFATM Round proposal;
- In keeping with the recommendations of the 2008 Report of the Commission on AIDS in Asia³⁶ and the changing priorities among the donor community, MDSF should consider broadening its beneficiary focus to include a greater emphasis on vulnerable and most at risk women.

36 *Redefining AIDS in Asia: Crafting an Effective Response*, Report of the Commission on AIDS in Asia, Oxford University Press, 2008.



Fig. 14: SLC staff at work

3.2 SOCIAL LIGHT COMMUNICATIONS (SLC), CHENNAI, INDIA

3.2.1 Background

Globally, India carries the largest burden of HIV behind South Africa and Nigeria, with over 2.27 million people of India's 1,160 million population estimated to be living with HIV. Women account for 39 percent of people living with HIV while children account for 3.8 percent. Sixty percent of people living with HIV are in the six high prevalence states, including Tamil Nadu.³⁷ In Chennai (the capital city of Tamil Nadu) itself, where the first cases of HIV in India were diagnosed amongst sex workers in 1986, data furnished by the Tamil Nadu State AIDS Control Society (TANSACS) indicates that a total of 28,000 HIV new cases were registered in 2008-2009 and 30,000 new cases in 2009-2010.³⁸

The implementation of the ART programme has been very successful in India, with some targets set under the NACP III likely to be exceeded.³⁹ Nevertheless, by the end of 2009 only about 280,000, or 45 percent, of people living with HIV in need of treatment were receiving ART.⁴⁰ Despite the gains made in increasing access to care and treatment, stigma and discrimination against people living with HIV remains widespread in India. A 2006 study found that 25 percent of people living with HIV in India had been refused medical treatment on the basis of their HIV-positive status. It also found strong evidence of stigma in the workplace, with 74 percent of employees not disclosing their status to their colleagues for fear of discrimination. Of the 26 percent who did disclose their status, 10 percent reported having faced prejudice as a result. People in marginalized groups, including female sex workers, transgender persons and men who have sex with men, are often stigmatized not only because of their HIV status but also because they belong to socially excluded groups.⁴¹

Owing to their status in Indian society, women are especially vulnerable to the impact of HIV in India. For poor women, the loss of a partner or parent to AIDS can create a situation of extreme financial insecurity and desperation, especially in regard to shelter and property, with limited education greatly restricting opportunities for women in finding work. Some attempts have been made by government to address this situation. For example, some states, such as Orissa, have issued Below Poverty Line cards (BPL) to people living with HIV to help provide access to free or subsidized food and housing facilities, and in Tamil Nadu and Andhra Pradesh 10 legal aid centres have been established in each state.⁴² However, these measures only partly address the situation, and even where training on vocational skills or loans for income generation have been provided, employment and income generation are plagued with limitations of adequate jobs, competitive skills, ready markets

37 The other high prevalence states are Maharashtra, Karnataka, Andhra Pradesh, Nagaland and Manipur. *Country Progress Report UNGASS India*, NACO, March 2010.

38 *The Times of India*, 6 Aug, 2010.

39 *Country Progress Report UNGASS India*, NACO, March 2010.

40 Ibid.

41 <http://www.aidsdatahub.org/en/country-profiles/india>

42 *Country Progress Report UNGASS India*, NACO, March 2010.

and sustainability.⁴³ For this reason, the WWP represents an important and creative initiative to promote the empowerment and well-being of women living with HIV.

Under the Asia Pacific Regional Initiative on the Empowerment of People Living with HIV, UNDP APRC had established a partnership with the Indian Network of People Living with HIV/AIDS (INP+). INP+, which was established in Chennai in 1997, represents 22 state level networks and 221 district level networks of people living with HIV, supporting them to mobilize communities and ensure access to ART and other services. The key partner in the WWP project was the Positive Women Network. PWN+ was founded in 1998 and based in Chennai, and is an all-India network of over 5,000 women living with HIV, including state-level member networks in seven states. The activities of PWN+ are focused on improving the quality of life of women and children living with HIV through mutual support, promotion of human rights, and sensitization of society regarding their situation and needs.⁴⁴ At the commencement of the WWP project in 2006, PWN+ had 30 full-time employees, 12 of whom were working at the organization's headquarters.⁴⁵ Three members of the network attended the WWP training workshop organized by PDA in Bangkok in June-July 2006.



Fig. 15: Samples of SLC products

3.2.2 Description of activities and results

At the time the project commenced, a large range and volume of HIV-related materials was being produced, and the considerable budget involved in its production was paid directly to the private sector. PWN+ had some previous experience producing greeting cards, posters, and some published materials and it was felt that if a social enterprise were established it could help redirect some of this money back to those affected by the epidemic. Thus the business model, as originally developed by PWN+ in July 2006, was for a company, under the name "Social Communication Company", that would produce a range of communications media, including products such as posters, cards, brochures, billboards, banners, stickers and t-shirts (Figures 14 and 15).

Implementation of this plan required a creative team, who could design the media, a marketing team, to identify and maintain relationships with clients, and an operations team to oversee the production process. A business manager would be needed for the enterprise, as well as an advisory board, comprising representatives of government, the private sector and PWN+. The approved business model describes the concept, marketing strategy, challenges, comparative advantages and potential income of the proposed enterprise. While the business plan states its purpose as "serving other women living with HIV and AIDS" and the benefits it brings to society, little more is said about the project's objectives. Similarly, while the plan describes how profits will be used to establish a revolving fund "to be used only for women and children's economic empowerment" no details are given regarding the selection criteria for beneficiaries and the type of activities that might be supported, other than to say that a separate committee will be set up.⁴⁶ A revised business plan, for a design and print production company, under the name "Socialite Communications Company", was submitted to PDA in September 2006, although the group apparently began operations earlier, in August 2006.^{47 48}

Under the revised name of Social Light Communications and four employees (two part-time and two full-time), the enterprise experienced considerable early success. With an

43 Swaminathan, H., Bhatla, N. and Chakraborty, S., 2009 (<http://www.hivaidsonline.in/index.php/HIV-Human-Rights/womens-property-rights-and-hiv-a-aids-evidence-from-india.html>),

44 <http://www.pwnplus.org/>

45 Annual Report 1 June 2006 – 30 June 2007, Women and Wealth Project, PDA, 2007.

46 "Socialite Communication: Design and Print Company of PWN+ India Business Plan 2006 to 2008", unpublished draft document, PWN+, Jan 2007.

47 Quarterly Report Women and Wealth Project, PDA, September 2006.

48 Annual Report 1 June 2006 – 30 June 2007, Women and Wealth Project, PDA, 2007.

initial capital investment of just US\$5,400, by the end of March 2007, the enterprise had generated income of US\$15,210 and a net profit of US\$2,995. In addition, SLC developed a website, with a plan for a secure online payment system, which has not eventuated to date. As can be seen from the business results for the project (see Annex), this early success continued through 2008. During the first year of the project, SLC had also begun to train and provide seed funds to women living with HIV to start micro-enterprises, such as screen printing (SLC supported training of two women in screen printing), related to SLC's production needs. Challenges identified during this phase of the project included the restriction of marketing to within HIV networks, international agencies and NGOs, the potential restriction of growth through having only one designer, the need to improve quality control, sharing premises with PWN+ and the need to try and run SLC separately from PWN+.⁴⁹

During 2008, SLC's activities expanded beyond the initial design and print production to include a *WE* shop and micro-credit activities with rural women's HIV self-help groups. As of November 2008, SLC had a total of over 55 clients on their books and SLC expanded its networks among local and international NGOs, including sales at exhibitions in the UK and Sri Lanka. High sales figures were recorded through several large orders, for example the Population Foundation of India in October, and SLC enhanced its communications and formally registered with large NGOs such as World Vision India in order to qualify for their procurement process.

Challenges faced during this period included an insufficient quality control system, lack of a proactive marketing strategy, coordination of sub-contracted printing, a weak financial reporting system, inadequate office space, and meeting donor reporting deadlines.

SLC followed the PDA model, where the business enterprise supported the parent NGO. This included employing both HIV positive and negative staff, to reduce stigma and discrimination and encourage interaction, and pooling of profits made by the social enterprise into community activities, through initiation of micro-credit activities with positive women.

Building on the promising start to the project, SLC made early moves to expand quickly into the second phase of WWP, or the Positive Partnership Programme (PPP) model developed by PDA.⁵⁰ Beginning in late 2008, SLC drew upon PWN+'s strong network and activities in Tamil Nadu to begin work with rural women living with HIV through support for micro-credit activities. This consisted mainly of provision of training for positive women to start businesses related to SLC's production needs, and a micro-credit loan scheme in the Villupuram district that was used to initiate a business called the "Modern Saree Shop." The group also received seed funding from the local government. During early 2009, SLC provided technical support, including business skills development and marketing, to this group, enabling it to develop its infrastructure and members' skills. Unfortunately, after several months, the group members decided to divide the business loan among themselves for personal use. As a result, SLC dissociated itself from the project, recognizing the group's abuse of the loan and general misdirection. This experience discouraged SLC from engaging in similar activities elsewhere and indicates that for the transition to a second phase, according to the PDA PPP model, close, continual, monitoring and technical support is required.⁵¹

Despite its negative experience in Villapuram, SLC continued with its efforts to promote the PPP model through other activities. The main one of these was the development of the *WE* Shop, a handicraft supplier run by a pair of HIV-positive women. Unfortunately this activity also encountered difficulties, although in this case it was largely because SLC did not administer the loan as envisioned in the PPP design. While SLC provided an initial loan with the intention that it be repaid once the *WE* Shop generated sustainable profits, this did not happen. Following the initial loan, SLC continued to fund regularly the *WE* Shop to

49 Annual Report 1 June 2006 – 30 June 2007, Women and Wealth Project, PDA, 2007.

50 See accompanying Report 2 for further details of the PPP model.

51 Annual Report January - December 2009 Women and Wealth Project, PDA, Dec. 2009.

cover its financial needs, without keeping adequate records of these transactions. In this way, the *WE Shop* was essentially a subsidiary branch of SLC rather than an independent microcredit project. Despite advice from PDA on how to address this issue, through restructuring SLC's relationship with the loan recipient, financial support continued until the *WE Shop's* activities were transferred to PWN+ in 2010.^{52 53 54} Subsequently, the issue was worked out and over half the loan has been repaid.⁵⁵

From 2009 the fortunes of SLC seem to have gone into decline. The enterprise began to experience a fall in its business, with monthly income averaging only about US\$460, and expenses averaging over US\$1,090 per month. This seems to have been due to several factors, including a high staff turnover, personal differences among staff, and deterioration in the relationship with PWN+. In turn, these issues resulted in slow development of comprehensive marketing strategies, especially a failure to establish long-term business relationships with new clients, a neglect of existing clients, and management problems that led to claims of poor design, long processing time, and poor printing quality.^{56 57}

The deterioration in the relationship with PWN+ seems to have been the most crucial factor in the decline of SLC's business. SLC shared premises with PWN+, and in the early stage of the project the two part-time members of SLC's staff also worked for PWN+. While this had initial benefits, some important differences in objectives and outlook became apparent as SLC developed. In contrast to the NGO approach of PWN+, in order to develop, SLC needed to become more business-like in its approach, having greater independence and control over its finances and administration. Conflicts arose over issues such as workspace, supervision, the HR policy, and finances, in particular control and rights to cheque signing. Interpersonal conflicts also arose between SLC and PWN+ staff, resulting in resignation of key SLC staff.⁵⁸

While a number of the issues described were identified earlier in the project, they do not appear to have become a threat to the survival of the business until 2010. This may be due to the fact that at this time PWN+ was also experiencing its own problems in regard to funding, staff capacity, performance and attitude.⁵⁹

Staffing

As mentioned previously, SLC started with four employees, two of whom were part-time and two full-time. Staff numbers increased to six, during the first year of operation, then gradually declined to three. For a period in 2010, there were no staff.⁶⁰ As of April 2011, there were three full-time staff, comprising the Business Manager, a Designer, and the Business Support Mentor who was recruited to undertake marketing.⁶¹ The most effective staffing structure, as represented by the situation as it was in 2008 when SLC was at its most profitable, is shown in Figure 16.

Staff turnover has been an on-going challenge for SLC. Outside the personality issues referred to above, which led to resignation of staff, the specialized nature of some key positions, requiring skills such as design and marketing, has made it difficult to hold on to trained staff in the highly competitive business environment of Chennai. Additionally, when people have gained experience and skills, they look for a higher paying job. Generally, it is very difficult to identify women living with HIV who possess the necessary skills and experience, and for this reason the designer position, in particular, was filled by HIV

52 Annual Report January - December 2009 Women and Wealth Project, PDA, Dec. 2009.

53 Annual Report January - December 2010 Women and Wealth Project, PDA, Dec. 2010.

54 Annual Report 2010, Social Light Communications.

55 Personal communication with Bargara Eagle, PDA, 2010

56 Annual Report January - December 2009 Women and Wealth Project, PDA, Dec. 2009.

57 Annual Report January - December 2010 Women and Wealth Project, PDA, Dec. 2010.

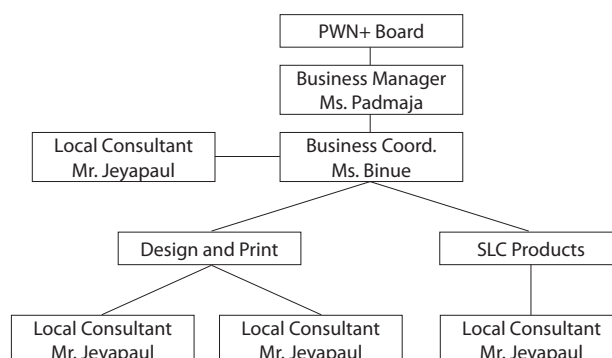
58 Annual Project Report, Strengthening socio-economic empowerment of women living with HIV in Cambodia and India, UNDP, January 2010.

59 Annual Report January - December 2010 Women and Wealth Project, PDA, Dec. 2010.

60 Ibid.

61 Interview notes, Chennai, 28-30 April 2011.

Figure 16: SLC staff organogram (December 2008)



Source: Report PDA Mission to India 28 July – 1 August, 2008, PDA, 2008.

negative staff, mostly male. The local consultant position also experienced a high turnover, with four people occupying the position, at least two of them for only very short periods of time. The relatively low number of staff required under the business model also meant that the enterprise was especially vulnerable to staff turnover, as there was no provision for the work to be handled temporarily by other workers in the interim until replacements could be hired.

It should be noted, in addition, that the nature of the business model selected, where there were only a few staff positions, imposed constraints on the number of women living with HIV who could expect to benefit through direct employment in the enterprise itself. Even had it been possible to identify positive women with the necessary skills and experience in design and marketing, this would have resulted in an increase of only one or two in the number of positive women employed. According to the model, the main benefits in the form of empowerment would come from the utilization of profits derived from SLC in the form of micro-credit and micro-enterprises among women living with HIV and their families in the community, as well as to provide resources to its mother organization, PWN+. Unfortunately, as we have seen, this did not eventuate.

Training/capacity development and support

The success of the business model chosen required not only the recruitment of staff with specialized skills, but also the ongoing training of specialist staff to maintain and update their skills, and training of other staff in core areas such as finance, management and quality control. For this reason, SLC's training needs were quite distinct from those of MDSF in Cambodia, and each staff member had individual training requirements based on their background, experience, qualifications and role within the group. For this reason SLC chose to pursue training specific to each individual staff member. SLC's local consultants were the key provider of these capacity building activities, while some staff members pursued individual training to learn English language, marketing, and book keeping. In addition, regular monitoring and site visits were made by PDA, there was input from UNDP and other consultants such as Catalyst, and special training workshops were organized on specific areas.

In all, PDA made nine site visits to Chennai: in December 2006; May 2007; July-August 2008; November 2008; April 2009; September-October 2009; June 2010; October-November 2010; and March 2011. Regular contact was also maintained with SLC through two-weekly Skype meetings, email communication and regular quarterly, biannual and annual reports. PDA conducted an evaluation of the project's progress on two occasions, using the

Bamboo Ladder Survey tool. The first of these was in 2008, when six team members participated, and the second, in 2009, with only three women participating. PDA planned to repeat the survey in late 2010, but was unable to do so owing to the lack of staff at SLC at the time.⁶²

SLC also benefited from technical support from the Singapore International Foundation, whose trainers made site visits to Chennai, including presentation of a five-day workshop in March-April 2010 on communication media and print production. The content included designing formats to help SLC track its orders, development of creative briefs on jobs, formatting of timelines, and preparation of costings and quotations. SIF also gave training on design software to the Graphic Designer, along with distance support.⁶³

In 2009, in order to provide additional local technical support, PDA initiated a partnership with Catalyst Management Services, a Bangalore-based consulting and research organization that serves small enterprises and disadvantaged communities. Catalyst worked with SLC from early 2010 starting with a study, in April 2010, to identify the gaps in the business and analyse the reasons for the current state of its affairs, and reflect on SLC's achievements and challenges with a view to reviving and strengthening its business.⁶⁴ Major areas of concern identified were governance, business operations, human resources, planning and monitoring, quality and diversification.⁶⁵ Unfortunately this relationship has since withered due to some disagreement between CMS and PWN+.

“WE ARE NOT LOOKING FOR CHARITY, BUT PARTNERSHIPS FOR EMPOWERMENT. IF WE CAN ACCESS EVEN A MINISCULE FRACTION OF THE MARKET, IT CAN MAKE A BIG DIFFERENCE TO OUR LIVES.”

Ms. P. Kousalya, Client Services Manager for SLC and President of PWN+

Partnerships

SLC has enjoyed the support of, and contributed to, some important partnerships, including Tamil Nadu State AIDS Control Society, the Chennai AIDS Prevention and Control Society, World Vision, Rope India, Love India, UNDP and other UN organizations, the Positive Women's Network, Engender Health, International Justice Mission, Compassion International, Everonn Foundation, Caruna, Catalyst Management Services and SIF.

3.2.3 Key outcomes

Business

The high monthly income levels reported during the first two years after SLC was established indicate the high potential of the business model selected to generate profits. The income easily met overhead costs, and enabled SLC to move quickly into the second stage of the plan, which was to use profits from the enterprise to establish a fund that could support a micro-credit scheme for women living with HIV, managed by PWN+. Unfortunately the main activities supported under this scheme at Villipuram, including a *saree* shop, were unsuccessful. Another venture established with funds generated by SLC, the *WE* Shop, also failed. Despite its initial success, the enterprises' annual income declined over time.

In terms of fulfilling the first of the key objectives of the WWP, providing livelihood support for women living with HIV, SLC has had very limited success. The number of women living with HIV who have benefited from SLC through financial support is very small, totalling only some six people, of whom some had previously been employed by PWN+, or had part-time work with the organization. A number of women living with HIV in the community also benefited financially from SLC in the course of the micro-credit activities implemented early in the project, covering about 20 women living with HIV. However the extent to which this benefit was programmatic is unclear as questions were raised regarding transparency in the use of funds received.

62 Annual Report January - December 2010 Women and Wealth Project, PDA, March 2011.

63 Annual Report 2010, Social Light Communications.

64 Annual Report January - December 2009 Women and Wealth Project, PDA, Dec. 2009.

65 Annual Report 2010, Social Light Communications.

Empowerment

The major achievement of SLC has been in regard to the empowerment of women living with HIV. The establishment by women living with HIV of a business enterprise that was, initially at least, successfully sent a strong message to other members of the PWN+ and to the members of INP+ nationwide. SLC demonstrated clearly that women living with HIV have the capacity to acquire the skills and manage the day-to-day activities of an enterprise working in a highly competitive area of the private sector.

“I WAS NOT RESPECTED AT MY OWN HOUSE WHEN I DID NOT EARN, BUT NOW EVEN MY COMMUNITY NEIGHBOURS RESPECT ME AND CONSULT ME FOR ANY DECISION IN THEIR LIFE.”

A WWP participant in Villipuram, India

Through participation in SLC, as reflected in comments made by the women and consultants during interviews and in the Bamboo Ladder Survey results, the women involved are strongly committed to SLC, have acquired confidence and increased self-esteem, as well as important skills and experience in a number of key areas related to the business.⁶⁶ These skills include management, marketing, an understanding of design and production, book keeping and finances. In addition, they have gained valuable experience and contacts from working with major organizations and agencies working in the area of HIV in Tamil Nadu and India in general. The increased self-esteem, skills and partnerships will be of benefit both individually to the women themselves in their future employment and lives, as well as to other women living with HIV that they represent.

Socio-cultural environment

In Chennai, as in the other WWP implementation sites, it is difficult to assess the outcomes of the project in terms of its third objective, in reduction of stigma and discrimination against women living with HIV and their families, and improving the socio-cultural environment. Certainly, from the viewpoint of key partners in the area of HIV, such as TANSACS, and business partners, including clients and printers, the staff of SLC gained acceptance and appear to have enjoyed the same relationships as the staff of any other organization. In regard to changing the attitudes of society in general, it is unlikely that SLC has had a great impact, owing to the relatively small scale of its operations and limited publicity concerning the project among the local media. Any changes that have occurred are more likely to have taken place because of the activities of PWN+, which are strongly focused on advocacy and the policy environment. While SLC has made a contribution to the work of PWN+, it has been an indirect one.

3.2.4 Main challenges

The main challenges faced by SLC have been in two areas, the business model itself, and the management of the enterprise. SLC was implemented in a business sector that is highly competitive and its success depended on staff having specialized skills and experience in the area of design and marketing. An assumption was made in the original business plan that PWN+ members already had these skills through previous experience with card production, and that women with these skills could be recruited within PWN+'s network or trained in the required skills or, failing that, skilled staff could be recruited from outside the organization.

As it turned out, PWN+ members had limited technical skills in administration, design, production, marketing and management. Designers had to be recruited from outside the network, and training organized for staff recruited from PWN+ to develop their skills in marketing, management and in various areas related to production. Even so, these efforts met with only limited success owing to difficulty in recruiting skilled personnel from the private sector to work on a social enterprise, and the high turnover of staff once hired.

⁶⁶ Interview notes, Chennai, 28-30 April 2011; Annual Report January - December 2008, Women and Wealth Project, PDA, 2008; Annual Report January - December 2009 Women and Wealth Project, PDA, Dec. 2009.

Training proved more difficult than anticipated, as it is difficult to acquire through short on-the-job training workshops the skills normally learned through years of study and work experience. In particular, the marketing officer position was one that required a dedicated staff member recruited from the private sector.

Management has been another important challenge for SLC. While some issues were noted early in the project, these do not seem to have become sufficiently serious to affect the success of the enterprise until around its third year, in 2009. After that time implementation of business plans and marketing strategies became more difficult, with decreasing income and high staff turnover.

Behind these problems there appear to be two related issues. One of these is the approach of management to the enterprise, operating in a business environment in a business-like manner. In addition to making the shift from the non-government sector to the private sector, other changes of approach need to be promoted among staff, including getting personnel to put the best interests of the business ahead of personal issues. Strong management is needed to ensure that these changes take place in a way that maintains staff morale and commitment.

Another aspect of management is the capacity of PWN+ in regard to providing adequate support for SLC. For successful development of SLC, PWN+ needed to understand the basic difference between the two organizations, with SLC being a business enterprise, in comparison to PWN+, the primary role of which was social advocacy and community development. This implied allowing SLC sufficient financial and management independence to enable it to function effectively, but at the same time monitoring the progress of the enterprise and providing support when needed to address any problems that arose. From the reports and information provided by staff, it seems that PWN+ has lacked the necessary strength and experience to fulfill this role.

3.2.5 Conclusions

The Chennai group chose a business model that had high potential to generate profit but at the same time was accompanied by significant risk. Chennai is a city that has seen rapid development, with strong growth as a regional business centre. In addition, considerable funding has been available for HIV activities in the region. Chennai has also been a forerunner in the HIV response, with development of strong networks, including PWN+. However, the business sector is highly competitive, with large and well-established printing and production companies that have strong financial backing. While the goodwill conferred on SLC through its status as a social enterprise provided a marketing advantage that would enable it to compete, for its success the business also needed skilled and experienced personnel, and strong management.

Given this context, the achievement of SLC has been quite remarkable. In a relatively short period of time, the enterprise established itself as a business, developed contacts, obtained contracts and generated high profits, showing an excellent return on the investment. This enabled SLC to move quickly into its second phase much sooner than anticipated. The project demonstrated clearly that, given an opportunity, women living with HIV can make an important contribution to society, and also take responsibility for improving their own situation.

Unfortunately the enterprises' early promise was not sustained, and SLC has failed to reach its full potential. The reasons for this are mainly an inability to address the challenges that arose, in particular the need for strong business management. In this regard questions arose concerning the capacity of PWN+ to manage and support an enterprise of this kind. This was probably compounded by the overly rapid expansion into the second phase of the business model. In retrospect, it may have been better to wait until the business itself had become more consolidated before entering the new area of micro-credit. At the present time, when the business is struggling to stay afloat, it is crucial that PWN+ take steps to revise the management structure of SLC so that the enterprise can function effectively as a

business. This includes ensuring that SLC has greater autonomy in financial management and decision-making, and staff recruitment, as well as clarifying the role and responsibilities of PWN+ in providing support, and management of income generated by SLC.

A second challenge has been that of the recruitment and retention of skilled staff. The enterprise is reliant on skilled and experienced staff, especially in the areas of design and marketing. The required personnel could not be identified from among the community of women living with HIV, and were recruited from the private sector. Another potential source of people with these skills is the male or transgender members of other HIV positive people's networks, but involving them would mean broadening the scope of the beneficiaries of SLC. However, bearing in mind that most of the designers recruited from the private sector have been male, this should not present a major obstacle.

It is apparent that with the difficulties experienced recently, SLC has been less proactive in accessing the private sector market in Chennai, and more reliant on orders coming from within the HIV and INGO network. For this reason an urgent priority is recruitment of a staff member with skills and experience in marketing who can approach the private sector and other potential clients to sell SLC's services, making use of the comparative advantage of the business's social enterprise status.

As a consequence, despite its promising beginning, SLC has not been able to deliver the expected benefits for women living with HIV. Potentially, based on the very accurate initial market analysis and identification of the business opportunity, the enterprise could have resulted in the generation of considerable income. Based on its business model, the benefit to women living with HIV would come not from employment in the enterprise itself, but through pooling of profits into its micro-credit activities and funding other activities of the mother organization. While not yet entirely a missed opportunity, it will require considerable effort and commitment on behalf of SLC and PWN+ to turn the situation around.

3.2.6 Recommendations

The following recommendations are made for steps that could strengthen SLC in order that it can better meet its objectives in empowerment of women living with HIV:

- The management structure of SLC should be reviewed by key stakeholders with a view to clarifying the arrangements necessary for SLC to function most effectively as a business enterprise, gaining a consensus on the role of PWN+ and the board of management, and a firm commitment from PWN+ on implementation of agreed actions;
- In conjunction with the stakeholder review, staffing structure should be reviewed, and consideration given to recruitment of the staff, in particular a marketing officer, needed to ensure that SLC can compete in the marketplace;
- Greater efforts should be made to reach beyond the HIV sector in marketing and access, in particular, the private sector. Increased emphasis should be placed on promotion of the concept of CSR and SLC's status as a social enterprise;
- Consider broadening the beneficiary focus of SLC to include members of the wider network of HIV positive people's networks, including members of key at risk populations. This might also help to expand the source of skilled people living with HIV who could contribute to the enterprise.



Fig. 17: Weaving destination staff

3.3 WEAVING DESTINATION (WD), KOKRAJHAR, INDIA

3.3.1 Background

India's northeast region is socially and culturally distinct from the rest of the country. Relatively isolated until recently, the northeast is home to 200 of India's some 430 tribal groups. One of these groups, the Bodo, occupy an area located in the north bank of Brahmaputra river in the state of Assam in the north east region of India, by the foothills of Bhutan and Arunachal Pradesh. The Bodo people number over 1,350,000 and speak Bodo, a Tibeto-Burman language. Also in this area are a large number of Adivasi people, a mixed group claimed to be the aboriginal populations of India.⁶⁷

From around 1987, following lack of response to marked socio-economic disparities between the region and other parts of India, coupled with land disputes and ethnic conflicts fuelled by an increase in migrants from other parts of India, the Bodoland Movement for an independent state of Bodoland began, under the leadership of the All Bodo Students' Union (ABSU). By the time an accord was reached, with the establishment of the Bodoland Territorial Council (BTC) in 2006, over two hundred thousand people had been displaced from their homes and were living in 25 relief camps. Extreme poverty and the poor conditions in the relief camps made the inhabitants an easy target for human traffickers and, according to a report by the Nedan Foundation, in the two year period to 2006 over 100 young women had been reported missing from the camps. The total number of women from the area who have migrated to work in India is much larger, and it is likely that many of them have entered the sex trade in India's major cities such as Kolkata and Mumbai.⁶⁸

The poverty, insecurity and high population mobility of Bodoland are linked to a rapid increase in transmission of HIV in the region. HIV is already well-established in the northeast of India, where some states, such as Nagaland and Manipur, rank amongst the six highest prevalence states in the country. According to official data from the Kokrajhar health department, in 2005 nine cases of HIV were reported, which rose to 27 in 2009 and 66 cases of HIV in 2010, with 31 cases of AIDS. The people living with HIV include 37 men, 23 women and six children, with four deaths from the disease. The actual number of people living with HIV can be much higher, since the health department only records the cases reported from blood tests on people suspected of being infected with HIV. Currently only limited facilities are available for counselling and testing for HIV, at the R.N.B. Civil Hospital and one other hospital in Kokrajhar. The closest delivery point for ART and CD469 testing is at Guwahati Medical College (GMC), located some 200 kilometres, or four hour drive, away

67 <http://en.wikipedia.org/wiki/Adivasi>

68 INDIA: Human trafficking in the northeast fuelling HIV/AIDS – report, 17 May 2006, <http://www.irinnews.org/PrintReport.aspx?ReportID=34306>.

69 CD4 is a glycoprotein receptor found on the surface of immune cells that can be used to measure the human body's capacity for immune response. CD4 testing is an important indicator in assessing the effect of HIV infection on weakening the immune system and the effectiveness of ART in reversing this.

from Kokrajhar.⁷⁰

While the Third National AIDS Control Plan (NACP III) recognizes the vulnerability of migrants and tribal peoples to HIV, and includes some provision for activities with these groups, at the time the WWP commenced activities in Bodoland in 2008 there were no initiatives to address the problems of poverty and its links to trafficking into the sex industry and HIV.

As mentioned earlier, the activities in Bodoland Territorial Council, Assam, through the NEDAN Foundation, were added to the WWP in 2008. The partnership differed from the original structure of WWP in some important ways, in that NEDAN is an NGO, not a people living with HIV organization, and the NEDAN Foundation was funded and supported directly by UNDP India and UNDP APRC rather than through the MOU with PDA as in the case of the other groups.

While working closely with the Assam People living with HIV Network, the primary focus of NEDAN has been the issue of trafficking and its related causes, and the organization has strong experience and technical skills in the area of community development. NEDAN's areas of interest match several of UNDP's core areas of engagement, and UNDP felt that because of their capacity and previous experience in the key areas of trafficking, HIV and existing economic empowerment project for women the partnership was consistent with the objectives of the WWP and would be a profitable one. So far this appears to have been the case.

3.3.2 Description of activities and results

Bodo women share a strong cultural tradition of handloom weaving and are regarded as the finest weavers of silk and cotton fabric in India's northeast region.⁷¹ Prior to the commencement of the project, weaving was mainly done to make the traditional dress (*dokhana*) worn by Bodo women. NEDAN realized that there is enormous scope to build on this tradition as a source of sustainable livelihood, through use of the women's traditional skills to produce high quality fabrics with modern designs and colours for sale on local and international markets. This combination of tradition and modern marketing forms the basis of the Weaving Destination business model.

The WD project expands and strengthens activities already initiated on a small scale by NEDAN among women survivors of trafficking, which have included formation of a stitching and weaving centre. Under the original business plan, a core activity of WD was the establishment of a new weaving centre for creating alternative livelihoods and income generation amongst vulnerable women, including women living with HIV. In order to produce quality fabric products, the existing weaving centre was expanded by the addition of six Jacquard looms to increase the quantity and quality of fabric produced, and the number of weavers increased to 15. The weavers would consist of rescued and migrant returnee women.

Whilst the weavers were mainly Bodo women, the trainees in the stitching and finishing centre were mainly Adivasi women, since they did not have a strong hand weaving tradition. The project included activities to strengthen the training centre for stitching and end-product production. Training would continue for the 16 women already learning cutting, designing and stitching of end-products, using fabric produced by the weavers. Under the WWP, training would be provided to women to produce better quality products with more colourful and fashionable designs, and the WWP would also increase the opportunity to access international markets with products labeled with the *WE* brand.

Women's self-support groups would be established at each centre, comprising all women members, each with its own capital fund, in order to provide an opportunity for the women to learn skills about earning, management of income and entrepreneurship. It was expected

70 Interview notes, Kokrajhar, 25-27 April 2011; *The Telegraph*, Calcutta, 2 December 2010.

71 Bodo silk is mainly made from the cocoons of eri and muga varieties of silkworms, of which the eri, which feeds on castor plants, is preferred owing to the fact that its production does not involve killing the pupae.



Fig. 18: WD staff enjoying a moment of joy

that each woman would contribute US\$25 per month to the capital fund, making a total of US\$375 per weaving centre or US\$13,500 per year from all three centres. These funds would be used within each group to expand production and serve as an emergency fund for the women's domestic needs. Group leaders would be taken on exposure visits and trained in business management.⁷²

With a high quality product, designs acceptable in local and international markets, and good marketing, the business model was expected to provide livelihood opportunities for the women involved, as well as economic empowerment, social and health support (Figure 18). The activities would also help address the issue of stigmatization and social ostracization of the women and their families. NEDAN would strengthen its links with various national institutions and organizations promoting tribal handicrafts, including the Ministry of Tribal Affairs and other outlets, such as Tribe Shop and Fab India.

It was anticipated that the project would begin to generate profits within one year of the start of implementation. In addition to payment of the salaries of women employed, it was planned to use profits generated to purchase materials to sustain operations, and also to promote new livelihood activities in Baksa District of BTC, and two other states in the northeast, Manipur and Mizoram.

According to the original plan, operations of WD would be managed by a committee, comprising NEDAN staff, as well as women representing the workers, including trafficking survivors and women living with HIV (see Figure 19). Budget for equipment, raw materials, printing, rent of premises, transport and salaries of a supervisor/trainer and an instructor was provided.

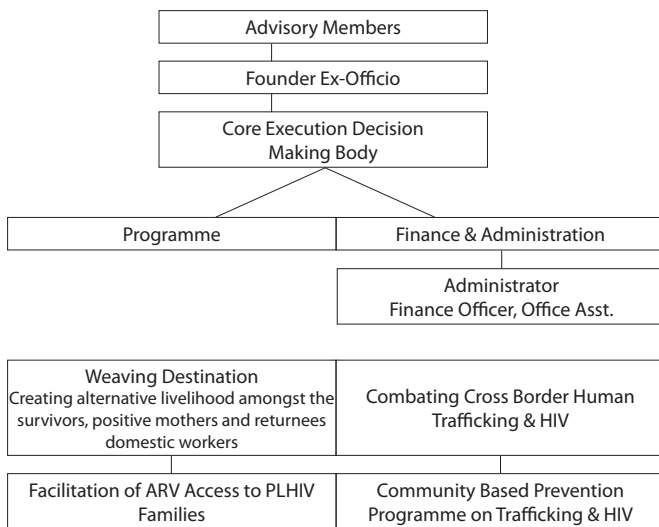
By the end of 2009 WD employed 47 women who were engaged in weaving, spinning, stitching and finishing. These women included those who had been repatriated, returnee labour migrants, women living with HIV and family members or other vulnerable women from the community. In addition, six young men were employed to assist with dyeing, lifting and handling of raw materials and the finished products. By the end of 2010, the number of employees had increased to 65 women, and eight young men.⁷³

During 2009, 40 women were trained to upgrade the quality of the weaving. Sixteen women were trained in stitching and finishing at the training centre at Srirampur. An orientation workshop was organized in March 2009, after completion of the WD Women's production Campus, which was attended by 42 women and girls. Following that workshop it was decided unanimously by the women that in-house training should be organized to build their capacity in regard to running a business enterprise. In addition to aspects of women's business development and management skills, the training also included the topics of gender-based violence, stigma and discrimination, and HIV. In 2010, 56 women and girls were trained in a workshop focused on these issues, which was supported by a grant from NEDFi Guwahati. In 2010 Ms. Bibi Russell visited WD for ten days and provided training on

72 Approved proposal: Creating Sustainable Alternative Livelihood amongst the Trafficked Survivors and Vulnerable Women through Cluster Weaving Development and Enhancing Skills for Quality Production at Bodoland Territorial Council, Northeast India, NEDAN, 2008.

73 Annual Progress Report from December 2008 to December 2009 submitted to UNDP, NEDAN Foundation, 2009; Annual Report 2010 submitted to UNDP, NEDAN Foundation, 2010.

Figure 19: WD organizational structure



Source: Annual Progress Report from December 2008 to December 2009 submitted to UNDP, NEDAN Foundation, 2009.



Fig. 20: Bibi Russell training WD staff

design and quality improvement of products, creating a wide media exposure of WD across India and the world (Figure 20).

As WD staff developed their skills and experience, they were also able to help train other women in the community. The activities of the Stitching Centre were decentralized, with three of the original batch of eight trainees selected to train other women in Srirampur. Each group of eight women underwent five months training, then were replaced by a new batch, with a certificate being issued to women who completed the course.

Soon after its establishment, WD was able to start generating a good income from sale of its products (see Annex for details of WD’s business results for 2009, 2010, and 2011). By the end of 2010, over US\$28,000 had been earned from sales. After payment of workers’ salaries, the remaining funds were used to purchase raw materials and also support some community development activities (Box 3). In large part this was due to the attention paid to quality and design of products, as well as careful planning in marketing to maximize opportunities at the local, national and international level, including personal and professional networks, and the Indian Government’s own trade initiatives.

In payment of the WD workers’ salaries, NEDAN encouraged the women to develop an understanding of the concept of saving and management of their money through establishment of a women’s bank. A condition of payment of the women’s salaries was that they deposit into a bank account at least INR 600 (about US\$13.50) a month to encourage savings. NEDAN arranged for a bank account to be opened with the national bank in the name of each employee. If a woman had some urgent need then she could draw on this money, and if she decided to leave the project she would have some savings that could help her establish a small business.

Facilities were expanded to include space for the Women’s Bank, as well as a training hall that can accommodate 50 people. In 2010, dormitory accommodation was increased through construction of a 25 bed dormitory, as well as a kitchen so that the women can manage their meals by themselves. These additions were paid for from income generated by sales of WD’s products.

Using funds generated by sales of WD’s products, NEDAN was able to expand its

Box 3: Weaving Destination Product Marketing Snapshot

In the year 2010, NEDAN established links with various trade fairs, business organizations, national agencies and CSOs promoting tribal handicraft and handloom textile items. WD products were subsequently included in the Indian Government's Ministry of Tribal Affairs' initiative by marketing through various outlets, such as the Tribe Shop, Fab India, the Confederation of Indian Industry, Eco Tasar Silk (pvt) Ltd, the Silk Mark Organization, the Central Silk Board, DASTKAR and other organizations that promote social marketing inside and outside the country. Within India, WD's products are also sold through exhibitions organized for handloom and handicraft products in various regions through bodies such as NEDFi Haat, the India International Trade Fair, and the National Commission of Handloom.

In the international market, WD products have reached out to the USA (three outlets in New York, three in Chicago, two in California, and one in Washington DC), France (one outlet), the UK (two outlets) and Singapore (two outlets). Participation in the 2009 ICAAP in Bali, Indonesia, also gave WD important international exposure. In accessing these outlets, WD made good use of the social enterprise advantage, and the fact that the project respects workers' rights, and the product is natural, with even the production of eri silk not involving harm to animals.

Though these marketing partnerships are still in the initial phase, the demand is high in terms of quantity. However, WD is still a small social enterprise and meeting large international orders is a challenge. In addition to expanding its production capacity, and increasing its capital investment, WD needs to do some important ground work such as procuring an export license, arranging for eco-friendly certification of its products (this is also necessary to comply with USA's import regulations) and registration under the World Fair Trade Organization. These challenges need to be overcome if WD is to continue expanding its production so that more women will benefit from the enterprise.

development activities in the adjacent communities. Initially the sum of INR 50,000 (about US\$1,113) was allocated for this support. During 2010, two villages were adopted, with 56 households, and activities undertaken included provision of tube wells to ensure a safe water supply and reduce the time spent, mainly by women and children, on water collection (Figure 21). The resulting increase in water supply and time available could be used to establish kitchen gardens and income generation activities, such as raising silk worms, which could then be sold to WD. Funds were also used to provide education support for children.⁷⁴

Another aspect of the community project that complements the activities of WD involves increasing access of women and their families to ART and related care and support services. NEDAN is supporting outreach services for the 79 adults and 12 children reported to be living with HIV in Kokrajhar. Included in this group are a number of women in WD. Given the remoteness from the only facility in the region providing ART and CD4 testing, located in Guwahati, such support is essential for the women concerned as they would not otherwise be able to afford the costs involved in travel to Guwahati for treatment. NEDAN has also undertaken activities to improve community knowledge and understanding of HIV. These activities have reached over 10,000 people.⁷⁵

The many benefits that involvement in WD and the related complementary community development and health-related activities supported by NEDAN have had for the women living with HIV involved are illustrated in the example of "Ahila" (see Box 4).



Fig. 21: Tube well donated using WD's profits

74 Field notes, Kokrajhar, 25-27 April 2011; Annual Report 2010 submitted to UNDP, NEDAN Foundation, 2010.

75 Annual Report 2010 submitted to UNDP, NEDAN Foundation, 2010.

Box 4: WD Beneficiary Snapshot

Ahila is 35 years old. As a child, she did not go to school and is illiterate. She has four children, three daughters and a son, the eldest at age 20 is a boy, while the rest aged 18, 14, 11 are girls. Ahila's husband died of AIDS six years ago. After her husband's death no one advised her to take an HIV test, so Ahila remained undiagnosed until she became ill with TB when she was bed-ridden and had a skin infection.

NEDAN found out about her situation and staff took her to the Guwahati Medical College where the doctors found that her immune system was very weak, with an extremely low CD4 count. They started her on ART, and advised her to return home to her village near Kokrajhar. During the ambulance ride she was close to collapse, and had a fever with vomiting.

To her surprise, Ahila survived and after three or four months regained her strength. At present her health is good. She has just had another CD4 count last November and her immune system is now strong again. Her ART treatment and CD4 tests are provided free of cost under India's NACO programme. NEDAN supports the cost of her travel and that of the staff who accompany her to Guwahati for tests. Subsequent to Ahila's own diagnosis, her youngest child was also found to have HIV, although so far her health remains good and she is not yet on ART.

Ahila has been with WD for three years. During her illness she was very worried about how she would support her family after her recovery. When NEDAN invited her to join the weaving section of the WD project, it was a wonderful opportunity. Her son will also be given a full time job working for NEDAN. Previously he was working in Bangalore, but because of the family crisis, Ahila called him back to Kokrajhar to help support the family. Her eldest daughter is married and does not contribute to support of the family, and the two youngest children are still at school.

Ahila spends most of her time weaving. One traditional dress takes about three days to complete, weaving at the rate of one metre a day. The work is hard and she gets tired, but can take a rest every so often, so that it does not affect her health. Unlike the other weavers, most of whom are unmarried, Ahila does not live in the WD dormitory but lives in her own house, built on her father-in-law's land. She does her weaving in her own home.

WD has changed her life in several important ways, and Ahila is very thankful to NEDAN for supporting her. She was weak and they helped her to get to GMC and to recover her health. She now has a regular income and can support her family. While she can not afford everything she wants, she earns enough to buy her food and other basic necessities at the market. She spends everything she makes from weaving. NEDAN also provides a little help for her two youngest children, providing vitamins and other nutrition supplements. Ahila hopes that the family will be better off in a few months when her son starts work.

Initially, when her husband died of AIDS and she learned about her own HIV status and that of her youngest daughter, Ahila felt her life was shattered and she was very depressed. She became shy and withdrawn. It was like a bad dream. When other people in the village came to learn about her HIV status, nobody wanted to sit with her, so she had no friends.

Things are better now. She is proud to be able to support her children. The WD campus has a nice relaxing atmosphere and there is no discrimination, so Ahila sits, talks and eats together with the other women. Things have also improved in her village and she is treated very well now. People have started to come to visit her at her home and take tea with her. She feels more confident, even feeling that she is not afraid to talk to "big people", and is now living a normal life again. Now her aim is to try and develop her skills more. It will be hard, as she is illiterate, but she will try.

Ahila's advice for other women like herself who are living with HIV is that fear is greatest thing to overcome. Women should come forward and be tested [if they suspect that they might be HIV positive] so that they can be treated in time to get a CD4 count and take ART so that they do not develop AIDS. They should not feel shy, but should be confident, as they are not alone and have support from their families and projects such as WD.

3.3.3 Key outcomes

Business

As a business enterprise, WD has established itself quickly and been able to show impressive profits. WD has been continuously generating net profits since its establishment and, in 2011 so far, it made a net profit of nearly US\$10,000 as of the end of July. The business model selected built on existing skills and expertise of both the beneficiary group, as well as the NGO partner, taking a traditional craft and adapting the products to the different markets available at the local, national and international level. At the local level, in Kokrajhar, cloth was produced in traditional colours and styles to meet the existing demand among local women, establishing a market niche through higher quality production and sales through small boutique shops in the town. In fact, some clients added further value to the product through embroidery of additional designs for sale to a more select, and better-off, clientele.

At the national level, WD also successfully tapped the international visitor trade, by selling products through shops in tourist locations, such as the Tribes Shop, in Delhi and Gangtok, Sikkim. Participation in trade fairs around India also gave WD's products important exposure to international visitors and entrepreneurs. This was followed by a number of international orders in the USA, France and UK. Additional international marketing was done through NEDAN's INGO networks, as well as those of UNDP and other international agencies. In this marketing, WD made very good use of the WE label, as well as the Silk Mark label, and other advantages such as Free Trade and the project's use of natural and "non-violent" products (Figure 22).

As a result of the successful business plan, WD has been able to generate significant income that has paid for the salaries of over 65 women and eight men employed by the enterprise. The income generated has also paid for the cost of expansion of the WD campus, providing new buildings and improved facilities for the women, as well as contributing to the training costs (Figure 23). In addition to these benefits, the income from the sale of WD's products also helped fund NEDAN's community development activities in the area, including support for families affected by HIV and other vulnerable groups as well as the installation of 13 tube wells in the adjacent village. These achievements resulted in NEDAN receiving the Chief Minister's Best Community Activity Award in 2010.

Empowerment

As reflected in the case study above of one woman living with HIV who was involved in the project, WD has also had important benefits for the women. Most of the weavers, in particular, have previously experienced varying degrees of trauma in their lives, and in addition to giving them an income, WD provides the women with a safe and supportive environment that can help them regain their self-confidence and self-esteem. Through feeling pride in their work, and that they are making a contribution to support of their families and themselves, the women have felt better able to live normal lives in the community.

"BEYOND ECONOMIC EMPOWERMENT, THE WOMEN AND WEALTH PROJECT IN ASSAM PROVIDES A SPACE FOR PSYCHO-SOCIAL SUPPORT THAT HELPS WOMEN TO COLLECTIVELY COPE WITH THE INDIGNITIES AND DISCRIMINATION THEY FACE AT HOME AND IN SOCIETY AS TRAFFICKED SURVIVORS AND HIV POSITIVE WOMEN."

Patrice Coeur-Bizot, UN Resident Coordinator and UNDP Resident Representative in India



Fig. 22: Silk mark certificate carried by WD products



Fig. 23: WD weaving centre

Socio-cultural environment

As in other sites under the WWP, it is difficult to assess the outcomes that WD has had in regard to improving the social environment for women living with HIV and other vulnerable women. Through its HIV awareness activities NEDAN has certainly helped to increase understanding of HIV, and the WD project has provided examples that show how women living with HIV can contribute to the community and live and work normally alongside other women, without any risk of transmission. Anecdotal accounts from the women themselves suggest that these efforts may be helping to increase community acceptance and lessen cases of stigma and discrimination. HIV is, however, not the only cause of stigma and discrimination in BTC. Women who have been trafficked, especially involving sex work, are also subject to stigma and discrimination by the community, and there is also a high level of gender-related violence in Assam, as elsewhere in India. These issues will take much longer to address.

3.3.4 Main challenges

WD has faced a number of important challenges over the duration of the project. Some of these, such as widespread stigma and discrimination in the community against people living with HIV and lack of access to ART and related services, have already been discussed above. The lack of an adequate social protection system for families affected by HIV and other vulnerable groups is also a major challenge.

The project itself has faced an important challenge in the form of providing care and support for children living with or affected by HIV. Many of the women coming to WD have families who are brought with them to the campus. In addition to around 12 children affected by HIV, there are around 10 children who are survivors of human trafficking. As WD was primarily set up to cater for the needs of women, the facilities are not designed to provide childcare and the other support needed by these children. WD and NEDAN are currently looking at ways in which this issue can be addressed.

“I JOINED THE WEAVING DESTINATION PRODUCTION CAMPUS IN 2009 AND SINCE THEN I HAVE BEEN SUPPORTING MY FAMILY BACK HOME. TODAY, I AM VERY CONFIDENT OF LEADING AN INDEPENDENT AND DIGNIFIED LIFE AND HAVE BEEN ABLE TO INSPIRE OTHER WOMEN AS WELL. I LIVE IN THE WEAVING DESTINATION PRODUCTION CAMPUS ALONG WITH OTHER FRIENDS.”

Chaya, staff member, Weaving Destination

The relatively rapid growth of WD has brought challenges regarding production, and meeting large orders. There is now a need for establishment of a natural dyeing centre, as well as additional equipment such as a calendaring machine for pressing silk and cotton yarn and cloth. Also, additional funds are needed to provide a buffer during periods when shipping orders and waiting for remittances to arrive.

With expansion, there is also now a need for NEDAN to review its relationship with WD. Until the present, NEDAN has provided WD with significant support in the area of management and marketing, especially at the national and international level. However the number and size of WD's international orders has increased, and at the same time NEDAN's own activities have expanded. This has placed greater stress on the time of NEDAN's senior staff, especially

the Director, who, because of their English skills and experience, have undertaken most of this work. For this reason, there is a need to recruit, or train, a marketing manager who can handle the day-to-day follow-up on orders. Owing to the difficulty in identifying suitable people from the Assam region, or those from elsewhere who are willing to move to Kokrajhar, filling this position may prove difficult.

3.3.5 Conclusions

The WD project is working well. Bearing in mind the fact that WD has only operated for a little over two years, it appears to have implemented an effective business model that has made money and has shown benefits for both the women involved and the communities they live in. The reasons why WD has worked seem to be because of a combination of building on an existing skill, good timing, the commitment of the women, as well as that of other key stakeholders, strong management support from an experienced NGO and the linkage of the social enterprise with effective community development activities.

The WD business model successfully identified a traditional product for which there was both a local market and, with support for improvement of quality and design, an international market as well. The fact that the women already had a strong weaving tradition, with unique aspects such as *eri* silk, meant that little additional training was needed to develop the basic skills necessary for the business. This meant that training could focus on complementary skills, such as stitching and finishing, design and management.

WD was initiated soon after the end of the civil conflict and establishment of the BTC, a process that is continuing as Kokrajhar develops as the capital of Bodoland. This timing meant that WD benefited from support, enthusiasm and commitment of a range of authorities and other stakeholders, not least that of the staff of NEDAN itself, who were prepared to work hard to improve the well-being of their fellow Bodos and other peoples in the region. The women too, as the main beneficiaries of the project, recognized, and were highly appreciative of the opportunity given them to develop a sustainable livelihood.

The support of NEDAN has been a crucial factor in the success of WD. First, NEDAN was able to develop the infrastructure for WD, so that the enterprise operated effectively to produce fabric. In addition, NEDAN made the marketing contacts at the national and international level that would result in large orders with high returns. NEDAN also provided the necessary framework and training needed for capacity building of WD's employees. Finally, NEDAN was able to link the enterprise to a community development approach and programme of activities that would engage the local community and address the basic issues related to the vulnerability of women in this region.

The main challenges faced by WD concern the capacity of the enterprise, and of NEDAN, to sustain the good progress that has been made to date. With development of the project and expansion of the scope of the enterprise, there is a need to adjust the management structure accordingly. In future, WD will need to become more independent in its management so that NEDAN can continue its focus on social and community development activities, and reduce time spent on marketing and other activities related to the business side of the project. Recruitment of a marketing officer will be an important step in this direction.

3.3.6 Recommendations

Given the apparent success of WD to date, and at this relatively early stage of development where the project is still evolving, it is premature to make too many recommendations other than the following suggestions that may help avoid some of the challenges faced by other sites under the WWP:

- Recruit a marketing officer to help take up some of the marketing burden currently absorbed by NEDAN;
- Steps should be taken to plan for the eventual separate management of WD so that NEDAN can focus more closely on community development activities and WD can develop more independently as a business.



3.4 POSITIVE CANDLE WORKS, CHINA

3.4.1 Background

At the end of 2009, there were an estimated 740,000 people living with HIV in China. Some 225,000 (30.5 percent) of them are women.⁷⁶ While the rate of increase in the growth of the AIDS epidemic has slowed, an estimated 48,000 people newly infected with HIV in 2009, some regions are experiencing a high prevalence epidemic. The epidemic has already started to spread from high-risk populations to the general population. Under the Chinese Government's "Four Frees and One Care" policy, access to care and treatment has improved significantly, with over 62 percent of people with advanced HIV infection receiving ART.⁷⁷

People living with HIV in China have suffered heavy economic impacts, resulting from income loss coupled with high expenditure on medicine and health.⁷⁸ A study carried out in 2009 found that households where there were members living with HIV had to bear a significantly higher socio-economic burden than households not affected by HIV. This resulted from several factors, including: reduced workforce participation of adults at productive age and additional burden on older people and children; extensive discrimination that results in higher income loss than poor health conditions; two times higher medical expenditure of households affected by HIV than those unaffected households; and higher rates of school drop-outs, which is higher among girls and a considerable household burden on women.⁷⁹

AIDS Care China originated in 2001 when a group of people affected by HIV came together through the Internet. From 2002, ACC started to expand into the cities and counties in four provinces in southern China and build community groups with the support from more than 20 institutions at home and abroad, with over 20,000 people living with HIV receiving services.⁸⁰ At the time the WWP began, ACC employed 30 full-time staff and managed projects through five offices, including their head office in Guangzhou and one in Kunming. ACC's steering committee was responsible for approval of budget and major policy decisions. The Women's Wing of ACC, the Colorful Cloud Yunnan Group, was established in 2005 and consisted of four full-time staff who operated a shelter for women and family members, visited in-patients at the local clinic, and conducted training activities.

On the initiation of the WWP, the Women's Wing of ACC, Colorful Cloud Yunnan, was invited to join the project to start activities in China. Owing to time constraints, the group did not complete the feasibility study in time for the start of the Bangkok training workshop in June 2006. In the course of the workshop, the group initially selected the "Hot Dog Club", a washing and grooming service for pet dogs, as its business activity. However, this was

⁷⁶ *China 2010 UNGASS Country Progress Report (2008 - 2009)*, Ministry of Health of the People's Republic of China, April 2010.

⁷⁷ *Ibid.*

⁷⁸ *The Socio-Economic Impact of AIDS in China*, UNICEF, 2002.

⁷⁹ *The Socio-Economic Impact of HIV/AIDS at Individual and Household Level in China*, UNDP 2009.

⁸⁰ <http://www.aidscareschina.org/english/about.asp>

later changed, with the group selecting two different activities, a café/used book store, managed by ACC's Guangzhou branch, and the Positive Candle Works, in Kunming.^{81 82} At the end of the first year ACC, which was in the process of restructuring, decided to close the operations of the Guangzhou project and continue only with the Positive Candle Works.⁸³ The Kunming project continued for only one more year, until February 2008, when it was discontinued through agreement among UNDP, PDA and AIDS Care China.⁸⁴

3.4.2 Description of activities and results

Kunming

In order to take advantage of the increasing popularity of handcraft candles and soaps in China, Colorful Cloud Yunnan started up a business producing artistic candles and soaps. The group established a candle-making factory in January 2007, the Positive Candle Works (PCW). The business used 100 percent natural, high quality beeswax to make candles, for sale domestically and internationally. While there were many strong competitors, they mainly focused their efforts on the profitable international market and ignored the domestic market. As result, most candle and soap products available locally were unattractive in appearance and limited in variety. Beeswax candles burn brighter and longer, produce less soot and have a pleasant smell like honey when lit, which the group reasoned conferred a comparative advantage that would enable the business to compete on the local Kunming market. The opportunity to help a worthy cause was also felt to be an advantage.

The business employed four women, two full-time and two part-time, and a local consultant was engaged to provide support. Additional support was provided by a Programme Officer from UNDP China. During the first year (2006-2007), two monitoring and support visits were made by PDA, in November 2006 and March 2007. Further visits were made in October 2007 and February 2008.

While PCW initially generated a small profit, this was considerably less than the initial capital investment of USD \$5,000. The business faced several important challenges, including high turnover of employees, and lack of clarity between PCW and AIDS Care China regarding roles and business management. By July 2007 only one employee remained and production had slowed.

In order to address these issues some changes were made, including recruitment of new employees, better definition of roles and responsibilities, a revision of the work plan, re-start of mass production and better targeting of markets. In November 2007, PCW made a major change from candle production to re-packaging, and, following a market survey, refocusing on small, fancy, inexpensive candles, to be sold as souvenirs rather than for lighting.⁸⁵ Orders were received for exhibitions, World AIDS Day and other HIV-related activities, at the national and international level. These efforts were ultimately to no avail and the business closed in February 2007.

The project enjoyed some initial success, with women gaining skills in quality candle manufacture, sourcing and supply of materials, and marketing. Women involved in the project saw it as an important opportunity for social engagement, which brought increased dignity and pride, greater self-esteem and family support. The regular monthly income offered increased security and a degree of improvement in the quality of their lives. There was also a strong sense of ownership among women involved.

According to PCW, the main challenges faced were insufficient marketing skills and difficulty in promotion of products, high rental cost of factory space, and lack of daily follow-up and

81 Quarterly Report Women and Wealth Project, PDA, September 2006.

82 Women and Wealth (China) Project: Integrated Business Plan, Women's Wing – AIDS Care China, September 2006.

83 Annual Report 1 June 2006 – 30 June 2007, Women and Wealth Project, PDA, 2007.

84 Annual Report January - December 2008, Women and Wealth Project, PDA, 2008.

85 Ibid.

communication with support agencies. Competition was fierce in the candle manufacturing industry, making it difficult to add value to the product. Communication was difficult with external retail dealers, which limited the export market. In China, candle-using culture was much less developed than suggested by initial assessments, and market acceptance of the products was low, with customers more concerned about the appearance and price, rather than the health benefits from natural products. This limited the scope for local sales.⁸⁶

Guangzhou

By late 2006, the café and used bookstore plan developed by the Guangzhou group had been revised to include a website to sell second-hand goods, the Jasmine Online Exchange. On commencement of operations, in early 2007, the business had two employees, a website project manager and a cashier, and shared premises with ACC Guangzhou. The project shared a website with ACC and appeared to be subsidizing ACC's office rental. Several concerns were noted by PDA soon after commencement of activities, including the limited involvement of women living with HIV in the business, the inappropriate location of the café (on the 31st Floor), the low volume of donated goods for online sale, the high cost of business registration, the limited target group, low sales levels, insufficient marketing of the business, lack of technical business skills among employees, need to separate the business from the NGO and need for better communication with PDA and UNDP.^{87 88}

A number of suggestions were made by PDA in order to address these issues, covering improvements to the website to make it more accessible and to make a clearer distinction between the NGO and Jasmine Online Exchange, better marketing, improved communication with donors, inventory management and tracking system, staff capacity building and job descriptions (JD), and better alignment of shipping and price schemes for handling with those of competitors.⁸⁹

While none of the Guangzhou employees attended the Bangkok training in June 2006, the project did show some minor success. This included the establishment of a website with online payment system in a very short period, development of a good donor network, and effective use of market research to identify the most viable business opportunity. Ultimately, however, the business was not a success. The initial capital investment for the Jasmine Online Exchange was US\$1,380, but the income generated was not sufficient to recoup these costs.⁹⁰

“THE PROCESS OF LEARNING NEW SKILLS AND WORKING TOGETHER WITH GROUPS OF HIV POSITIVE WOMEN IN OTHER COUNTRIES IS VERY POWERFUL AND EMPOWERING. WWP HAS HELPED US REGAIN SELF-CONFIDENCE AND DIGNITY, WHICH WERE SHATTERED AFTER THE DIAGNOSIS OF HIV INFECTION.”

Ms. Li, Colorful Clouds Yunnan

3.4.3 Key outcomes

The business models proposed by the China groups, including the “Hot Dog Club” were quite innovative and, given different circumstances, might have been successful. Unfortunately, for a variety of reasons none of the businesses succeeded. In terms of the implementation of the business models, some key issues were the lack of skills among staff in marketing and market strategizing, high overheads, especially rent, and the difficulty in making the change from an NGO “project” approach to a more professional business approach.

The efforts to address difficulties in the situation with WWP activities created many internal problems for the Women’s Wing of ACC, which started to affect its other work. This resulted in the decision to close the project.⁹¹

From the little information available it appears that the women living with HIV who

86 Annual Report January - December 2008, Women and Wealth Project, PDA, 2008.

87 Annual Report 1 June 2006 – 30 June 2007, Women and Wealth Project, PDA, 2007.

88 Annual Report January - December 2008, Women and Wealth Project, PDA, 2008

89 Ibid.

90 Annual Report 1 June 2006 – 30 June 2007, Women and Wealth Project, PDA, 2007.

91 Report, PDA Mission to Kunming, 20-22 February, 2008, PDA, 2008.

participated in both the Kunming and Guangzhou activities benefited significantly in terms of their own self-esteem, social engagement and, to a lesser degree, income. Unfortunately it is not known whether the skills and experience gained during the project were of benefit to them in securing employment after they left the project.

An important issue is the actual number of women who benefited from the project. Again this is difficult to assess, as there are few details available regarding who the women were who participated, and how many there were in all. Nevertheless, it seems that, even accounting for relatively high staff turnover, the total number of women who participated was small.

In terms of raising awareness of the impact of HIV and its impact on the socio-economic situation of women, the outcome is difficult to assess owing to the limited duration of activities and the lack of clear indicators. At best it can be hoped that the publicity generated by the project will to some degree raise awareness of HIV among those sections of the business community that were involved or in contact with the project. Also, within the HIV network itself, there is now likely to be a much greater awareness of the issue of livelihood and income generation.

3.4.4 Main challenges

The main challenges encountered in implementation of the WWP in China were in two main areas, the business side and the management structure. Both the businesses were ambitious, and therefore risky, for different reasons. The Kunming candle-making activities faced stiff competition from well-established competitors, who had strong advantages in regard to business networks, scale, experience and resources. The comparative advantages of the project, the use of healthy raw materials and the social responsibility appeal, were not sufficient to enable the PCW to compete successfully. This may have been due either to a failure to emphasize these points in marketing, or the fact that in China, or at least in this relatively remote Southwest region of the country, concepts related to personal health and social responsibility are still relatively undeveloped in comparison to major urban areas of the country such as Beijing, Shanghai and Guangzhou.

The business model selected by the Guangzhou group, the Jasmine Online Exchange, was risky because it was a new concept and required staff with strong technical skills in website management as well as marketing in order to succeed. While this may have been viable in a commercial context, it was a challenge to identify women living with HIV who had the necessary skills and experience to undertake this work.

The key challenge, however, was the management structure of the project. It appears that the Women's Wing of ACC lacked the organizational capacity to manage the project, at least on the scale attempted. There seems to have been some difficulty with documentation and reporting, the job descriptions of staff were not developed, and there was no clear understanding of roles and responsibilities in management and implementation of activities. Without full records, it is difficult to assess the extent to which these issues may have been reduced had members of the Guangzhou project attended the initial Bangkok workshop, or through the action of local consultants.

3.4.5 Conclusions

Overall the China component of the WWP was unsuccessful. Because of the relatively short time that activities were implemented in China under WWP, it is difficult to make any firm conclusions regarding the business models and possible benefits that might have resulted for women living with HIV. Nevertheless, the China experience furnishes some good lessons to be learned in terms of the overall approach for establishing social enterprises such as WWP. These include the need to ensure that partner organizations are sufficiently well-developed to implement the planned activities as well as to cope with any challenges that may arise in the course of implementation, especially internal management issues.

In retrospect, given the limited experience and capacity of ACC in undertaking social enterprise projects, the decision to implement activities in two sites simultaneously may also have been over-ambitious. A more cautious approach, focusing on one site, say Kunming, may have provided a more substantial base for learning and development, before expansion to other sites.

3.4.6 Recommendations

While the China component of WWP no longer operates, the activities in Kunming and Guangzhou provided some valuable lessons, and from these a number of recommendations can be made regarding the implementation of social enterprises for empowerment of people living with HIV. They include:

- Identification of potential livelihood or social enterprise activities should take greater account of the number of people, for example positive women, who will benefit directly from activity in the business plan;
- In planning implementation of social enterprise or livelihood projects such as the WWP, where key stakeholders consist of community groups or organizations that have been established primarily for advocacy purposes, more consideration should be given to the management and support capacity of implementing partners as well as additional local support resources such as government agencies and NGOs;
- In initial activities, such as workshops and study visits, ensure that there is participation of all the key staff who will be responsible for implementation of project activities;
- Job descriptions and the management structure should be clearly identified at the start of project activities and staff briefed on these.



SYNTHESIS AND CONCLUSIONS

The WWP is an important initiative that has responded to a serious, and neglected, issue in the Asian region, the need for socio-economic empowerment of women living with HIV. To achieve this WWP focused on support for sustainable livelihoods, giving networks of women living with HIV and other vulnerable women an opportunity to identify business opportunities in their local area, develop business plans to exploit these, and provided them with the financial and capacity building support necessary to implement their plans.

In response, the participating groups in three countries, Cambodia, China and India, each identified creative and potentially financially viable activities, which they developed into business plans. In implementation of these plans, there were varying levels of success. In all sites, a key achievement of the project was the empowerment of the women living with HIV involved, increasing their confidence and self-esteem and the recognition by their communities that they can make an important contribution to their families and society. While it is hard to measure, the project also helped increase the acceptance of women living with HIV by their communities, through showing that they could make an important contribution to improve their own well-being, as well as benefit society in general. However, overall the number of women living with HIV who benefited directly from the project in terms of employment was low, being about one hundred twenty, if we do not count those who may have been indirectly benefited such as their family and children.

The wide variations in the country and socio-cultural context between the WWP sites mean that it is hard to generalize among them. However, comparing the different outcomes and challenges faced, it is possible to identify a number of factors that have been important in contributing to the success or otherwise of the social enterprises concerned. In all sites, WWP created a safe and supportive work environment where workers' rights and health were prioritized, and there was sufficient flexibility in working time to allow employees time off work for medical appointments and regular breaks. This recognition of workers' rights, together with an emphasis on "natural products", was also an advantage in terms of accessing markets, especially the international tourist market, and the export market to Europe and the USA. At the same time, however, compliance with various fair trade requirements meant an increased challenge in competing with other local businesses that did not follow these guidelines and could produce at less cost.

The outcomes also show clearly the potential mutual benefits that can be obtained by linking NGOs or CBOs to business activities. While this was really only successfully achieved with WD, the experience from SLC also indicates that profits generated can be channelled into community development activities, such as infrastructure and micro-credit schemes. At the same time, it is clear that to do so successfully requires local support from a strong NGO with experience in small enterprise management and community development, and initiation of activities should be approached carefully, ensuring first that the business enterprise is well-established and the NGO or CBO has the capacity to support these activities and will not itself be weakened as a result.

The capacity of available human resources proved to be one of the biggest challenges faced in all sites, although this was better managed in some than in others. In the drafting

of feasibility studies for the sites where the main implementing partner was a people living with HIV network, that is in China, Cambodia and Chennai, there seems to have been an over-estimation of the capacity of the partner to manage the activity, and an underestimation regarding the availability and level of skills necessary to implement the business plan. People living with HIV organizations have developed enormously in the past 10 years, in terms of the size of their membership and skills. However, their primary expertise is in the area of advocacy, not management of businesses, and while many of their members have experience in the private sector, they lack specialized skills in relevant areas such as design, finance and marketing. While this was addressed to some extent by training, it could not really compensate for formal education and experience, and was further compromised by staff turnover. It is notable that the most successful site, WD, was the only one where there was a local NGO with a strong community development focus to provide support for activities.

Management is an area that reflects the capacity of the main implementing partners. Where a WWP partner was less experienced, or had its own internal problems, then the response to the challenges that arose in implementation was weak or inadequate. Conversely, strong and experienced partners were able to help address difficulties encountered. Thus, the lack of experience and instability within PCW was probably the main reason for its closure, while the experience of NEDAN has been the main reason for WD's success. Lack of clarity in the relationship between networks of women living with HIV and larger people living with HIV networks, or instability within these groups, was an additional factor that affected implementation of business models.

The establishment of well-defined management structures can help compensate for the lack of experience, and reduce the burden on the partner. This was especially important when the organizational structure was unclear, without well-defined staff job descriptions, organograms and accountability, or was not implemented, as was the case in SLC and MDSF.

Social enterprises, by definition, bring together civil society and the business world, both of which have quite different perspectives and motivations. For this reason, from the outset, one of the challenges of the WWP was how this could be accommodated. In fact, all sites faced the challenge of making a shift from an NGO or CBO perspective to a more business-like approach and, while some projects have coped better than others, it remains an area that needs to be addressed. In the case of MDSF and SLC, for the businesses to be successful, a broader and more proactive approach to marketing needs to be adopted, involving approaches to the business sector and government agencies, rather than reliance only on the UN and INGO sector as the main point of access to markets. Also, in the long term, changes in management structures are needed, to ensure greater autonomy in financial arrangements and human resources, with a view to eventual separation of the business activities from those of the NGO or CBO. Even in the case of WD, where marketing seems to have been more successful than in the other sites, the point has now been reached where consideration must be given to increasing the autonomy of the business operation in terms of its management and for greater empowerment of the women.

A critical factor in development of WWP was the timeframe for activities. Partners felt strongly that for this type of project to be successful, a longer-term commitment, of at least four to five years is necessary. While WWP did eventually run to this length, partners did not know this at the outset, and believed that WWP would be of much shorter duration, which may have led to insecurity and a lack of full commitment among beneficiaries. While almost all development projects operate on annual or, at most, biannual funding cycles, a long-term plan incorporating a longer time frame of five, or at least three, years with annual approval subject to availability of funds, would have helped increase the sense of security and commitment among partners and enabled better planning for learning and capacity building activities within the project. This might have helped in development of a system for sourcing of materials and services from within the project and in better organization of the knowledge management process in the closing phase of the project, helping the networks of women living with HIV involved assess and increase their ownership of the project outcomes, and summarize the key lessons for sharing more widely. Again, however,

given the reality of the funding cycle, this was a limiting factor beyond the control of the project. Also, importantly, WWP was created as a pilot programme, so when planned it was not known how much time would be needed for development of the activities.

Another missed opportunity for learning and support seems to have been the sourcing of materials and services from within the project. While this was done to a limited extent, such as in the design of the logos for MDSF and WD as well as the *WE* logo and WWP brochure for other WWP groups by SLC, in theory at least, the WWP could have provided an opportunity to do more on a larger scale, including, for example, use of WD cloth for MDSF products. While this was in fact considered during implementation of the project, it was found that the high cost of shipping (particularly cotton which is heavy and possibility of high customs duties) and other materials, in particular silk, would not be affordable. Possibly, with more time and research, ways could have been found around this problem, but it does serve as an important lesson for future enterprises of this kind.

An additional feature of the project design that could have been improved is the incorporation of indicators for some of the expected outcomes. In particular, the lack of defined indicators for the second and third objectives of WWP, related to empowerment of the women and improvement in the social environment, meant that the outcomes in these areas proved difficult to assess. Better definition of the types of benefits that could have been expected under the first objective, for example in terms of numbers of women receiving direct or indirect support from the social enterprises, would also have strengthened the design and improved the guidance for selection of business models.

Finally, an issue that arose in relation to the design of WWP is that of the beneficiary group. As originally conceived, WWP was designed to empower women living with HIV. However in the course of implementation, the beneficiary group was widened, in particular with WD in Assam, to include other vulnerable women and girls, and even a small number of young men. In the course of the assessment, a number of stakeholders commented that the narrow focus on women living with HIV limited its value, and consideration should be given to broadening the beneficiary focus of the project to include a greater emphasis on vulnerable and most at risk girls and women, and in fact, for empowerment of women to be truly successful there must be involvement of male partners. This issue will be discussed further in the accompanying review of different approaches to empowerment and livelihood support for people living with HIV.

4.1. Lessons learned

A number of important lessons can be learned from the implementation of the WWP from its commencement in 2006 up until the present:

- When given the opportunity, with technical and financial support, women living with HIV can identify viable business opportunities, and design and implement business models to exploit them;
- In order for the social enterprises developed by women living with HIV and other vulnerable women to be sustainable, strong and on-going technical support is needed from people or organizations with experience in social enterprise and community development;
- Having an understanding of the situation faced by people living with HIV and expertise in areas such as advocacy, as exemplified by people living with HIV networks, does not necessarily translate into capacity to provide strong support for social enterprises run by women living with HIV;
- On-the-job training can only go so far in substituting for education and experience;
- A cautious approach should be taken to expansion, pending consolidation of the business enterprise;

- In order to gain full commitment of beneficiaries, from the onset development of social enterprises should be based on a bottom-up approach;
- The annual or biannual funding cycle may have limited the potential of strong commitment among participating women and partners due to perceived lack of long-term security; and
- Strong management and marketing are needed for the businesses. This needs to involve people with expertise in business and marketing.

4.2. Future steps

In the region, there remain many women living with HIV who face severe crises in their lives due to the impact of HIV. For this reason, the WWP, as one of the few initiatives that has sought to address this situation in a systematic way, continues to be important, both in terms of the activities still in place, as well as for the lessons it has generated that will help women living with HIV elsewhere in the region. The most effective ways in which this issue can be addressed are considered in a separate report; however, in relation to the activities supported under WWP, there are several concrete steps that can be taken to move forward in order to consolidate achievements and ensure that the lessons are shared:

- If MDSF and SLC are to survive and their activities sustained, then both enterprises must be strengthened. In both cases the most important actions that need to be taken are (1) to put in place a strong management structure that defines clearly the relationship with the people living with HIV networks, CCW and PWN+ respectively, with provision for the sufficient degree of autonomy necessary for the businesses to operate effectively and agreement on the use of income generated; and (2) to strengthen the marketing of products and services, through recruitment of personnel with skills and experience in marketing and, at the same time, development of a clear marketing strategy;
- In both Phnom Penh and Chennai, it is essential that there be planning for on-going technical support for the social enterprises. Local NGOs need to be identified that have skills and experience in social enterprise and community development and good relationships with people living with HIV networks, which can help provide such support;
- The lessons-learned from the WWP should be widely disseminated and effectively used to facilitate dialogue with governments, donors, and NGOs/CBOs considering or implementing other people living with HIV livelihoods projects in the region.

REFERENCES

APN+, 2009: *A long walk – Challenges to women’s access to HIV services in Asia*, Women’s Working Group of APN+.

Brill, D., 2009: “Concerns grow over Cambodia’s ‘AIDS Colony’”, *The Lancet*, 374 (9694), 19 Sept, p. 966.

Cambodian People Living with HIV Network (CPN+)/UNAIDS February 2011: *People Living with HIV Stigma Index Cambodia 2010: Final Report*.

Commission on AIDS in Asia, 2008: *Redefining AIDS in Asia: Crafting an Effective Response. Report of the Commission on AIDS in Asia*, Oxford University Press.

<http://en.wikipedia.org/wiki/Adivasi>

<http://www.aidscareschina.org/english/about.asp>

<http://www.aidsdatahub.org/en/country-profiles/india>

<http://www.cpnplus.org/>

<http://www.ilo.org/global/standards/information-resources-and-publications/free-trade-agreements-and-labour-rights/lang--en/index.htm>

<http://www.pwnplus.org/>

International Community of Women Living with HIV/AIDS (ICW), 2004/*ICW Vision Paper 3: HIV Positive Women, Poverty and Gender Inequality*.

Irinnews 2006: India: Human trafficking in the northeast fuelling HIV/AIDS – report, 17 May, <http://www.irinnews.org/PrintReport.aspx?ReportID=34306>.

Ministry of Health of the People’s Republic of China, April 2010: *China 2010 UNGASS Country Progress Report (2008 - 2009)*.

Ministry of Youth, Education and Sports, 2010: *Cambodia Most at Risk Young People Survey 2010*.

NACO, March 2010: *Country Progress Report UNGASS India*.

National AIDS Authority, March 2010: *Cambodia Country Progress Report: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS*.

National AIDS Authority, 2010: *Kingdom of Cambodia National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV/AIDS 2011-2015*.

National AIDS Authority, 2011: *The Socioeconomic Impact of HIV at the Household Level in Cambodia*.

NEDAN Foundation, 2008: Approved proposal: Creating Sustainable Alternative Livelihood amongst the Trafficked Survivors and Vulnerable Women through Cluster Weaving Development and Enhancing Skills for Quality Production at Bodoland Territorial Council, Northeast India.

NEDAN Foundation, 2009: Annual Progress Report from December 2008 to December 2009 submitted to UNDP.

NEDAN Foundation, 2010: Annual Report 2010 submitted to UNDP.

NEDAN Foundation, n.d.: *Weaving Destination: Towards Weaving a Glorious Future for Bodoland* (DVD).

PDA, Sept. 2006: Quarterly Report Women and Wealth Project.

PDA, 2007: Annual Report 1 June 2006 – 30 June 2007, Women and Wealth Project.

PDA, 2008: Annual Report January - December 2008, Women and Wealth Project.

PDA, 2008: Report PDA Mission to India 28 July – 1 August, 2008.

PDA, Dec. 2009: Annual Report January - December 2009 Women and Wealth Project.

PDA, Mar. 2011: Annual Report January - December 2010 Women and Wealth Project.

PWN+, Jan 2007: "Socialite Communication: Design and Print Company of PWN+ India Business Plan 2006 to 2008", unpublished draft document.

Social Light Communications, 2010: Annual Report 2010.

Sopheap, Dr. Oum, 2011: KHANA Livelihoods Program, presentation at High-level Technical Consultation on HIV-sensitive Social Protection for Impact Mitigation in Asia and the Pacific, Siem Reap, Cambodia, 27-29 April 2011.

Swaminathan, H., N. Bhatla, and S. Chakraborty, 2009: <http://www.hivaidsonline.in/index.php/HIV-Human-Rights/womens-property-rights-and-hiv-a-aids-evidence-from-india.html>.

The Telegraph, Calcutta, 2 December 2010, "HIV/AIDS cases on the rise in Kokrajhar".

The Times of India, 6 Aug, 2010, "HIV: Housewives, professionals at high risk now."

UNAIDS, 2010: *Global Report: UNAIDS report on the global AIDS epidemic 2010*.

UNDP 2004: *From Involvement to Empowerment: People Living with HIV/AIDS in Asia Pacific*.

UNDP 2009: *The Socio-Economic Impact of HIV/AIDS at Individual and Household Level in China*.

UNDP APRC, 2006: "Feasibility Study – Market research", unpublished draft guidance document WWP.

UNDP APRC March 2011: Terms of Reference: Consultancy to Assess the Women and Wealth Project and the socio-economic empowerment initiatives.

UNDP APRC, January 2010: Annual Project Report, Strengthening socio-economic empowerment of women living with HIV in Cambodia and India.

UNDP/APN+, 2006: *Working in Partnership with Networks of people Living with HIV in Asia and the Pacific: A Guidance Note for Development Practitioners*.

UNDP and PDA, n.d.: *WE Shall Overcome* (DVD).

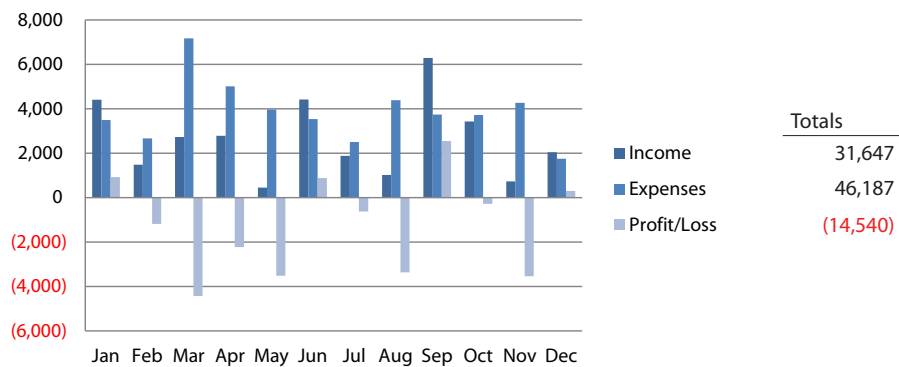
UNICEF, 2002: *The Socio-Economic Impact of AIDS in China*.

Women's Wing – AIDS Care China, September 2006: Women and Wealth (China) Project: Integrated Business Plan.

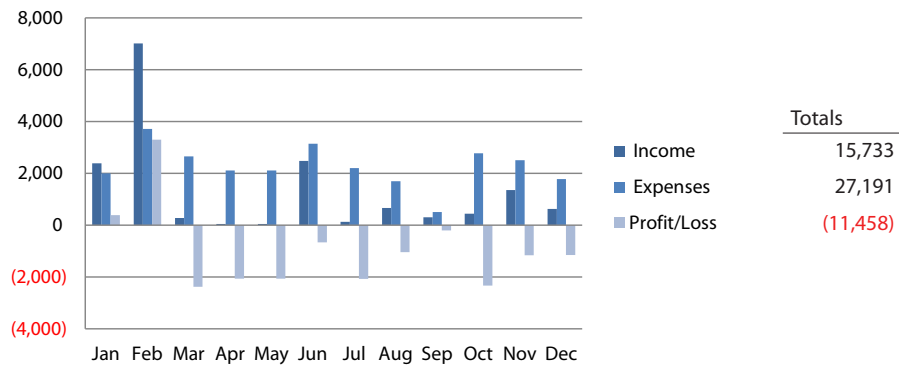
WW Modern Dress Women and Wealth Cambodia Team 6 July 2006, unpublished document.

BUSINESS RESULTS

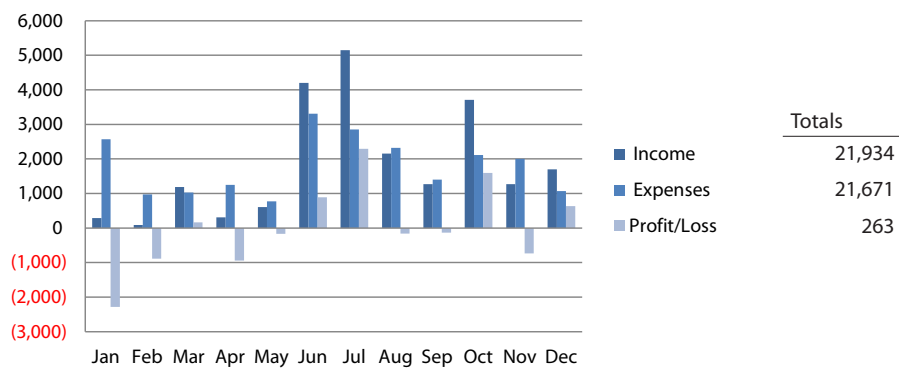
Modern Dress Sewing Factory Income Expenditures (US\$), 2008



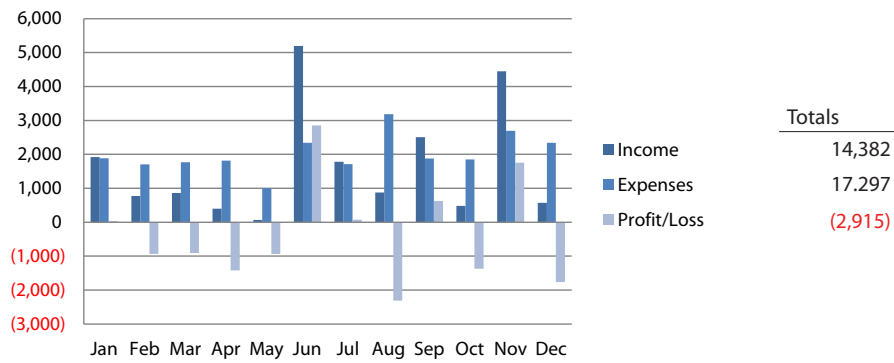
2009



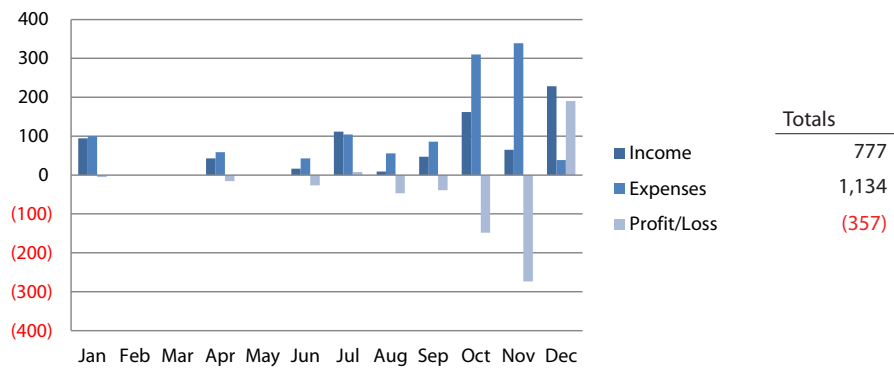
2010



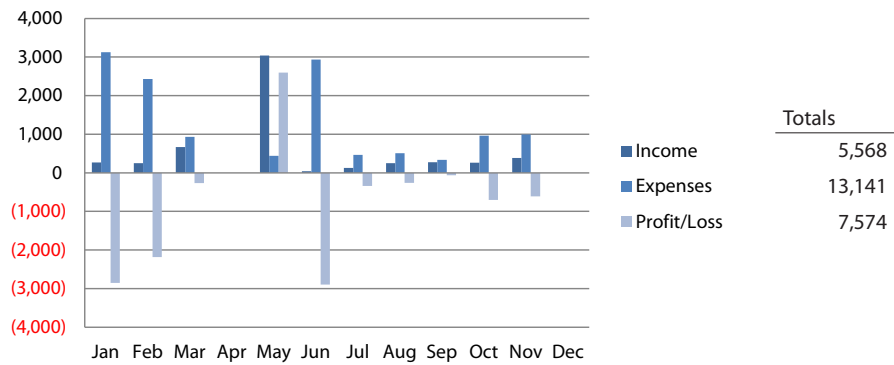
2011



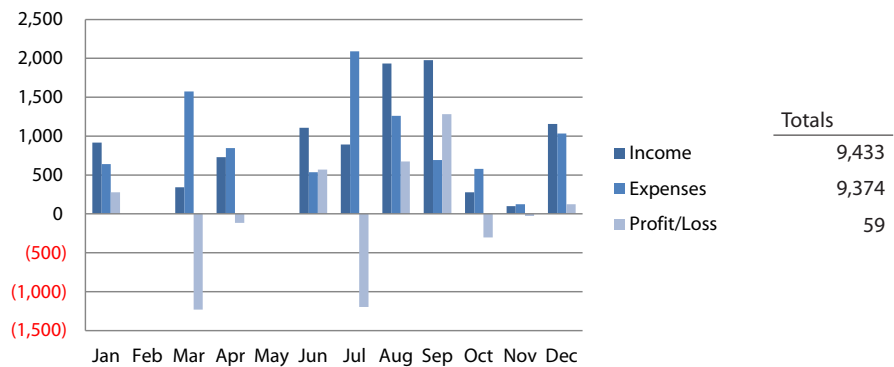
Social Light Communications Income Expenditures (US\$), 2008



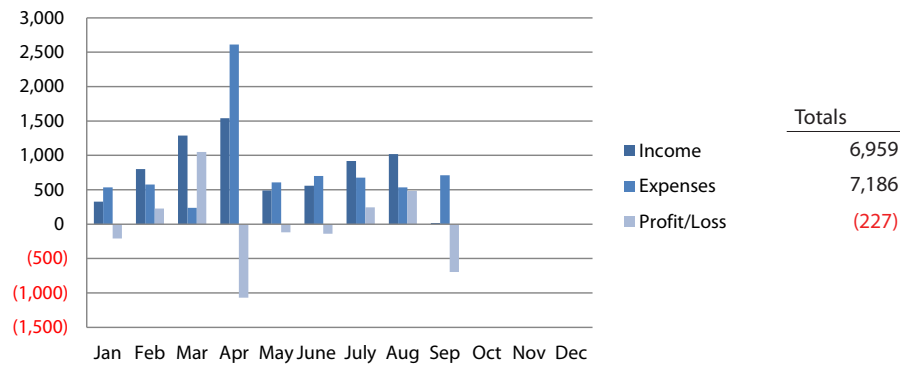
2009



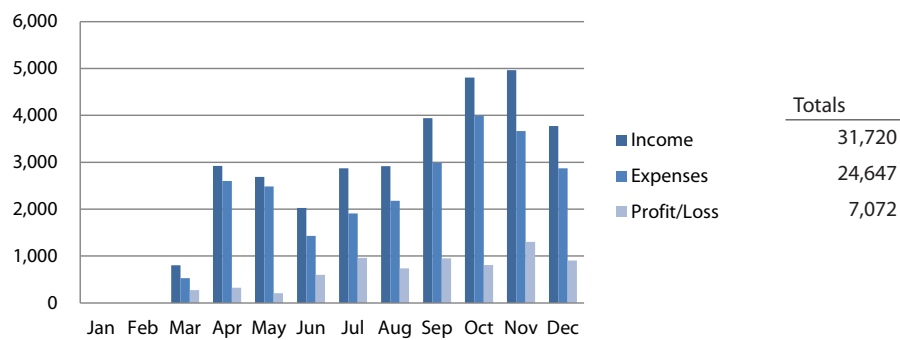
2010



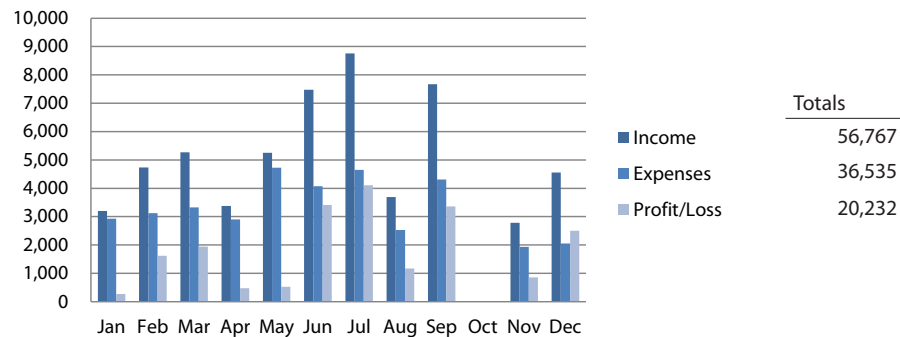
2011



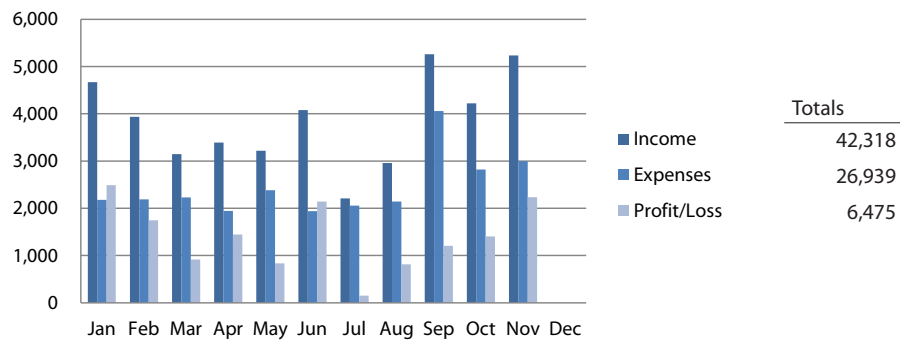
Weaving Destination Income Expenditures (US\$), 2009



2010



2011



PEOPLE INTERVIEWED OR CONTACTED DURING THE ASSESSMENT

Cambodia

Ms. Phan Srim Business Manager, MDSF, Phnom Penh

Ms. Or Phakdey, Positive Women of Hope Organization, Phnom Penh, former Operations Manager, MDSF

Mr. Neang Sophan Dara, consultant, Phnom Penh, former Consultant MDSF

Mr. Om Chhen, consultant, Phnom Penh, former Consultant MDSF

Mr. Kem Ley, consultant, Phnom Penh, Phnom Penh, former Consultant MDSF

Mrs. Mony Pen, Director CCW, Phnom Penh

Mr. Keo Chen, National Coordinator CPN+, Phnom Penh

Mrs. Nimul, Rajana Association, Phnom Penh, business client

Mr. Danet, Representative, Halo Trust, Siem Reap, business client

Ms. Katia Timmermans, consultant, Phnom Penh, business client

Mr. Oum Sopheap, Executive Director, KHANA, Phnom Penh

Mr. Sron Samrithea, Team Leader, Livelihoods Program, KHANA, Phnom Penh

Mr. Pisey Pech, Project Manager, UNDP Creative Industry Support Programme, Phnom Penh

Ms. Narmada Acharya, Social Mobilization and Partnerships Adviser, UNAIDS Cambodia

India

SLC

Ms. Banu Samagunam, Business Manager, SLC, Chennai

Mr. Ahmed Basha, Graphic Designer, SLC, Chennai

Ms. Suseela Anand, Business Mentor, SLC, Chennai

Mr. Jayapaul Sunder Singh, Director, Buds of Christ, Bangalore, former Consultant, SLC

Ms. P. Kousalya, President, PWN+, Chennai

Mr. Kishore Kumar, Gaayathri Process printing company Chennai, client

Mr. Nirnanjan, Project Manager, SWAM, Chennai, business client

Mr.Sekar, Project Manager, SWAM, Chennai, business client
Ms.Jaya, Program Manager, Sahodaran, Chennai, business client
Mr. Alex Parimalam, Joint Director, TANSACS, Chennai, partner
Mr. Johnson, Catalyst Management Services, Bangalore
Mr. Shiv Kumar, SVASTI, Bangalore

WD

WD staff and workers, Chandrapara Campus and Kochugaon
Mr. Digambar Narzary, Chairperson, NEDAN Foundation, Kokrajhar
Ms. Padmini Brahma, Program Coordinator, NEDAN Foundation, Kokrajhar
Mr. Dwimalu Narzary, Facillitator Access of HIV Treatment, NEDAN Foundation, Kokrajhar
Dr. A.K. Brahma, AIDS Centre, R.N.B. Civil Hospital, Kokrajhar
Ms. Pritikona, Counsellor, AIDS Centre, R.N.B. Civil Hospital, Kokrajhar
Ms. Mamoni Baishya, Counsellor, AIDS Centre, R.N.B. Civil Hospital, Kokrajhar
Officer-in-charge, Office of Social Welfare, Kokrajhar
Mr. A.D. Mishra, Tribes Shop, Gangtok, Sikkim, business client
Ms. Jyotsna Narang, TATSAT shop, New Delhi, business client
Ms. Tessa Mathew, Edel Give, Mumbai, business client

Thailand

Ms. Kirenjit Kaur, Women's Programme Coordinator, APN+, Bangkok
Ms. Urai Homthawee, Director, Community Health Bureau, PDA, Bangkok
Ms. Barbara Eagles, Planning Officer, Community Health Bureau, PDA, Bangkok
Mr. Clifton Cortez, Practice Leader, HIV, Health and Development Team, UNDP APRC, Bangkok
Mr. Kazuyuki Uji, HIV/AIDS Programme Specialist, UNDP APRC, Bangkok



*Empowered lives.
Resilient nations.*

UNDP partners with people at all levels of society to help build nations that can withstand crisis, and drive and sustain the kind of growth that improves the quality of life for everyone. On the ground in 177 countries and territories, we offer global perspective and local insight to help empower lives and build resilient nations.

United Nations Development Programme
UNDP Asia-Pacific Regional Centre
United Nations Service Building, 3rd Floor
Rajdamnern Nok Avenue, Bangkok 10200
Thailand

Email: aprc@undp.org
Tel: +66 (2) 304-9100
Fax: +66 (2) 280-2700
Web: <http://asia-pacific.undp.org/>