

Food Security and HIV and AIDS in Southern Africa:

Case Studies and Implications
for Future Policy

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SAPP
Southern Africa Partnership Programme

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ActionAid International is an international non-governmental organisation with its secretariat in Johannesburg, working in over 40 countries around the world. The AAI vision is of a world without poverty and injustice in which every person enjoys their right to a life with dignity. AA-SAPP was formed in 2003 to bring together Southern Africa sub-regional and country-based initiative. Its activities are focused in nine Southern African countries: Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. AAI-SAPP key thematic thrust are HIV and AIDS, Food Rights and Food Security, Economic Justice, Trade and Regional Integration, and Governance, participation and accountability

Disclaimer

The views expressed by the editor and the various authors are not necessarily those of Action Aid International or its Board. We hope that any inaccuracies will be forgiven. We hope that the information contained herein will be widely disseminated, with the request that both the authors and Action Aid International are fully acknowledged.

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Executive Summary

Food Security and HIV and AIDS in Southern Africa: Case studies and implications for future policy.

The food security crisis that has threatened Southern Africa in the past years has been primarily a crisis of livelihoods, which has then been further undermined by the HIV and AIDS pandemic. Efforts to mitigate the impact of the pandemic have not been given adequate attention and Action Aid is currently seeking a deeper interrogation of these issues in the search for lasting solutions. The aim of this report is to document evidence of best practice, providing an analysis of the link between the food crisis and the pandemic itself. This is done using case studies, and identifying policy recommendations on food security for various countries in Southern Africa.

There is only limited primary documentation of best practices; and greater documentation for public dissemination is urgently needed. Other organisations, such as Oxfam Great Britain, have also recognised this gap and a workshop was recently convened where it was agreed to develop an analytical toolkit that will enable practitioners to evaluate examples of mitigation strategies. The toolkit posed five questions to be answered; who (target group), why, what, how and with whom (partners). Armed with these questions, researchers visited communities in the region where such best practices had been observed and could be more closely examined, in Malawi, Mozambique, Zimbabwe and Swaziland.

The impact of HIV and AIDS on livelihoods brings in two main concepts, of vulnerability and food security. By definition, vulnerability relates to exposure to, and sensitivity to, shocks and stresses, and the ability to recover from them. It is a forward-looking concept. Food security is a sub-set of vulnerability that describes the characteristics of systems and strategies on which individuals or households rely so as to ensure sufficient physical and economic access to nutritious food; this is contrary to the old definition that focused on the national and global level of food availability. Relatively poor households appear to suffer greater economic and social after-effects after an AIDS death

Due to methodological limitations, it has been difficult to measure the long-term impacts of HIV and AIDS at community

AIDS-affected communities and NGOs have been at the forefront in responding to the impact of the epidemic, and many innovative local projects have emerged.

level, especially the qualitative impacts and empirical studies, although this has been done to an extent at a household level. The evidence will provide an in-depth overview of the future prospects of rural areas, with the aim of advocating for and shaping rural development policy. Coping strategies, which usually depend on the household level of income, may exhaust the household assets especially if they are erosive in nature, such as the selling of livestock.

Since almost 70 per cent of people in the Sub-Saharan region depend on agriculture for their livelihood, it is imperative to better understand the implications of the pandemic on these livelihoods. The increasing levels of poverty in the region have made the situation worse; and the gender dimensions of the problem are significant. Of particular concern is the vulnerability of women to HIV and AIDS and in this bi-directional equation, when HIV and AIDS strikes in the family the consequences are enormous. It has been widely acknowledged that the vulnerability of women and girls is rooted in both biological disposition and in gender inequalities that place women at a social and economic disadvantage. In the majority of the countries the cultural practices have made the situation worse. The result is economic and political shocks to the family which come in many forms: the breakdown of household regimes and attendant forms of security; loss of livelihood; loss of assets; and resorting to survival sex. Empirical evidence shows the situation to be worse in rural areas where there is reduced access to productive resources and support services.

Public institutions serving the community suffer serious consequences, especially the health and education sectors, resulting in a shrinking labour force. The impact is even worse in labour-intensive sectors such as agriculture, where there appears to be a limited understanding of how HIV and AIDS impacts negatively on developmental possibilities. It is important,

therefore, that short-term humanitarian works runs parallel with long-term developmental policy agendas.

The case studies presented in this report highlight the need to address poverty and resource constraints within the context of the interplay between HIV and AIDS and prevailing community challenges. In addition, an understanding of the fact that HIV and AIDS impacts are different at the various stages of the progression of the virus is important in ensuring appropriate programming, that will break the various interventions down to meaningful segments that can meet people's needs, both short-term and long-term, from a developmental perspective.

The case studies that were documented as evidence of best practice in the region included:

1. A community home-based care project in Thyolo in Malawi supported by Médecins Sans Frontières. This is an holistic multi-sectoral approach to HIV and AIDS care and prevention that leaned heavily on support from volunteers and community professionals. The project was designed to provide a basket of services aimed at individual, family and community capacity-building and focused on poverty alleviation so as to improve the quality of life. The target group comprised chronically ill patients, their care-givers and vulnerable children.
2. A community-based orphan care project in Lilongwe South, Malawi, supported by the National Smallholder Farmers' Association of Malawi. The distinguishing feature of the project is the participatory approach, with communities initiated the project themselves, usually with limited funding, and building on local responses. The target group is the orphans themselves, with the interventions assisting with social activities and teaching life skills.
3. Food security for orphans and vulnerable children, Mvuma Chiefdom in the Hhohho province in Swaziland, supported by NERCHA. This project is based on the NERCHA philosophy and has country-wide community-driven interventions, building on local initiatives and promoting sustainability.
4. Provision of Agricultural Implements (ox-drawn ploughs) in Nyanga, Zimbabwe, supported by Action Aid. The intervention built on local capacity, based on capacity-building that avoids the 'top-down' approach that is so often used in developmental work.

5. Provision of agricultural technology (drip irrigation) in Chiredzi, Zimbabwe, supported by Action Aid. Targeting households affected or infected by HIV and AIDS, the project focuses on building the capacity of local AIDS service organisations and locally based extension services.
6. Seed Fairs, Marracuene District, Maputo Province, Mozambique, supported by Action Aid. The project works with families whose livelihoods have been devastated by cyclical disasters. The distinguishing feature is that the local economy is boosted by producing seeds at local level, while also recognising the needs of the poorest people in the community.
7. Nutrition Intervention (sweet potatoes) Manica District, Maputo province in Mozambique, supported by Action Aid, INIA and the Ministry of Health. The target group is community-based organisations and emphasises nutrition and food security while drawing on indigenous knowledge. The project built on local initiatives and added to the range of sweet potatoes that are more drought-resistant in that area.

The following important recommendations have emerged from these case studies:

1. development, relief and rehabilitation must be addressed together
2. policy should encourage, and be influenced by, local implementation
3. better targeting and participation helps affected people to take charge
4. a focus on multi-sectoral partnerships at district and at village level is important
5. it is important to move beyond labour-saving technologies to labour management
6. it is important to base policy and practice on experimentation and evidence of success.

With the above in mind, the documentation of best practice is essential to contribute to a better understanding of the situation, and improved coping strategies and interventions so as to influence developmental policy and contribute to successfully fighting the HIV and AIDS pandemic.

1. Introduction and Objectives

In the 2002-2003 period, Southern Africa experienced the worst food crises seen in the region since 1992. Most assessments of this period of acute food insecurity and vulnerability have understood this phenomenon to be as much a crisis of livelihoods, or of development in general, as a simple food shock. This has resulted from a range of “entangling crises” such as rainfall failure, widespread disruptions in food availability, failures of governance, extreme levels of prevailing poverty and the continuing erosion of livelihood strategies through HIV and AIDS.

A number of studies focusing on this prevailing situation have highlighted the role of HIV and AIDS in undermining livelihoods and food security. However, as noted by ActionAid, there has been inadequate attention given to interventions that mitigate some of the impacts of the epidemic despite widespread recognition of the compounding impact that HIV and AIDS is having on prevailing poverty levels and food security. While the current debates around the ongoing livelihoods crisis in the region and the consequent responses have provided a focus on some of the key issues, a specific understanding of the role of the pandemic is imperative if effective long-term responses to the crisis are to be found. In pursuit of its mission to fight poverty by working with poor people to eliminate the injustices and inequities that undermine livelihoods, ActionAid is currently seeking ‘a more robust interrogation of these issues in the search for lasting solutions to the food crisis’.

Building on its experience of working at local level to strengthen livelihoods, ActionAid has endeavoured to raise the awareness of, and adoption and institutionalisation of, ‘best’ practice in supporting communities affected by HIV and AIDS in ensuring food security. While models and estimates have been made of the overall impact of HIV and AIDS on economies, limited programmatic attention has been given to the impact of the pandemic on the ability of households and communities to meet their own food requirements and sustain themselves. Cognisant of the scale of the epidemic in the sub-region, as well as the long-term duration of the support needs, ActionAid has set out to build a coherent strategy based on experiences of promising initiatives from around the Southern African region, where communities affected by HIV and AIDS have been supported to meet their food requirements and other livelihood needs.

This paper was commissioned to document a small selection of ‘best’ practices, including a selection from ActionAid itself, and to provide an analysis of linkages between HIV and AIDS and food security policies. These case studies are intended to provide an introduction to issues around HIV and AIDS and food security and to provide examples of how a few organisations have responded to this complex situation. In order to do so, the authors worked with different organisations across the region, which were engaging with these issues in order to provide perspectives of their experiences, document ‘best’ practice and identify policy recommendations on food security interventions in countries in the sub-region.





2. Methodology

ActionAid recognised that there is limited material readily available for discussion and debate around mitigation strategies based on the practical experiences of NGOs or other agencies; this supports the need for a systematic approach to allow the comparison of mitigation strategies that capture crucial aspects of changing development practice. AIDS-affected communities and NGOs have been at the forefront in responding to the impact of the epidemic, and many innovative local projects have emerged that engage with the devastation wrought on households and communities. Yet these are rarely recorded for public dissemination, largely due to the constraints experienced by development practitioners working at field level.

This issue was also recognised by the Southern African Regional Offices of Oxfam-GB, which developed a framework for such analysis that would be available to community-based practitioners. This framework was refined by the steering committee of the workshop on “Mitigating the Impacts of HIV and AIDS in Agriculture and Rural Development”, hosted in May 2003 by Oxfam-GB; the Food and Agricultural Organisation regional offices based in Harare, Zimbabwe; the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ); and the Human Sciences Research Council. The workshop was intended to initiate a process of analysing successes and constraints in mitigating HIV and AIDS through agriculture and rural development, and to define future actions (see www.sarpn.org.za).

An analytical tool emerged from the workshop process that enabled practitioners to evaluate examples of mitigation strategies and to compare these usefully. The tool was drawn from basic aspects of programme design using questions such as who? why? what? how? and with whom? The framework enabled practitioners to consider how the mitigation strategy differed from standard interventions, to assess constraining factors and additional ideas or potential improvements, and was used in this study as a starting point for evaluating a range of case studies depicting “best practice” from around the region. These case studies were each visited in person by the team commissioned to undertake the research. In this regard, the gender co-ordinator of the National Smallholder Farmers’ Association of Malawi (NASFAM), Lesley Holst, was commissioned to undertake the two

Malawi studies. Nathalie Paraliou, development specialist and founder of Competencies of Africa for Africa and Abroad was commissioned to conduct the studies in Mozambique, which brought an interesting comparison to her experience with similar initiatives in Brazil. Scott Drimie, a specialist researcher based at the Human Sciences Research Council (HSRC) in South Africa, undertook the Zimbabwe and Swaziland case studies. In addition, a range of other projects was accessed from other sources, such as the “Mitigation Workshop” website and wider literature, and used to supplement the detailed studies. These have been tabled in Appendix One.



3. Conceptual Framework: HIV and AIDS and Food Security¹

This section reviews the impact of HIV and AIDS on people's livelihoods, looking particularly at the effects of the pandemic on households and communities over time. It is now well recognised that household food insecurity and vulnerability in rural and urban Southern Africa cannot be properly understood if HIV and AIDS is not factored into the analysis. Carolyn Baylies notes that HIV and AIDS can, on one hand, be treated in its own right as a shock to household food security, but on the other, it has such distinct effects that it is a shock like none other (2002). However, before an analysis of the relationship between vulnerability, food security, and HIV and AIDS can be made, some conceptual definitions are necessary.

In the context of this publication, definitions of vulnerability and food insecurity have been drawn from a background document informing the establishment of a Food Insecurity and Vulnerability Information and Mapping System in South Africa, which makes the following definitions:

- Vulnerability is a *forward-looking* concept, relating to exposure and sensitivity to shocks and stresses and to the ability to recover from them. It can be used to describe the general characteristics of complex systems (thus an economy, an ecology or a system can be said to be vulnerable) but it is also often used to describe the individuals or groups that depend on those systems (Du Toit & Ziervogel, 2004).
- Food insecurity is understood to be a *sub-set*, or a *particular kind* of vulnerability. It describes the characteristics of the systems and strategies on which individuals, households and larger groups rely in order to secure sufficient physical and economic access to nutritious food. When these systems become subject to shocks and stresses, or less resilient for whatever reason, such people can be said to be food-insecure. Food

Household food insecurity and vulnerability in rural and urban Southern Africa cannot be properly understood if HIV and AIDS is not factored into the analysis.

insecurity is the vulnerability to food deprivation. People can be food-insecure even if *at a particular point of time* they have access to sufficient food, but where that access is prone to failure, or when people have reason to fear hunger in the future (Du Toit & Ziervogel, 2004).

It is now broadly accepted that food security refers not only to the global and national level of food availability ('Malthusian'² food security) but also to the *access* and *entitlement* of individuals and households to that food (Sen, 1981); and that this has in turn been recognised as dependent on the resilience or vulnerability of people's livelihoods. All dimensions of food security – availability, stability, access and use of food – are affected where the prevalence of HIV and AIDS is high. As the current crisis in Southern Africa has shown, those living with, or affected by, chronic illness have less labour available, spend more time caring for others, and have decreasing experience and skills. They may have to sell off productive assets, or leave them under-utilised, and probably have to adapt their livelihood strategies, which are sometimes risky in nature, in order to cope. Therefore the possibility of substantially increased vulnerability to other shocks is higher, such as drought or conflict, the emergence of new types of vulnerability, the erosion of some capacities and skills for coping with shocks and adaptation, and emergence of new capacities in response to these threats (Harvey, 2003).

¹ This section draws on a report prepared by Scott Drimie for Oxfam-GB entitled "The underlying causes of the food crisis in the southern African region – Malawi, Mozambique, Zambia and Zimbabwe", March, Pretoria, South Africa, March 2004, www.sarpn.org.za.

² British economist Thomas Malthus contributed to the theory that population growth will inevitably outstrip agricultural production, leading to cyclical food scarcity, decreased wages, and deteriorating labor conditions. Malthus believed that the poorer socioeconomic classes would always suffer the worst consequences. Author Donald Winch examines the first published version of An Essay on the Principle of Population (1798) and places Malthusian thought in historical context. A revised version of Malthus's essay was published in 1830.

Livelihoods-based analysis of linkages between food security and HIV and AIDS show that the impact is systemic, affecting all aspects of rural livelihoods (Haddad & Gillespie, 2001); and that effective analysis of the causes and outcomes of HIV and AIDS requires a contextual understanding of livelihoods unique to a given area and/or social groups (SADC FANR VAC, 2003). The claim that the current Southern African humanitarian crisis is inextricably linked to the widespread HIV epidemic, which has deepened the crisis, is supported in much of the food security literature and current thinking (see Harvey, 2003). This claim is underpinned by the fact that the region has the highest prevalence rate in the world (Lesotho 31 per cent; Malawi 16 per cent; Mozambique 13 per cent; Swaziland 38 per cent; Zambia 22 per cent and Zimbabwe 34 per cent), with infection levels around 25 per cent of the population, 58 per cent of those affected being women (UNAIDS, 2002).

Vulnerable people are forced to make decisions, often involving trade-offs between basic needs. For example, a family with insecure livelihoods, but with a fair amount of food on hand, may have to sell stocks of food now in order to raise cash for school fees or medical care – even though they know they will have to buy back food later at a higher cost. In this environment, insecure livelihoods exacerbate the risks and vulnerabilities of HIV and AIDS. Lack of options can push some people into activities or situations that put them and others at high risk of HIV, such as sex work. Lack of food, money and health care are key factors in rapid progression from HIV infection to the onset of AIDS. People with insufficient resources find it harder to properly take medications, including anti-retrovirals. Finally, those with weak livelihoods are more vulnerable to the social and economic impacts of illness and death in their families and communities.

Relatively poor households appear to suffer the most after incurring an AIDS-related death, being less able to cope with the economic and social shocks

3.1 Measuring HIV and AIDS Impacts

Available analysis does not provide a clear picture of how the epidemic is affecting food security and vulnerability. Despite the fact that the epidemic is now in its third decade in Africa, available analysis to date provides little insight into how HIV and AIDS affects the agricultural sector – its structure, cropping systems, relative costs of inputs and factors of production, technological and institutional changes, and levels of production and marketed surplus (Jayne *et al*, 2004). Much of the current “knowledge” on HIV and AIDS and food security is based upon a few empirical studies and a range of material that embodies “anecdotal recycling” (Gillespie, 2003). Most rigorous household-level studies have measured the effects of death *in their households* on household-level outcomes, typically over a two- to five-year time-frame. Given the lack of longitudinal household data over a long time period, as well as methodological limitations, the longer-term effects of AIDS, and particularly the community-level effects, have yet to be rigorously measured. This is especially the case when considering inter-generational effects such as the inability of deceased adults to pass along accumulated knowledge to future generations, and the less tangible benefits that children receive from their parents (Jayne *et al*, 2004). A greater number of empirical datasets and quantitative impact studies are necessary in order to have a clearer and more accurate understanding of what is happening in different countries. It is with these caveats in mind that available empirical studies on the effects of HIV and AIDS on food security, the agricultural sector and the rural economy in general should be assessed.

However, this is not to understate the multiple impacts of HIV and AIDS on food security and the rural economy. This raises a wider and important point that the HIV and AIDS pandemic in Southern Africa is taking place in a context of already fragile economies. Disentangling the relative impact of HIV and AIDS on food security in Zimbabwe from the current economic collapse, for instance, would be difficult. Perhaps the more important point is that these issues are mutually reinforcing. The challenge for analysts, policy-makers and donors is to understand with greater precision how the rural socio-economy is being affected by the



epidemic, and consequently how rural development policy should be modified to better achieve food security objectives. As emphasised above, because of the long-wave nature of the AIDS epidemic, the full impact of the disease will not manifest until the next several decades (Barnett & Whiteside, 2002). For this reason, assessments of what is happening now do not provide a reliable picture of what will be happening in the future.

Indeed, the few available empirical studies on the impacts of prime-age adult mortality on agricultural production and incomes indicate that the effects are more severe on households that were relatively poor to begin with. Such relatively poor households appear to suffer the most after incurring an AIDS-related death because they are less able to cope with the economic and social shocks that it generates. These results carry obvious implications for household food security, and nutrition for the poor in particular.

Following from the theoretical review informing the conceptual framework in the previous section, the HIV and AIDS epidemic will have an impact at the level of individuals, on households in the rural areas, on the villages and communities living there, and thus will also be felt at the national level. Intuitively one would expect that data collected on the topic will confirm these impacts, given the burden of illness of a relatively large number of persons as a result of accompanying infections, as well as shocks induced by the loss of household members. Yet the expected significant relationship between households infected and/or affected by HIV and AIDS being worse off than households not affected has not been overwhelmingly apparent in surveys conducted by, for example, the Vulnerability Assessment Committees (VACs) operating in the SADC region during the ongoing livelihoods crisis (see Mdladla *et al*, 2003).

One important conclusion that can be made in the current VAC assessments is that it was extremely difficult to draw out the specific impact of HIV and AIDS as the single most important cause of the food insecurity facing the six SADC countries undergoing assessments. The adverse effects of HIV and AIDS on food security and the agricultural sector in general can be largely invisible or subtle enough so as to be undetectable from other causes of food insecurity. It would appear, particularly in Zambia and Zimbabwe,

that climatic conditions, food pricing policies, the lack of agricultural support and extension services, environmental degradation, and a lack of infrastructure and poverty play a larger role in creating inadequate harvests than HIV and AIDS. However, the epidemic may compound matters during an environmentally induced food shortage, such as what happened the previous season.

The impact of HIV and AIDS on agriculture, both commercial and subsistence, are often difficult to distinguish from factors such as drought, civil war, and other shocks

The adverse effects of HIV and AIDS on the agricultural sector can be largely invisible, since what distinguishes the impact from that on other sectors is that it can be subtle enough so as to be undetectable (Topouzis, 2000). In the words of Rugalema, "even if [rural] families are selling cows to pay hospital bills, [one] will hardly see tens of thousands of cows being auctioned at the market... Unlike famine situations, buying and selling of assets in the case of AIDS is very subtle, done within villages or even among relatives, and the volume is small" (cited in Topouzis, 2000). This clearly has implications for analysis. Furthermore, the impact of HIV and AIDS on agriculture, both commercial and subsistence, are often difficult to distinguish from factors such as drought, civil war, and other shocks and crises. It is thus important to remember that HIV and AIDS is only one of a complex web of factors that impact on rural people's livelihoods and that it is often difficult to disentangle the effects of AIDS from other environmental, political and economic events and trends.

3.2 The Effects of HIV and AIDS on Household Livelihood Strategies

The HIV and AIDS epidemic is eroding the socio-economic well-being of households and threatens the social cohesion of communities (See Lamptey *et al*, 2002). Gillespie argues that there is a two-way relationship between HIV and AIDS and livelihoods; firstly, livelihoods differ with regard to the degree that they expose individuals and households to the virus; and secondly through stripping households and community assets and eroding institutional capacity (2003). For households, the impact is different from that of other diseases. Those infected are most likely to be at the peak of their productive and income-earning years. Households feel the impact as soon as a member falls ill. This is associated with a decline in income as the member's ability to work decreases, while living costs, such as medical and funeral expenses, increase.

The literature on the impact of adult illness and death on household livelihood or coping strategies suggests that individuals and households go through processes of experimentation and adaptation as they attempt to cope with immediate and long-term demographic change (see SADC FANR VAC, 2003). It is believed that households under stress from hunger, poverty or disease will adopt a range of strategies to mitigate their impact through complex multiple livelihood strategies. These entail choices that are essentially "erosive" (unsustainable, undermining resilience) and "non-erosive" (easily reversible) (see SADC FANR VAC, 2003). The distinction

Sales of chickens, goats or cattle are classic coping strategies that households all over sub-Saharan Africa employ, but when livestock holdings are extensively reduced because of HIV and AIDS, there is cause for concern.

between erosive and non-erosive strategies crucially depends on a household's assets (for example, natural capital, physical capital, financial capital, social capital and economic capital), which a household can draw upon to make a livelihood. As an example of the distinction between erosive and non-erosive strategies, the example of livestock sales is revealing (SADC FANR VAC, 2003). Sales of chickens, goats or cattle are classic coping strategies that households all over sub-Saharan Africa employ. Some level of livestock sales is normal and does not result in increased poverty. At a certain point, however, household livestock holdings reduce to the level where they are no longer sustainable. At this point, livestock sales become erosive.

Consumption reducing and switching strategies are generally the first line of defence against food shortage. Households may, for example, switch to "wild foods" or go for entire days without eating. Another option for households under stress is the removal of children from school in order to release them for household strategies requiring labour or to reduce costs associated with school attendance (fees, uniforms, stationery). The "erosive" nature of such a strategy is the diminishing stock of human capital for future livelihood options. Another "negative" for food security is that these children may be removed from school feeding schemes and denied opportunities for nutritional support.

By killing productive adults who are key family providers, HIV and AIDS destroys the social networks that provide households with community help and support and thus underpin their livelihoods (Barnett & Rugalema, 2001; United Nations, 2003). Particularly in rural areas, where public services may be absent, traditional community support systems are crucial to impoverished households (United Nations, 2003). HIV and AIDS may contribute towards weakening this critical social and economic capital, with traditional knowledge gradually being lost as working age adults die and leave children orphaned. Survivors are left with few relatives upon whom to depend, with gender and age as critical determinants of social exclusion in the face of HIV and AIDS. Households and communities with fewer adults have less surplus adult-time to help others, undermining community resilience. In rural areas, increasingly impoverished communities may receive fewer visits from traders, or suffer a

reduced availability of services and consumer products (United Nations, 2003). Just as HIV and AIDS-affected households might ultimately disintegrate, so too might HIV and AIDS-affected communities through the loss of significant numbers of their members, economic collapse and social breakdown.

3.3 HIV and AIDS and Agriculture

As one dimension of food security and of the diverse multiple livelihood strategies discussed above, it is important to reflect on the impact of HIV and AIDS on agricultural production. Between 60 and 80 per cent of the population in the SADC countries depend on small-scale or subsistence agriculture for their livelihoods, so the impact of the epidemic on this sector is crucially important. While agriculture is central to many African countries, not least of all for household survival, there are marked differences among countries with regard to current economic conditions and agricultural and economic potential. Generally, however, this sector is facing increasing pressure from heightened levels of poverty, dwindling inputs and a lack of support services, amongst other issues. The additional impact of HIV and AIDS on these agricultural systems is thus even more severe, and may include:

- A decrease in the area of land under cultivation at the household level (due to a lack of labour stemming from illness and death among household members)
- A decline in crop yields, due to delays in carrying out certain agricultural interventions such as weeding and other inter-cultivation measures, as well as cropping patterns
- Declining yields may also result from the insufficient inputs, such as fertiliser and seeds
- A reduction in the range of crops produced at the household level
- A loss of agricultural knowledge and farm management skills, as a result of losing key household members to AIDS
- The resultant psychosocial impact of AIDS death/s (partly through stigma) and the long-term implications for agricultural production

- Decline in livestock production as the need for cash and the loss of knowledge and skills may force families to sell their animals.

Between 60 and 80 per cent of the population in the SADC countries depend on small-scale or subsistence agriculture for their livelihoods, so the impact of HIV and AIDS on this sector is significant.

In largely agrarian societies, the HIV and AIDS epidemic is intensifying existing labour bottlenecks, proving a barrier to traditional mechanisms of support during disasters, adding to the problems of rural women, especially female-headed farm households that result from gender division of labour and land rights, and deepening macroeconomic crises by reducing agricultural exports.

3.4 The Gender Dimension

There are a number of interlinked reasons why women are more vulnerable than men to HIV and AIDS; this includes female physiology, women's lack of power to negotiate sexual relationships with male partners, especially in marriage, and the gendered nature of poverty, with poor women particularly vulnerable (Walker, 2002). Inequities in gender run parallel to inequities in income and assets. Thus women are vulnerable not only to HIV and AIDS infection but also to the economic impact of HIV and AIDS, often as a result of the gendered power relations evident in rural households (Waterhouse & Vifjhuizen, 2001), which can leave women particularly susceptible to HIV infection. With increasing economic insecurity, women become vulnerable to sexual harassment and exploitation at and beyond the workplace, and to trading in sexual activities to secure income for household needs (Loewenson & Whiteside, 1997). As a result, women have experienced the greatest losses, and bear the greatest

burdens associated with economic and political crises and shocks (Collins & Rau, 2001), the following being some examples:

Inequities in gender run parallel to inequities in income and assets; thus women are vulnerable not only to HIV and AIDS infection but also to the economic impact of HIV and AIDS.

- *Breakdown of household regimes and attendant forms of security:* decades of changes in economic activity and gender relations have placed many women in increasingly difficult situations, which includes greater household responsibilities. For example, more active care-giving for sick and dying relatives has been added to the existing workload. Children have been withdrawn from school, usually girl-children first, to save both on costs and to add to labour in the household. In this way, HIV and AIDS facilitate a further and fairly rapid differentiation along gender lines.
- *Loss of livelihood:* whether women receive remittances from men working away from home, are given “allowances”, or earn income themselves, HIV and AIDS has made the availability of cash more problematic. This has been discussed in the livelihoods section above.
- *Loss of assets:* although poorly documented, fairly substantial investments in medical care occur in many households affected by HIV and AIDS. These costs may be met by disinvestments in assets. Household food security is often affected in negative ways. Furthermore, in many parts of Africa, women lose all or most household assets after the death of a husband.

- *Survival sex:* low incomes, disinvestments, constrained cash flow – all place economic pressures on women. Anecdotal evidence and some studies indicate that these pressures push a number of women into situations where sex is coerced in exchange for small cash or in-kind payments.

In rural areas, women tend to be even more disadvantaged because of reduced access to productive resources and support services. A number of studies have shown that women who are widowed due to HIV and AIDS sometimes lose rights to land, adding to an already precarious situation (see Drimie, 2002). These problems of land tenure overlap with the issues of gender disparity. Some research has documented that widows and their dependents in patrilineal societies are in a more tenuous position with regard to maintaining control over land (Barnett & Blaikie, 1992). When combined with evidence that female-headed households tend to be poorer in general than their male-headed household neighbours, governments and donors face a serious challenge to devise means to protect the rights of poor households (and particularly poor female-headed households) to land within future poverty alleviation and rural development strategies (Jayne *et al*, 2004).

3.5 The Impact on Institutions

The main effects of HIV and AIDS at community level are seen in the health of community members, effects on demographic composition and structure of community, educational attainment, labour force and the quantity and quality of service providers, including those of organisations such as ActionAid (Mullins, 2001). As has been emphasised by Wiggins, some of the more damaging impacts for farm households and communities may be those arising from wider processes, including the likely reduction in public services to support agriculture resulting from loss of key staff and pressure on budgets (2003).

In service-oriented sectors such as ministries of agriculture, which generally comprise the largest staff components of governments, AIDS deaths reduce the quality and quantity of services. In addition to the direct loss of skills and institutional memory, there are increased financial costs for training new staff,



The impoverishing effect of AIDS on households significantly heightens the services demanded of the state and its partners.

increased demand for health care, funeral payouts and pensions. This weakened government capacity impacts on its ability to not only meet its mandate, such as the provision of extension services and other agricultural support, but also to meet the new demands emanating from AIDS-affected communities. Critical examples include the growing numbers of orphans and vulnerable children who require a whole range of services; changing demographic patterns in communities that place more burdens on the elderly and children; and an increased disease burden. Finally, the impoverishing effect of AIDS on households significantly heightens the services demanded of the state and its partners (United Nations, 2003).

3.6 'New' Responses to HIV and AIDS

HIV and AIDS is a "creeping emergency" that progressively erodes the lives and livelihoods of those affected by the epidemic. Barnett and Whiteside describe it as a 'long wave event' the impact of which takes place over many decades, and see HIV and AIDS impoverishment lasting as long as a century (2002). They point out that 'by the time the wave of HIV infections is felt in the form of AIDS illnesses in individuals, the torrent of the epidemic is about to overwhelm medical services, households, communities'. For these reasons, the developmental effect of HIV and AIDS on agriculture continues to be absent from the policy and

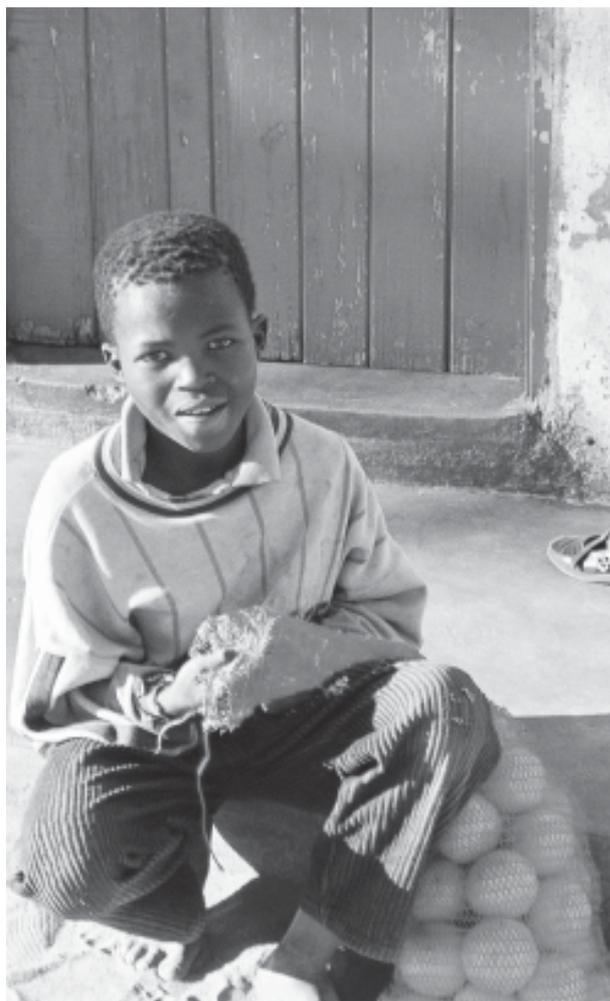
programme agendas of many African countries. Many studies on HIV and AIDS focused on specific sectors of the economy such as agriculture have been limited to showing the wide variety of impacts and their intensity on issues such as cropping patterns, yields, nutrition, or on specific populations.

It is vital that agencies such as ActionAid develop an understanding of how the impact of the epidemic interacts with other factors, and reinforces the need for humanitarian systems to co-operate more effectively with long-term development assistance, particularly with development actors engaged in responses to food insecurity and HIV and AIDS. Agencies responding to crises have a responsibility to understand the ways in which HIV and AIDS is impacting upon livelihoods and to address these issues in their response. Thus issues relating to HIV and AIDS should be considered in all sectors and across the programme cycle.

By the time the wave of HIV infections is felt in the form of AIDS illnesses in individuals, the torrent of the epidemic is about to overwhelm medical services, households, communities.'

4. General Findings Emerging from the Case Studies

Interventions form part of a wider programme which includes livelihood activities such as agriculture and income generation, and also counselling; home-based care and support for people living with HIV and AIDS and the promotion of “positive living”



Rather than presenting and analysing each of the seven documented case studies separately, general discussions have been presented around themes drawn from the collection, with supplementary examples being provided from the wider literature.

4.1 A ‘Multi-layered’ Response to HIV and AIDS

An overarching issue arising from all the case studies was the need to tackle existing poverty and resource constraints, whilst simultaneously understanding the interplay between HIV and AIDS and prevailing problems. In their entirety, the case studies reveal both how existing development work can be reviewed and adapted in the context of greater information about the impacts of HIV and AIDS on families and communities, and also how specific activities can be devised to meet the needs of particular groups within communities. Providing a package of different types of interventions to be conducted simultaneously will ensure that different people affected by HIV and AIDS can be reached.

The vulnerability of individuals, households, communities and institutions varies with the stages of HIV and AIDS: from the risk of infection, progression from infection to onset of AIDS, and impacts upon those affected including survivors. The risks and vulnerabilities vary over time:

- From the perspective of an individual or family, at each phase different people are affected in different ways and may require different types of support
- At a given point in time, a community or even a single household may have people in different phases.

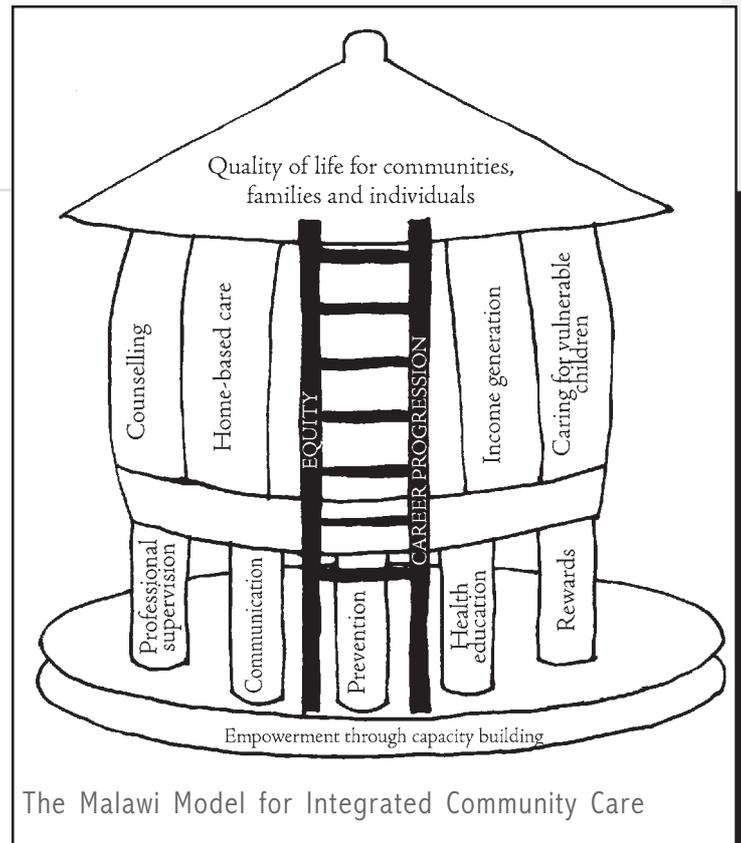
A basic understanding of this reality is important. It can help one take a challenge that seems overwhelming, and make it manageable by breaking it down into smaller segments. A mix of interventions also ensures that people’s immediate needs are met, while awaiting the benefits of longer-term strategies.

Interventions often form part of a wider programme which not only includes livelihood activities such as agriculture and income generation, but can also include counselling; home-based care and support for people living with HIV and AIDS and their families; the promotion of “positive living” for people living with HIV and AIDS (education on healthy diets, support in declaring sero-status and planning for the families’ future); HIV and AIDS awareness-raising; activities to counter stigmatisation of people living with HIV and AIDS; and HIV prevention work. This highlights the importance of a “multi-layered” response to the impacts of HIV and AIDS. Unlike some HIV prevention activities, which work in isolation, the activities documented in the case studies aim to make a positive contribution as part of a wider programme aimed at tackling HIV and AIDS, poverty and vulnerability.

The Integrated Community Home-Based Care Programme in Thyolo, Malawi, Médecins sans Frontières

The Integrated Community Home-Based Care programme developed by Médecins sans Frontières / Luxembourg (MSF) in Thyolo, Malawi is an example of a programme designed to provide a basket of services aimed at individual, family and community capacity-building and focused explicitly on poverty alleviation. The ultimate goal was the provision of equitable, quality service, which would lead to an improved quality of life for all citizens. The programme was part of the Malawi Integrated Community Home Based Care Model pilot conducted by the Government of Malawi in Thyolo District in 2004.

Although MSF is primarily a health service provider, it developed a broader programme adopting an holistic, multi-sectoral approach to HIV and AIDS care and prevention. Four essential services were provided – income generation; home based care (HBC); orphan and vulnerable child-care; and counselling. The different components and levels of the model are illustrated below in the form of a grain store, which is often seen in villages in Malawi.



The most immediate benefit of the intervention was communities jointly addressing problems caused or compounded by the pandemic. Volunteers and community members often provided food and money for the affected households from their own limited resources, in addition to assisting with the cooking, cleaning and maintenance of patients’ houses. Community gardens were established in some areas and orphan care activities such as pre-schools, vocational training and income-generating activities were also initiated by communities. Awareness of the nutritional needs of AIDS patients improved through information and advice provided by HBC volunteers to the caregivers.

There was a strong sense of commitment from the volunteers, who were not paid allowances and were only provided with material support. They were, however, prepared to dedicate more than 30 hours a week to providing care for the sick in addition to their existing commitments to pursuing livelihoods. When asked what motivated them to continue, typical responses included “Blessed are the ones who give”, and “If I give to others today, hopefully others will give to me, when I am in need one day”.

Case Study One

Integrated Community Home-Based Care, Thyolo, Malawi³

The study was carried out by the community development advisor of the National Smallholder Farmers' Association of Malawi (NASFAM). Interviews were conducted in September 2003 and February 2004 with HBC volunteers in a smallholder farmer community and with MSF to assess the impact of HIV and AIDS on the communities, and the efforts of the HBC volunteers and MSF to mitigate the impact.

In addition to this, interviews were conducted with representatives from other NGOs working in Thyolo: Zikometso Smallholder Farmers' Association (a member of NASFAM), World Vision Malawi, Family, Life & AIDS Education Ministry (FLAEM) and the Thyolo Active Youth Organisation (TAYO) as well as with representatives from the District AIDS Co-ordinating Committee (DACC) based at Thyolo District Hospital and a Ministry of Health official responsible for Home-Based Care initiatives and the piloting of the MICHBC model.

Who (target group)?

Registered, chronically ill patients and their caregivers, orphans and vulnerable children in smallholder farmer communities incorporated in the integrated HIV and AIDS care programme developed by MSF in Thyolo District, Southern Region, Malawi, which was part of the Malawi Integrated Community Home Based Care Model pilot. One of the poorest areas in Malawi, Thyolo District has a population of approximately 500 000

people. Landholdings are small due to population density and the presence of large, private tea estates in the area. Thyolo has a high prevalence of HIV and AIDS due to migrant labour patterns associated with the estates, and to extreme poverty, which leads women to resort to survival sex in order to meet basic food requirements and household needs. Within the district, there are between 30 and 45 per cent of female-headed households, many of them elderly women. As a result, food insecurity is prevalent; according to the Thyolo District Development Plan, 60 per cent of the population has food for six months of the year only.

What (the intervention is doing)?

- Training of community HBC volunteers to provide palliative care, medication and information on nutrition to registered AIDS patients and their guardians under the supervision of a nurse, a clinician and HBC co-ordinator. HBC volunteers are supplied with a medical kit every two months containing vitamins, painkillers, medicine for the treatment of simple ailments and malaria, bandages, swabs and condoms. In February 2004, MSF had 340 HBC volunteers supervised by nine nurses and caring for 3 210 registered AIDS patients;
- Monitoring of nutritional status of registered patients and provision of *Likuni Phala*, a nutritional supplement in the form of a porridge prepared from maize meal and fortified with soya and vitamins, to those in need;
- Provision of seeds (cabbage, tomato, onion, rape and soya) and hoes to affected households;

³ Documented by Lesley Holst, NASFAM.

- Establishment of Voluntary Counselling and Testing (VCT) Centres;
- Treatment of patients with tuberculosis (TB);
- Anti-retroviral treatment;
- Prevention of Mother-to-Child Transmission (PMTCT) programme providing pre-natal counselling;
- Orphan care activities, including establishment of community pre-schools for orphans, psychosocial counselling and vocational training such as carpentry, tin-smithing and tailoring for orphans;
- Community mobilisation and advocacy.

The programme is designed to provide a basket of services aimed at individual, family and community capacity-building to address the problems of illness, vulnerable children and poverty. The ultimate goal is the provision of equitable, quality service, which will lead to an improved quality of life for all citizens. The four essential services are:

- *Counselling* which includes VCT, psychosocial counselling, life skills development targeting youth, peer counselling and ongoing individual and family counselling for positive living;
- *Home Based Care* provided by primary caregivers such as family members or friends assisted by trained, community HBC volunteers. Health surveillance assistants, who are trained health workers, provide support for the caregivers and volunteers. Overall support and supervision is provided by a community health nurse;

- *Income Generation* includes sustainable food production through, for example, communal gardens and income generating projects. These projects are inclusive and village-based, for all vulnerable members of the community and not only people living with HIV and AIDS;
- *Orphan and Vulnerable Child Care* includes child-care and nutrition training for women caring for children under five; multi-purpose children's groups organised on Saturdays offering education, support, a cooked meal and recreation, aimed mainly at school-age children and involving all children, not just vulnerable children; skills training for older children, especially those who are not at school; reading centres or libraries; formal and informal foster care.

In addition to these four essential services, five key elements or 'pillars' have been identified:

- Professional supervision is provided at district level by community health nurses, district development officers, and social workers;
- Improved communication with cell-phones and two-way radios and regular meetings held at different levels;
- Incentives for all categories of workers through career-planning and education and recognition of service;
- Health education and prevention mainstreamed into all activities; and
- Empowerment through capacity-building of all people involved at all levels through a series of training modules.

With whom (partnerships)?

In order to implement a diverse programme, which includes components outside the core competencies of MSF, a range of partnerships have been established. The model adopts an holistic approach to care, which relies on successful collaboration, rather than simply co-ordination between many partners. MSF works closely with the District Health Services and Thyolo District Hospital and has established a partnership with UNICEF in the PMTCT programme to train health workers in counselling. The services outlined in the model are provided through a partnership between government, the private sector and philanthropic societies, including the Ministry of Health and Population, the Ministry of Gender and Community Services, the National AIDS Commission, Non-Governmental Organisations, Community Based Organisations, Faith Based Organisations and Village Committee Members, who are volunteers and community leaders.

MSF has worked closely with the communities in developing the programme, building on existing community responses where possible. For example, many of the HBC volunteers working within the programme were already caring for the sick in their community prior to being identified and trained by MSF. It is important to identify communities and individuals who are already trying to respond positively to the challenges, even where resources are limited, and to explore ways of supporting their efforts in partnership. Successful examples of such interventions should be widely shared to serve as an inspiration for other communities, organisations and donor agencies. There is a common perception among the latter, and indeed among Malawians themselves, that

community mobilisation is particularly challenging in Malawi due to a widespread dependency syndrome. The MSF intervention counteracts stigma and discrimination against people living with HIV and AIDS through the inclusive, village-based approach, where not only HIV and AIDS-affected households and orphans are targeted, but all vulnerable people and, in the case of the multi-purpose children's groups, all children. Similarly, health education and prevention targets the whole community.

The Malawi model (based on a South African model of community/home-based care initiated by the South Coast Hospice in the 1990s) was developed by a team of consultants from the University of KwaZulu-Natal in consultation with stakeholders. Affiliation with the University will continue throughout the pilot phase for purposes of modification or adjustment of the model and also in the area of further education as part of the career progression element.

How much (the benefits and impact)?

- Community HBC volunteers highlighted the improved health of AIDS patients receiving home-based care. Individuals who were previously unable to work have, in many cases, recovered sufficiently to be able to cultivate their fields and carry out domestic work;
- The HBC volunteers observed an increase in the number of people approaching them to ask for counselling and for condoms, used by couples for family planning as well as for protection against HIV and sexually-transmitted illnesses (STIs);



- Communities are uniting to address the problems, caused by or compounded by the HIV and AIDS pandemic. Volunteers and community members often provide food to the affected households and in some cases money from their own (usually very limited) supplies, in addition to assisting with the cooking, cleaning and maintenance of patients' houses. Community gardens have been established in some areas and the orphan care activities such as the pre-schools, vocational training and income-generating activities are also community-initiated;
- Awareness of nutritional needs of AIDS patients has improved through information and advice provided by HBC volunteers to the guardians;
- More people are applying to become registered/certified HBC volunteers even though there are no financial benefits involved, and the drop-out rate for trained HBC volunteers is very low;
- Timely referral of patients for treatment of tuberculosis and other opportunistic diseases has improved through regular contact between the HBC volunteers and the patients in their care;
- The number of people, including pregnant women, accessing VCT in Thyolo District has increased. When the PMTCT programme began in 2002, more than 800 women received prenatal counselling in the first month, with 90 per cent accepting voluntary testing for HIV. Thyolo has also seen a significant increase in the number of people joining NAPHAM, the

National Association of People Living with HIV/AIDS, which works to raise awareness of issues of stigma and discrimination and promote information about positive living.

Timelines?

MSF introduced the training of HBC volunteers in Thyolo in 1999, and has since expanded into more areas within the district, with other components of the integrated HIV and AIDS care programme being added on an ongoing basis.

The MICHBC model was developed in 2003 and presented to stakeholders at a workshop in Lilongwe in August 2003. Three districts were selected for piloting the model: Thyolo in the Southern Region, Salima in the Central Region and Mzimba in the Northern Region. The pilots were run through 2004 and have recently been evaluated.

Gaps?

The MSF intervention that provides seeds and hoes to affected households has not been monitored adequately and it is therefore not known what the impact has been on the food security and nutritional status. MSF has neither the necessary technical expertise to supervise nor the capacity to monitor a project of this nature as it is primarily a provider of medical services and care, and hoped to collaborate with other organisations specialising in crop production and food security interventions in order to better support the HBC activities.

How is this different from standard interventions?

Although MSF is primarily a health service provider, it has developed a much broader programme adopting a holistic, multi-sectoral approach to HIV and AIDS care and prevention. MSF has worked closely with the communities involved in the development of their programme, building on existing community responses where possible. The spirit of volunteerism has been successfully retained in the HBC programme. Among the HBC volunteers interviewed, some had 7 to 8 dependants to provide for in their own household, yet they were still willing to care for the sick.

Furthermore,

- The model adopts an holistic approach to care, which relies on successful collaboration rather than simply co-ordination, between a large number of partners involved in the implementation;
- It counteracts stigma and discrimination against people living with HIV and AIDS through the inclusive, village-based approach, where not only HIV and AIDS-affected households and orphans are targeted, but all vulnerable people and, in the case of the multi-purpose children's groups, all children. Similarly, health education and prevention targets the whole community;
- It promotes community ownership through capacity-building of village committees and members and support of existing CBOs;
- It promotes volunteerism, while at the same time introducing incentives for volunteers.

Enabling factors?

- MSF and the HBC programme are well-established in Thyolo and therefore have a wide experience to draw upon;
- Thyolo now has a cadre of dedicated, self-motivated and experienced HBC volunteers;
- Community leaders actively support the different interventions and community involvement is good;
- There are a number of NGOs operating in Thyolo District in a wide range of programmes relating to food security, crop production and natural resource management.

Constraining factors?

- Co-ordination has generally been poor in the district with some duplication of efforts and little collaboration between the service providers. The District AIDS Co-ordinating Committee (DACC) which is supposed to facilitate the process of co-ordination does not appear to be fully operational;
- Time is a major constraint. The pilot began before the management structure was properly established, and a one-year period for testing a model involving many different partners is not sufficient if all the elements are to be implemented and evaluated;
- The inter-related problems of poverty, small landholding size and poor soil fertility make food security difficult to achieve. There is a need for promotion of alternatives to inorganic fertilisers as few people can afford to buy these.

Additional ideas or potential improvements?

There is great potential for collaboration due to the large number of NGOs, CBOs and FBOs operating in the District. Technical expertise on crop production, livestock, labour-saving technologies, soil conservation techniques and income-generating activities would complement the HBC activities and increase the impact of these through improved food security for affected households and communities. Zikometso Smallholder Farmers' Association, World Vision and Oxfam could provide such expertise in collaboration with government departments.

Food diversification should be promoted through awareness-raising and through establishment of kitchen and communal gardens. This would have a significant impact both on food security and nutritional status.

Implications of scaling up / scaling out?

Changing the Malawian preference for maize is a major challenge, as is encouraging a shift towards organic fertilisers. Establishing communal gardens, school gardens and kitchen gardens as demonstration plots with a wide range of well-adapted plants and fruit trees, vegetables and legumes using compost manure could help to persuade people that it is possible to grow food for a greater part of the year without expensive inputs. Demonstrations and training on preparation of these alternative food sources is also imperative if habits are to change. More testing of labour-saving technologies adapted to Malawian agricultural practices is needed and experiences must be widely shared.

The process of decentralisation of government and development in Malawi takes time and will affect the success of the MICHBC pilots as well as the subsequent implementation process in other districts. The Thyolo District Assembly has drawn up a comprehensive District Development Plan for 2002-2005, outlining the poverty-related issues and the interventions needed to address these. However, the District will need adequate resources if it is to implement the plan.

An improved understanding of the impact of chronic sicknesses on rural livelihoods can influence the future design of practical interventions, as well as inputs for national policy. Building on existing institutional forms implies the preservation and transmission of knowledge. The increasing numbers of orphans and the collapse of extended family networks leads to inadequate transmission and preservation of knowledge. To counteract this trend, the FAO suggests the following strategies (www.fao.org/sd/ip):

- ♦ Self-help groups and community mobilisation;
- ♦ Promotion of agricultural training and school gardens;
- ♦ Promotion of youth organisations;
- ♦ Encouragement of farmer-to-farmer knowledge-sharing;
- ♦ Documentation of traditional indigenous knowledge systems;
- ♦ Developing village-based business modules focusing on indigenous products.

Traditional support groups and structures are often under strain as a result of HIV and AIDS, and there is often the need for capacity-building to help strengthen these groups, or even to establish complementary new groups in order to achieve impact.

4.2 Participatory Approaches:

In most of the case studies documented in this paper, interventions were planned in direct response to problems identified through participatory consultation with communities, which revealed the different kinds of impacts that HIV and AIDS has on individuals and communities. In many of these cases the use of participatory methods to design interventions is highlighted, as is working with existing local structures to enhance community involvement. Local political support for projects may be beyond the control of project staff, but where positive relationships are developed this can make a critical difference. Traditional support groups and structures are often under strain as a result of HIV and AIDS, and there is often the need for capacity-building to help strengthen these groups, or even to establish complementary new groups in order to achieve impact.

It is sometimes difficult to bridge the technical side of organisations/aid work (within agencies and local governments) with the community development aspects, which are equally important. Agencies may try to introduce new technologies without proper attention being given to the process, particularly the way they are introduced. Conversely, development approaches need to have something to offer communities with regard to knowledge and/or technology.

Relationships of trust are built through a positive engagement between communities and NGOs around livelihood activities (for example agriculture, credit and loan systems) and through participatory processes can lead to new interventions in more sensitive areas relating to sexual behaviour. For example, farmers' groups that have emerged as a result of new agricultural training may be used as entry points for education and training in HIV prevention. "Farmer to farmer" interactions have worked well as a means of getting farmers to adopt new technologies in many contexts. In Zambia, scaling up some conservation farming activities has been successful through extension services.

This raises the issue of working with people living with HIV and AIDS in the design and implementation of development projects. This should also acknowledge the danger of stigma and the fact that many infected people may not participate within AIDS support groups for fear of being labelled.

4.3 Building on local responses

Certain responses have their origin within affected communities and have been used as the basis for interventions by outside agencies such as *Medécins sans Frontières*. It has been widely documented that households under stress from impacts such as hunger, poverty or disease (such as HIV and AIDS, malaria and tuberculosis) adopt a range of strategies to mitigate their impact through complex multiple livelihood strategies. The literature generally suggests that individuals and households go through processes of experimentation and adaptation as they attempt to cope with immediate and long-term household demographic changes. The main source of help and support for the households impacted by chronic sicknesses comes from kinship networks. Neighbours helped those affected with small immediate needs, usually on a reciprocal basis. Parents, children and siblings were the main source of support for the affected households.

A powerful message from a number of the studies was the need to strengthen community- and kinship-based networks to provide more systematic and assured support to the affected households. The role of community AIDS co-ordinating committees in establishing a core of trained community-based volunteers who can provide information and advice, and strengthening the capacity of faith-based institutions to respond to people's needs, can be important measures taken in this regard. Building on existing institutional forms implies the preservation and transmission of knowledge. This message was most clearly articulated in the Tiyambenawo Orphan Care and Self Mobilisation case study in Lilongwe South, Malawi.

Orphan Care and Self Mobilisation, Lilongwe South, Malawi

The Tiyambenawo Orphan Care group was formed in March 2003 by three women in response to the growing number of orphans in their community, as a direct result of increased mortality due to HIV and AIDS, and the lack of assistance given to the orphans or the families caring for them. The group raised all funds for the activities through contributions from the group members themselves. All the interventions were entirely self-initiated and were carried out without any external agent or funding. Such examples of self-mobilisation need to be highlighted and shared widely.



Case Study Two

Orphan Care and Self Mobilisation, Lilongwe South, Malawi⁴

Who?

Orphaned children in smallholder farmer communities located 25-30 kilometres south of the city of Lilongwe. The Tiyambenawo Orphan Care group was formed in March 2003 by three women, in response to the growing number of orphans in their community and the lack of assistance given to the orphans or the families caring for them. Many of the caregivers are elderly grandmothers. The orphans receive inadequate care and schooling, either because the caregivers are unable to provide sufficient food, shelter, clothes, blankets and school fees as a direct result of poverty, weakness or ill-health or, in some cases, because the orphans are stigmatised by the caregivers and their needs and welfare are not given the same priority as other household members. The women approached the village headman, who offered them his full support and assistance. The group increased to thirteen women by early 2004 as a result of this support.

What?

The group organises gatherings for the orphans every Saturday. The children are divided into four groups according to age, ranging from 3 to 15 years. In each group, children are taught songs, games, dances, drumming, sports, and lessons appropriate to their age. Issues of HIV and AIDS, stigmatisation of orphans, good behaviour and morals are addressed by the women through drama,

poems and prayers, with the aim of encouraging the orphans to become productive citizens and also to provide them with entertainment and recreational opportunities as a relief from the problems, they face in their daily lives. Activities for pre-school children help to prepare them for school.

Three acres of land have been allocated by the headman for the group to grow food crops. However, fertiliser and seed are in short supply. Through NASFAM, the group was linked to the International Women's Association of Malawi (IWAM), which provides grants for community initiatives of this kind. The food crops grown by the women is used to feed the orphans and sold to generate income. Winter crops are sold at a higher price than crops grown in the rainy season, as many people have depleted their own food stocks by the time the crops are harvested.

The group places a strong emphasis on the importance of education and assists children to attend school, although funds are limited. The group has raised funds for activities through contributions from the group members themselves. The women also labour in the fields in the area and contribute MK30 (approximately US\$0.25) each week.

The group wishes to start raising dairy cattle as an income-generating activity and to provide milk for the orphans. The feasibility of this is currently being assessed and if positive, the group will be assisted to raise capital for buying cows and be provided with technical training and supervision.

⁴ Documented by Lesley Holst, NASFAM

With whom?

The group has strong links to NASFAM through the Lilongwe South Smallholder Farmer's Association (a member association of NASFAM). NASFAM links the group to potential partners and credit institutions, especially with regard to raising capital, although it does not provide free inputs or loans, and also provides technical services, including marketing. An initial feasibility study of the group's project on raising dairy cattle has been conducted, with all costs being covered by NASFAM.

What benefits and impact?

- In October 2003, the group registered 407 orphans; by February 2004, the number had risen to 657. Children walk more than 5 kilometres to attend the Saturday gatherings. This is a reflection of the great need for the care and assistance the group provides, and of the fact that no other groups in the area are providing it;
- A number of orphans who had stopped attending school have now returned as a result of the group advocating for the importance of education;
- There is a greater feeling of hope and optimism among the orphans;
- The women in the group have gained confidence in themselves and their ability to initiate income-generating activities and to deal with issues.

Gaps in evidence?

At the time of the study, it was too early to assess the impact and sustainability of the communal maize garden and the winter-cropping project as they had not yet produced a yield. It is envisaged that a further study will be conducted to assess the impact of food security and nutrition interventions, and a further assessment once the dairy cows have been acquired and are producing.

How is this different from standard interventions?

All the interventions were entirely self-initiated and have been conducted without any external agent or funding. Such examples of self-mobilisation need to be highlighted and shared widely. It is often reported by donors and NGOs, as well as many Malawians, that the dependency syndrome has become so common in Malawi that mobilising communities can be difficult. While there is some truth in this, it is also important to document cases where communities are themselves attempting to address the problems they face. Every household is affected by HIV and AIDS in one way or another through the loss of a spouse or close relative, through taking on the added responsibility of caring for the orphaned and the sick, and through the simple fact that when people around you are dying and families are struggling to feed themselves and bury the dead, the strain is felt by every member of the community. In spite of the fact that the resources of communities and individual households appear to be stretched to the limit, many people are still able to find the resources to assist those in greater need.

Enabling factors?

- The women are highly committed and self-motivated
- Group cohesion appears good and the women have organised themselves as a formal club with a constitution and an elected committee with a chairperson, vice-chairperson, secretary and treasurer. Absolute commitment to the group objectives is a key feature of their constitution
- The group has the support of village leaders in the area and, of equal importance, the full support of their husbands. This was highlighted as an important factor in their work, since without the support of their husbands, they would not be able to contribute their money and time to assist others outside of the household. In some cases, the husbands also work to raise money and contribute to the group funds
- The group has identified the projects itself, with the emphasis on achieving economic sustainability in the near future.

Constraining factors?

- The needs of the communities in the area far exceeds the capacity of the group
- There is little support and assistance from the District Authorities in the area. The group attempted to involve the District Commissioner in their activities last year, but received no response. Community Development Assistants are not often seen in the area

In spite of the fact that the resources of communities and individual households are stretched to the limit, many people are still able to find the resources to assist those in greater need.

- There are currently no other NGOs apart from NASFAM operating in the area, so collaboration depends on bringing in partners that are new to the community.

Additional ideas or potential improvements?

The group has identified the following plans, in order of priority:

- To open a bank account for the group for greater security and savings
- To raise dairy cattle to provide milk to orphans and to generate funds
- To raise chickens (layers) to provide eggs
- To establish a nursery school
- To acquire and operate a maize mill.

Other interventions that would increase impact include:

- Introduction of labour-saving technology
- Training on soil conservation techniques and promotion of organic fertilizer, especially if the manure from cows and/or chickens can be used

Food Security and HIV and AIDS in Southern Africa



- ♦ Promotion of kitchen gardens, which, together with labour-saving technology, could also assist orphans who have left school to head their households to find time to return to school
- ♦ Food diversification should be promoted through awareness-raising as well as through the establishment of kitchen and communal gardens. This would have a significant impact both on food security and nutritional status
- ♦ The women need to be exposed to other groups and communities who have successfully tackled similar projects in order to learn from their experiences.

Implications of scaling up / scaling out?

- ♦ There is a real danger that the women will be stretched too far and suffer from burn-out if they take on too many activities and too many orphans. There is need for neighbouring

communities to set up their own groups to address the needs of orphans and reduce the demands made on this group

- ♦ Land O' Lakes will conduct a PRA exercise in the community if the outcome of the feasibility study is positive. This will help identify community resources and could mobilise other members of the community to take up complementary activities
- ♦ The group needs training on how to register orphans according to vulnerability. At present, they are registering all children who have been orphaned, regardless of their situation, and as such there is a risk of exploitation of the assistance offered by the group
- ♦ It will be a challenge to support the efforts of the group without affecting the spirit of self-motivation and self-mobilisation. Even if the group maintains the spirit, other members of the community, including village leaders, may want to encourage handouts from external agents.

4.4 Women

All of the studies reiterated the fact that women and their dependants should clearly be a significant component of any intervention aimed at tackling the social and economic impacts of HIV and AIDS. This is based on the knowledge that women bear the burden of care, both of family members who are sick, but also in supporting the dependants of those who are chronically ill or who have died, although both male and female grandparents can play an important role in caring for orphans. Women-headed households are likely to be under particular pressure and in this sense the HIV and AIDS epidemic is bringing the limitations of women's rights into full relief. The case studies presented reveal how even relatively small inputs which enhance women's access to financial capital can assist in developing effective income-generating strategies that benefit their entire family. Marked gender inequalities in the access and ownership of productive resources make the whole society more vulnerable in the wake of an external shock such as AIDS (Jayne *et al*, 2004). Therefore, projects and programmes that seek to ensure gender equality in participation and access will have a protective effect for the society.

4.5 Land rights

Land tenure or the terms and conditions under which individuals, households or groups hold, use or transact land, is a central issue that must be addressed. Laws and practices to define tenure are context-specific, often related to gender, and can affect people's abilities or desire to make long-term investments in their land. As afflicted households lose productive members of their families, including those possessing the rights to their household's land, conflicts over the inheritance of land may escalate over the coming decades (Barnett & Blaikie, 1992).

Jayne *et al* have argued that the cumulative effects of loss of land rights may turn out to be an increase in the concentration of landholdings within the small farm sector, with control of land shifting from poor to relatively wealthy households (2004). This is a likely outcome if relatively wealthy households are better able to maintain their control over land after incurring a prime age death in the family, and also if they are able to gain control

Gender inequalities in the access and ownership of productive resources make the whole society more vulnerable in the context of an external shock such as AIDS

over land assets shed by poorer households that cannot continue to productively use their land after incurring a death. Land disputes and possible land concentration over time are consistent with broader economy-wide predictions that AIDS is likely to exacerbate income inequality in many countries.

While an important coping strategy for afflicted households may be to rent out land that cannot be productively utilised after incurring a death, Barnett (1994) found that widows especially were reluctant to do this for fear of losing rights to their land. A major challenge for agricultural and land policy is to provide greater clarity on rules governing land rights, including protecting the rights of owners who wish to rent land. Developing land rental markets is envisioned to assist afflicted households to earn revenue from renting land that would otherwise go un- or under-utilised.

4.6 Orphans and Vulnerable Children

Orphans are an additional group in need of support as a result not only of the psychological impact of the loss of one or more of their parents, but their limited entitlement to resources such as land and even food, and their reduced chances of completing their education. Young people in general are another critical target

Young people are a critical target group as they constitute the future generation and in many cases will need to support their extended families and grandparents.

Those most affected by AIDS simply do not have the time or ability to engage in development efforts, and need relief, social protection or welfare over an extended period in order to survive.

group as they constitute the future generation and in many cases will need to support their extended families and grandparents.

Many of those affected by HIV and AIDS need special support to ensure they participate in, and benefit from, interventions. Children and young people need the opportunity to develop their own skills and resources by staying in school; they should not have to drop out to keep their families alive. Those most affected by AIDS simply do not have the time or ability to engage in development efforts, and need relief, social protection or welfare over an extended period in order to survive.

The increasing numbers of orphans and the collapse of extended family networks leads to inadequate transmission and preservation of knowledge. To counteract this trend the FAO have suggested the following strategies (www.fao.org/sd/ip):

- Self-help groups and community mobilisation;
- Promotion of agricultural training and school gardens;
- Promotion of youth organisations;
- Encouragement of farmer-to-farmer knowledge-sharing;
- Documentation of traditional indigenous knowledge systems;
- Develop village-based business modules focusing on indigenous products.



Case Study Three

Food Security for Orphans and Vulnerable Children, Mvuma Chiefdom, Hhohho Province, Swaziland

Project

NERCHA Intervention: Ensuring Food Security for Orphans and Vulnerable Children (OVCs) in Swaziland (Indlunkhulu Project)

Where

The NERCHA project sites visited were the Mvuma and Nkamazi Chiefdoms situated in the Hhohho region in the Middelveld Food Economy Zone in northern Swaziland. According to the 2002 antenatal clinic survey, the HIV prevalence rate in the Hhohho Region is 36.7 per cent, one of the highest rates recorded globally, although slightly lower than the Swaziland national average of 38.6 per cent.

Who

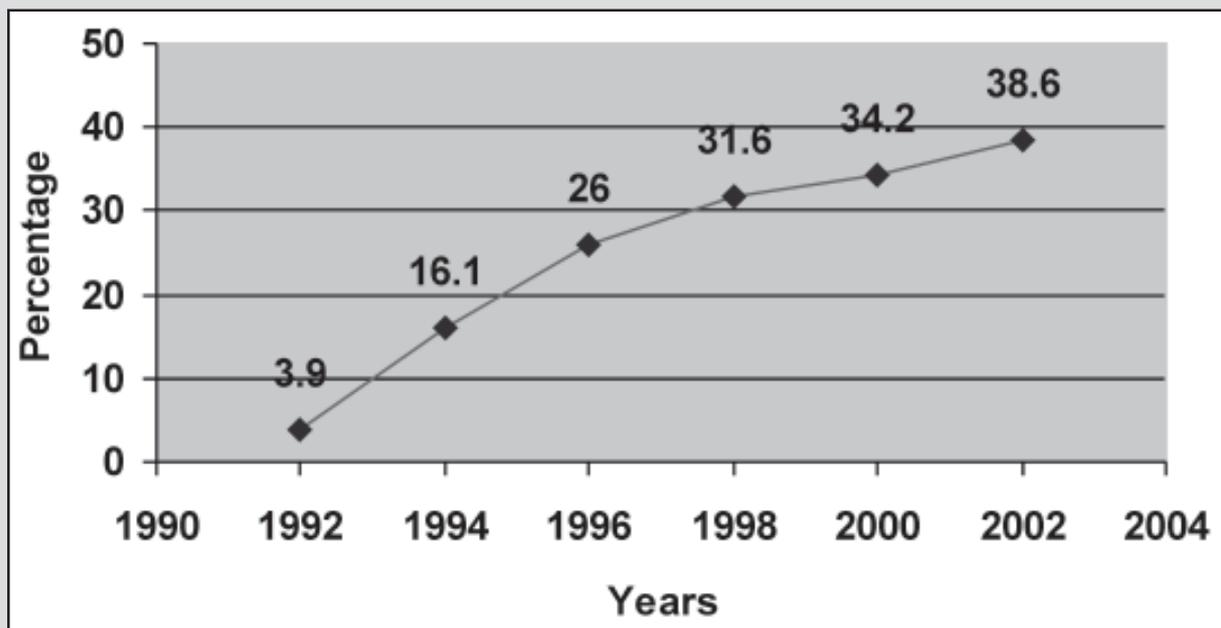
The National Emergency Response Council on HIV and AIDS (NERCHA) was first established as a Committee in December 2001 and changed to a statutory Council by an Act of Parliament (see NERCHA Act No.8 of 2003). NERCHA is mandated by the Swaziland government to co-ordinate and facilitate the national response to HIV and AIDS and thus oversee the conversion of the “National Strategic Plan for HIV/AIDS” produced by the HIV and AIDS Crisis Management and Technical Committee into action. The

institution attempts to ensure that appropriate and comprehensive services in the areas of prevention, care and support and impact mitigation of HIV and AIDS are delivered to the people who need them at grassroots and community level. The NERCHA Directorate is thus responsible for co-ordinating and facilitating the national response to the HIV and AIDS epidemic, including identifying gaps in the response and proposing interventions to implementing agencies where necessary. In most instances NERCHA plays a key role in conceptualising the intervention or programme and then facilitating the entry of strategic partners, which are usually government departments, to implement the process.

Why

As elsewhere in the region, the HIV and AIDS epidemic is a serious threat to Swaziland. Commencing about two decades ago, it was initially largely unseen and the main source of data pertaining to the epidemic was notified AIDS cases (Whiteside *et al*, 2003). From the first AIDS case reported in 1986, there was a steady increase in the number to over 150 in 1993. In 1992 the first national survey to determine the prevalence of HIV in the country was carried out among women attending a sample of antenatal clinics, and indicated a prevalence of 3.9 per cent among pregnant women. Since 1992 similar surveys have been carried out at antenatal clinics every two years. In 1994 the HIV prevalence rate was estimated to be 16.1 per cent. The subsequent surveys showed a steep upward trend in the prevalence rate on a survey-by-survey basis.

HIV prevalence level among pregnant women in Swaziland



The results of the 2002 survey indicate that Swaziland now has the second highest HIV prevalence rate (38.6 per cent) in the world after Botswana (UNAIDS, 2003), consistent with uniformly high infection rates within the sub-region. The epidemic is widespread within the country and affects all age groups. According to Whiteside *et al*, the uniqueness of Swaziland with regard to HIV and AIDS stems from how uniformly bad the epidemic is (2003).

Two-thirds of the population lives below the poverty line (FAO & WFP CFSAM, 2002), and poverty in rural Swaziland is worse than in urban areas: approximately 43 per cent of the rural population fall below the national upper poverty line, while about 30 per cent of the urban population are poor (World Bank, 2000). The depth and severity of poverty are also worse in rural Swaziland. Moreover, rural areas have a greater share of the poor (84

per cent) than they have of total population (79 per cent). Not only is a rural Swazi more likely to be poor, and in deeper poverty, than a Swazi living in town, but the majority of poor people reside in rural Swaziland. The impoverishing impacts of HIV and AIDS will result in many of these people falling deeper into poverty. A further concern is the situation of the estimated 60 000 orphans in 2003, with approximately four children per household and an average age of 11 years (NERCHA, 2003a). At least 15 000 households are headed by children with no resources or skills to provide for their basic needs. The

At least 15 000 households in Swaziland are headed by children with no resources or skills to provide for their basic needs.

increase in such households indicates that the extended family is finding it difficult to cope with the additional burden of feeding and caring for orphans.

What

The NERCHA Directorate has divided the response to the epidemic into three core areas, being prevention, impact mitigation, and care and support. NERCHA's Impact Mitigation office seeks to reduce the impact of the disease through various interventions and particularly by increasing community participation and strengthening of programmes of organisations addressing the impact of HIV and AIDS in society. Impact Mitigation operates in three fields:

- Orphan and Vulnerable Child Care where the focus is on providing for basic needs through social support, food security, education and income-generating projects/skills training
- Legal Response that seeks to review/amend or bring about new legislation to respond to issues of HIV and AIDS
- Government Capacity to deliver services by assisting government to develop and implement HIV and AIDS strategies in the work place.

Whilst the main area of operation for Impact Mitigation is Orphan and Vulnerable Child Care, this is viewed as a medium for reaching other vulnerable groups within communities, such as the elderly. The area has therefore become a core strategic focus. The care of orphans and

vulnerable children has been divided into four components, food security; socialisation; psycho-social support; and economic empowerment.

With whom

NERCHA works with implementing agencies, as its mandate is essentially around co-ordination and support. In the case of food security, NERCHA works closely with the Ministry of Agriculture and Co-operatives (MOAC), and in addition, utilises existing social structures such as *Imphakatsi* or chiefdoms to deliver HIV and AIDS services.

How

With the number of orphans projected to reach 120 000 by 2010 there is an urgent need to provide OVC with access to food as well as adequate care and support services. To address this, the traditional concept of *Indlunkhulu* is being revised. This is a *siSwati* term referring to the provision of food from the chief's fields for members of the community that are unable to support themselves. In Swazi law and custom, chiefs are responsible for the welfare of orphans within their area and although this concept has fallen away in many chiefdoms, it provides an existing basis on which to build a sustainable mechanism for the delivery of food to the needy, with support for farm inputs to all chiefdoms through the MOAC. Fields allocated for *Indlunkhulu* are communally attended and the produce distributed to those in need, with a particular emphasis on orphans and vulnerable children⁵.

⁵ A vulnerable child may include someone taking care of a sick parent(s), who may be infected by HIV and is therefore expected to die.

Food Security – the Indlunkhulu system

Over 150 chiefdoms responded to NERCHA's initial request in 2002 for the re-establishment of *Indlunkhulu* fields. After being sensitised to the needs of OVCs within their communities, each chieftaincy appointed a committee to co-ordinate the project, together with representatives from the church, male and female youth, women's traditional regiments, schools, community police, rural health motivators, the agricultural extension service of the MOAC, and local non-governmental organisations. These groups were selected on the basis of their existing involvement in the welfare of children. The first task of each committee was to compile a register of all OVCs in the chiefdom, using the principle that all orphans and vulnerable children requiring assistance were eligible, not only those whose parents were known to have died of AIDS-related illnesses. In the Mvuma chiefdom, 94 children were registered as OVCs, and this community-driven evaluation represents a value decision that ensures the entire community supports the vulnerable.

The MOAC provides the initial agricultural inputs, funded by NERCHA, for the *Indlunkhulu* fields, which are then established with the assistance of labour from the local community. Agricultural inputs include tractor time, seeds, fertiliser and pesticides. Seeds include maize, sorghum, cowpeas, beans, sweet potatoes and groundnuts. The quantity of the supplies varies according to the size of the land available for the *Indlunkhulu*.

OVC also assist in tilling the *Indlunkhulu* fields to enable them to obtain practical experience in subsistence farming. The participation of the children in the preparation and

harvesting of the fields ensures that important life-skills central to the rural local economies of the chiefdoms are shared through the elders. Without their active participation, many of these children would be denied the knowledge of their communities. In the context of modernisation, many indigenous knowledge systems have been lost, a process that may be accelerated by the increasing numbers of orphans and children denied the guidance of their parents or community elders, and the active participation of the entire household in the localised economy is a traditional concept that is strengthened by the *Indlunkhulu* fields system. Community members insist that such practices should not be compared to child labour or exploitation of vulnerable groups in the community, but are rather a valuable process that ensures the survival of orphans in a context of increasing poverty and vulnerability.

Once the commitment of the chieftaincy is evident, a supply of grain is placed by the MOAC in each chieftaincy to feed OVC until the first harvest from the *Indlunkhulu* fields. It is intended that over a period the harvest will replenish the orphan food supply, while the excess will be used to purchase future agricultural inputs, thus providing a sustainable source of food for OVC. Indeed, by the end of the 2002 planting season a female chief from the Shiselweni Region had harvested 40 tonnes of maize, indicating the potential output of the system. However, due to the ongoing drought of 2002/2003, many chiefdoms will not harvest enough to feed and restock the orphan stores and will, in the short-term, require continued assistance from the Swaziland government.

A rapid assessment of grain storage facilities revealed that these were not adequate in most communities, which led to the MOAC providing five tonne storage tanks to each community. To safeguard the quality of the food distributed, each community supplied with a tank was given E500⁶ to construct a shelter for the tank. The grain storage facilities have proved to be a strategic intervention in that they have been used not only for produce from the *Indlunkhulu* fields but also for food from other donors.

The MOAC and NERCHA monitor the situation of the chiefdoms to ensure they are sufficiently stocked to sustain themselves without the seed inputs. Ongoing monitoring and evaluation would potentially be provided by the government's early warning system situated within MOAC to gauge future stresses on communities. The underlying objective of this approach is to ensure the sustainability of the intervention through the provision of the basic infrastructure of a renewed economic system. In addition, NERCHA and the MOAC intend to introduce appropriate cropping systems in order to increase yields through the use of drought-resistant crops in certain areas. Discussions on nutrition and HIV and AIDS enhance the knowledge of communities. The *Indlunkhulu* concept forms the nucleus of a comprehensive system focussing on immediate relief for vulnerable and orphan households, the rehabilitation of local economies facing the vagaries of increasing poverty and HIV and AIDS, and the sustainable development of systems incorporating ongoing economic empowerment and social support.

Socialisation – building on the *Indlunkhulu* system

NERCHA recognises that in addition to access to food, orphans require social and psychological support to ensure that they become productive members of their communities and society. NERCHA has therefore utilised the structures put into place for the *Indlunkhulu* project to provide care and support services for the OVC, thus including the mentorship of orphan children within the *Indlunkhulu* system.

In addition to access to food, orphans require comprehensive social and psychological support to ensure that they become productive members of their communities and society.

In the absence of a parental figure to provide guidance, orphans lack the support that families generally provide, and each orphan family is therefore placed under the supervision of a trained *Lutsango* care mother. *Lutsango* is a component of traditional Swaziland society comprising all married women. Local women suitable to care for OVC are identified by the chieftancy committee and mandated to access food from the *Indlunkhulu* stores and be responsible for the health, development and emotional well-being of their allocated 'family', and to impart community values and morals.

⁶ Emalangeni is the currency of Swaziland.



Training is presently being developed for the care mothers through the national and regional *Lutsango* offices established with NERCHA assistance. Issues such as how to care for HIV-positive children, HIV education and prevention strategies for children, and basic life skills such as hygiene and nutrition will be addressed. The chieftancy committees manage the *Lutsango* initiative at the local level, with technical and financial support provided by the Government of Swaziland. The national co-ordination of the programme remains with NERCHA, which actively encourages the involvement of communities.

One objective of this system is to enable orphans to remain within their own communities, and assigning local women to care for OVC means they are able to remain on their parental land, cared for by community members known to them before their parents died. In the case of vulnerable children with sick parents, a relationship can be formed with the care mother before the child is orphaned. The presence of an individual caregiver for each child will also assist in the protection of vulnerable children against abuse and exploitation.

With support from the Global Fund To Fight AIDS, Tuberculosis and Malaria (www.theglobalfund.org),

In the case of vulnerable children with sick parents, a relationship can be formed with the care mother before the child is orphaned, and the presence of an individual caregiver for each child will also assist in the protection of vulnerable children against abuse and exploitation.

NERCHA collaborates with the Deputy Prime Minister's Office, which is presently building Social Centres (*kaGogo*) within each chiefdom. The concept of the *kaGogo* structure is being used to promote social responsibility and each centre will be used as a feeding and Early Childhood Care and Development Centre, to provide health care and educational assistance, and also be used for any other social event that the community sees as being beneficial.

Each centre is built by the community itself using local materials and labour at a cost of E35,000. A common design is followed, provided by NERCHA, which ensures that there is space for community meetings; for children to gather and play; a private counselling room where HIV-affected persons can seek professional support; a store room and office; and a cooking area. In the Nkamazi chiefdom the community was able to leverage a donation of bricks to build the centre; the roof was then tiled with locally produced tiles, made on site using a machine supplied on loan by NERCHA. The tile-making skills were intended to stimulate economic opportunities in the community, although the machine was allocated elsewhere on completion of the roof. NERCHA has identified the provision of additional tile-making machines as necessary to encourage economic opportunities in a number of communities.

Psychosocial support – building on the *Lutsango* system

The provision of psychosocial support for HIV and AIDS orphans is a crucial component of orphan care, since they are often both traumatised and bereaved and may also be marginalised and excluded from their

community due to the stigma associated with AIDS. This may lead to stress, depression and hopelessness as they struggle to maintain their families and property. After caring for sick parents, children may also feel responsible for their death.

In a context where orphan numbers are increasing and where there is, in general, limited human capacity to engage with the related problems, NERCHA is considering various options, including the training of Rural Health Motivators working with professionals to monitor and advise orphans. These Motivators will look at the health aspects of the OVC in collaboration with *Lutsango* care mothers who identify the children and refer them for assistance to the Motivators or the Ministry of Health, which will then make visits through the centre. In addition, in order to ensure that children are given emotional support and integrated into the community, the social centres established in each chieftancy will be central venues where out-of-school orphans can regularly meet and play. This enables the *Lutsango* care mothers to observe children who are experiencing psychological problems and then refer them to professionals assigned to the community. It is NERCHA's vision that local and regional supervisors for psychosocial support will be trained to work in partnership with *Lutsango* mothers to identify problems with children and to provide knowledge of appropriate interventions where necessary.

Economic Empowerment Programme – building on the Indlunkhulu system

NERCHA's economic empowerment programme is intended to help communities to financially support OVC and to revitalise their local economic situation. Income-generating programmes that transfer resources

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and skills essential to economic recovery have been piloted in a few communities, and an initial needs assessment conducted in participating chiefdoms to assess existing levels of infrastructure, natural and human resources, and to identify potential income-generating activities. NERCHA then provides the necessary equipment and relevant training to support these activities. The income from successful projects will be shared between participants and a fund created to support local orphans and vulnerable children.

Educating OVC – building on the economic empowerment programme

NERCHA maintains that economic empowerment begins with education, and prioritises access to educational bursaries for OVC to enable them to remain in school. It is envisaged that local OVC will also have the opportunity to participate in income-generating projects and acquire skills.

It has been well-documented that the impact of HIV and AIDS on labour, and the demands of caring for HIV-positive people, can seriously deplete household resources. One such outcome of these impacts may be the forced removal of children from school due to the reduced economic status of the household, and children will not

receive the education and skills needed to support themselves in the future. In addition, orphans who lack financial resources or are too young to work must be cared for by their communities, something that many are no longer able to do due to the increasing loss of productive members of society and rising death rates amongst the extended family. NERCHA is currently working with the Department of Education to find ways to increase access to education for OVC and to ensure the allocation of bursaries by Government and other stakeholders to these children. In addition, non-formal education is being considered through the centres, which, in time, should be supported by libraries in each community.

Benefits and Impact

The loss of economic and human resources has left many communities struggling to provide OVC with the necessary assistance. The interventions designed and implemented by NERCHA and its partners include a comprehensive orphan care programme that will enable communities to fulfil this responsibility and provide OVC with access to food as well as care and support services. NERCHA's approach has been to build on existing systems and structures to deliver HIV and AIDS services and to promote the active participation of local community members.

Avoid creating new structures but find and build on local initiatives. There is always something to work with at community level, which avoids duplication and reduces costs.

Timeline

The project was started in September 2003, during the ploughing season. At the end of February 2004, most of the 315 chiefdoms in Swaziland had been assisted with farming inputs and had ploughed mostly maize, beans, groundnuts, jugo beans, cowpeas and sweet potatoes.

Gaps in evidence

It is not at present possible to ascertain whether this initiative will revitalise the traditional system in a sustainable manner in the long term, particularly taking into account that increasing poverty levels in the recent past have had a negative impact.

How is this different from standard interventions?

The NERCHA "philosophy" is based on four principles, which may be instructive for other interventions:

1. A national vision informs all interventions in that the reach must be as wide as possible across the country. This ensures that equity is a key principle and that the rights of all are addressed. In NERCHA's perspective, it is "easy to create pockets of privilege", through establishing a closed orphan intervention for example, but this will potentially exclude many.
2. The challenge for NERCHA is to ensure that all interventions are ultimately driven by the communities themselves after initial facilitation, which will provide a greater chance of success and sustainability. The debilitating effects of poverty limit both affected people's perspectives, and their choices, and the challenge is therefore to break this impasse.

3. NERCHA is determined to avoid creating new structures but rather to find and build on local initiatives. There is always something to work with at community level, which ensures that duplication is avoided and capital costs reduced. For example, NERCHA utilises existing social structures to deliver HIV and AIDS services. In the provision of orphan care at the community level, these services are delivered through the chieftaincy system. The Kingdom of Swaziland is divided into 368 *Imphakatsi* or chiefdoms, the most basic level of societal organisation and the structure that rural households will turn to when in need of assistance if the extended family is unable to help. Households find it increasingly difficult to meet these needs with the added impact of HIV and AIDS and increasing numbers of OVC, and NERCHA has begun to work with the chiefdoms as part of the Global Fund project within rural, urban and peri-urban areas.

4. The challenge of sustainability must be considered throughout every intervention, particularly in an environment where donors have a short-term financial commitment.

Additional ideas or potential improvements

An important dimension of the project, which deserves further discussion, is the provision of seeds by the MOAC. Although hybrid seeds have largely been provided, it is expected that indigenous drought-resistant seeds traditionally used will be disbursed. These seeds are both economically more accessible and more resistant to the impact of drought, and are therefore regarded as important

options for the future despite the potentially lower yields. Forty communities have received traditional seed varieties through the intervention in a partnership between NERCHA, MOAC, the World Food Programme and the Food and Agricultural Organization of the United Nations. Traditional crops that are no longer commonly in use, such as cassava, will also be utilised in the future. The focus on indigenous knowledge systems such as traditional cropping will have a bearing on the future sustainability of the interventions. Another dimension to the use of traditional seeds is that of the higher nutritional value of such plants and the reinvigoration of traditional planting systems. The effectiveness of using traditional crops needs to be carefully assessed before a major rollout is considered, and the University of Swaziland has been commissioned to monitor and evaluate the impact to feed into policy decisions.

NERCHA plans to support orphan homes where there is an elder child to plough at their homestead. This intervention will be supported by the *Lutsango* who is looking after the home, by the community in general and by an agricultural extension officer assigned to the chiefdom. The use of oxen as a labour-saving device will be encouraged where possible.

Implications of scaling up / scaling out

NERCHA and the MOAC are looking towards increased yields on the *Inlunkhulu* fields to help the communities in developing capacity to procure farm inputs without outside support and thereby sustain the programme. This is highly dependent on whether the drought in the country continues, which has already severely impacted on food security.

4.7 Safety Nets

As clearly illustrated above, social protection strategies for rural (and urban) poor should be refined to prevent the erosion of critical livelihood assets, as well as coping mechanisms (such as safety nets) to help destitute farmers survive the effects of multiple shocks, and should include the protection and support of the elderly.

Political will is needed in such a process, and can be encouraged by networking among stakeholders committed to social protection of incapacitated households, to exchange information on research results, concepts and strategies and to pool resources. Awareness and advocacy can be promoted through making information available, holding workshops, exposing decision-makers to the reality of AIDS-affected households and communities (exposure excursions) and by giving them access to the experience of countries which are operating effective social transfer schemes such as the old age social pension scheme in Namibia.

4.8 Agricultural Interventions with an AIDS focus

4.8.1 Labour saving technologies

An intervention strategy that has recently received much attention in both the literature and in the field concerns efforts to make labour-saving land preparation and weeding technologies more available to rural households and communities. Animal draft power, such as ox-driven ploughs and harrows, is a commonly utilised land preparation technology in most of eastern and southern Africa, particularly Ethiopia, Kenya, Zambia and Zimbabwe (Jayne *et al*, 2004). However, as Jayne *et al* (2004) have argued, household surveys in the region generally find that ownership of oxen and tillage equipment is concentrated disproportionately among relatively wealthy households in the top half of the income distribution cohort.

Farm households tend to utilise remittance and off-farm income as a primary means to afford expensive assets such as oxen, ploughs and fertiliser, which are used to capitalise farm

production. Households infected and affected by HIV and AIDS often experience a reduction in these sources of income, particularly if they are vulnerable to shocks. Afflicted households face a multi-faceted loss of labour, capital and knowledge. Unlike the loss of labour and knowledge, which represent a loss to entire communities, capital assets lost by afflicted households are generally redistributed within the rural economy rather than lost entirely (Jayne *et al*, 2004). This has the potential to exacerbate rural inequality over time, and particularly deplete the productive potential of relatively poor households. However, some interventions, such as that described below, counter these problems by ensuring broad-based community use of assets such as an ox-drawn plough to promote both equity and efficiency outcomes for households infected and affected by HIV and AIDS.

4.8.2 The provision of ox-drawn ploughs, Nyanga, Zimbabwe

FACT Nyanga, an HIV and AIDS Service Organisation partnered by ActionAid, has been working with twelve communities in Nyanga, particularly focusing on vulnerable households and individuals infected and/or affected by HIV and AIDS, and by the ongoing food crisis in Zimbabwe. In the context of repeated crop failures, increasing food insecurity and land being left fallow due to HIV and AIDS-induced labour constraints in south and west Zimbabwe, the project was intended to strengthen the capacity of communities to respond effectively to the pandemic and to curb further transmission of HIV. To this end, it provides seed and agricultural tools, such as hoes and ox-drawn ploughs, and also fertiliser, to HIV and AIDS-infected and affected families and individuals. FACT realised that these communities were unable to utilise their land resources due to the impoverishing impact of HIV and AIDS; the provision of ploughs and other agricultural implements has allowed communities to utilise their land in order to better cope with food insecurity, particularly orphans and child-headed households through the support structures within the communities.



Case Study Four

Provision of Agricultural Implements (Ox-drawn Ploughs), Nyanga, Zimbabwe

Who

FACT Nyanga, an HIV and AIDS Service Organisation partnered by ActionAid, working with twelve communities in Nyanga, focusing on vulnerable households and individuals infected and/or affected by HIV and AIDS, and by the ongoing food crisis in Zimbabwe.

Why

In the context of increasing food insecurity, the project was intended to:

- Facilitate the recovery of agricultural food production for HIV- and AIDS-infected and affected individuals and households in disadvantaged and marginalised communities;
- Stimulate and strengthen community coping strategies and responses to the socio-economic consequences of the HIV and AIDS pandemic through the provision of direct material needs (food, seed and agricultural tools) for identified community members;
- Strengthen the capacity of communities to respond effectively to the pandemic and to curb further transmission of HIV.

Farm households tend to utilise remittance and off-farm income as a primary means of affording expensive assets such as oxen, ploughs, and fertiliser, which are used to capitalise farm production (Reardon, Crawford & Kelly,

1995; Marenja *et al.*, 2003). These sources of income are often jeopardised in AIDS-afflicted households, particularly those that are already asset-poor and vulnerable (Mushati *et al.*, 2003; FASAZ, 2003; Yamano & Jayne, 2004; Donovan *et al.*, 2003). Cash constraints on farm intensification are worse during illness and after a death, when medical and funeral expenses rise and caregiving by other members reduces their income-earning potential as well.

What

The project focuses explicitly on the provision of seed and agricultural tools, in particular hoes and ox-drawn ploughs, and also fertiliser, to HIV- and AIDS-infected and affected families and individuals. FACT realised that affected communities were unable to utilise their land resources properly due to the impoverishing impact of HIV and AIDS. The provision of ploughs and other agricultural implements has allowed communities to utilise their land in order to better cope with food insecurity, particularly orphans and child-headed households through the support structures within the communities.

The plough allocated to each community is kept in a central place, usually the homestead of a member of the voluntary community support group that provides home-based care to chronically ill community members. One community benefiting from the intervention consisted of 331 households with 254 orphans (defined as having lost either one or both parents).

The plough is utilised by beneficiaries who are identified and selected through community structures, which prioritise orphan or child-headed households. These

households are lent cattle by other community members to provide draught power and are shown how to till the land by community members, simultaneously imparting necessary “life skills” to these households and thereby reducing dependency and encouraging independence. Less affected community members may also submit requests to the committee to utilise the plough. Decisions are made according to a roster that ensures equitable use of the community asset. The plough is maintained through contributions made by the community into a central fund, and additional money is raised through hiring out the implement to farmers and through the sale of surplus produce.

Seeds and other inputs have been provided by FACT and ActionAid to communities that have little access to seeds in time of economic stress, and are provided in two phases through the year: beans, groundnuts and maize in the summer, and community vegetable gardens in the winter. The provision of vegetable seeds, in particular onions and tomatoes, supplements the nutritional intake of vulnerable and HIV and AIDS-affected households. The vegetables are supplied through the home-based care system already in existence in the village. Other agricultural inputs such as hand-held hoes are provided and allow more regular maintenance of fields and gardens, which orphans assist with under the guidance of community members. The provision of inorganic fertiliser enabled the community to harvest significant yields in the previous season.

The surplus of these harvests is sold to raise cash to purchase non-food items such as salt, soap and school exercise books – and, indeed, to ensure the maintenance of the plough. The collection and storage of excess seeds

is an important factor in ensuring a harvest in the following season, especially in the current situation where seeds are expensive and communities have less money than in “normal” years outside of drought and the economic challenges facing Zimbabwe.

With whom

FACT is Zimbabwe’s oldest AIDS Service Organisation founded in 1987, providing HIV prevention programmes, training and care. A Christian-based organisation, it promotes sexual abstinence outside marriage and faithfulness within marriage, and approaches the HIV and AIDS pandemic through community-based and development-orientated programmes, helping communities to establish their own AIDS-related activities through the provision of training, materials and technical support. Their conceptual approach is that under-development is the major underlying cause of the pandemic, which is addressed through emphasising women’s programmes and income generation projects.

How

ActionAid provides seed and agricultural tools to FACT Nyanga on request, which are distributed to families and individuals infected and affected by HIV and AIDS.

The FACT Nyanga project is a component of the Emergency Response Programme, itself part of the larger Strategies for Action Programme (SFA). The SFA, which supports community responses to HIV and AIDS and builds the institutional capacity of local AIDS service organisations, is being undertaken in Zimbabwe, Malawi and Uganda, focusing on the provision of grant financing

for community-level activities. The Emergency Response Programme identified eight local AIDS service organisations in Zimbabwe and established partnerships with these using a grant from the Disaster Emergency Committee. Seed and agricultural tools have been distributed to communities through the eight organisations.

The local organisation identifies the direct beneficiaries through its own structures and networks of community support groups. These local organisations utilise their registers of members, which include people living positively with HIV and AIDS, grandparents taking care of grandchildren, child-headed households and orphans, to select the beneficiaries, and in most instances, orphans have been identified as the priority group.

The eight organisations were given budgets to identify and procure local inputs necessary to the specific areas of activity. Fertilisers and seeds were usually sourced locally. In Nyanga, FACT used the innovative approach of buying twelve ox-drawn ploughs, with the ploughs and draught power being shared among clusters of people, either groups of households or a single village, with management structures set up to oversee the group arrangement. The use of the ploughs was controlled through a roster. People outside of the beneficiary groups could also rent the ploughs, which brought in funds to maintain the equipment.

Benefits and impact

The provision of the ploughs has revitalised community support structures and united people struggling against the increased pressures of deepening food insecurity. Thus the mitigation intervention provided by ActionAid

and FACT has facilitated the strengthening of traditional institutions for the benefit of their communities. This empowerment strategy should theoretically be sustainable when outside support ceases.

The home-based care initiative already in place in the community (through facilitation by FACT) was reinforced and supplemented by the ox-drawn plough initiative. In particular the provision of surplus produce, which was of high nutritional value, and the ability to actively support orphan and child-headed households, were important activities to support the care initiative. The provision of the plough ensured that the community was able to pull together during a time of difficulty and to ensure that members learnt from each other. It also resulted in an increased harvest that awoke the interest of other community members, and knowledge about the technology and its uses was disseminated throughout the area. The committee agreed that the plough had greatly improved the lives of the community in general.

In addition to the support provided through the intervention, the relationship with an outside NGO with links to other institutions ensured that information about human rights was imparted to the community. Information about property stripping was provided to the community in order to sensitise members about possible scenarios that might afflict their community and what options were available to address such problems.

Timeline

The Zimbabwe Emergency Response Programme commenced in 2002 with the advent of the food crisis in the country.



Gaps in evidence

It is not fully evident that seed is being stored for subsequent seasons and that ActionAid and FACT will be able to withdraw and leave a self-sufficient community. This needs to be interrogated in detail in order to ensure the sustainability of the intervention.

How is this different from standard interventions?

It attempts to build the capacity of local AIDS service organisations and complement existing projects set up by the AIDS service organisation. The intervention is also not imposed by outside “experts” but based on opinions and ideas expressed through community discussions, or, where possible, based on existing community institutions and responses.

The project explicitly focuses on building the capacity of local AIDS service organisations, and locally based extension services, whether from the government or the partner organisation. According to Harvey, the impetus for considering HIV and AIDS in the recent humanitarian response in 2002/2003 came largely from the top down, prompted by the Lewis report in September 2002 and the Lewis and Morris report in early 2003, as well as through pressure from donors and headquarters. This meant that initially HIV and AIDS as an issue remained largely at the level of rhetoric, and

the practicalities of engaging with HIV and AIDS in humanitarian programming only started being addressed in 2002/2003. An obvious exception to this was where agencies or their partners had ongoing long-term HIV and AIDS programmes and used these to build an emergency response. An excellent example of this is the ActionAid programme in Zimbabwe and the relationship with AIDS service organisations to provide seeds and tools, which takes cognisance of the history of rural restructuring and builds on this. In particular, it ensures that projects are explicitly targeted at the local economy, and that the basic objective is achieved and then builds on this, rather than attempting to achieve too much from the outset. In this way, it is a dynamic process that allows local opportunities and conditions to be built into the project.

The ActionAid intervention acknowledges the strengths, particularly the knowledge base, that exists within the communities with which it works. There are a number of simple yet effective technologies that ActionAid could be further harnessing to strengthen its overall impact, and such Indigenous Knowledge Systems should be a formal feature of all its initiatives. The intervention was effective because ActionAid involved beneficiaries in deciding what the project should do for them.

Enabling factors

Effective partnerships established with local AIDS service organisations that ensured adequate personnel and expertise were committed to the project. The fact that these organisations, in particular FACT, were well-organised and had established HIV and AIDS support

groups added to this success. The organisations had experience working with community-based organisations and support groups and had developed strong relations of trust. ActionAid technical support guaranteed that effective support was available for the project. Strong community support was secured through participatory approaches and the engagement with and respect for traditional institutions. Local authorities participated in the project and this also ensured ongoing support.

The communities were situated in a high rainfall area in the east of Zimbabwe and thus did not experience the worst of the drought. The communities were largely old A1 Communal Type resettlement projects from the 1980s and thus were relatively secure from an economic perspective. The local economy appeared to be functioning well despite having lost the good access to markets that existed previously when the transport system operated more regularly.

Constraining factors

Agricultural inputs in relation to the need/demand were inadequate and there was a delay in the distribution of inputs. The shortage of basic commodities such as food, fuel, seed and fertiliser hampered the project considerably but seemed unavoidable, being indicative of the overall situation in Zimbabwe. Limited geographic coverage restricted the overall impact of the intervention, while the limited experience of the partner organisations in emergency response also constrained the overall impact.

Another major factor that impacts on the sustainability of the project is the increasing number of sick adults

Many adults in their prime working age leave their communities to seek work in urban areas, and often return to their communities infected by HIV and AIDS, placing an excessive strain on community resources

returning to their rural communities. Many adults in their prime working age leave their communities to seek work in urban areas, and often return to their communities infected by HIV and AIDS. This unpredictable drain on community resources may place excessive strain on the support base of the ActionAid/FACT intervention.

As the benefits of the plough become more evident to a larger group of people, particularly when alternative livelihood opportunities are scarce, it is likely that increased demand will be made on it, and additional ploughs will either have to be bought by the community or donated by the two supporting NGOs. Over-usage of the plough, particularly on the hard dry surfaces common during the dry season, will also add to the maintenance necessary for the blade.

Additional ideas or potential improvements

An opportunity exists to share knowledge around the preservation and preparation of foodstuffs produced through the intervention. Committee members and caregivers raised the issue that they did not always have sufficient food to give to the HIV and AIDS-affected households they visit, particularly during the 'hungry'

The challenge for the agricultural community and specifically for the agricultural research community is to develop farming practices that adapt to the realities of middle- and late-stage HIV- and AIDS-affected environments and yet maintain productivity levels

season. Preservation techniques, particularly through sun-drying produce such as tomatoes, would ensure that a stock of nutritious food is always available for needy households. In addition, preparation techniques that conserve as many nutrients as possible would provide an important opportunity for the community.

The challenge for the agricultural community and specifically for the agricultural research community is to develop farming practices that adapt to the realities of middle- and late-stage HIV- and AIDS-affected environments and yet maintain productivity levels (Haddad & Gillespie, 2001).

Despite the devastating effects of HIV and AIDS on agricultural production and rural livelihoods, and in spite of the fact that up to 80 per cent of the people in the most affected countries depend on subsistence agriculture, most of the response to the epidemic has come from the

health sector. The agriculture sector has either remained silent or has adopted initiatives similar to the health sector to counter the effects of the epidemic. The agricultural sector is in a strong position to assist in both the prevention and mitigation of the consequences of HIV and AIDS.

A number of principles should be borne in mind when designing appropriate agricultural sector responses to HIV and AIDS (Haddad & Gillespie, 2001:34-38). There is a need for interventions to be designed and assessed not only in terms of their ability to mitigate the current impact, but also their ability to reduce susceptibility to future infection and vulnerability to the various impacts of HIV and AIDS. There is a need to recognise the limited influence of sectoral policies and interventions in mitigating the impact of HIV and AIDS, particularly in situations where the pandemic cannot be monitored effectively. Another major issue is the fact that most HIV and AIDS programmes are small-scale and have been referred to as “expensive boutiques” available only to a small percentage of the affected population (Binswanger, cited in Haddad & Gillespie, 2001). For example, in Kagera, Tanzania, only two of five districts are covered by HIV and AIDS services, reaching only five per cent of the population, and the challenge is therefore to find ways of scaling up locally relevant, community-driven approaches.



Case Study Five

Provision of Agricultural Technology (Drip-Irrigation), Chiredzi District, Zimbabwe

Who

ActionAid, in partnership with Linkages for the Economic Advancement of the Disadvantaged (LEAD), targeting three thousand households infected and/or affected by HIV and AIDS, identified by community support groups facilitated by a local AIDS Service Organisation (ASO).

Why

In the context of repeat crop failures and increasing food insecurity in south and west Zimbabwe, the project was intended to:

- Stimulate and strengthen community coping strategies and responses to the socio-economic consequences of the HIV and AIDS pandemic through the provision of direct material needs (agricultural technology) for identified community members in Chiredzi;
- Strengthen the capacity of communities to respond effectively to the pandemic and to curb further transmission of HIV;
- Through the use of technology (drip-irrigation), reduce the reliance of vulnerable communities on rain-fed agriculture;
- Diversify sources of food for HIV and AIDS affected households;

- Improve the productivity of HIV and AIDS affected households to ensure that they are food-secure through the reduction of labour, time and capital required to produce food.

The objective was to minimise the gap between relief and development through building a strong element of sustainability into the intervention.

What

Distribution of drip-irrigation (micro-irrigation) kits for community nutrition gardens for households worst affected by HIV and AIDS. All households within these communities are judged by LEAD and ActionAid to be affected by HIV and AIDS; but households worst affected are selected through community support groups established and facilitated by a local ASO. These are households with orphans, child-headed households and grandparent-headed households.

The use of drip-irrigation is a necessary strategy to reduce the reliance on rain-fed agriculture in a drought-prone region, and was complemented by the distribution of vegetable seeds and pesticides, and the training of beneficiaries on equipment usage, horticulture, food preparation and preservation, and nutrition.

Each drip-kit consists of a 210-litre water tank raised above the garden with a pipe network laid out between the plants. ActionAid and LEAD provide an alternative to the expensive, imported tanks from Italy in the plastic barrels used by industry in Harare. Two thousand barrels have been effectively recycled as water tanks and supplied to the project. Each tank is raised one-and-a-half to two metres above the garden with a t-junction pipe and main distribution pipes leading off the gravity-driven water

source, and an accompanying network of smaller pipes and micro-pipes lead off into the fields. Each tank supplies water to a 100 square metre garden at a rate of about one tank per day depending on the moistness of the soil.

Each tank is either rain-fed or supplied from a nearby water source such as a river or village borehole. Sourcing an adequate water supply for the technology has not been a problem, as most communities have some access to water. Many such sources were established in the 1980s and 1990s during the Rural Reconstruction Programme where the government provided infrastructure for disadvantaged areas. The Water and Sanitation Programme, which formed a major component of rural restructuring, covered 100 per cent of Zimbabwe and drilled boreholes and supply dams. Maintenance problems have arisen despite locally-based teams being established to keep them at working level, and a major challenge has been how to get the water into the raised tank. ActionAid is considering the provision of treadle pumps as a replacement for manually filling the tank each day.

Where a communal water source such as a borehole or well is used then the use of communal gardens is encouraged to better ensure equitable water management. In a context of gaps between poor villagers and those with greater resources, it is important to ensure that community resources are fairly used. A communal garden is also easier for extension officers to provide support to a group than to a range of individuals. The proximity of the plots within a communal garden also encourages the sharing of knowledge and mutual support. LEAD has staff in the field to provide technical extension

and support for the targeted groups and training materials have been developed for the target communities. Shared learning is encouraged, to build the capacity of both the farmers and the extension officer, with a focus on use of technology and on nutrition and food preparation, particularly for HIV- and AIDS-affected households. The travel allowance and costs of the extension officer, whether employed by LEAD or the government, are covered by ActionAid. In addition, the community is empowered to monitor the extension officer through recording when and how support was provided. ActionAid is thus able to evaluate whether the financial support directed at building the capacity of local extension is having a direct benefit for their projects.

ActionAid has attempted to build local capacity through the establishment of Village Community Workers, who provide further technical support to the project beneficiaries. However, this requires considerable support in the initial stages and also the provision of incentives to ensure that these Workers continue to impart knowledge to the community. While technical capacity is needed to complement their ability to mobilise communities, until February 2004, ActionAid has simply provided these Community Workers with drip-irrigation kits to support their own initiatives.

With whom

LEAD has established both networks in the Chiredzi area and a network of suppliers of drip-irrigation kits. ActionAid and LEAD work with households worst affected by the AIDS pandemic, selected through community support groups established and facilitated by a local ASO. The partnership has worked well, particularly as ActionAid has been able to build an

effective programme on an existing concept established by LEAD, and then improve it by persuading partners of the benefits of communal gardens rather than single plots, and the importance of using locally based ASOs. The project is thus directly managed and driven by local people rather than relying on outsiders. These principles of partnership and flexibility to meet local conditions mean that the project is easily replicable in other areas.

How

The LEAD project is a component of ActionAid's Emergency Response Programme, itself part of a broader programme, Strategies for Action (SFA). The SFA supports community responses to HIV and AIDS and builds local AIDS service organisations in Zimbabwe, Malawi, Uganda and Zambia, focussing on the provision of grant financing for community-level activities. Eight local AIDS service organisations were identified in Zimbabwe and partnerships established using a grant from the Disaster Emergency Committee. Food, seed and agricultural tools have been distributed to communities through the eight organisations. Beneficiaries are identified through local structures and networks of community support groups. In this particular project, the targeted community select the most vulnerable households to benefit from the project.

Benefits and Impact

Drip-irrigation is inexpensive (GBP27 each) compared to conventional irrigation. In addition, it ensures three crops a year rather than a single crop dependent on the rainy season. The technology has a strong HIV and AIDS mitigating component in that it is suitable for growing AIDS-relevant crops, utilises a minimum of water and

reduces the labour required.

The technology has been used to grow immune-building varieties of crops that benefit people living with HIV and AIDS. Emphasis is placed on the use of sustainable farming methods such as organic fertiliser and natural pest management that reduce the use of expensive inputs such as pesticides. The training programmes and support materials ensure that skills are transferred to the targeted households. Excess produce can be sold to generate income to meet the other needs of the households, thus reducing the need for adopting risky coping strategies.

The project also strengthens community-based initiatives by supporting labour-sharing and mutual assistance arrangements, and has re-invigorated community institutions that are under pressure from increasing poverty.

Timeline

The Zimbabwe Emergency Response Programme started in 2000/2001 with the advent of the food crisis in the country, while the LEAD Pilot Projects have been running since 2002.

Gaps in evidence

Concerns about the costs of drip-irrigation schemes have been articulated in the 2004 DEC Report by Valid International (2004). Drip or trickle irrigation systems have pipes laid permanently on the ground with a single water source providing a trickle of water to each plant. Drip irrigation systems were originally developed for high value crops in high labour cost countries with arid conditions. The systems need clean water to prevent the drip tubes being blocked; careful management to keep the system operating; and a secure environment to

prevent the drip tubes being stolen. These conditions are rarely found in rural Africa and, therefore, while drip irrigation systems may have a role in market gardening in Africa, they do not really have a role in smallholder production (Valid International, 2004). These systems are being heavily promoted by USAID as being more water-efficient, promoting higher yields, and being less likely to cause salinity. According to the DEC Report, if ActionAid had technical competence in irrigation they would not promote these relatively expensive systems for household food security. There are also concerns about working with an agency that is not focused on humanitarian issues with expertise in HIV and AIDS and food security.

How is this different from standard interventions?

The project explicitly focuses on building the capacity of local AIDS service organisations and locally based extension services, whether from the government or the partner organisation. According to Harvey, the impetus for considering HIV and AIDS in the recent humanitarian response in 2002/2003 came largely from the top down, prompted by the Lewis report in September 2002 and the Lewis and Morris report in early 2003, along with pressure from donors and headquarters. The issue initially remained largely at the level of rhetoric; the practicalities of engaging with HIV and AIDS in humanitarian programming was only addressed in 2002/2003, with the obvious exception of agencies or their partners with ongoing long-term HIV and AIDS programmes. An excellent example of this is the ActionAid programme in Zimbabwe and the

relationship with AIDS service organisations to provide seeds and tools, which takes cognisance of the history of rural restructuring and builds on this, ensuring that projects are targeted at the local economy.

The intervention acknowledges the strengths, particularly the knowledge base, that exists within communities. Such Indigenous Knowledge Systems should be a formal feature of initiatives driven by ActionAid, and there are a number of simple yet effective technologies that could be further harnessed to strengthen its overall impact. The intervention was effective because beneficiaries were involved in deciding what the project should do for them.

Enabling factors

The work builds on the strengths of the partner organisation and complements these where possible. A dynamic feature of such a relationship is the broadening of experience and sharing of perspectives that this approach brings. LEAD is increasingly adapting its other projects to encompass lessons learnt from ActionAid.

Communities work through their traditional and local governance structures to facilitate the implementation of the project, particularly through the resolution of conflict. Through the tradition of mutual assistance for vulnerable people such as the aged and children, engendered in a concept known as *zunde ramambo*, community structures mobilise labour on behalf of households not able to provide it. The use of local institutions is thus a crucial component of the success of this project.



Additional ideas or potential improvements

The project could be adapted for the production of organic vegetables for export markets, in partnership with another organisation focused on such production and which promoted alternatives to pesticides and inorganic fertilisers. The use of such inputs is likely to impact on the nutritional benefits of the produce for communities living with HIV and AIDS, as well as having high costs, which have impacted negatively on other projects. The use of drip-irrigation would be suitable for organic farming, particularly through the use of highly soluble compound fertilisers, which could be mixed into the water tanks and fed into the plants via the drip system. This is, however, an expensive option, which should be piloted effectively before being considered.

Another major issue is the sourcing of export markets for organic produce. LEAD already has established linkages with buyers and traders for excess produce from the existing farmers, which could be extended to include markets for organics, particularly into the European Union. Extensive research into the regulations set by the EU for such exports will be required before such an option is pursued.

Implications of scaling up / scaling out

Dissemination of information about the project can be done through the Emergency Response Programme, which is already established in Zambia, Malawi and Uganda.

Through the tradition of mutual assistance for vulnerable people such as the aged and children, engendered in a concept known as *zunde ramambo*, community structures mobilise labour on behalf of households not able to provide it.

Broad conclusions

These strategies imply that the agricultural sector cannot continue with “business as usual”, and will have to revise the content and delivery of its services; and with the process of transferring agricultural knowledge, essential to development, to farming communities. Appropriate technologies and the integration of indigenous knowledge are needed. The sector will therefore have to:

- be more creative in the delivery of services;
- work multi-sectorally with other stakeholders;
- provide a co-ordinated response;
- provide a decentralised process in which the local capacity of rural institutions is strengthened and local safety nets supported to promote community-based initiatives.

The challenge is to deliver a responsive service when agriculture institutions are experiencing acute staff shortages and associated costs as a result of increasing HIV and AIDS mortality and morbidity.

4.8.3 Seed Fairs, Marracuene District, Maputo Province, Mozambique

Mozambique experienced cyclical disasters (floods in 2000 and 2001 and droughts in 2002 and 2003) that dramatically affected food security. As part of a greater international assistance effort, free distribution of seed kits has usually been done to allow the rehabilitation of agricultural activities. Seed fairs were another means to provide access to seed. The pioneer of this new method; Catholic Relief Services, introduced it first in Tanzania, Kenya, Uganda and Sudan. After the floods in February 2001, ActionAid together with the Food and Agricultural Organization supporting the Mozambican government, tested these methods in South and Central Mozambique, and these are now successfully being expanded into other areas. The core objectives of the seed fairs are:

- To ensure that subsistence farmers affected by drought have seeds for the next campaign
- Promotion of seed fairs as a new method of seed distribution
- Promotion of the local economy through producers, traders and community-based organisations
- Strengthening co-ordination at local government level under supervision of the local authority, and exchanging knowledge
- Contribution to food security.

ActionAid and the local government conducted a participatory diagnostic with the communities in Manhiça (13 689 families) and identified 9 000 needy families. In Marracuene, 29 481 needy persons were identified in 2002. An emergency action plan was drawn up which included seed distribution of cassava and sweet potatoes to reactivate the farming systems. Seed fairs were organised to facilitate the marketing of seeds according to the farmers' needs and strategies. The intervention was based on a participatory approach at community level, with a number of

meetings being conducted. Vouchers to be used at the fair were printed and verified by *brigadistas*. Two days before, the area was demarcated with the community and included a space for recipients, a space for trading, and a space for *brigadistas* to register the transactions. Traders and recipients seem to appreciate this initiative but the impact on the general access of the community to seeds is not yet clear. While collection of data has been done, the analysis has not, and there has been no feedback at community level.

The project takes an approach very different to the common pattern of assistance. A solidarity scheme based on recognising the poorest of the poor inside the community is combined with boosting the local economy by procuring seed supply at local level. Seed choices are strengthened to ensure a better use of seed in the field, taking into account subsistence practices and indigenous knowledge.

ActionAid, with its strong funding ability, has worked in the area for the past six years, providing participatory methods of assessment; ensuring the strong participation of community-based organisations; and improving the financial capacity of local government. ActionAid, however, has previously taken a paternalistic approach to working at community level, and the previous provision of emergency aid still impacts negatively on possibilities of real development: "The local people see us like a father and question our involvement in development issues. They are used to seeing us as a donor that helps for free".

The huge education programme that ActionAid works with is likely to show results in the longer term; the jump from seed distribution to the local seed fair is significant, and provides much rich experience that should be empirically documented and disseminated. ActionAid could usefully work more closely with academic institutions to ensure that training programmes systematically include linkages with academics and research that will inform the debate from local to national and international perspectives.



Case Study Six

Seed Fairs, Marracuene District, Maputo Province, Mozambique⁷

Mozambique experienced cyclical disasters (floods⁸ and droughts⁹) that affected food security dramatically. As part of a broad range of interventions, seed kits were provided to assist with re-establishing agricultural activities, and seed fairs were set up. Catholic Relief Services first introduced this approach in Tanzania, Kenya, Uganda and Sudan. The International Crops Research Institute for the Semi-Arid Tropics (ICRISAT) published *Organizing Seed Fairs in Emergency Situations*¹⁰, a handbook which outlined various relief methods.

Where?

After the floods of February 2001, ActionAid and the Food and Agriculture Organisation successfully tested new approaches to emergency relief in South and Central Mozambique, which were then expanded into new areas. Seed fairs are commonly known as *Feiras de insumos agrícolas* (input trade fairs), and provide not only seeds but also all the equipment and advice needed to commence agricultural production.

⁷ Compiled by Dr Nathalie Paraliu, Competences of Africa for Africa and Abroad, c3a.nonprofitorg@caramail.com

⁸ 2000 and 2001.

⁹ 2002 and 2003.

¹⁰ <http://www.icrisat.org/web/uploads/presentations/18062003163009Organizing%20Seed%20Fairs.pdf>

¹¹ In 2003 the droughts were worse than in 2002. The government, in collaboration with FAO and PMA, estimated that 1 500 000 persons were seriously affected and 65 000 would need food aid. The emergency areas included Gaza, Inhambane and Maputo (Gaza only in 2002). Maize, peanuts, greens have not grown properly. Bean leaves are the only edible food source. Sweet potatoes and cassava have had limited success. It was urgent to organize a new distribution structure due to the lack of production.

Why?

It is important to ensure that subsistence farmers affected by drought¹¹ have seeds for the next season; promote seed fairs as a new method of seed distribution; promote the local economy including producers, traders and community-based organisations; strengthen co-ordination at local government level under supervision of local authorities; make a contribution to food security.

What?

ActionAid distributed seeds for 15 000 families through the seed fair. Eight seed fairs were organised: 6 in Manhiça district and 2 in Marracuene district. In Manhiça, three national and international companies and 57 local traders were present, while in Marracuene, two national and international companies and 29 local traders participated.

Who?

The participating institutions included:

- *Direção Distrital de Agricultura e Desenvolvimento Rural (DDADR)* District Department of Agriculture and Rural Development
- *Comissão Distrital de Emergência (CDE)* District Emergency Committee comprising the DDADR, District Department of Industry and Trade, District Disaster Management Unit, *Chefe de Posto* (district sub-division)
- Community Based Organisations
- ActionAid.

Donors included ActionAid Mozambique, *Ayuda Cordoba*, and *Voluntariado*. Partnerships were developed with the private sector; SEMOC (a seed agro-processor

from Mozambique), PANNAR, HIGROTECH-Mozambique, and other foreign firms specialising in seed production.

How?

Before developing the project, ActionAid and local government conducted a participatory diagnostic with the communities in Manhiça, where 9 000 needy families were identified out of 13 689 families. In Marracuene, the last monitoring report of August 2002 was used, which highlights 29 481 needy persons. An emergency action plan was developed, which included seed distribution of cassava and sweet potatoes to reactivate the farming systems, in line with the approach of ActionAid which prioritises the poorest people in an integrated approach. Seed fairs were organised to market the seeds and were open to the public; seeds were not donated (except to the poorest people) but had to be paid for by recipients.¹²

Implementation of the project

Step 1: Building the work team

Meetings were held with the emergency committee at district level, with the aim of disseminating the project and setting up a work team of officers from DDADR, CBOs, ActionAid and *brigadistas locais*. Several teams were created, including Management team (4 persons); Promotion team (4 persons); Data compilation team (4 persons); Production and *montagem de distritos* team (4



persons); Delimitation local team (2 persons); Radio dissemination (1 person), who were responsible for the dissemination of the project, the selection and listing of recipients, and supervising trade at the seed fair. The management team also selected a task team to organise the fair, the *grupo de planificação das feiras (GPF)* or Fair Preparation Group, which comprised government representatives (DDADR, DDIC) and NGOs working in the area, key persons having a good understanding of the common system of seed acquisition, and one community leader. Their brief was to plan the activities; identify and assess potential resources; identify with the community the best location for trading; assess seed availability and quality with local farmers; identify potential traders; and promote and prepare the fair.

Step 2: Participatory approach at community level

A meeting was called with community leaders to present the work team and tasks, the details of the project and timelines. At a second meeting with the community, criteria were presented for selection of participants.¹³ For example, would it include children, the wife of the head of the household or only the head of the household in charge of the farming system? Selection of recipients took two days in each community; dates and locations were identified for the fair, and community representatives chosen to assist with the organisation.

¹² The report does not include these aspects that were highlighted to me during my visit. Thus we don't know how many people not classified as recipients have been accessing the trade fair.

¹³ Proposta de metodologia de selecção de beneficiários de insumos agrícolas em situação de emergência. ActionAid Mozambique Report, MADER, FAO.

Step 3: Identification of local seed suppliers and other companies

At local level, the promotion team provided information at each administrative council and invited the local traders to a meeting where the process was explained. However, the process of ensuring participation of the local traders and the quantities of seeds to be made available was not documented. At national and international level, invitations to participate were sent to various companies.

Step 4: Seed fair

Vouchers to be used at the fair were printed and verified by *brigadistas*. Two days before, the area was demarcated with the community that included a space for recipients, a space for trading, and a space for *brigadistas* to register the transactions. Participants could view the stock two hours before the fair commenced. All seeds, pesticides and tools were checked and certified by the *brigadistas*, including quality of the seed, packaging and weight, neatness of the trader, advertised prices, all new practices which guaranteed consumer rights. On the day itself, the fair was officially opened by the DDADR; explanations given about the process; seed quantity registration done at the beginning and at the end of the fair by *brigadistas* (3-4 persons); recipients called individually by a *brigadista* to give their tickets (one *brigadista* assisted by one leader of the community); 15 *brigadistas* helping recipients inside the fair, and conducting value queries among recipients and traders; and finally, registration of the quantities and type of seeds sold during the fair was done, with ten *brigadistas* counting the tickets, and doing bills and payments (original for the trader, and a copy for ActionAid).

A solidarity scheme which recognises the needs of the poorest people in a community was combined with boosting the local economy by procuring seeds at local level. Seed choices were increased; subsistence practices and knowledge were used.

Step 5: Monitoring of recipients after the seed trade fair

The DDADR was responsible for the assessment of cropping development among random recipients. This evaluation has not yet been done, partly due to the ongoing drought in the region. Without an irrigation scheme for the Incomati valley, it is not likely that much progress will be seen in ensuring food security for the area.

How much?

While this is difficult to assess, the initial project proposal was to service 15 000 families, but only 3 784 have been directly selected as beneficiaries. However, as the seed fairs were opened to other community members and local vendors, there was an increased economic benefit.

Timeline

The project took place in September and October 2003.

Gaps in evidence

Not all recipients were able to participate fully, and some did not participate at all due to financial constraints¹⁴ as explained by representatives of their communities. It proved difficult to properly evaluate the project as documented information was limited. Traders and

¹⁴ The report is not clear concerning the conditions of participation.

recipients appeared to appreciate the initiative but the impact regarding the general access of the community to seeds and support was not clear.

How is this different from standard interventions?

A solidarity scheme based on recognising the needs of the poorest people in a community was combined with boosting the local economy by procuring seeds at local level. Seed choices were increased; subsistence practices and knowledge were used.

Enabling factors

ActionAid has been working in Mozambique since 1996, and also has much experience in co-ordination and capacity-building. Over 60 per cent of the recipients participated to a value of 30 000 meticaïs. ActionAid provided micro-credit funding to the Tchuma agency to support small-scale producers, ranging from US\$10 000 to US\$25 000 between 2002 and 2004. This ensured the availability of micro-credit to small-scale farmers and other businesses.

Constraining factors

Limited planning, short time-frames, delays in information dissemination and funding payments, communication and transportation challenges, weak leadership, lack of financial control in using vouchers, collection of data, all presented their own challenges, and must be addressed in future projects to ensure better results.

Additional ideas or potential improvements

The experiences could usefully be documented and disseminated. Difficulties encountered by the farmers included:

- How will farmers be able to sell out their micro-credit loans if severe drought destroyed their crops?
- The type of seed and its characteristics is not a guarantee of adaptation to local agro-climatic conditions. If the seeds were adapted there would not be a need to introduce new resistant varieties to counter cyclical disasters.
- To what extent did the preparations for the seed fairs include discussions on innovations, research issues and new experiences?
- Will the traditional seed exchanges, where there is no economic transaction, be replaced by 'sell and buy' seed systems?
- Do seed trades constitute a common practice in subsistence farming communities, and will more recipients benefit from any savings that are made?

ActionAid Mozambique uses a participatory mapping process at community level that clusters villages to make a district-wide impact on district planning. This initiative should be developed and presented to national authorities for wider application. ActionAid has extensive experience of working with government institutions, and could have a meaningful impact, for example, in irrigation management, the introduction of seed varieties resistant to drought and floods can be a short-term alternative.

4.9 Scaling up and ‘Mainstreaming’

A number of projects, which are successful at a local level, are now at a stage of expansion to a larger population and geographical area. Such scaling up has significant resource and support implications and also raises the question as to how effectively projects can be replicated from one region to another. Careful adaptation to the local context and the establishment of effective monitoring systems are critical.

The importance of recruiting or training staff to ensure an understanding of the relationship between HIV and AIDS and development that is dynamic, flexible and open to new ideas was raised in a number of the case studies. This relates directly to the issue of “mainstreaming”, which implies staying with core business and objectives, but using an HIV and AIDS lens (see Abbot, 2004). Haddad and Gillespie argue that ‘new interventions to address HIV and AIDS mitigation should only be developed if existing agriculture, food security and nutrition intervention areas cannot be effective by adapting them through the use of an HIV and AIDS “lens”’ (2001). Oxfam-GB and CARE South Africa-Lesotho define “mainstreaming” not as a series of fixed activities but rather a process of changing attitudes and deepening understanding about complex issues, which requires continual learning and reflection (Abbot, 2004). It is important for staff involved in projects to continually deepen their understanding of HIV and AIDS and how it relates to vulnerability and food security.

In the case of the MSF Community Home-Based Care programme, there is great potential for scaling up through collaboration with the large number of NGOs, CBOs and FBOs operating in the District. Technical expertise on crop production, livestock, labour-saving technologies, soil conservation techniques and income-generating activities would complement the Home-Based Care activities and increase the impact of these through improved food security for affected households and communities. The Zikometso Smallholder Farmers’ Association, World Vision and Oxfam-GB could provide such expertise in collaboration with government departments.

4.10 HIV and AIDS and Nutrition Interventions

The focus of the ActionAid intervention in Mozambique was to increase nutritive food consumption for a better diet that can strengthen health and fight against HIV and AIDS. Difficulties with food production lead to poor nutrition: both protein-energy malnutrition and deficiencies in micronutrients such as iron, zinc and vitamins (Barnett & Whiteside, 2002). Poor nutrition leads to compromised immune systems, making individuals more susceptible to infection in general. Research has shown that the onset of the disease and even death might be delayed in well-nourished HIV-positive individuals, and diets rich in protein, energy and micronutrients help to develop resistance to opportunistic infections in AIDS patients (Gillespie *et al*, 2001). Barnett and Whiteside argue that for rural populations, the impact of HIV and AIDS on nutrition is potentially serious and an issue that has been largely overlooked in the focus on prevention (2002).

4.10.1 Nutrition Intervention (Sweet Potatoes), Manhica & Marracuene, Mozambique

As previously emphasised, HIV and AIDS threatens the labour capacity of a household. This impact is exacerbated by nutritional deficiencies caused by food insecurity. The distribution of seed to rehabilitate agriculture activities is often the first response to strengthen food production, and has recently been combined with the introduction of highly nutritive varieties into the farming system to ensure a better diet for the community, including people infected with HIV. The intervention is thus focused on the entire community and not on a specific group that might cause stigmatisation; and is coupled with an HIV and AIDS awareness strategy based on “stepping stones” techniques¹⁵, which focus on engaging with taboos around infection to ensure those in need receive care and protection.

ActionAid in Mozambique has implemented a nutrition programme based on the introduction of sweet potatoes rich in Vitamin A known as “*Batata dolce polpa alarajanda*”, which are useful in strengthening the immune system, and is used also to treat poliomyelitis during childhood. The new variety of sweet potato is more resistant to climatic variations such as drought or floods than older types, and this new variety was facilitated through communities that used these potatoes as the main subsistence crop in their areas. The focus on diet and the need for nutritious food was a catalyst in creating a greater “open-mindedness” among local people and encouraging consumption of the new variety. In addition, ActionAid used the introductory seed to develop an agro-processing component by linking it to their seed fairs intervention.

Since its introduction in 2002, there has not been an evaluation conducted on the benefits or otherwise of the programme, although anecdotal evidence indicates that in Manhica and Marracuene, most of the subsistence farmers were cultivating the potato and eating it with tea, because of its particularly sweet

taste. It has not, however, reached the Maputo markets, most likely due to the lack of a trade network. At a local level, however, there is a huge demand for sweet potato and the market is open. Combined with an emergency saving scheme, it could allow members of the community to become better equipped to cope with both natural disasters and food insecurity.

The opportunities of increasing the impact of the intervention, particularly if it does strengthen immunity, should be a priority for the organisations involved in the project. Marketing the potato more widely and ensuring its availability in the urban markets would be a natural scaling-up opportunity for the intervention. An obvious concern about the new varieties was the uncertainty about whether they had been genetically modified, particularly in the context of the contentious debate in the region about genetically modified crops.

¹⁵ <http://www.unesco.org/education/ibe/ichae>



Case Study Seven

Nutrition Intervention (Sweet Potatoes), Manhica District, Maputo Province, Mozambique ¹⁶

Who

ActionAid has worked in Mozambique since 1987, initially providing emergency relief to over 200 000 people who had been displaced by war. At a local level ActionAid staff helped bring both sides of the conflict together at a critical stage in the peace negotiations, and with the 1992 ceasefire, began a long-term programme to help communities recover and rebuild. ActionAid now works with 94 000 people, mainly through community groups, to ensure appropriate and lasting change.

ActionAid has a presence in Zambézia, Maputo and Manica provinces and has developed participatory approaches to address the HIV and AIDS pandemic and to alleviate risk and the consequences of natural disasters. Progress has been made from emergency action to integrated development action, including prevention through addressing community needs, and development of skills in co-ordination from local to international level. A primary aim is to break the taboos to ensure that women receive care and protection and avoid spreading HIV. This project will assist in improving community health care and is combined with a nutrition project. While the sweet potato and seed fair interventions are not directly addressing HIV and AIDS, they have an important impact by reinforcing local capacities to respond to a food crisis; both were developed in Manhica

and Marracuene Districts in Maputo Province, in the south of Mozambique.

Who?

This initiative took place through co-operation between INIA (*Instituto Nacional de Investigações in Agronomia*, National Institute for Agronomic Research), ActionAid, the Ministry of Health, local authorities and community-based organisations.

Why?

To increase production capacity in local communities; to improve and increase consumption of nutritious foods and ensure a better diet that can strengthen health in the fight against HIV and AIDS. Difficulties with food production lead to poor nutrition, both protein-energy malnutrition and deficiencies in micronutrients such as iron, zinc and vitamins (Barnett & Whiteside, 2002). Poor nutrition leads to compromised immune systems, making individuals more susceptible to infection in general.

What?

Sweet potatoes rich in Vitamin A are suitable for reinforcing the immune system. Sweet potato is the main subsistence crop in the area, and new varieties are more resistant to drought and floods.

With whom?

The Southern Africa Root Crops Research Network (SARRNET <http://www.iita.org/sarrnet/>) is the main partner. ActionAid funded the project and in 2004 SARRNET contributed US\$5 000 towards school feeding.

¹⁶ Compiled by Dr Nathalie Paraliu, Competences of Africa for Africa and Abroad, c3a.nonprofitorg@caramail.com



How?

The sweet potato was initially distributed in 2001 to 189 families in areas surrounding Maputo. ActionAid entered into agreements with district extension personnel to disseminate information and assist with free seed distribution. In 2002, in collaboration with the Department of Health, a campaign was run to raise awareness of the nutritional and health value of the sweet potato.

Time Line

Initially intended as a two-year project, it is still ongoing in 2005.

Gaps in evidence

No gaps were found relating to the farming systems. According to farmers, the “orange pulp” sweet potatoes are resistant in the lowlands and grow well, without disease or pest. The interest of international networks has been awakened as to the potential of the sweet potato in alleviating food insecurity. It contains dietary fibre, natural sugars and complex carbohydrates, protein, vitamins A and C, iron and calcium like all other sweet potatoes. This particular type of sweet potato, apparently the same as all other varieties, has been targeted as having unusual properties, and how and why this happened is

unclear. There is also a gap around marketing possibilities. If this sweet potato is really helpful for strengthening immune deficiency, the question must be posed as to why it has not been commercialised already, and why it is not available in urban markets. There is also the matter of the gaps in the agro-processing project. Unfortunately income in the community is too low, and many of the products need input from the market such as eggs, sugar, oil and wheat flour. The average family is therefore not using its new knowledge at a household level.

Enabling factors

The new variety is introduced in traditional farming systems that are already based on sweet potatoes, and is thus easier to incorporate. Sweet potatoes are harvested three times a year and require steady harvests if they are to provide against food insecurity. The agro-processing component provides opportunities for improving nutrition and building economic capacity within a community.

Constraining factors

There is a huge demand for sweet potatoes and the market is open, but the focus of the project is to ensure food security and good nutrition at community level, which limits the possibilities for developing and marketing a supply chain and supplying urban areas with a nutritional product that could also increase income generation for communities. If combined with an emergency saving scheme it could assist members of the community to deal with natural disasters better.

Additional ideas or potential improvements

There are hundreds of sweet potato varieties, and introducing several types rather than only one will better provide for food security. While drought and floods are not easy to predict, farmers could, depending on the season, cultivate different kinds of sweet potatoes. The ActionAid project is not focussed on only one product but also considers the diversity and complementarities of food production. Better utilising indigenous knowledge will enable local farmers to participate more strongly and contribute to their empowerment. It is, however, difficult to properly assess the value of the project or its potential due to the limited information available. While market supply may not be assured initially, the project can be organised incrementally, as were the seed fairs.

Implications of scaling up/scaling out

ActionAid has a strong networking and co-ordination capacity, and is thus well-placed to expand its successful interventions and share good practices. Use of the new variety is expanding slowly through the seed exchange practices of subsistence farmers, and the marketing of the product could be strengthened with the objective of addressing food insecurity and impact of HIV and AIDS. The involvement of the national authorities in supporting such initiatives would be useful. Based on the success and expansion of the seed fairs, it is possible that 'sweet potatoes' seed fairs could also be implemented at provincial level.

Better utilising indigenous knowledge will enable local farmers to participate more strongly and contribute to their empowerment

5. Concluding comments

While ensuring local political support for projects may be beyond the control of project staff, but where positive relationships are developed this can make a critical difference



A number of general lessons have emerged from these studies, which provide a starting point for organisations working with food security and HIV and AIDS. The success factors underpinning these promising developments are highlighted below, followed by key recommendations that have emerged from the paper in general.

In many of these cases, the use of participatory methods to design interventions is highlighted, as is working with existing local structures to enhance community involvement. While ensuring local political support for projects may be beyond the control of project staff, but where positive relationships are developed this can make a critical difference. Traditional support groups and structures are often under strain as a result of HIV and AIDS, and there is often the need for capacity-building to help strengthen these groups or even to establish complementary new groups in order to achieve impact. The importance of allocating resources for the development of a sustainable cadre of staff and for building training capacity has also been indirectly raised.

A number of projects, which have become successful at a local level, are now at a stage where they are widening their response to cover a larger population and geographical area. This scaling up has significant resource and support implications and also raises the question as to how effectively projects can be replicated from one region to another. Careful adaptation to the local context and the establishment of effective monitoring systems are critical.

For many community-based organisations, responses to the local impacts of HIV and AIDS have evolved to include a range of activities which are not tied to one sector or discipline. There may be instances where trust has been built from a positive engagement between communities and NGOs in the area of livelihood activities (for example agriculture, credit and loan systems), using participatory processes, and this trust is built upon with discussions and new interventions emerging in more sensitive areas, for example, relating to sexual behaviour. For example, farmers' groups that have emerged as a result of new agricultural training are used as entry points for education and training in 'life skills', and HIV prevention. There are likely to be some vulnerable groups, which are severely affected by the HIV

and AIDS epidemic but due to their lack of access to some of the most basic resources (for example land, labour, capital), are not able to benefit from certain interventions. In such cases targeted welfare support will be necessary to ensure that these groups do not fall further into poverty.

From this general discussion of the case studies, and building on discussions from the “Mitigation Workshop” discussed in the introduction, six general recommendations can be identified:

Development, relief and rehabilitation must be addressed together

Standard development practice focuses on social and economic development, punctuated by occasional emergencies that require short-term relief until people get “back on track.” However, increasing rates of poverty and the collapse of services show that development work has not been successful in the past. Given the reality of HIV and AIDS, the entire approach to development requires a vigorous re-conceptualisation, and interventions in any community should always combine aspects of development, relief and rehabilitation.

Policy should encourage, and be influenced by, local implementation

National and international policies provide important direction for the fight against HIV and AIDS. However, efforts are always implemented locally. Too often, policy-makers do not understand the practical problems in communities, or the specific factors that lead to success or failure. Ministries, organisations, and international bodies should make stronger efforts to learn from the successes and difficulties encountered during project implementation, and these lessons should be continually applied to review and improve advocacy, and eventually policy. Use of a standard, systematic format for writing up case studies allows experiences to be compared, and makes assessment and evaluation easier.

Increasing rates of poverty and the collapse of services show that development work has not been successful in the past. Given the reality of HIV and AIDS, the entire approach to development requires a vigorous re-conceptualisation, and interventions in any community should always combine aspects of development, relief and rehabilitation

Better targeting and participation helps affected people take charge

Practitioners must be clear about their areas of work and their target groups. It is not enough to target “people affected by AIDS”. Impacts of illness and premature death vary widely across families; even the situation of a single family changes dramatically over time. Agricultural support can, for example, help one family, but be meaningless for its neighbour. Young girls at high risk of HIV may not benefit from programmes that are successful with older women. Service organisations should use participatory approaches, through which they seek out and work with affected men, women, boys and girls who often are unintentionally excluded. Efforts to work with “the vulnerable” as a broad group must be replaced by a more sensitive approach that is responsive to people with different types of vulnerability.

Focus on multi-sectoral partnerships at district and village level

No single intervention can work for everyone in a community, so there must be a range of services and responses. It is recognised that HIV and AIDS is not a health issue alone: a single family may need a mix of services across sectors. However, no one organisation or department can address all the needs and it is therefore crucial to forge strong local partnerships among organisations with complementary skills that span agriculture, health, education, social protection, and others. For example, an integrated approach by home-based care-givers, orphan

No single intervention can work for everyone in a community, so there must be a range of services and responses. It is recognised that HIV and AIDS is not a health issue alone: a single family may need a mix of services across sectors

committees, agricultural extension agents and health workers can ensure that food, school fees relief, home gardens and health care go directly to families that most need them. This is a broad version of the AIDS “continuum of care”. Partnerships have been discussed for decades, but are not easy to implement. There are examples of strong partnerships among specific organisations and departments in some districts or communities, but stronger efforts are needed to encourage the expansion of such local partnerships.

Beyond ‘labour saving’ technologies and practices

People affected by AIDS tend to have multiple burdens, with minimal time to address them. One common response is to encourage “labour-saving technologies and practices”. While these can be useful in some situations, the focus on labour-saving should be broadened to “labour management.” In addition to saving labour, labour management can include spreading labour demands over time to minimise work needed at peak periods (such as different approaches to land preparation); enabling quick returns to labour (through fast-maturing varieties or animal breeds); or increasing returns to labour (through adding value to any goods that are marketed). Development of a range of technologies and practices should include active involvement of the people who could benefit, taking indigenous knowledge and cultural aspects into consideration. As Jayne *et al* (2004) have argued, the loss of family labour due to a death in the household does not mean that labour necessarily becomes the limiting input in agricultural production, and hence it does not necessarily follow that the appropriate policy response for

agricultural research and extension systems is to focus unduly on labour-saving agricultural technology. Labour-saving technology may be appropriate for many households, such as those who already face high land/labour ratios and lack other resources that could be substituted for labour, such as cash for hiring labour. The main implication of this argument is that a broad range of agricultural production technologies need to be established, which are appropriate for the wide range of land/labour/capital ratios found among small-scale farm households, and which are needed to respond to the HIV and AIDS pandemic.

Base policy and practice on experimentation and evidence of success

Good development practice should be based upon evidence of what works, not merely on seemingly good ideas.

The situation created by HIV and AIDS requires more experimentation and creative approaches, backed by evidence of successful interventions. These can then influence policy and practice more widely. Action research provides one way of assessing such interventions in order to understand what works and what needs improving in specific situations, for different types of people.

Development of a range of technologies and practices should include active involvement of the people who could benefit, taking indigenous knowledge and cultural aspects into consideration

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Options	Targets	Impact on livelihoods	Barriers	Effect on labour/energy	Miscellaneous
Conservation Agriculture – hand hoe farmers (very poor)					
Basin Planting (Siyavonga, Zambia).	The basins (potholes to retain water) are used as a water harvesting device; they are made by hand hoe during the dry season before the rains start; this way the labour is spread and shifted to a time where labour is available. Making the potholes takes a similar time as preparing a field for maize. Compost, trash or fertilizer is incorporated.	The poorest households are those that do not have access to draught animal power (DAP) for land preparation, hence they are the target group for the basin system.	More drought resistance due to the water harvesting effect of the basins; hence higher and more stable yields.	Small farmers and vulnerable household members need strong incentives to make the basins if they have not been exposed to the basin system before.	Should not be 'labelled' as a system for the poorest households because of resistance from households so "labelled" or stigmatised. The basins can be made in portions each year; existing basins can be 'maintained' with little labour requirement.
Pit farming (GTZ, Southern Province, Zambia).	Conserves water, labour (through minimal cultivation and weeding), and reduces the risk of soil erosion through minimal disturbance of surface vegetation.	Male and female farmers, small-plot agriculturalists.	Round holes filled with organic material can be used for 4-5 years before refilling required. Intercropping with legumes as well as fruit trees.	Initial labour required. For households affected by HIV and AIDS, pooling of village labour, including available youth, is practiced to meet labour needs in initial outlay. Extension across Zambia.	Spreading through farmer-to-farmer extension. Though very labour intensive for initial layout and digging, pit farming saves considerably on labour in subsequent planting seasons.
Soil cover using crop residues (Karatu, Tanzania).	Soil cover and crop residues which are left on the field suppress weeds and reduce labour demand for weeding.	The poorest households sometimes use this approach as a 'coping mechanism'.	Increases water retention capacity of soils and maintains soil moisture, hence helps to improve yields in dry years.	Conflict with free-ranging livestock is a probability. Conflicts with the standard extension messages of maintaining a clean seedbed (land preparation) and a clean field during cropping cycle (weeding throughout)	Community leaders should be involved in acknowledging and accepting this way of farming. In garden farming, soil cover reduces requirements for watering (irrigation).

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Soil cover using crop residues (Karatu, Tanzania).	Soil cover and crop residues which are left on the field suppress weeds and reduce labour demand for weeding.	The poorest households sometimes use this approach as a 'coping mechanism'.	Increases water retention capacity of soils and maintains soil moisture, hence helps to improve yields in dry years.	Conflict with free-ranging livestock is a probability. Conflicts with the standard extension messages of maintaining a clean seedbed (land preparation) and a clean field during cropping cycle (weeding throughout)	Community leaders should be involved in acknowledging and accepting this way of farming. In garden farming, soil cover reduces requirements for watering (irrigation).
Soil cover – Using <i>dolicos lab lab</i> and <i>mucuna</i> as cover crops (Karatu, Tanzania).	It requires an additional activity to intercrop the cover vegetation (crop) but results in high labour savings by almost eliminating weeding; the cover crops are leguminous crops that fix nitrogen, hence natural fertilisation of soil and improving soil fertility occurs without additional labour input.	Cover crops have been very attractive to vulnerable households; technical assistance and training needed plus assistance in getting access to crops in the beginning.	The legumes fix nitrogen from air in the soils, hence natural fertilization; <i>Dolicos lab lab</i> is a cash crop as middle men from Kenya are buying the bean harvest.	Conflicts with free-grazing livestock but cover crops do produce fodder. Availability of cover crops seeds. Change of perception of 'dirty fields'.	South to South co-operation is encouraged as this system of incorporating various cover crops has been developed by farmers in Brazil.
Lightweight hand hoes for planting.	Lighter hoes are less energy-demanding.	Hand hoes are available but specific lighter hand hoes are sometimes difficult to find.			Light hoes should be part of emergency interventions together with the standard heavy hoe.

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Hand Jab Planter (hand tool to plant into soil cover) – widely used in Brazil and Paraguay.	Reduces labour / energy demand after a period of learning how to best use it.	A hand labour tool like the hand hoe is suitable for small farmers. Can be used by women and older children.	Can be produced locally. Is an investment opportunity for local manufacturers and for specialising in being 'hand jab planter service provider'	Cost is approximately \$10 and is currently made in CARMATEC / Arusha or imported from Brazil. Repair and maintenance; cultural acceptance of this new approach?	South to South co-operation and technology transfer is encouraged.
Forage chopper (labour saving technology introduced by MAIAF, Uganda. See http://www.fao.org/sd/ip/)	The project is aimed at promoting promising farm power, crop processing and household energy-based technologies with a strong gender perspective. Improved fixed knife forage choppers found to be ergonomically safe, less cumbersome with reduced forage-chopping and controlled length of chop.	Attractive to affected households as it reduces labour time, suitable for small farmers, particularly women.	Addressed constraints encountered by farmers in forage chopping using hand machetes. They reduced the risks posed by machetes to the users, fodder spoilage, low labour productivity and feed-use efficiency.	Uptake, dissemination and adoption have not been well understood. Despite the advantages to using the improved fixed knife forage choppers, many farmers (87%) had not yet adopted them due to financial limitations, lack of awareness of the possible sources and advantages of the technology, as well as the false beliefs and opinions about difficulties encountered in the maintenance of the choppers.	Data on available chopping methods indicated that 88% of male-headed and 79% of female-headed households used machetes, 10% of male-headed households and 18% of female-headed farm families utilised fixed knife choppers and only 3% of both male- and female-headed households had adopted manual crank wheel choppers

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<p>Treadle pump water conveyance (labour-saving technology introduced by MAIAF, Uganda. See http://www.fao.org/sd/ip/)</p>	<p>The project aimed at promoting promising farm power, crop-processing and household energy-based technologies with a strong gender perspective. Treadle pump has the capacity to draw water and raise it to sufficient levels and convey it for household use.</p>	<p>Children played the largest role in water collection. Saved labour for girls, boys, women and men.</p>	<p>Reduced time/ labour constraints. - Head portage at 43% (bicycle at 34% and a combination of head portage and bicycles at 13%) was the major method of collecting water from sources, located about a mile away. Improved livestock productivity.</p>	<p>Uptake, dissemination and adoption have not been well understood. In addition, knowledge about the appropriateness, relevance and effectiveness of such technologies has hitherto been lacking. Farmers had not largely adopted this technology because its applicability was not consistent with the existing terrain.</p>	
<p>Treadle pump water conveyance (introduced by Oxfam-GB in Mulanje District, Malawi)</p>	<p>Modified treadle pumps reduced time spent on irrigating one field, before modification it took 6 hours to finish an average sized field. After modification it took between 3 and 4</p>	<p>Groups of farmers with access to wetland/ dambo land. Vulnerable households benefited through community sharing.</p>		<p>Technical support not available for households which had never used the pumps. The pumps were dismantled when delivered without help provided in installing them. Community education/ sensitisation of new technology not adequate.</p>	

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Conservation Agriculture - Introduce draught animals and DAP technologies to reduce hand labour					
Ripper (another type of tool, is a substitute for the plough)(Babati / Tanzania).	Done before onset of rains (spreading labour similar to basin system) with 2 animals, cuts furrow rather than soil inversion, faster than	Poorest households don't have access to draught animals but it might be easier for them to find one or two rather than four oxen.	Is available locally as it is adjusted from the mouldboard plough.	Difficult to use when too much soil cover and crop residues are on the field Training of oxen required.	Also available with planter attachment to combine ripping and planting.
Knife roller to chop the cover crop for land preparation which eliminates slashing by panga(Karatu/ Tanzania)	Only one or two animals required.	See above. Only available in selected pilot sites e.g. Karatu.	Time saving allows people to work for others.	Accessibility of fodder availability, vet care.	Can be made locally. Currently only available in pilot sites.
No-tillage direct planter(FAO - Karatu / Tanzania)	Planting through soil cover, eliminates land preparation; two animals can be used instead of four.	See above.	Time saving allows farmer to diversify or work for others.	Not available locally, Expensive.	South to south transfer and communication required (Brazil/ Paraguay to Africa).
Livestock					
Restocking of small animals such as rabbits and guinea fowl	Diversifying livelihoods given that those affected by AIDS can cultivate less.	Most vulnerable need quick return, especially for orphans, and elderly-headed households.	Income-generating activities, food source, can act like a savings account to mitigate risks.	Care of animals, this increases with the size of the animal.	Options for types of animals e.g. rabbits, guinea fowl; chicken, goats.
Donkeys	Use for transportation of goods and people, water harvesting, firewood, marketing.	Specifically targeted to women farmers as donkeys have relatively low status.			Are not slaughtered for funerals; are normally not eaten

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Using lesslabour intensive crops					
Cassava Cuttings distribution (Oxfam Malawi).	Cassava is a root crop, can be harvested as required for food.	Normally considered a women's crop. Food crop.			
Crops of millet.	Weeding of millet is labour-intensive.	Protein-rich plant, very nutritious.	Sold to make beer as income-generating activity.		
Traditionally under-utilized crops that are labour-saving (Uganda, Theta NGO)	Those crops should be made available if they have labour-saving features; should be included in seed banks and see fairs.	Local indigenous farmers may use locally known seed sources			Must be adapted to local conditions and climates
Fishing					
Project to provide start-up cost for households to purchase fish that they then dry and sell (and buy more fish to sell...).	Attractive to households with minimal labour, such as orphan-headed households, and those run by older women.	Grandparent and orphan households	Source of income.	Competition to buy fresh fish (context-specific)	Any intervention with fishing communities should have a specific programme on HIV and AIDS prevention and mitigation as fishing communities have high HIV prevalence rates.

ActionAid International-Southern Africa Partnership Programme (AAI-SAPP)

ActionAid International is an international non-governmental organisation with its secretariat in Johannesburg, working in over 40 countries around the world. The AAI vision is of a world without poverty and injustice in which every person enjoys their right to a life of dignity. AAI-SAPP was formed in 2003 to bring together Southern Africa sub-regional and country-based initiatives. AAI-SAPP activities are focused in nine Southern African countries: Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. The AAI-SAPP key thematic thrusts are HIV and AIDS, Food Rights and Food Security, Economic Justice, Trade and Regional Integration, and Governance, Participation and Accountability.

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