

## Chapter 12: Livelihood Strategies and Social Protection Sector-Specific Program Design Considerations

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## Sector-Specific Program Design Considerations

### Key Concepts

**12.1** Food-Assisted Livelihood Programs in the Context of HIV

**12.2** Incorporating FFA Activities

**12.3** Strengthening Safety Nets for OVC and Other High-Risk Groups

**12.4** Designing Effective HIV-Related Social Protection Programs

## In This Chapter

This chapter focuses on programs aimed at enhancing livelihood strategies and addressing risks to food availability and access among food-insecure households in areas with a high prevalence of both food insecurity and HIV. It begins by explaining general key considerations for designing livelihood programming in an HIV context. These considerations include ensuring the involvement of PLHIV and affected households in decision-making, adjusting the targeting of livelihood programs to account for labor constraints, avoiding stigmatization of and/or discrimination against HIV-affected beneficiaries, and avoiding the risk of increased HIV transmission resulting from livelihood activities.

The chapter then describes potential responses to mitigate HIV's impacts on a range of livelihood resources. Examples include implementing interventions to reduce or share labor needed to sustain agricultural livelihoods, providing training and credit opportunities to support off-farm income strategies, and encouraging community involvement in establishing and maintaining productive assets.

Next the chapter discusses FFA programming as a useful and flexible mechanism for using food to strengthen livelihood strategies. It explores the use of FFA to protect and promote the human, physical and natural assets of individuals, households and communities. The chapter then discusses providing food assistance in support of safety nets for OVC and other vulnerable groups, and it describes key considerations in developing unconditional, conditional and productive safety nets, as well as the importance of linking safety net resource transfers with livelihood-enhancing activities.

The chapter's final Key Concept provides guidance on designing effective social protection programs in the context of HIV.

## 12.1 Food-Assisted Livelihood Programs in the Context of HIV

There are a variety of ways livelihood programs can be adapted to an HIV context. Many are common to traditional livelihood programs, while others might be considered unique. Using an HIV lens, as described in **Chapter 4: Adaptive and Integrative Programming**, is critical to identifying appropriate program adaptations. This approach helps programmers understand HIV's impacts on livelihoods and various ways of responding to those impacts. It also helps identify how to adapt activities to ensure participation of HIV-affected households, design and implement activities targeting HIV-affected households, and ensure that the HIV-affected people are viewed as critical resources for addressing food insecurity in target communities.<sup>1</sup>

Developing food-assisted livelihood programs in the context of HIV does not mean altering activities to serve only PLHIV and affected households. In fact, implementers must keep the project's primary purpose (e.g., creating programmatically sound food security and livelihood strategies that benefit food-insecure populations) foremost in their minds.

In adapting livelihood programs for a food-insecure, high prevalence HIV context, programmers need to understand the target area's socio-cultural context. For example, while encouraging community ownership of the program, programmers must consider the cultural implications of stigma in a community-based livelihood or social protection program. The role of gender also should be considered in determining individual and household vulnerability (see **Chapter 3: Vulnerability Assessments** for details on conducting a gender analysis).

Programmers should also recognize that programs will need cash to implement many of the interventions discussed in this chapter. Additional cash resources can be obtained in USAID-funded Title II projects through monetization, but this may be more difficult in WFP projects unless obtained through partnerships.

### Key Considerations in Designing Programs in an HIV Context

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Staff training, workshops and program design assistance from HIV technical staff can facilitate the modification of livelihood programs to account for the needs of PLHIV, OVC and HIV-affected households. CBOs, institutions, networks and HBC groups should be involved in designing and implementing livelihood interventions. In addition, these design considerations should be taken into account when adapting livelihood programs to an HIV context:<sup>2</sup>

**Examining impacts.** Programs should examine HIV's impacts on assets, household livelihood strategies and coping mechanisms, as well as identify shocks, risks and how HIV has amplified them (see **Chapter 3: Vulnerability Assessments**). Programs also should examine how local institutions are helping households cope with the prevailing risks among chronically food-insecure populations and among PLHIV, OVC and HIV-affected households. It is important to be aware of these impacts upfront so they can be addressed in the program's design. **Chapter 1: Conceptual Framework** discusses these impacts with respect to the various asset categories.

**Resources for targeting.** It is important to investigate what resources are available to help integrate HIV into geographic targeting. In addition to collecting standard DHS data and

Vulnerability Analysis and Mapping (VAM) surveys, be sure to include information from the NAC, district level health officials, local AIDS service organizations, etc. Identify areas where high HIV prevalence rates overlap with chronic food insecurity. HIV-sensitive targeting can help food-assisted livelihood programs focus on responding to the severe limitations and additional constraints experienced by PLHIV, including accounting for HIV vulnerability factors in design. Such targeting, however, should not facilitate preferential treatment for PLHIV or HIV-affected households. The primary entry point of food-assisted livelihood programs is food insecurity.

**Inclusive targeting and decision making.** Programs should ensure GIPA in decision-making at all stages. This includes decisions on selecting and designing livelihood activities, targeting criteria/mechanisms and implementation, as well as decisions on how benefits/revenues from activities will be shared and used. In developing targeting criteria, programs should devise mechanisms to include PLHIV and HIV-affected households, taking into account physical needs and exploring alternative forms of participation such as committees, supervising and monitoring. Involving AIDS service organizations, HBC networks, VCT center staff, PLHIV and HIV-affected households on relevant committees, boards and management teams is a first step toward ensuring GIPA.

**Risk of increased HIV transmission.** Programs should consider whether livelihood activities being proposed or implemented could contribute to the spread of HIV and find ways to address this. For example, crop marketing activities that link rural and urban communities or agricultural-inputs credit programs may, if not properly managed, create circumstances in which women can be exploited for transactional sex, further exposing them to risks of HIV infection. In addition, the development of roads, community centers or markets to improve access and mobility also can increase interaction between men and women—and the risk of increased HIV transmission.

**Household labor constraints.** There may be food-insecure households in the community that cannot participate in the program because of HIV-related labor constraints. Programs should determine exactly where and why this is a problem and then try to find solutions such as daycare services or incentives for temporary caregivers of OVC and chronically ill family members. Some specific program adaptations to address this problem appear in the next section of this Key Concept.

**Adjusting work norms for PLHIV.** There may be ways to adjust work norms to get PLHIV and/or their representatives more involved. This is especially relevant to FFW and FFA projects, where adaptations could include “half day” (two hours of work instead of the standard four), “light duties” (full day of work that is less physically demanding) or “auxiliary duties” (duties that help other community members participate in FFA, such as caring for children or patients). Also, in some cases, the project may be able to allow vulnerable

## Less Labor-Intensive Tasks

Examples of less labor-intensive duties appropriate for those with limited strength and stamina, by project type:

- ▶ *Agricultural projects:* Light field clearing, watering fields, surfacing or leveling fields, earth removal using small buckets
- ▶ *Conservation agriculture:* Managing the tool bank

- ▶ *Any project:* Food and non-food item management, labor management, accounting, clerical tasks and participant registration, marketing, cooking at labor sites, caring for children, monitoring activities.

When dividing up tasks and devising work norms, it is important to use language that is not stigmatizing and is sensitive to the HIV context.

households to “recruit” a non-vulnerable relative or a neighbor to participate on their behalf and share the benefits.

**Avoiding stigma.** As reiterated throughout this guide, programs must be very careful to not increase stigma, whether through targeting mechanisms, adjusted work norms or any other means. Programs should take advantage of opportunities to address stigma by offering stigma reduction training to program staff, project beneficiaries and other stakeholders.

**Modifying rations.** Where food rations are involved, ration design should account for the special nutritional needs of PLHIV and other household members. Fortified nutrient-dense commodities (e.g., CSB), which are easily prepared and digestible, could be included in the ration.

## Program Adaptations to Address HIV’s Impacts on Livelihood Assets and Strategies

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Understanding how HIV impacts livelihood strategies through its effects on livelihood assets and how livelihoods might be strengthened to address these impacts is a critical starting point for designing livelihood programs in an HIV context. While **Chapter 1: Conceptual Framework** describes HIV’s impacts on livelihood assets and strategies, the following summarizes possible program adaptations to address these impacts, based on the six categories of assets (or capital) commonly used in a livelihood framework.<sup>3</sup>

### Addressing HIV’s Impacts on Human Assets: Labor

- ▶ Introduce agricultural practices that reduce labor use or bottlenecks (e.g., no tillage)
- ▶ Diversify production to reduce labor use or bottlenecks
- ▶ Intensify or promote new labor-sharing schemes
- ▶ Introduce less labor-intensive livelihood strategies
- ▶ Provide cash for hired labor
- ▶ Introduce small-scale, labor-saving food-processing technology, fuel-efficient stoves and water pumps
- ▶ Strengthen shared childcare, daycare and care of the chronically ill
- ▶ Support training of caregivers and families on caring for the chronically ill
- ▶ Encourage balanced diets, appropriate health-seeking behavior and treatment literacy to reduce morbidity and delay mortality
- ▶ Introduce workplace policies and programs

### Addressing HIV’s Impacts on Human Assets: Knowledge and Skills

- ▶ Disseminate new agricultural technologies and practices for the HIV context
- ▶ Introduce HIV prevention and PL information into extension messages
- ▶ Provide agricultural extension for widows, orphans and other survivors

- ▶ Encourage communities to share practical experience, such as agricultural knowledge, with widows, orphans and other survivors
- ▶ Provide business and management training for women, orphans and other survivors
- ▶ Provide training in new marketable skills
- ▶ Incorporate agricultural training into school curriculum
- ▶ Offer incentives for school attendance to reduce absenteeism and attrition
- ▶ Train the community in problem diagnosis, planning and organizational management

## **Addressing HIV's Impacts on Financial Assets**

- ▶ Introduce low external input technologies and practices
- ▶ Emphasize crops requiring fewer external input needs
- ▶ Emphasize appropriate substitute local wild foods
- ▶ Provide grants to buy or rent draught animals, hire labor or pay for other inputs
- ▶ Provide microfinance for operating expenses to fund draught animals, hired labor, inputs, etc.
- ▶ Help improve food storage and preservation to maintain quality and quantity of food stocks
- ▶ Use cash-for-work where appropriate
- ▶ Help develop markets for local products to expand income-earning opportunities
- ▶ Introduce vouchers for commodities (e.g., food, seeds) or inputs (e.g., fertilizer)

## **Addressing HIV's Impacts on Natural Assets**

- ▶ Advocate for changing rules governing land tenure to strengthen rights of widows and orphans
- ▶ Strengthen land rights and flexibility of land-use laws
- ▶ Replant community woodlots and forests

## **Addressing HIV's Impacts on Physical Assets**

- ▶ Provide grants for asset protection and restocking
- ▶ Provide repair service for productive and household assets to make them useable
- ▶ Provide grants or loans for land rental
- ▶ Provide microfinance to increase or diversify incomes
- ▶ Introduce animal husbandry
- ▶ Invest in community-owned assets (e.g., plows, draught animals)

## **Addressing HIV's Impacts on Social Assets**

- ▶ Encourage communal food and cash crop production

- ▶ Build/repair community grain stocks
- ▶ Encourage community works to repair assets and structures
- ▶ Improve social infrastructure (e.g., access to water, sanitation and health posts to reduce morbidity)
- ▶ Create/support all networks and community organizations
- ▶ Modify costly customs (e.g., funerals, marriages)
- ▶ Provide support/incentives to keep families unified and encourage families to take in orphans

## Addressing HIV's Impacts on Political Assets

- ▶ Encourage GIPA
- ▶ Implement anti-stigma campaigns and legislation
- ▶ Implement campaigns for social services for PLHIV
- ▶ Train communities in HIV awareness and inclusion of PLHIV and HIV-affected households in political processes

### CARE Lesotho, TEBA Help Vulnerable Groups Develop 'Keyhole' Gardens

In Lesotho, CARE and local partner TEBA have developed a nine-month curriculum that teaches food-insecure households how to build and maintain a 'keyhole' garden, so named because its shape resembles a keyhole.

Designed with sustainability in mind and to benefit the most vulnerable groups, including the elderly, PLHIV and OVC, the gardens are built with readily available and affordable materials such as manure, bones, stones and aloes. The gardens are resistant to dry weather and provide high yields of vegetables year-round using only waste water, which helps households conserve their

limited water supplies. The gardens also are easily protected during cold spells.

Although keyhole gardens are labor-intensive to build, they are waist-high and round to provide easy arm's-length access, which make it easier for ill and elderly people to maintain them.

The program develops two types of assets: the garden (physical asset) and the knowledge/skills to build and maintain it (human asset). Households graduate from the program only after they have a functioning garden and experience maintaining it.<sup>4</sup>

## Key Concept

### 12.2 Incorporating FFA Activities

In the context of HIV, FFA is a useful and flexible mechanism for using food to achieve livelihood objectives. FFA strategies emphasize creating productive assets that are owned, managed and used by the household or targeted community.<sup>5</sup> The accumulation of productive assets enhances household and community resilience to HIV-induced shocks,



including sickness and other disruptions to livelihoods.<sup>6</sup> Programming of FFA activities, such as FFE and FFT, are also discussed in **Chapter 11: Education**; programs with health and nutrition objectives are explored in **Chapter 10: Health and Nutrition**.

FFA not only creates physical assets (e.g., health infrastructure, gardens), but, just as important, it contributes to human assets (also called human capital) such as health, education, skills and awareness. FFA activities that can support livelihood strategies in HIV-affected communities include:

## Promoting the Creation and/or Rehabilitation of Physical and Natural Assets

- ▶ Food for creating community and homestead gardens
- ▶ Food for rehabilitating feeder roads to improve market access
- ▶ Food for building dams, irrigation systems and water catchments to improve water access
- ▶ Food for planting fruit trees and vegetable and herb gardens to promote a diverse and nutritious diet

A transition from FFV to FFA was initiated by the WFP 1998 “Enabling Development” policy, which shifted the focus from emergency-driven employment creation and income transfers to an emphasis on community-managed asset accumulation and human capital development.

## Promoting Development of Human Assets (Human Capital) Such as Knowledge and Skills

- ▶ Food for training in conservation farming to improve food access and diversity
- ▶ Food for training in business development, entrepreneurship, marketing, etc.
- ▶ Food for training in life skills to avoid negative coping strategies
- ▶ Food for training in labor-saving technologies
- ▶ Food for training in food processing and storage to improve dietary stabilization (increasing diversity year-round)
- ▶ Food for training in PL to prolong life and increase quality of life
- ▶ Food for developing gardens and for training in healthy dietary practices to reduce negative coping strategies and improve nutrition and health

## Protecting Household and Community-Based Assets, Especially Productive Assets

- ▶ Food for reforestation projects to prevent soil erosion
- ▶ Food for creating community grain banks to provide support to vulnerable families
- ▶ Food for agricultural labor to replace labor of households whose productive members have fallen chronically ill

## Key Considerations for Designing FFA Activities

Programs should follow standard FFA guidelines when designing and implementing responses. In addition, there are a number of other key considerations that should be taken into account:

**Adequacy of non-food inputs.** Communities heavily affected by HIV may no longer have sufficient access to the resources, such as tools and construction materials and/or agricultural implements, needed for successful and sustainable FFA projects. Relying exclusively on locally available material (e.g., mud bricks and thatch) may not be appropriate for creating a durable asset. It is important to conduct a realistic assessment of the community's capacity to "cost-share" FFA activities.

**Appropriateness of food.** It is important to ensure that food is the appropriate response. Food should be used as an input only where underlying food insecurity exists. If this is not the case, another input (cash or other in-kind) should be selected.

**Community prioritization.** As previously noted, FFA programs can mitigate the impacts of HIV through support to a number of livelihood strategies. Programs in HIV-affected communities should select responses that address the food security impacts prioritized by the community through participatory methods.

### 123 Key Concept Strengthening Safety Nets for OVC and Other High-Risk Groups

HIV leaves affected households and communities increasingly unable to meet the needs of their vulnerable members. The community's traditional safety nets become overburdened or collapse, particularly as women—who form the backbone of a community's social network—and community caregivers become sick themselves or must focus on caring for their own ill family members.

As a result, formal safety nets provided by government, PVOs, local NGOs and donor partners are needed to strengthen community safety nets and provide the multilevel, targeted interventions that at-risk groups need. These formal safety nets should not replace or displace community safety nets, but should work through them and support them.

Community safety nets sustain a household in crisis by providing material relief as long as possible or until the household is out of danger. However, over the long run, the household should once more rely on its own resources, freeing up community resources for others in dire need. Similarly, formal safety nets—which have limited resources—should include interventions that help the household maintain assets, remain economically productive and possibly help others, thus strengthening the community.

In particular, there is growing concern about safety nets for OVC. While it is generally preferable to place orphans or unaccompanied children with local families than with orphanages, caring for an additional child can become an unmanageable burden where the fostering family is poor, headed by an elderly or ill

Households that are both HIV-affected and food-insecure can benefit from short-term food assistance, which is linked to longer-term livelihood support (e.g., agricultural or microcredit programs). While some households will recover and return to their livelihoods, others will need long-term welfare mechanisms.

## CRS Malawi—Promoting Communities’ Capacity to Care for OVC

CRS implemented a Title II Development Assistance Program in Malawi from 2000 to 2005 to help improve the food security of HIV-affected households.

Guardians or families caring for OVC received food rations to ease the financial burden of care, help keep OVC in their own communities and improve the nutritional status of at-risk children. These households participated in complementary livelihood training programs on topics such as soil fertility, crop diversification and improved seeds. In 2003, 95 percent of beneficiaries who received food directly also participated in activities aimed at improving productive assets, such as building fish ponds.

In addition, CRS established 43 community-based child centers (CBCC) to enhance child care practices

and give guardians an opportunity to participate in general development activities. The CBCCs, staffed by community volunteers, provided OVC with food donated by the communities. Growth monitoring is also conducted at the CBCCs to ensure that children who are growth faltering are identified for interventions and, if necessary, referred to a health facility.

The program also used Title II food commodities to encourage OVC school attendance and supported community artisan apprenticeship programs to support skills development.

person or is food-insecure. Material assistance for foster families (such as a supplementary ration) can ease the burden of caring for these children and enable more families to take them in.

## Unconditional, Conditional and Productive Safety Nets<sup>7</sup>

Three kinds of safety nets are relevant in the food assistance programming context:

- ▶ **Unconditional** safety nets provide resource transfers based solely on criteria of need.
- ▶ **Conditional** safety nets provide a resource transfer contingent on certain behaviors, such as sending children to school or bringing them to health centers regularly. Conditional safety nets address both short-term protection objectives while promoting the longer-term accumulation of human capital.
- ▶ **Productive** safety nets provide a resource transfer to meet basic needs; prevent households from selling off productive assets such as animals, tools and equipment; and help build household and community assets. In a chronic food insecurity situation, a productive safety net might be a seasonal intervention.

**Strengthening individual livelihood capacities.** For individuals, food-assisted conditional safety nets can be linked with vocational training, apprenticeships, agricultural extension tailored to women or OVC, formal and informal education, income-generating activities, assistance to protect investment in microfinance and other livelihood promotion strategies. Providing credit, savings and other financial services; job and business skills training (especially for women) relevant to rural industries; and rural contracting opportunities (e.g. farming as a business) also can be linked with conditional safety nets. These interventions help create self reliance, reduce risky coping behaviors and help at-risk groups improve the social conditions that can lead to HIV infection.

**Strengthening household livelihood capacities.** Conditional and productive safety nets for households include activities that enhance household productivity by supporting the adoption of labor-saving technology, labor-sharing practices, post-harvest transformation technologies, and market knowledge and linkages.

**Strengthening community livelihood capacities.** Productive safety nets for communities include activities that help the community provide for its most vulnerable members, such as FFA activities for village grain storage structures and communal gardens.

## AMPATH Links Safety Net, Livelihood and HIV Treatment Interventions in Kenya

The WFP/AMPATH collaboration in Kenya is an innovative example of integrating food and nutrition (safety net) and livelihood interventions into an HIV treatment program that seeks to preserve beneficiaries' health status (human assets).

In the AMPATH treatment program's early years, it became apparent that most HIV-positive patients were malnourished. Several reasons were cited, including a lack of access to food, poor appetite and poor food preparation. In response, a project to provide supplementary food to AMPATH ART patients was initiated through the HAART and Harvest Initiative in 2002.

The program established production farms near four AMPATH treatment sites, which provided locally

acceptable, nutritious food to undernourished and food-insecure PLHIV. Local produce—including eggs, milk, fresh fruits and vegetables, and herbs—was included in household rations.

As the number of people seeking ARVs increased, WFP began providing food to complement local produce. AMPATH also created a Family Preservation Initiative to augment, restore and improve PLHIV's incomes as part of the comprehensive recovery strategy, establishing resilient livelihoods for those discharged and continuing with home care activities. Core activities include agricultural microfinancing, business training and technical support for poultry and horticultural services.

## Key Considerations in Designing Food-Assisted Safety Nets for At-Risk Groups

These design steps and considerations should be taken into account when designing food-assisted safety nets for OVC and other high-risk groups:

**Needs assessments.** It is important to conduct a needs assessment to determine the level and type of food insecurity within the targeted community and among specific at-risk groups, identifying the risks they are exposed to, their vulnerability and capacity to cope.

**Linkages with existing programs.** Collaborating with other programs can support at-risk groups and provide food as an input to an existing package of services in health care, education, psychosocial support, etc.

**Clear rationale for incorporating food.** Programs should establish the objectives of providing food as well as indicators for monitoring the food's outcome and impact. When conditional safety nets are used to advance HIV-related outcomes such as care, support and protection of at-risk groups, the objectives are not likely to be directly related to food security or nutrition status. Instead, the objectives may be to help increase school attendance or use of health services. It is important to determine the level of attendance

## HACI in Mozambique

Mozambique's Hope for African Children Initiative (HACI OVC) expands on already established HIV, livelihood and microfinance programs, placing a strong emphasis on training people who work with children in the communities, such as social welfare service providers and traditional leaders. In sum, the project—established in 2000 by CARE, Plan International, Save the Children, the Society for Women and AIDS in Africa, the World Conference on Religion and Peace and World Vision—aims at scaling up existing

interventions to increase the capacity to care for OVC, OVC awareness and advocacy activity, and the number of organizations on all levels that respond to OVC needs.

Several of the NGOs implementing HACI OVC receive food from WFP as an input to the care and protection package. Food has an important role, but it is seen as only one of the many inputs that advance the program's care and protection outcomes.

or participation and the use of services before food support to assess what changes result from the food.

**Avoiding “AIDS exceptionalism.”** It is critical to ensure that interventions targeting at-risk groups do not exclude groups who are equally vulnerable for reasons unrelated to HIV.

**Understanding vulnerability.** Programs should understand when OVC and affected households become vulnerable. For example, children often become vulnerable in the period before they become orphans, when their HIV-infected parents fall chronically ill. Programs can find ways to keep children in school and out of harm's way during this period. Likewise, vulnerable households should be targeted before they start using negative coping strategies such as selling off productive assets.

**Supporting households caring for OVC.** When specifically targeting orphans outside an institutional program such as school feeding, programs should provide food assistance to an entire household rather than solely to the orphans in that household. This assistance can ease the burden extended and foster families take on when caring for orphans and enable more families to take in orphans.

## Linking Livelihood and HIV Programming to Address PLHIV Food Security

ACDI/VOCA Uganda, TASO and a local consortium of NGOs are partnering to combine livelihood and HIV programming to address the food security needs of PLHIV and OVC.

The program provides PLHIV with support in counseling, HIV prevention education, nutrition education and easier access to health services and food assistance. The program also encourages PLHIV to complete TB treatment and/or adhere to ART regimens.

Recognizing the need to link short-term nutrition support with longer-term livelihood promotion, the

program offers PLHIV access to microcredit facilities via TASO. The microcredit programs aim to improve the livelihood security of households with chronically ill adults and provide income-earning opportunities for asymptomatic PLHIV so they can support their families and, by extension, strengthen their communities' socio-economic safety nets.

In addition, TASO conducts informal apprentice training for OVC youth and negotiates with local tradesmen to find placements and mentors for the youth in their communities. OVC receive take-home rations during their placement period that benefits both the OVC and hosting family.<sup>8</sup>

# 12

## 4 Key Concept

### Designing Effective HIV-Related Social Protection Programs

The topic of social protection has raised renewed interest in the context of HIV. Various UN agencies (including WFP), donors and international NGOs have begun exploring ways to support and promote emerging social protection programs in a host of developing countries, including Afghanistan, Ethiopia, Malawi and Zambia.

While there is no commonly agreed-upon definition, one common purpose across social protection interventions is to support the most vulnerable segments of society by providing financial, material, social or psychological support to people who are otherwise unable to obtain it through their own efforts.<sup>9</sup>

In Malawi, for example, WFP is supporting the Government and its partners—including the UK Department of International Development (DFID), European Union (EU), World Bank, German Society for Technical Cooperation (GTZ), USAID, Canadian International Development Agency (CIDA), FAO, UNICEF and UNDP—in developing a national social protection policy. Malawi's National Safety Net Program builds on the strategic framework laid out by the country's PRSP and includes targeted inputs, public works programs, a nutrition component, welfare support and disaster risk management as a cross-cutting theme.

An effective social protection approach emphasizes both short- and long-term responses within a holistically designed framework. Although social protection approaches have traditionally sought to protect the livelihoods of vulnerable groups, recent debates have focused on the need to broaden the concept to include promoting livelihoods using a framework that draws on a range of mechanisms.<sup>13</sup> These mechanisms may include anti-discrimination legislation, contributory insurance schemes, pensions for the elderly and disabled, grants to people caring for orphans, food stamp programs, school feeding and anti-stigma campaigns.

Safety nets are one component of a social protection strategy. In the past, safety nets—which, as discussed earlier, typically involve a targeted

WFP defines social protection as integrated systems of institutionalized national measures which may include contributory pensions, insurance schemes and safety nets. Safety nets are further defined as a social protection component targeted at the most vulnerable sections of a population.<sup>10</sup>

### Ethiopia Undergoes Strategic Shift on Social Protection

In Ethiopia, relief provided on an emergency basis has barely kept the poor above water. It has not built assets nor has it secured livelihoods. At best, it has simply kept people in a holding pattern.

Recognizing this, Ethiopia's leading bilateral and multilateral donors have played a key role in advocating for new strategies to assist chronically food-insecure households.

As a result, in 2005, Ethiopia initiated the Productive Safety Net Programme, a five-year social protection

scheme that represents a significant institutional transformation of the country's aid system. A critical feature is multi-annual funding commitments by donors, which will enable the Government of Ethiopia to provide predictable resources to chronically food-insecure beneficiaries. There is broad donor support for the government's decision to address chronic food insecurity through a recurring budget line item rather than an annual appeal.<sup>11</sup>

social transfer such as cash, food or other input—were seen as protecting the chronically poor and most vulnerable members of society. While both food and cash are legitimate modalities for social transfers, there is debate over which to use. Programs should carefully consider each modality in the context of an overall social protection package for individuals, households and communities affected by HIV, as well as the target group’s needs and the local operating environment.<sup>14</sup>

## HIV’S Effect on Local Social Protection Services and Institutions

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As stated earlier, in many regions of high HIV prevalence, informal community safety nets are overstretched or have collapsed. This is occurring in countries such as Malawi where informal safety nets are critical for helping households adapt to economic crises. The strain on community safety nets also has a devastating effect on local health and educational services (see **Chapter 1: Conceptual Framework**). In such situations it is critical to expand social protection measures beyond those implemented by the community and local social services to the regional and national scale.

Externally sourced and managed food assistance programs can play an important role in social protection programs by meeting HIV-affected families’ immediate food and nutrition needs. Where food assistance is needed, implementing agencies can coordinate their efforts to scale up delivery systems so that they have wider reach and greater efficiency. For example, nutrition support can be linked to ART rollout. Coordinated efforts must harmonize targeting criteria and strategies, link institutional partners, enhance referral systems, install procurement and logistic systems, and establish common monitoring and evaluation systems to ensure accountability.<sup>16</sup>

Understanding the evolving needs of individuals, households and communities affected by HIV is crucial for effective planning for social protection.<sup>17</sup> Using a timeline for HIV intervention planning such as that discussed in **Chapter 4: Adaptive and Integrative Programming** can foster the integration of responses across institutions and sectors. Organizational linkages and systematic referral mechanisms are essential for optimizing the continuum of care.

Social protection must be tailored to the specific sources of vulnerability and the forms that vulnerability takes. Programs should ask these key questions:

- ▶ What specific source of vulnerability are we trying to mitigate?
- ▶ What is the most appropriate social protection response to this source of vulnerability?<sup>12</sup>

### Social Protection and Social Safety Nets

The terms *social protection*, *social welfare* and *social safety nets* are often used interchangeably. In conventional terms, they describe “social transfers to vulnerable groups in response to poverty or threats to their livelihoods.” However, recent thinking broadens the notion of social protection to that of an “overarching framework that goes beyond mere transfers and toward comprehensive policies.”<sup>15</sup> The intent of a social protection framework is to ensure an element of predictability and national ownership while promoting adequate budget allocations and program coverage at the national level.

Along these lines, safety nets and welfare mechanisms are not equal to social protection, but are rather considered components of a social protection framework. They not only include measures to protect livelihoods, but also measures to promote livelihoods (e.g., school feeding and microfinance interventions). There are different views on the extent to which measures that promote livelihoods should be considered social protection.

## CARE Zimbabwe Restores Community Seed Banks

In the past, community granaries were established in Zimbabwe to support vulnerable community members, such as the elderly and orphans, who relied on the village chief for support. Unfortunately, this traditional safety net vanished in the early 1980s after the country became independent.

Responding to the community's request, CARE Zimbabwe helped restore this traditional mechanism with the aim of supporting vulnerable community members, including those affected by HIV. The

community contributed all construction materials, while CARE supplied food and technical assistance, and helped with activity planning. The Department of Agriculture and Extension provided training and assisted with community mobilization.

Each participating farmer contributes 20 percent of his produce and seeds for the bank. Excess seed is sold and proceeds used to support seed protection interventions for participating farmers.<sup>18</sup>



## Annex I: Additional Resources on Livelihood Programming in the Context of HIV

Bishop-Sambrook, Clare. (2004) *Addressing HIV/AIDS through Agriculture and Natural Resource Sectors: A Guide for Extension Workers*. Socio-Economic and Gender Analysis Programme (SEAGA), Food and Agriculture Organization (FAO) available at [www.fao.org/sd/dim\\_pe1/docs/pe1\\_050103d1\\_en.pdf](http://www.fao.org/sd/dim_pe1/docs/pe1_050103d1_en.pdf).

Food and Agriculture Organization (FAO). (2005) *Policy Brief: Impact of HIV/AIDS on Fishing Communities* available at [www.fao.org/hivaids/publications/Policy\\_Brief-Final\\_En.pdf](http://www.fao.org/hivaids/publications/Policy_Brief-Final_En.pdf).

Food and Agriculture Organization (FAO). (2006) *Planning Livestock Interventions with a Gender and HIV/AIDS Lens* available at <http://www.fao.org/ag/againfo/subjects/documents/livestockaids0606.pdf>.

Food and Agriculture Organization (FAO) and the German Society for Technical Cooperation (GTZ). (2003) *Study of Practices Implemented to Mitigate the Impact of HIV/AIDS at Farm Household Level in Six African Countries (Malawi, South Africa, Tanzania, Uganda, Zambia, Zimbabwe)* available at [http://www.sarpn.org.za/mitigation\\_of\\_HIV\\_AIDS/m0019/index.php](http://www.sarpn.org.za/mitigation_of_HIV_AIDS/m0019/index.php)

## Endnotes

1. Steward, J., and Greenaway, K. *Food for Assets Programming through an HIV/AIDS Lens: Manual and Checklist*. Johannesburg: C-SAFE, 2004.
2. Adapted from Steward and Greenaway, *Food for Assets*.
3. Adapted from Bonnard, P. *HIV/AIDS Mitigation: Using What We Already Know*. FANTA Technical Note 5. Washington, DC: FANTA Project, Academy for Educational Development, 2002.
4. Adapted from Gardner, A., Greenblott, K., and Joubert, E. *What We Know About Exit Strategies: Practical Guidance for Developing Exit Strategies in the Field*. Johannesburg, South Africa: C-SAFE Regional Learning Spaces Initiative, 2005.
5. Kayira, K., Greenaway, K., and Greenblott, K. *Food for Assets: Adapting Programming to an HIV & AIDS Context*. Draft. Johannesburg: C-SAFE Learning Center, 2004.
6. Greenblott, K. *Social Protection in the Era of HIV & AIDS: Examining the Role of Food-Based Interventions*. Prepared for the World Food Programme (WFP), 2006.
7. USAID Office of Food for Peace. *P.L. 480 Title II Program Policies and Proposal Guidelines*. Washington, DC: Bureau for Democracy, Conflict and Humanitarian Assistance Office of Food for Peace, May 2006.
8. FANTA Project. *Review of Food-Aid-Assisted Livelihood Program Interventions in Communities with a High Prevalence of HIV/AIDS*. Washington, DC: FANTA Project, Academy for Educational Development, 2006.
9. Greenblott, *Social Protection*.
10. World Food Programme (WFP). *WFP and Food-Based Safety Nets: Concepts, Experiences and Future Programming Opportunities*. Policy Issues Agenda Item 4. Rome: WFP, 2004.
11. Harvey, P. "HIV/AIDS and Humanitarian Action," *Human Policy Group Research Report 16*. London: Overseas Development Institute, 2004.
12. Devereux, S. "Cash Transfers and Social Protection," paper prepared for the Regional Workshop on Cash Transfer Activities in Southern Africa, co-hosted by the Southern African Regional Poverty Network (SARPAN), Regional Hunger and Vulnerability Programme (RHVP) and Oxfam GB, Johannesburg, South Africa, October 9-10, 2006.
13. Harvey, *HIV/AIDS and Humanitarian Action*.
14. Greenblott, *Social Protection*.
15. Ibid.
16. Ibid.
17. Ibid.
18. Steward and Greenaway, *Food for Assets*.