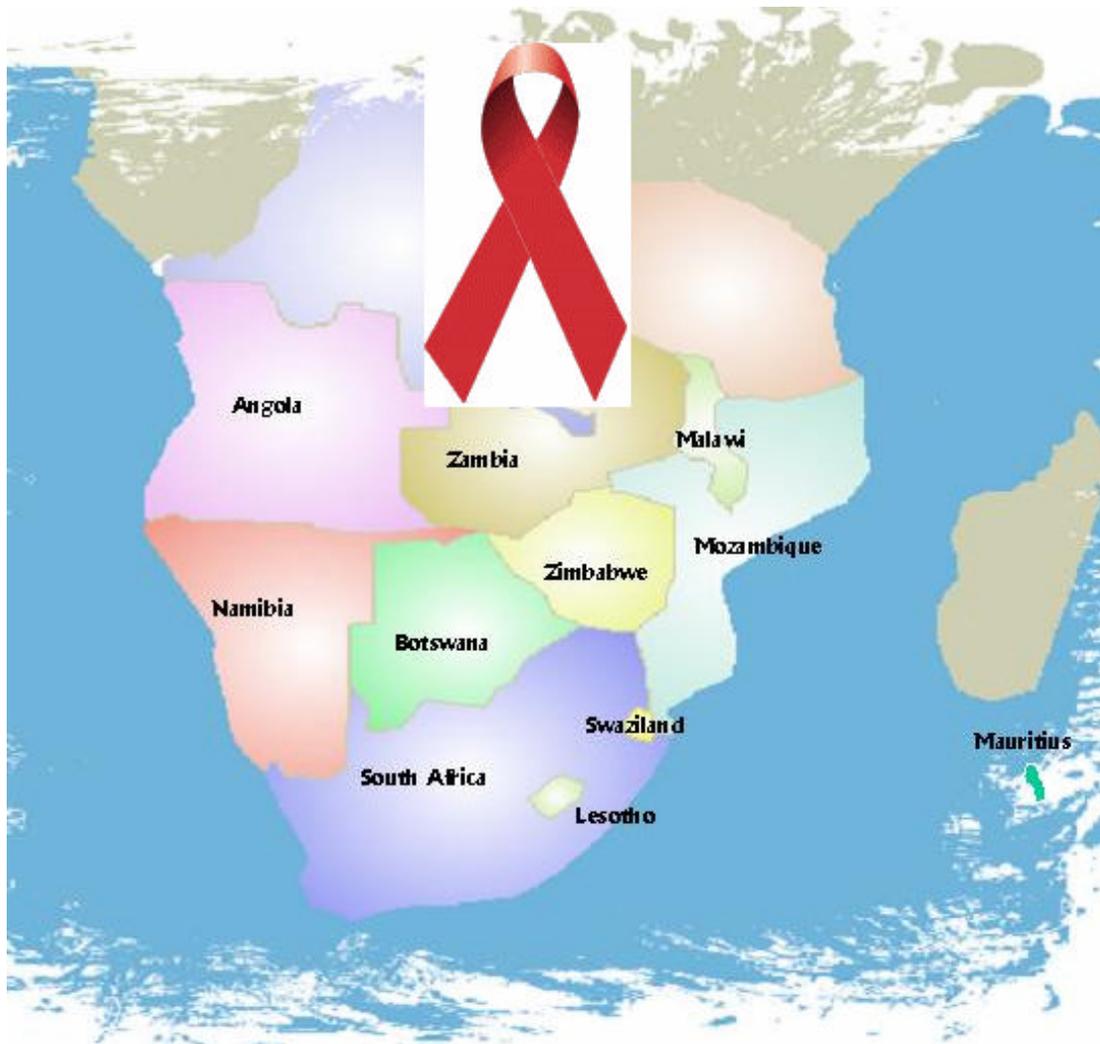




UNITED NATIONS
ECONOMIC COMMISSION FOR AFRICA
SOUTHERN AFRICA OFFICE

Mitigating the impact of HIV/AIDS on smallholder agriculture, food security and rural livelihoods in Southern Africa: Challenges and action plan





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ECA/SA/TPUB/2005/3

May 2006

ORIGINAL: ENGLISH

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FOREWORD

The HIV/AIDS epidemic is having a debilitating impact on rural households and their livelihoods in sub-Saharan Africa. Over 60 per cent of Southern Africa's population resides in rural areas and depends on smallholder agricultural production as their major source of livelihood. Southern Africa continues to have the highest HIV prevalence rate in the world, leading to worsening levels of chronic ill health and mortality. Recent data on HIV/AIDS prevalence in Southern Africa show HIV rates that exceed 20 per cent in six countries of the subregion. While HIV prevalence is higher in the urban areas, the epidemic is penetrating the rural areas affecting large proportions of the most productive age groups. This has had a damaging impact on smallholder agriculture in Southern Africa. Problems are evident in areas such as food security reflected by depletion of labour, loss of inter-generational knowledge and skills, loss of income and land inheritance rights for women and the youth. The fight against HIV/AIDS should be multisectoral, involving a combination of prevention, treatment and care and mitigation. Mitigation – reducing or offsetting the impact of the disease - is increasingly important, as illness and mortality take a greater toll on the population.

Households, communities, governments and development partners are implementing a variety of interventions to mitigate the impact of the epidemic on smallholder agricultural production. However to date, documentation and dissemination of interventions to mitigate the impact of HIV/AIDS on smallholder agricultural production and food security is low. This publication attempts to provide this essential information. It presents a summary of the specific initiatives that some countries and communities in the subregion are adopting to mitigate the impact of the epidemic on smallholder agricultural production. It also discusses the major challenges experienced in HIV/AIDS mitigation work and suggests an action plan to reinforce HIV/AIDS mitigation on smallholder agriculture, household food security and rural livelihoods.

Information used to produce this document was obtained from existing literature and from national studies in five Southern African countries (Malawi, Zimbabwe, Mozambique, Swaziland and Lesotho). The action plan was based on ideas raised by a team of experts who participated in the workshop on interventions to mitigate the impact of HIV/AIDS on smallholder agriculture, food security and rural livelihoods in Southern Africa, held from 17 to 19 October 2005 in Lusaka, Zambia.

ECA-SA wishes to thank the following national consultants who wrote national reports for the countries covered in the study: Patricia Jabu Musi (Swaziland), Grace Malindi (Malawi), Shepherd Musiyandaka (Zimbabwe), Paula Machungos (Mozambique) and Motselisi Ramakoae and Osten Chulu of the UNDP Lesotho country office (Lesotho). The contribution of the ECA-Sustainable Development Division to different stages of the project is gratefully acknowledged, in particular the contribution made by Bjorg Sandkjaer in editing the report.

ECA-SA also wishes to thank the team of experts who participated in the workshop on interventions to mitigate the impact of HIV/AIDS on smallholder agriculture, food security and rural livelihoods in Southern Africa. Their ideas, comments and observations were instrumental in the development of the action plan and key recommendations. The input of Munshimbwe Chitalu in the preparation of the action plan is gratefully acknowledged.

ECA-SA gratefully acknowledges the contribution of the former Officer in Charge, Dickson Mzumara. The principal author of the publication was Gladys Mutangadura. The ECA-SA professional team provided valuable input through reviewing and commenting on earlier drafts of the publication. The team includes Patrick Bugembe, Ernest M. E. Dhliwayo, Irene B. Lomayani, Kampion Banda, Oliver Maponga, Doreen Kibuka-Musoke, Saskia Ivens, Eduardo Frias, and Kaluba Mwansa, assisted by ECA-SA support staff.

It is my expectation that this publication will prove valuable and timely to decision-makers in government, intergovernmental organizations, bilateral and multilateral development partners, non-governmental organizations, academia and the general public.

Jennifer Kargbo
Director, ECA-SA
May 2006

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral treatment
CEDAW	Committee on the Elimination of all forms of Discrimination Against Women
CBO	Community Based Organisations
CHGA	Commission on HIV/AIDS and Governance in Africa
COMESA	Common Market of Eastern and Southern Africa
CSO	Civil Society Organisations
ECA	United Nations Economic Commission for Africa
ECA-SA	United Nations Economic Commission for Africa Office for Southern Africa
ECA-SDD	United Nations Economic Commission for Africa - Sustainable Development Division
FAO	Food and Agriculture Organisation of the United Nations
GFPs	Gender Focal Points
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (Germany Technical Cooperation)
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council of South Africa
IFPRI	International Food Policy Research Institute
IGA	Income generating activity
NAC	National Aids Council
NGO	Non-governmental organization
OVC	Orphans and vulnerable children
PLWHA	People Living with HIV/AIDS
RENEWAL	Regional Network for HIV/AIDS and Livelihoods
SADC	Southern African Development Community
SAfAIDS	Southern Africa AIDS Information Dissemination Service
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
YMCA	Young Men's Christian Association

EXECUTIVE SUMMARY

It is now widely known that the HIV/AIDS epidemic has a debilitating impact on rural farming households and their livelihoods in sub-Saharan Africa. In Southern Africa where the HIV prevalence rates continue to be the highest in the world, the HIV/AIDS epidemic has been singled out to be aggravating food insecurity and negatively impacting on rural livelihoods. It is in this context that ECA-SA commissioned a project to: (i) review the impacts of HIV/AIDS on smallholder agricultural production, food security and rural livelihoods; (ii) identify mitigation interventions that are being implemented in the sub-region; (iii) identify the major challenges affecting HIV/AIDS mitigation work; and (iv) suggest an action plan to reinforce HIV/AIDS mitigation on smallholder agriculture, household food security and rural livelihoods.

Findings of the project indicate that HIV/AIDS impacts negatively on smallholder agriculture, food security and rural livelihoods through labour and capital shortages, loss of knowledge and skills, loss of farm implements, loss of access to production assets such as land, and loss of formal and informal institutional support. The overall effects of HIV/AIDS impacts are reduced smallholder agricultural production, reduced income, and reduction in household assets, causing reduced access of households to food, health services and education.

The identified key strategies to mitigate the impact of HIV/AIDS include interventions aimed at improving smallholder agricultural production and nutrition; community driven initiatives; household portfolio diversification and micro finance services; social safety nets; provision of antiretroviral treatment, and the role of national agricultural sector policies in mitigating the impacts of HIV/AIDS.

However, HIV/AIDS mitigation work faces a number of challenges. The challenges that affect successful implementation of HIV/AIDS mitigation strategies include: lack of coordination mechanisms amongst stakeholders; inadequate documentation of successful practices for replication; poor information and technology transfer to end-users and end users needs analysis; gender inequality in the access, control and ownership of productive resources; weakening community or household coping strategies to shocks; and weak monitoring and evaluation of HIV/AIDS interventions.

The key challenges facing governments in their efforts to mitigate the impact of HIV/AIDS include: inadequate legal and policy frameworks; limited access to legal and policy documents; government difficulties in coordinating and monitoring the work of development agencies on HIV/AIDS mitigation; absence of HIV/AIDS implementation policy and structures; inadequate financial and material resources; and lack of political will. The major issues that limit the usefulness of policy in HIV/AIDS mitigation include: lack of relevant policies or outdated policies in which HIV/AIDS is mainstreamed; ineffective policy implementation; poor understanding of mainstreaming HIV/AIDS in mitigation programmes; and mismatch between policy priorities and government budget.

The report ends with an Action Plan directed to all governments and stakeholders to address these challenges and help HIV/AIDS mitigation programmes to be more effective.

BACKGROUND

1.0 Introduction

1. HIV/AIDS has added significantly to the problems of agriculture and food security in Africa by severely affecting subsistence agriculture, where production depends very heavily on labour. Southern Africa is currently experiencing high mortality and morbidity as a result of the HIV/AIDS epidemic (see annex 1). In poor rural households, AIDS causes severe labour and economic constraints that disrupt agricultural activities, aggravate food insecurity, and undermine the prospects of rural development.

2. The overall result of the impact of HIV/AIDS is a decline in agricultural production and off-farm sources of livelihood. There is increasing evidence that all dimensions of food security - availability, stability, access to and use of food - are affected where the prevalence and impact of HIV/AIDS are high. Food shortages across the sub-region in 2002 and 2003 resulted in a humanitarian crisis. The main cause of food shortages in the subregion has been widely identified to be the recurrent drought, but the HIV/AIDS pandemic was singled out to have exacerbated the situation. HIV/AIDS is rapidly eroding the strategies adopted by communities to help cope with the situation in order to survive and recover from frequent drought and natural disasters.

3. Research has revealed that communities, churches, rural development institutions and development NGOs are implementing a variety of interventions to mitigate the food security impacts of HIV/AIDS on households. However documentation and dissemination of information on interventions to mitigate the impact of HIV/AIDS on smallholder agricultural production and food security is low. Yet in communities experiencing high HIV/AIDS prevalence rates it is important that rural development planners have access to information on potential interventions so that they can develop policies and programmes that effectively mitigate the impacts of HIV/AIDS.

4. It is in this context that the United Nations Economic Commission for Africa Southern Africa Office (ECA-SA) undertook a project to research and document the existing interventions that are being used to mitigate the impact of HIV/AIDS on smallholder agriculture and rural livelihoods in Southern Africa and organized a workshop to share knowledge and experiences on interventions and policy responses in mitigating the impact of HIV/AIDS on rural livelihoods and food security. The research was based on a review of existing literature and national studies prepared by consultants in five Southern African countries (Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe). ECA-SA prepared a synthesized draft report that was used as a background document for the workshop on interventions to mitigate the impact of HIV/AIDS on smallholder agriculture, food security and rural livelihoods in Southern Africa that was held from 17 – 19 October 2005 in Lusaka, Zambia.

5. The three-day workshop for rural development practitioners and other stakeholders discussed interventions presented in the background document and other key presentations made by major stakeholders involved in research and implementation of

mitigation interventions and made suggestions for improving the draft report. Discussions in the workshop also culminated in the development of an action plan that is presented in Part 4.

1.1 Scope of the document

6. This document summarizes the outcome of the ECA-SA project on mitigating the impact of HIV/AIDS on smallholder agriculture, rural livelihoods and rural food security. Part 1 highlights the impact of the epidemic on smallholder agricultural production and household food security; Part 2 describes the range of interventions that can mitigate the impact of HIV/AIDS; Part 3 highlights the challenges affecting HIV/AIDS mitigation work in rural settings; and Part 4 presents an action plan to reinforce HIV/AIDS mitigation on smallholder agriculture, household food security and rural livelihoods.

PART I

The impact of the HIV/AIDS epidemic on smallholder agricultural production, household food security and rural livelihoods

2.0 Introduction

7. More than 60 percent of people in Southern Africa¹ reside in the rural areas and depend on rain-fed smallholder agriculture as the main source of livelihood. Access to food at household level depends on own production, the availability of income to purchase food and the availability of both formal and informal sources of food transfers. This production or ability to purchase food is made possible by utilizing the livelihood assets essential to their livelihood strategies: human, natural, financial, social and physical capital (Jayne et al. 2004). HIV/AIDS affects the household through its impact on the availability of these assets that are required to undertake agricultural production, the household's ability to generate income and the ability of social support system to meet the household's needs (CHGA 2004a).

8. *Figure 1* illustrates the linkages between HIV/AIDS and smallholder household agricultural production. The household's consistent goal is to maximize well-being. In the absence of shocks and stresses such as HIV/AIDS, the standard of living is *relatively* high given available household resources and an environment conducive to production. Morbidity and mortality of one or more household members can affect each of the livelihood assets resulting in a reduction in the ability of the household to produce and adjust to future shocks. This can result in a multitude of adverse consequences such as lower nutritional status, poorer health, reduced schooling of children, as well as depletion of the productive asset base. The following sub-sections provide more details on the impact of HIV/AIDS on smallholder households.

2.1 Loss of labour

9. Death and illness reduce labour availability, both directly through affecting productive members of the household, and indirectly through diverting labour to caring for the sick. Both of these effects mean that during the rainy season - a period of high labour demand for land preparation, sowing and weeding - labour demand for farm work may remain unmet, as urgent domestic tasks are forced to take precedence. In Northern Zambia, affected households, and in particular female-headed households, reduced the total area under cultivation due to labour shortages (FAO, 2004).

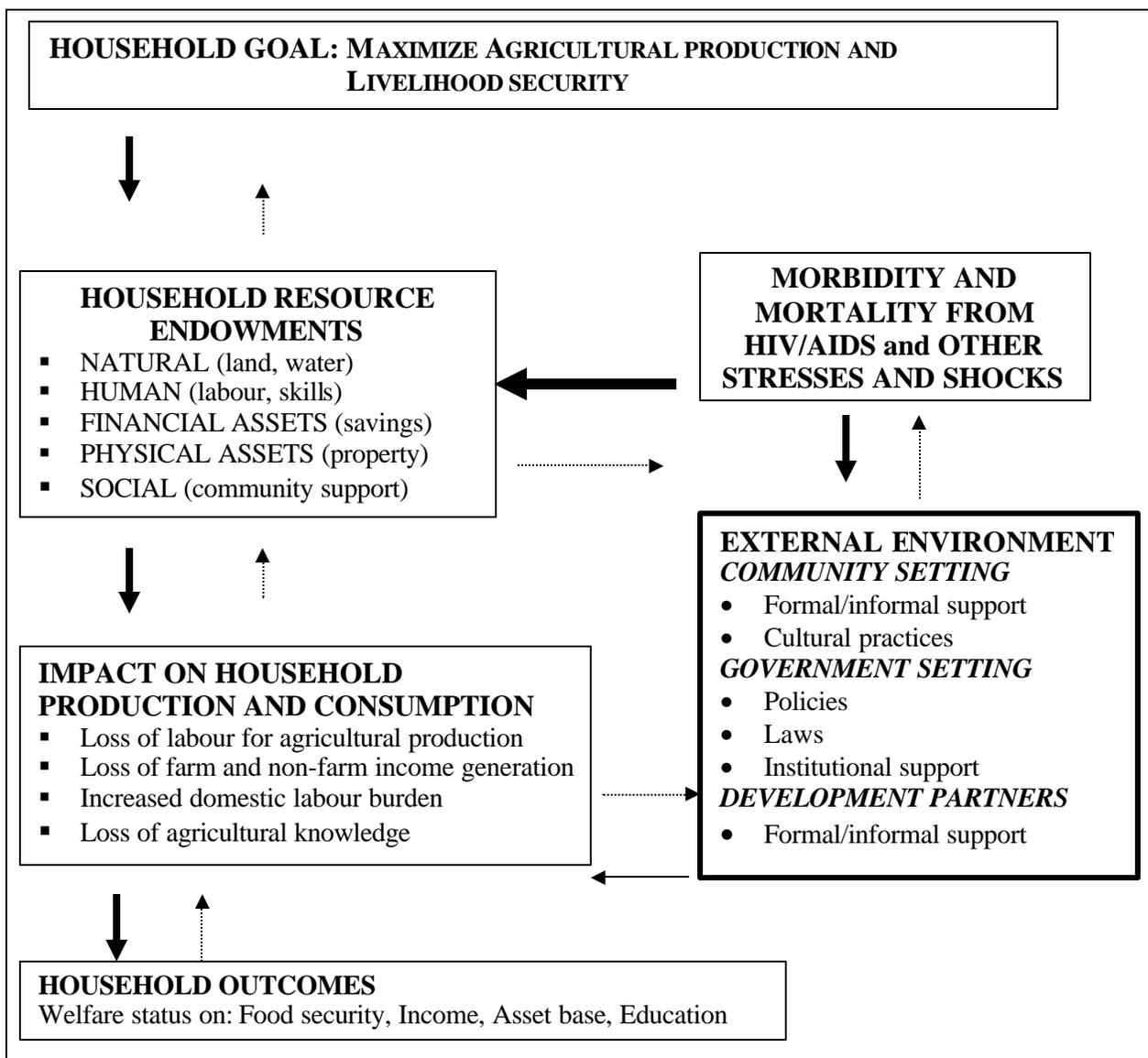
2.2 Loss of financial and physical assets

10. The costs of prolonged illnesses and the associated loss of income may force households to sell some assets so as to meet the additional health costs. FAO studies done

¹ Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe.

in Eastern Africa indicate evidence that poor households incur debt in order to meet additional health costs, funeral expenses, and other immediate expenses. They try to hold on to productive assets such as land, farming implements, and tree crops for as long as possible (FAO, 2004). Eventually households are forced to divest their income, and sell livestock including draught animals (cattle and donkeys) and sell farm implements such as ploughs, cultivators, scotch-carts and wheelbarrows. Sale of productive assets such as draft power animals and agricultural implements jeopardizes the agricultural production capability of the household.

Figure 1: Conceptual links between HIV/AIDS and household agricultural production



2.3 Loss of agricultural skills

11. The widespread loss of active adults disrupts mechanisms for transferring indigenous farming methods, knowledge, values and beliefs from one generation to the next. Agricultural skills may be lost since children are unable to observe their parents working. This has serious implications on the continuity of agricultural and livestock production. In Swaziland, a case study on the impact of HIV/AIDS and drought on local knowledge confirmed that the pandemic erodes gendered-local knowledge. Death of the man of the house usually meant the disappearance of knowledge and skills related to maize and cotton production, while the death of the woman affected the household's knowledge on legume production (Hlanze 2005).

2.4 Impact on property and inheritance rights of women and children

12. The HIV/AIDS epidemic increases the vulnerability of women, and children to land dispossession by patrilineal kin on the death of male household heads. According to the UN Secretary General's Task Force Report on Women, Girls and HIV/AIDS in Southern Africa (2004), as the death toll from AIDS is mounting many widowed women are experiencing dispossession in rural areas. Women often do not have marriage certificates or other documentation to protect their rights (and wills are rarely drawn up). A recent study by FAO in Namibia, revealed that households where husbands had died of HIV/AIDS-related illnesses were disadvantaged. The traditional practice of taking land away from the widow and children continued and, in extreme cases, their livestock was also taken away.

2.5 Loss of capacity and disruption of service delivery of rural institutions

13. High staff turnover and absenteeism, reduced staff productivity, increase in expenditures, increased workload of staff and loss of knowledge, skills and expertise, all resulting from HIV/AIDS-related morbidity and death contribute to the weak state of extension programmes in Africa and their inability to support agricultural production (Gavian et al 2005). Extension workers and veterinary service providers are spending less time performing their advisory roles as they fall sick, tend to other ill family members or attend funerals. In the case of Namibia, it is estimated that extension staff may be spending up to 10 per cent of their time attending funerals (FAO, 2003).

2.6 Increased workload of women and impact on agricultural production and food security

14. In communities where there is a traditional division of labour by gender between agricultural tasks and household work, the domestic labour burden of women increases disproportionately. Women have to take up additional burden of taking care of the sick, orphans and attend frequent funerals. The increased workload may greatly reduce their time to participate in agricultural activities, leading to a decline in agricultural production in areas where females are the major agricultural

"The impact of HIV/AIDS falls most heavily on women."

producers. In Northern Zambia, affected households, and in particular female-headed households, reduced the total area under cultivation due to labour shortages (FAO, 2003). In Tanzania, women spent 60 percent less time on agricultural activities because their husbands were ill (Rugalema, 1999). Because they are overburdened, women no longer have time for non-farm activities such as artisan crafts, market gardening, food processing and others, activities that previously contributed to the family budget. This also negatively impacts on their livelihood.

2.7 Increased challenges of the elderly who are caregivers

15. At the end of 2003, the number of children aged between 0-17 years in Southern Africa who were orphaned due to HIV/AIDS was estimated to be 5 million (UNAIDS, 2004). In areas with high death rates of women and men in productive years, the elderly particularly elderly women are the ones who have taken the burden of caring for orphans and they face enormous responsibilities without financial and other resources to ensure the survival of their grandchildren. A recent survey in South Africa revealed that 70 per cent of caregivers were female, with almost a quarter of them over the age of 60 (UN, 2005). AIDS therefore intensifies the vulnerability of the elderly, who are left without social and economic support.

2.8 Overall impacts on smallholder agriculture and rural livelihoods

16. The overall result of the preceding impacts of HIV/AIDS is a decline in agricultural production. The study by Ncube (1999) in Zimbabwe revealed a decline in area under crop cultivation for AIDS-affected households because of HIV/AIDS related reasons which include; shortage of labour, lack of inputs as the provider had died, and lack of draught power and farm implements as they were sold to cover medical and funeral expenses. In a study of 1422 rural households in Kenya, Yamano et al. (2002) found that the total area under cultivation decreased by 26 per cent if the head of household died. Besides the decline in crop acreage, AIDS-affected households also experience declines in crop harvests because of poor management of the crops. AIDS-affected households experienced production losses of more than 50 per cent in maize, cotton and sunflower production in Zimbabwe (Kwaramba, 1997). Decreased agricultural production impacts negatively on household food security and livelihoods.

2.9 Summary

17. This section has outlined the impact of HIV/AIDS on smallholder agriculture, food security and rural livelihoods. HIV/AIDS has a negative impact on agricultural production and food security. The main pathway of the impact is through morbidity and mortality-induced loss of labour, loss of income and assets, loss of tenure to land and loss of traditional skills and knowledge through interruption of intergenerational transfers. The following section describes the range of interventions that are being used to mitigate the impact of HIV/AIDS in rural areas.

PART II

Overview of interventions to mitigate the impact of HIV/AIDS epidemic on smallholder agriculture, household food security and rural livelihoods

3.0 Introduction

18. The key strategies of mitigating the impact of HIV/AIDS on smallholder agricultural production and rural livelihoods need to assist households cope with and recover from stresses caused by HIV/AIDS and maintain or enhance their capabilities to produce food, generate income and protect their assets. In this context this section presents mitigation interventions that are being implemented under the following major categories: Interventions aimed at improving smallholder agricultural production and nutrition; community driven initiatives; household portfolio diversification and micro finance services; social safety nets; provision of antiretroviral treatment (ART) and the role of national agricultural sector policies in mitigating the impacts of HIV/AIDS.

19. The mitigation interventions are being promoted by a variety of organizations: governments, local and international NGOs, international aid organizations, bilateral donors, faith-based organizations, community-based organizations, and other grassroots groups. While communities and countries are different and each context requires tailor-made interventions that address particular needs, it is hoped that interventions that have proven successful in one context can inspire development of similar interventions in other contexts.

3.1 Interventions aimed at improving smallholder agricultural production and nutrition

20. A wide range of strategies are being used to improve household food production and nutrition in the context of HIV/AIDS. The strategies include: direct support through supply of inputs such as seed and fertilizer; promotion of labour saving technologies; promotion of diversified agricultural production at household level; preservation and processing of food such as bottling and solar drying; promotion of vegetable gardening; strengthening the rights of widows and youths to own land and technology transfer and training of farmers.

- **Direct support through supply of inputs such as seeds and fertilizer**

21. The review revealed that some governments, NGOs and CBOs have been able to provide assistance in the form of fertilizer and seeds to smallholder farmers including those who are vulnerable. Seed distribution programmes have been reported to enable households re-establish their agricultural base. In Zambia, the Ministry of Agriculture and Cooperatives runs a Food Security Pack Programme, which includes the distribution of subsidized crop seeds, fertilizer and lime to 125,000 vulnerable small-scale farmers. In Lesotho a community-based HIV/AIDS project in Berea District provides inputs such as

crop and vegetable seeds, small-scale irrigation equipment and shade netting for erection of vegetable seedling production units. In Zimbabwe some affected families are receiving cattle for draught power from Heifer Programme and donkeys for draught power from YMCA. In Swaziland, the Ministry of Agriculture provides a subsidized tractor-hire scheme to vulnerable households.

22. In Malawi, Swaziland, Lesotho and Mozambique, the FAO together with the Ministries of Agriculture and some NGOs have organized seed fairs and vouchers program that have assisted smallholder farmers in restoring seed stocks depleted by crop losses during the drought seasons. Reports by implementing organizations indicate that providing agricultural inputs does help affected households to recover agricultural production to meet household food security needs (see box 1). Over all, providing agricultural inputs seems to be more cost-effective than providing food aid. The main constraint is reported to be sustaining the cost of the programme.

Box 1. Feedback on provision of seeds to affected households in Zimbabwe

The Zimbabwe Red Cross provided seeds to clients of its home-based care programmes in both rural and urban areas. The experience of this programme suggests that beneficiaries value the inputs provided. Even if households affected by HIV/AIDS are less productive than normal households, the provision of agricultural inputs may still be more cost-effective than continuing food aid distribution. Some of the home-based care clients were not able to plant the seeds themselves, but the friends and relatives used them, thereby helping to strengthen social capital and community-based safety nets.

Source: Harvey 2004.

- **Labour-saving technologies**

23. Labour-saving technologies are being promoted as an important mitigation strategy to relieve the labour constraint on the household labour supply that is caused by HIV/AIDS. Labour-saving technologies include: promotion of cassava and sweet potato production, mixed farming, conservation farming, and small-scale irrigation such as drip irrigation. Promotion of cassava and sweet potato production involves implementing organizations such as Africare, Oxfam, World Vision, Ministries of Agriculture and others providing the seed cuttings for these crops to affected households. These crops initially require quite high levels of labour in terms of establishing ridges. However, once the crop is established, the amount of labour required is considerably less than other crops. The crops are also drought tolerant and cassava leaves are edible and very nutritious. A highly nutritious variety of sweet potato, the orange flesh sweet potato, which is high in beta-carotenes has been promoted in some countries in the subregion through the Southern Africa Root Crops Network.

“The impact of HIV/AIDS falls most heavily on women.”

24. Conservation agriculture reduces time and labour constraints as total time spent on land preparation and weeding (tasks frequently undertaken by women) are reduced. Other benefits of conservation farming include lower production costs as one is tilling a

narrower band of land, and lower environmental impacts. In Zambia the farmers who have experienced the benefits of conservation farming do not want to switch back to the conventional system and scaling up some conservation farming activities has been successful through extension services (HSRC et al, 2003). In Swaziland, the Ministry of Agriculture and Co-operatives and some NGOs are promoting conservation agriculture to affected and vulnerable households through raising awareness on the basic principles of conservation agriculture such as conserving soil moisture, using indigenous plant species, and biologically controlling pests and diseases.

25. Irrigation projects such as treadle pumps or drip irrigation can extend the period of time over which crops can be grown thereby improving productivity for affected households. In Zimbabwe and Malawi, NGOs that are providing drip irrigation kits to vulnerable households have indicated encouraging results (FAO, 2004b). Generally introduction of low-cost drip irrigation kits has been found to be beneficial to the vulnerable that include HIV/AIDS affected households (USAID, 2003). The major concern observed by implementing agencies is the need to find ways of marketing the incremental vegetable production. Rainwater harvesting and use of gray water are other appropriate irrigation technologies that can benefit severely impacted households in increasing food production in gardens near the homestead.

- **Diversification of agricultural production at household level**

26. Crop diversification as opposed to narrow crop farming is being used as a mitigation intervention since it allows for diffusing labour loads through time and it also assures the household of some crop yield in a drought situation. It also helps households to reduce reliance on maize. Implementing agencies are encouraging production of a diversified crop portfolio such as including open pollinated maize, cassava, sweet potatoes, and pigeon peas and establishment of fruit trees such as avocado pears, guava, orange around their homesteads. ICRAF recommends that households grow indigenous fruit trees around their homesteads. NGOs involved in HIV/AIDS mitigation are also promoting production of small ruminants as an important mitigation strategy. Small ruminants and small livestock that are less labour-demanding such as chicken, pigeons, and rabbits are important source of food and income generation.

“Encourage diversification of agricultural production.”

- **Promotion of vegetable gardening**

27. Implementing organizations are also promoting vegetable gardening to help vulnerable and affected households get access to vegetables to ensure food and nutrition security. Vegetable gardens can be individually or community owned. A range of vegetables can be grown to provide the household and chronically ill people with vegetables and herbs to improve their nutrition throughout the year and can be a source of income generation. Because of their proximity to the homestead, vegetable gardens are a feasible activity for women with an added caring burden. Specific medicinal plants that have a role in treating HIV-related symptoms, improving digestion and stimulating

appetite are also being produced in conjunction with the vegetable gardening. Several herbs and spices that can help PLWHA to manage symptoms include garlic, basil, chamomile, ginger, cloves, lemon, lemon grass, etc (WHO and FAO, 2002).

- **Bottling and solar drying technologies for food processing and preservation**

28. As AIDS-affected households have members whose health is vulnerable, simple technologies for controlling pests and processing perishables are essential for providing nutritious foods throughout the year, even when some of the foods are not in season and not available fresh. Some NGOs have been working with communities to train farmers on the best ways of preserving and processing perishable foods (vegetables and fruits) not available throughout the year by bottling or drying. Improvement in the structure of grain stores and the use of natural repellents such as *tephrosia vogelii* to reduce post-harvest weevil problems can improve food security without additional interventions in food production (Barnett and Grellier, 2003).

- **Strengthening and protecting the rights of widows and youths to own land and property**

29. Law reform to give legal recognition to women's and children's rights to land and property is often the first step necessary to promote gender parity in land and property rights. Law as an instrument needs to be supported by an efficient law-enforcement system that can help prevent and restore land and property that is taken and by legal rights awareness campaigns to promote a change of attitudes among both women and men and to enable beneficiaries to pursue land and property claims. In some countries for example Malawi, Namibia, Zambia, and Zimbabwe, a number of NGOs have emerged which are actively engaged in promoting the rights of women to land and other property (UNAIDS 2004, Rehmtulla, 1999) (see box 2 for an example). The main problem, however, is the fact that most of the NGOs are based in urban areas; such service in the rural areas is still limited.

“Strengthen the rights of women to land.”

Box 2. Protecting women's property and land rights in Namibia

The FAO is working with the Namibian Ministry of Women Affairs and Child-Welfare and the Legal Assistance Centre to raise awareness in rural communities of women's rights and how they can be protected by the law. About three-quarter's of Namibia's 1.9 million people live in rural areas, and AIDS is the leading cause of death in the country, accounting for 28 percent of all deaths each year. Through training traditional leaders, church leaders, councilors and senior figures in the community are made aware of how land-grabbing can affect families already struggling to cope after the loss of a household member to HIV/AIDS. Volunteers are trained to be able to inform women on how to write a will so that their intent is legally expressed and followed after their death, thereby protecting their children's future. They are also taught about inheritance rights and women's rights in relevant legislation such as the Married Persons Equality Act.

Source: FAO, 2004a

- **Technology transfer and training of farmers**

30. The major impact of the AIDS epidemic on the human capital of households has been the loss of agricultural knowledge, practices and skills. Surviving household members especially children may lack knowledge on agricultural tasks. There are many innovative ways of promoting relevant extension messages that include: training of government extension workers on technologies and production activities that are relevant to HIV/AIDS situations, farmer-field schools, rural radio programs, awareness-raising through seminars, workshops, pamphlets, posters and newsletters, peer education, women's associations, adult literacy classes, and church associations.

31 The FAO has developed training modules for the integration of population, HIV/AIDS and environmental education into ongoing agricultural extension programmes which have been successfully applied in some countries. For example in Uganda, the government's National Agricultural Advisory Services (NAADS), with assistance from FAO developed an HIV/AIDS resource guide for extension workers that is being used for training extension officers (Government of Uganda, 2004). The FAO in partnership with WFP initiated a technology transfer programme specifically targeted to youths to address the loss of agricultural and life skills among adolescent orphans and vulnerable children called Junior Farmer-Field and Life Schools (JFFLS) (see box 3 for details).

Box 3. Junior Farmer-Field and Life Schools

The youths learn technical skills on agricultural production (i.e. field preparation, sowing and transplanting, weeding, irrigation, pest control, conservation of available resources, utilization and processing of food crops, harvesting, storage and marketing skills). The field schools also help to recover or sustain traditional knowledge about indigenous crops, medicinal plants, and biodiversity. They also learn life skills that include HIV/AIDS awareness and prevention, psychosocial support, and gender awareness (women's issues, polygamy, property grabbing). The schools also offer nutritional education, and business skills. By March 2005, FAO had set up 34 Junior Farmer-Field and Life Schools for orphaned children in Mozambique, Namibia and Zambia, targeting a total of around 1 000 young people.

Source: (FAO, 2005)

3.2 Community initiatives

32. Different forms of community initiatives to help households' agricultural production activities and other capital and input requirements that have been in existence in many African societies are being promoted because of their mitigating role. Examples of such initiatives include labour-sharing clubs, draught power clubs, community seed banks, grain banks, and chief's field or grain saving schemes.

33. Community labour/sharing is a common community coping response adopted by communities to help support affected households in many communities in the subregion. Labour-sharing groups facilitate land preparation, weeding or harvesting thereby helping

reduce total cultivation time and enabling a greater number of households to overcome problems of timeliness associated with land preparation, planting and harvesting. Labour-sharing clubs have been reported to be effective in relieving HIV/AIDS-related labour shortages in some communities in Malawi and Zambia (Barnett and Grellier, 2003).

34. Community seed-banks serve to protect genetic resources, and provide access and exchange of plant genetic resources especially for traditional drought tolerant food varieties. Community seed banks are being promoted in conjunction with farmer seed fairs in Malawi, Mozambique and Swaziland to strengthen and improve community seed systems and agro biodiversity in poor rural communities.

35. The Chief's field (called *zunde ramambo* in Zimbabwe and *indlunkhulu communal fields* in Swaziland) is an initiative in which the chief takes the lead in having a communal field that is ploughed by the community members and the produce from this field is given to those who are vulnerable. In Zimbabwe, these grain-saving schemes have formed an important source of community support to affected households and are being promoted by the Ministry of Agriculture. In Swaziland the initiative is being promoted through technical input from the Ministry of Agriculture and financial support from The National Emergency Response Committee on HIV/AIDS.

3.3 Household portfolio diversification and micro finance services

36. Income-generating projects have been used widely in development programs even before HIV/AIDS to address lack of access to food, primarily economic access and as a major poverty reduction strategy. Income-generating programs for affected communities include support with micro-finance and skills training. Given its pro-poor orientation, and the fact that particularly poor women benefit from micro-finance services, the micro-finance sector plays an important part in reducing susceptibility to HIV/AIDS and in mitigating the economic effects of the HIV/AIDS epidemic. By focusing on women, micro-finance can play a key role in fighting gender inequality, one of the essential determinants of the spread of HIV/AIDS, by enabling them to pursue income-generating activities rather than being forced, economically, into commercial or transactional sex or to rely on solidarity.

37. Diverse of income-generating activities (IGAs) are being promoted by organizations to help generate income, which can be used to meet household food needs. The most commonly implemented IGAs are gardening; mushroom production; gum tree nurseries; agro processing such as peanut butter making and oil expressing; craftwork such as sewing/knitting, embroidery, beadwork; piggery; poultry production; goat raising; bee keeping; fishing; small retailing of cooked food; carpentry; tin smith; freezer pops; candle and soap making; and revolving credit program. Some implementing agencies in Malawi have provided hammer mills to community associations as income generating activities and also to ensure that community members do not walk long distances to have their maize ground into flour. Profits from the hammer mills are used for administrative operations, paying school fees for affected and infected children and buying inputs for crop production.

38. Interventions that are promoted on the basis of a revolving scheme have been reported to be more successful and sustainable in some situations (e.g. interventions used to build the livestock assets whereby the beneficiary gives the offspring to new members). The livestock being promoted are goats, guinea fowl and chickens because they are easy to manage and are prolific. If the appropriate types of livestock are used in the right situations, such interventions can lead to a successful restocking exercise of the household's small animals and therefore restore some degree of solvency to the household (Nankam, 2003).

39. One IGA, which was reported to be very effective at generating income, is piggery. Pigs are not very labour demanding and the market price seems to be attractive. However, most farmers still lack marketing experience with pigs, pork or piglets. In some communities in Mozambique, Swaziland and Zambia indigenous chickens production as an IGA has gained popularity. Indigenous chickens require the lowest capital investment of any livestock species and they have a short production cycle.

40. Micro-finance projects that have elements of capacity building have also been reported to be beneficial to vulnerable people as illustrated by the case in box 4. An evaluation study undertaken by Barnett and Grellier revealed that even if individual IGA schemes may not be sustainable, the 'culture of saving' reflected in the training offered continues beyond the life of individual projects, leading to continued savings and investment in economic activities and food security after the NGO has pulled out. For example training schemes providing financial, business, management training and all-round 'capacity building' enabled women's and widows' groups to obtain credit from external organizations although their gender, poverty and general lack of assets would previously have prevented them from obtaining funding (Barnett and Grellier).

Box 4. An example of a micro-finance and HIV/AIDS project in Zimbabwe

The Zimbabwe Ecumenical Church Loan Fund (ZECLOF) started giving out small loans to HIV/AIDS affected people in 2002 after it decided it needed to focus on those still economically active. ZECLOF works with the Zimbabwe National Aids Council (NAC) through its District Aids Action Committees (DAACs) to identify potential beneficiaries because it is the DAACs who monitor those affected and infected by HIV/AIDS. Once a DAAC has selected people, they are referred to ZECLOF for loan assessments. ZECLOF favours projects that have a daily or weekly return of profits. Some of the income-generating activities that clients undertake include sale of second hand clothes, edible caterpillars, bananas and knitted products.

ZECLOF offers training to all applicants on policies and procedures, record keeping, group formation and business management. It also includes a session on AIDS: prevention, treatment and options for treatment. Loans are never made to individuals but to groups. By June 2004, ZECLOF had experienced a 100% repayment rate, with 95% of repayments being made on time on the HIV/AIDS Credit Programme. ZECLOF has had 170 beneficiaries under its HIV/AIDS Credit Program. Women make up 91% of the clients. *Source: Shava, 2004.*

3.4 Social safety nets

41. Welfare and relief programs can help meet the immediate needs of affected households. Traditionally welfare and relief programs have focused on food and material transfers. Social cash transfers are now increasingly seen as an under-exploited means of providing a source of livelihood to households in need. This section will discuss the food and cash transfer interventions that have been implemented to benefit households that have been affected by HIV/AIDS. Food aid interventions that are being used for PLWHAs and households experiencing HIV/AIDS-related food insecurity include targeted emergency food aid, supplementary feeding programs, and food-for-assets.

42. Emergency food aid is important in meeting the needs of those affected households whose food security needs are extremely acute, and have no other resources to meet these needs. This is an intervention that can only be used in the short term, beyond which it should be integrated with other longer-term interventions that promote food security such as skills training, income-generating projects. This intervention was used effectively during the 2002 humanitarian crisis in Southern Africa and has continued to be used in drought-affected areas thereafter.

43. The World Food Programme has a school-feeding programme in the subregion that is playing an important role in mitigating the impact of HIV/AIDS. School feeding programmes provide in-school meals and take home rations for vulnerable and HIV/AIDS-affected children and their families, helping to get more children into school. WFP is also working to integrate HIV/AIDS awareness and prevention campaigns into all of its school feeding programs, helping to educate children, their families, and their communities about HIV/AIDS and how to prevent it.

44. Food-For-Assets programming plays a key role in addressing the multi-faceted challenges posed by the combined threat of HIV/AIDS and food insecurity. Food-For-Assets denotes a shift away from Food For Work in emphasis from 'employment creation,' to community-managed asset creation and human capital development. While Food For Assets strategies still involve exchanging food for labour, they emphasize the creation of assets that are owned, managed and utilized by the targeted community including physical infrastructure such as roads and wells. Food-For-Assets programmes provide an entry point to Food for Training on a variety of thematic areas such as conservation farming, use of labour saving technologies, and home-based care. WFP and its local NGO partners have been implementing Food-For-Assets and Food-for-Training programmes in the subregion.

45. Cash transfers are non-contributory, regular and predictable grants to households or individuals, in cash and can take the form of income support, non-contributory pensions, child grants, disability benefits, and education grants. A regular source of income through cash transfers whether conditional or not has been found to enhance the nutrition, health and education status of extremely poor households especially within the context of HIV/AIDS (Save the Children et al, 2005). The Kalomo District Pilot Social

Cash Transfer Scheme in Zambia is one scheme that has demonstrated the positive impact of cash transfers to the welfare of the extremely vulnerable in HIV/AIDS contexts (see box 5 for details).

Box 5. Kalomo District Pilot Social Cash Transfer Scheme in Zambia

With a grant from the GTZ, the Ministry of Community Development and Social Services established the pilot scheme in 2004, which targets households that are the most needy and incapacitated (the household has no member fit for work). Community committees who are volunteers on the programme do the targeting selection of beneficiaries. Most beneficiaries are elderly people taking care of children affected by HIV/AIDS. Beneficiary households are given every month US\$ 6 per household without children and 8 US\$ per household with children (75 per cent of beneficiary household). Beneficiaries use transfers – 68 per cent consumption (food, clothing, education and health), 25 per cent on investments (goats, chickens and seeds) and 7 per cent on savings. The scheme was rated to be effective by beneficiaries as they now had a reliable source of livelihood and the transfer has enabled households to send children back to school. Overall absenteeism from school by orphans in beneficiary households declined by 16 percent over the first nine months of the scheme. Evaluation results indicate an increase in daily food consumption and an 8 percent decrease in the proportion of underweight children.

Source: Government of Zambia, 2006.

46. A few countries in the subregion namely Botswana, Mauritius, Namibia and South Africa have a universal non-contributory old age pension scheme. The Lesotho government launched a universal non-contributory old age pension scheme at the end of 2004. The pension scheme transfers US\$25 per month to all Lesotho citizens aged 70 or above. The pension scheme has been found to be very helpful to the elderly that take care of children affected by the HIV/AIDS epidemic (Save the Children et al, 2005).

3.5 Provision of antiretroviral treatment (ART)

47. Since 2002, the feasibility of providing life- prolonging antiretroviral treatment (ART) in resource-poor settings has become almost universally recognized and in some countries in the subregion, subsidized ART programmes have recently been expanded. The price of antiretroviral drugs has come down from about US\$ \$10,000 for a year's treatment to less than \$300 (Hassim, 2004). Provision of antiretroviral drugs is the sole policy intervention that can strengthen resilience by lengthening the productive life of PLWHA and therefore recovery capacity and thus have an immediate and long-term effect on food security (Barnett and Grellier 2003). Above all, ART will ensure continuing availability of labour in the rural sector, and continued care of children.

48. The impetus to provide increased access has been reinforced by a number of recent initiatives, including the World Health Organizations' '3by5' initiative. The aim of the initiative was to close the current treatment gap (see table 1). The scaling up approach to treatment access was built on limited but existing resources, dissemination of best practices and strengthening of national health systems (WHO, 2004). Botswana, Swaziland and Zambia are countries where remarkable progress has been made in improving access to treatment as shown in the table. However, many factors constrain the scale up of ART, some of which include inadequate and unreliable health infrastructure especially for rural areas, the lack of affordable and user-friendly AIDS medicines for children; the need to rapidly accelerate and coordinate prevention and treatment services, and make better use of critical entry points such as TB and maternal health services; the need to increase the number of individuals who know their HIV status, in part through the routine offer of testing and counselling at critical health system entry points; lack of adequate human resources, trained medical and non-medical health workers in affected communities and food insecurity, as well as lack of demand for testing and medication resulting from fear and stigma (WHO, 2006, CHGA 2004b). Financial resources remain a problem facing countries in Southern Africa, even though a majority of the member States have now increased their national budgetary contributions to HIV/AIDS.

"Improve access to ART."

Table 1. The Treatment Gap in Southern Africa

Country	Total Population (millions)	Estimated ART need in 2005	Reported number receiving ART 2005	ART Coverage (%)
Angola	15,9	52,000	2,700	6
Botswana	1,8	84,000	55,829	85
Lesotho	1,8	58,000	8,400	14
Malawi	12,9	169,000	32,214	20
Mauritius	1,2	-	120	-
Mozambique	19,8	216,000	17,554	9
Namibia	2,0	41,000	17,000	71
South Africa	47,4	983,000	98,688	21
Swaziland	1,0	42,000	13,006	31
Zambia	11,7	183,000	43,964	27
Zimbabwe	13,0	321,000	23,000	8

Source: UN (2005) for data on population size, WHO (2006) for other data

3.6 The role of national agricultural sector policies in mitigating the impacts of HIV/AIDS

49. It is important for governments to display their political will by setting an HIV/AIDS policy or framework that guides the process of designing and implementing mitigation interventions at national and sectoral levels. All the countries in Southern

Africa have adopted national strategic frameworks for HIV/AIDS and have established government-led national HIV/AIDS coordination mechanisms. However, the extent to which the plans are multi-sectoral varies significantly as most of them concentrate on health and prevention and deal less significantly with mitigation. The agricultural sector is the most effective sector for mitigating the impacts because it is central to the livelihoods of the majority of the poor. There are some fundamental ways in which the agricultural sector's response must be developed or strengthened in order to make a difference. The focus of agricultural policy should be to create an enabling environment that can foster implementation of the mitigation strategies. The majority of the countries' ministries of agriculture have developed or are developing workplace policies and have appointed HIV/AIDS focal persons within their organizations. However, not all countries have developed an agricultural strategy on HIV/AIDS as shown in table 2.

Table 2: Ministry of Agriculture HIV/AIDS Plan/Policy status in selected Southern African countries

Country	HIV/AIDS Sector Policy Formulated	Priority areas of plan
Botswana	Ministry of Agriculture adopted an operational plan for HIV/AIDS in 2002	Staff training on HIV/AIDS awareness and counselling and on the links between food security, HIV/AIDS and nutrition; facilitation of behaviour change in rural areas; support to families; collaborating with other partners to enhance income generation; facilitation of farming syndicates and co-operatives; and supporting poverty relief efforts and implementation of food security programmes as they relate to the empowerment of rural women.
Lesotho	The Ministry of Agriculture does not have a sectoral strategy specifically for HIV/AIDS. However, its existing strategy recognizes the effects of HIV/AIDS on the sector.	The Ministry is implementing agriculture and HIV/AIDS-related programs outlined in the Poverty Reduction Strategy e.g. Training on HIV/AIDS and food security and strengthening of community-based safety nets.
Malawi	The Ministry of Agriculture in collaboration with partners from the civil society and private sector formulated a sector wide HIV/AIDS policy/strategy for 2003 –2008 from 2001 to end of 2002. A participatory approach was used and the document serves as a guide for the agriculture sector response to the impact of HIV/AIDS on farming communities.	The HIV/AIDS agricultural strategy has 8 Strategic Pillars that include: 1. Gender and HIV/AIDS mainstreaming; 2. Economic empowerment through income generating activities; 3. Community- based support; 4. Food and nutrition security; 5. Human resource protection and management; 6. Workplace support; 7. Expanded HIV/AIDS communication; 8. HIV/AIDS Action Research.

Mozambique	In 2004 the Ministry of Agriculture introduced an agricultural policy document that includes a chapter on the importance of mainstreaming HIV/AIDS and Gender within the ministry's programmes. A specific HIV/AIDS strategy has not yet been developed.	The Ministry does limited training on links between gender, HIV/AIDS and food security. The Ministry has piloted Junior Farmer Field and Life Schools.
Namibia	A sector wide strategy is being reviewed.	
Swaziland	The Ministry of Agriculture has just completed developing a Comprehensive Agricultural Sector Policy (CASP), which is designed to improve food security through the promotion of commercial smallholder agriculture and large-scale agriculture, and integrates HIV/AIDS issues.	The Ministry is working with NERCHA to implement projects that address food security and HIV/AIDS that include: strengthening partnerships at local level to support infected and affected households to mobilize resources for food production; selecting simple products and easy-to-implement farming methods to assist HIV/AIDS-affected households; investigating the options of animal draught power for vulnerable rural households; provide on a free or subsidized basis necessary farm inputs, such as seeds and fertilizer and mechanized operations such as tractor schemes.
Zambia	The Ministry of Agriculture and Cooperatives has started to mainstream HIV/AIDS into its programming and policy. In order to guide mitigation activities in Agriculture, MACO developed a Mitigation Framework in 2004. The framework is increasingly being used in integrating HIV/AIDS in MACO programmes.	At present the Ministry with support from FAO is raising awareness among senior agricultural staff on food security and strengthening their capacity to formulate appropriate mitigation interventions.
Zimbabwe	The Ministry of Agriculture does not have a sectoral plan on HIV/AIDS	Projects on HIV/AIDS mitigation have been undertaken with development partners.

Source: ICAD, 2004, Musi, 2005 (for Swaziland), Malindi et al, 2005 (for Malawi), Musiyandaka, 2005 (for Zimbabwe) Machungos, 2005 (for Mozambique).

50. As illustrated by the table some countries like Malawi have managed to design a very comprehensive agriculture sector plan that addresses the key mitigation areas, whereas in some countries there is still need to come up with such a plan. The study

findings suggest that the role that agricultural sector policies should play in HIV/AIDS mitigation is to strengthen the agricultural sector human resource base; promote the availability of inputs; strengthen agricultural research and extension systems, improve market access; strengthen land tenure rights of women and OVCs; promote labour saving technologies for domestic labour demands; strengthen existing community-based initiatives; foster information sharing; and foster replication/scaling-up.

51. Countries that have a National Policy on HIV/AIDS and a sectoral (agricultural) policy on HIV/AIDS or an agriculture sector policy that has HIV/AIDS mainstreamed in it have developed a more conducive environment for development partners to operate and scale up their activities. In Malawi where both the National HIV/AIDS policy and sectoral strategy are present, study findings reveal that some of the leading development partners were reported to be implementing projects following the eight strategic pillars outlined in the sectoral framework. Having a guiding framework has also helped stakeholders to implement mitigation interventions that are responsive to the identified goals. Some of the mitigation programmes introduced in affected communities include agro-based income-generating activities and community-support systems such as food and seed banks and safety nets. These are directly responding to the agriculture sector's HIV/AIDS strategic goal of empowering the vulnerable groups that include women, single-headed households, orphans, girls, the elderly and PLWHA.

3.7 Summary

52. This section has highlighted some HIV/AIDS mitigation interventions and policies that are being implemented in rural areas. Mitigation strategies discussed include those that improve smallholder agricultural production and nutrition; initiatives developed by the communities; household portfolio diversification and micro finance services; social safety nets; and provision of antiretroviral treatment. The section has also highlighted the role of national agricultural sector policies in mitigating the impacts of HIV/AIDS. While some countries have already made progress in developing agricultural sector policies that integrate HIV/AIDS, a few countries have not yet done so. However, very little information on evaluation of the existing mitigation strategies and policies exists and this is an area that needs to be addressed. The next section presents the major challenges involved in HIV/AIDS mitigation work.

PART III

Challenges affecting HIV/AIDS mitigation work

4.0 Introduction

53. This section highlights the challenges affecting HIV/AIDS mitigation work and the following section suggests an action plan to reinforce HIV/AIDS mitigation on smallholder agriculture, household food security and rural livelihoods. The challenges are discussed under three strategic areas of focus: (1) Making mitigation work; (2) Reinforcing the role of governments in mitigating the impact of HIV/AIDS; and (3) Making policies work for HIV/AIDS mitigation. The challenges and action plan are based on the deliberations that took place at the Workshop on interventions to mitigate the impact of HIV/AIDS on smallholder agriculture, food security and rural livelihoods in Southern Africa that was held from 17 – 19 October 2005 in Lusaka, Zambia.

4.1 Making mitigation work

54. The challenges that affect successful implementation of HIV/AIDS mitigation strategies include: lack of coordination mechanisms for mitigation interventions amongst stakeholders; inadequate documentation of successful practices for replication; inappropriate/poor information/technology transfer to end-users and end-users needs' analysis; gender inequality in the access to, control and ownership of productive resources; weakening community or household coping strategies to shocks; weakness of the nutrition component in mitigation strategies; and weak monitoring and evaluation of HIV/AIDS interventions.

(a) Lack of coordination mechanisms for mitigation interventions amongst stakeholders

55. There are several players participating in the initiatives to mitigate HIV/AIDS interventions. Although the different players have different mandates they all have a common goal of strengthening resilience among the beneficiaries to the impact of HIV/AIDS. The study findings and workshop deliberations indicate that there is a lack of coordination between the different actors, yet a multisectoral approach to implementing HIV/AIDS mitigation demands the cooperation of all stakeholders to minimize repetition and to ensure sharing of information.

56. In order to address the problem of lack of coordination mechanisms for mitigation interventions amongst stakeholders, all stakeholders (governments, civil society organizations, NGOs, donors, international agencies) should design activities to strengthen coordination such as empowering intersectoral committees with resources, knowledge, information and clear terms of reference. It is important that the government plays a leading role in facilitating greater networking among stakeholders and in providing

“Coordination among all stakeholders is vital for ensuring effective mitigation strategies.”

resources to enhance the effectiveness of coordination. Formulation of an integrated programme of implementation together with a monitoring and evaluation system is important for enhanced coordination.

(b) Inadequate documentation of successful practices for replication

57. It is challenging to develop comprehensive policies and mitigation interventions due to lack of documentation at all levels including disaggregated gender data. Not as much information has been disseminated on the current interventions to mitigate the impact of HIV/AIDS on smallholder agriculture, food security and rural livelihoods. There is limited information on effectiveness of mitigation interventions. There is lack of sharing of experiences between communities and countries yet countries and communities can potentially benefit from the experiences of other countries or communities in implementing HIV/AIDS mitigation. Finally, there is need to come up with robust evidence on effectiveness of mitigation interventions so that a form of prioritization can be developed. This could help in selecting and strengthening cost-effective responses that will yield the greatest benefits to communities.

58. Sharing of information is important within countries, between countries and internationally and is critical to the success of HIV/AIDS mitigation work. There is need to intensify information sharing and dissemination through various channels such as the printed media, radio stations, television programmes, national events such as launches, AIDS and food days and the internet. It is important for member States, development partners and international and regional bodies like FAO, ECA, COMESA, SADC and SAfAIDS to document best practices for wide dissemination and identify institutions that can host information exchange system for best practices at national and regional levels. Development of such effective intercountry mechanisms of sharing best practices on policy and mitigation intervention will ensure optimal harnessing of information resources for HIV/AIDS mitigation.

“Document best practices and experiences and disseminate widely.”

59. Information dissemination on HIV/AIDS is better in the urban areas than rural areas. It is crucial for stakeholders involved in HIV/AIDS information dissemination to identify network partners that can provide a “multiplier effect” to information dissemination to the remotest areas of the countries. Such network partners should have a multiplier effect in terms of information distribution, and capacity building for scaling up responses.

(c) Inappropriate or poor information and technology transfer to end-users and end-users needs’ analysis

60. There is limited information available on appropriate technologies that can be used in strengthening HIV/AIDS mitigation. Agricultural research institutions have done limited work to meet the emerging technological needs of smallholder farmers resulting from the AIDS epidemic. In addition, even where appropriate technologies do exist, smallholder farmers that are in need of the information are not able to access it because it

is not affordable. Technology for improving agricultural productivity in HIV/AIDS situations should be made affordable for users to be able to access it and developers of technology should put in place awareness programmes and market the technology to potential beneficiaries. There is also need to strengthen research/extension linkages; promote appropriate adaptive research to context; undertake capacity building for extension services; allocate adequate resources to research and extension services; strengthen regional centers of excellence for research, and improve networking for technology dissemination.

(d) Gender inequality in the access to, control and ownership of productive resources

61. Across communities, it is not uncommon for women to only access land through a male family member. As a result women lack control over land and have to ask for permission to grow certain crops. The documents signed at the international level do not bear much value to these women, as they are not translated into practice and national laws. Despite the signing and ratification of major declarations such as the Convention on the Elimination of Discrimination Against Women (CEDAW), the SADC Gender and Development Declaration and the Maseru Declaration on HIV/AIDS by Heads of State and Government, gender inequality is still embedded in the constitutions of some countries in the subregion because of the provision of customary law in the constitution. Cultural practices and customary laws that are discriminative of women affect the women's rights to land.

62. There is need to review, reform and harmonize customary and statutory laws, and legislation to address sources of discrimination against women owning land. This will help ensure that women have access to land and are able to make production decisions in line with international norms. There is need to disseminate information about new laws that promote the rights of women to land so that they are familiar to all stakeholders working on land issues in rural areas. Governments and development partners need to support the training of legal personnel, including those who administer customary law i.e. traditional leaders, on women's land rights issues.

(e) Weakening community and household coping strategies to shocks

63. Household and community coping strategies like those presented in section 3.2 are being weakened by worsening economic conditions and the increase in the number of people in need due to the HIV/AIDS epidemic. Governments and civil society are important players in strengthening coping strategies, and they should develop mechanisms for strengthening positive community leadership through strategies such as capacity building of community leaders and provision of inputs, and credit in order to reinforce community initiatives. More importantly, there is need to look at what type of incentives may sustain community driven responses and development and to identify ways of harnessing communitarian spirit. There is need to create or strengthen

“Strengthen positive community leadership.”

mechanisms for information sharing on HIV/AIDS mitigation between communities through, for example, exchange visits among villages.

(f) Weak nutrition component of mitigation strategies

64. Some mitigation strategies are failing to be effective because they have a weak nutrition component. Good nutrition is very crucial for PLWHA who need more calories and protein than uninfected individuals. Furthermore, malnourished HIV-infected people progress more quickly to AIDS and nutrition is critically important for people on antiretroviral therapy (ART).

65. Some ways of improving the nutrition component of mitigation strategies include promoting block farming, school gardening, community gardens, community kitchens for orphans and vulnerable children, home-based care, nutrition support and nutrition awareness campaigns and training. In societies that can still afford it, food baskets and community kitchens to orphans and vulnerable children (OVC) are important interventions in ensuring food security for affected children.

(g) Weak monitoring and evaluation system

66. Lack of a good monitoring and evaluation system to monitor HIV/AIDS mitigation interventions and their impact severely affects the ability to develop policies that are more supportive of HIV/AIDS mitigation. It is important that a monitoring and evaluation system be developed as a standalone action to ensure effective monitoring of the success of strategies and interventions to mitigate the impact of HIV/AIDS. In this context, governments and all stakeholders involved in HIV/AIDS mitigation should develop guidelines and indicators for the monitoring and evaluation of HIV/AIDS interventions, establish benchmarks and a database for HIV/AIDS intervention initiatives and conduct internal monitoring and evaluation.

4.2 Reinforcing the role of governments in mitigating the impact of HIV/AIDS epidemic

67. National governments have a major role to play in HIV/AIDS mitigation on smallholder farmers. Some of the functions that the government can undertake in HIV/AIDS mitigation include: facilitating policy development and implementation; provision and mobilization of resources; guidance and leadership; incorporating HIV/AIDS into sectoral policies; monitoring and evaluation; creating an enabling environment; development of supportive legislation; facilitating co-ordination of mitigation activities; and piloting and scaling up of mitigation strategies.

68. The key challenges that affect the role of government in mitigating the impact of HIV/AIDS include: inadequate legal and policy framework; limited access to legal and policy documents; weak government role in coordinating and monitoring the work of development agencies on HIV/AIDS mitigation; absence of HIV/AIDS implementation policy and structures; inadequate financial and material resources; and lack of political will.

(a) Inadequate legal and policy framework

69. The government's role in developing policies for HIV/AIDS mitigation is challenged by lack of policy guidelines, lack of supportive legislation and inadequate human capacity to develop relevant policies. The government has to play the major role of providing guidance and leadership in HIV/AIDS mitigation in a multisectoral, multifaceted approach. The government can achieve this by developing a policy and legal framework that guides the process of designing and implementing mitigation interventions at national and sectoral levels. This policy has to be set at the highest level of government so that it is able to ensure integration and coordination of policymaking and policy implementation across ministries. There is also need for capacity building for policy makers and legislators on technical aspects of HIV/AIDS mitigation so as to enhance development of a supportive policy and legal framework.

“Use a multifaceted and multisectoral approach.”

(b) Limited access to legal and policy documents

70. The role of governments in HIV/AIDS mitigation work is hampered by limited access by the key stakeholders including some government officers and the general public to legal and policy documents. In countries where supportive policies have been formulated, not all the people know about the policies. Some government offices that are in rural areas sometimes do not receive information on new policies and legislation in a timely manner. This weakens the government's role in implementing HIV/AIDS mitigation activities. Some policy documents are also not available in local languages and are thus not accessible to some readers.

71. Once a policy has been adopted it is important to undertake a comprehensive information dissemination strategy at local levels and ensure that communities can participate in its implementation. Governments need to create easily accessible databases, translate policy and legal documents into local languages and widely disseminate relevant information to all stakeholders. The main actors to play a major role in information dissemination include ministries of information, local governments and civil society organizations.

(c) Weak government role in coordinating and monitoring the work of development agencies on HIV/AIDS mitigation

72. Governments have a major role to play in guiding mitigation work being implemented by development partners. However, in some countries guidelines for development partners to follow in mitigating HIV/AIDS are not available and this is one of the major reasons why there is poor coordination and monitoring of the work of development agencies on HIV/AIDS mitigation. In some countries guidelines are available but some development agencies or NGOs may choose not to comply with national development programmes as they may have their own agendas.

73. In countries where guidelines are not available or where guidelines are available but are not followed, governments should establish guidelines on the operation of development agencies; ensure development of mechanisms for enforcing rules and regulations such as memoranda of understanding at district level, monthly reports, and annual work plans; and establish oversight mechanisms in the form of inter-body committees at local level.

(d) Absence of HIV/AIDS policy implementation plans and structures

74. The absence of HIV/AIDS policy implementation plans and structures is a key issue limiting the role of governments. Not all countries have developed an agricultural strategy on HIV/AIDS and implementation structures as noted in section 3.6. Ministries of agriculture should develop/strengthen sectoral HIV/AIDS strategy; appoint full-time HIV/AIDS Focal Points or coordinators; establish HIV/AIDS apex committees; and provide training or capacity building on HIV/AIDS mitigation.

(e) Inadequate financial and material resources

75. There is need to scale up mitigation responses beyond “boutiques” and government should take the lead in scaling up practices that have proved to be effective. However lack of human and financial resources severely limits HIV/AIDS mitigation work. Even in situations where a comprehensive plan of action has been developed, countries may not have adequate resources to implement the plan. For example in Malawi, there is inadequate staff to adequately implement the 8 pillars identified in the agriculture sector plan because of high staff to farmer ratio, which is estimated at 1:3,500 (Malindi, 2005). Countries need to find ways of improving funding for their own HIV/AIDS mitigation initiatives even as they look to development partners for assistance. There is need for countries to strengthen financial management and undertake capacity building to meet the skills requirement for HIV/AIDS mitigation work.

“Budgetary allocation and capacity building are necessary for interventions to succeed.”

(f) Lack of political will

76. Low political support is constraining progress on HIV/AIDS mitigation work. Lack of empirical data on the depth and extent of the impact of HIV/AIDS has made some politicians to be skeptical on the need for HIV/AIDS mitigation. Poor political support can cause implementation of HIV/AIDS mitigation interventions to be slow. There is need for intensified sensitization of political leaders and lobbying for creation of parliamentary committees on HIV/AIDS. Such actions can be spearheaded by National AIDS Councils, UNAIDS, civil society and key development actors. There is also need to collect empirical data on the extent of the impact of HIV/AIDS that can be used to convince politicians to act. Political leaders have the capacity, through their statements and actions, to shape debate and dialogue and create a national vision and social change for HIV/AIDS mitigation. Where possible it is important to encourage use of politicians as role models.

4.3 Making policies work for HIV/AIDS mitigation

77. The major challenges that limit the use of policy in HIV/AIDS mitigation include: lack of relevant policies or outdated policies in which HIV/AIDS is mainstreamed; ineffective policy implementation; poor understanding of mainstreaming interventions in programmes to mitigate the impact of HIV/AIDS; and mismatch between policy priorities and government budget.

(a) Lack of relevant policies or outdated policies in which HIV/AIDS is mainstreamed

78. There is a general lack of relevant rural development policies in which HIV/AIDS is mainstreamed and in situations where relevant policies do exist, some of them are outdated. Some of the policies that are crucial for HIV/AIDS mitigation on rural livelihoods have been in draft stages for a long time in some countries. For example in Swaziland, the Land Policy document has been in draft form for a long time (Musi, 2005). Other related policies which are still in draft in Swaziland include NGO Policy, Health and Social Welfare Policy, Reproductive Health Policy, National Policy on Children, Resettlement Policy, Food Security Policy and Education Sector Policy on HIV and AIDS (Musi, 2005). This can result in the development of programmes that do not adequately address HIV/AIDS mitigation and that do not fully address the needs of beneficiaries.

79. It is crucial that governments and all stakeholders should in a participatory way review current agricultural sector policies with respect to HIV/AIDS mitigation, identify the gaps or missing links within the policies and revise the policies accordingly. It is also important to build capacity on policy making for HIV/AIDS mitigation.

(b) Ineffective policy implementation mechanisms

80. In some situations, good policies do not have well formulated implementation plans and mechanisms and this renders the policies ineffective. Where good implementation plans have been developed, the major constraint in some situations has been lack of adequate resources. Some policies are not effectively implemented because they were not developed in a participatory way and are therefore not owned by major stakeholders.

81. It is crucial to undertake participatory approaches in policy development and to involve all those who are vulnerable including those affected and living with HIV/AIDS. There is need to develop implementation plans for policies based on available resources and need to conduct monitoring and evaluation of policy implementation to ensure that policies can become effective.

“Use participatory methods in policy formulation.”

(c) Poor understanding of mainstreaming interventions into programmes to mitigate the impact of HIV/AIDS

82. Poor understanding of mainstreaming interventions into programmes to mitigate the impact of HIV/AIDS is an issue that hampers development and implementation of policies on HIV/AIDS mitigation. Participants at the workshop noted that some organizations indicated that they had mainstreamed when they have worked on only one aspect of livelihood without fully addressing the needs of the beneficiaries. It is thus clear that there is need to have a common definition or benchmark on what HIV/AIDS mainstreaming is. There is need to prepare guidelines on how to mainstream HIV/AIDS mitigation into programmes and to undertake capacity building.

(d) Mismatch between policy priorities and government budget

83. Mismatch between policy priorities and government budget can result in some policies and programmes not being effective. This problem arises partly because of allocation of inadequate resources by the government, and lack of costing of policy implementation plans. There is need for Governments to prioritize mitigation issues in the budget and increase budgetary allocation to HIV/AIDS mitigation. There is also need to cost policy implementation plans.

4.4 Conclusions

84. HIV/AIDS has negative impacts on smallholder agricultural production and rural livelihoods in Southern Africa. Its toll on the productive age group robs the economies in general and smallholder farmers in particular of the much required energetic labour force. Two decades of action against the epidemic has revealed that the fight against HIV/AIDS should be multisectoral involving integration of strategies of prevention, treatment and care and mitigation. Mitigation – reducing or offsetting the impact of the disease - is now increasingly important, as illness and mortality take a greater toll.

85. The research project and workshop identified the major strategies and interventions that are being promoted to mitigate the impacts. The main mitigation interventions being used include those aimed at improving smallholder agricultural production and nutrition such as labour-saving technologies; community-driven initiatives; household portfolio diversification and micro-finance services; social safety nets; provision of antiretroviral treatment and supportive agricultural sector policies in mitigating the impact of HIV/AIDS.

86. The findings of the research and discussions from the workshop highlighted some of the major challenges of HIV/AIDS mitigation work to include: poor coordination, lack of adequate information and its dissemination, lack of adequate financial, human and material resource capacity, low political will, gender inequality in the access to, control and ownership of productive resources; weakening community and household coping strategies to shocks, absence of HIV/AIDS implementation policy and structures; mismatch between policy priorities and government budget; and ineffective policy

implementation, lack of relevant policies and lack of synchronization between all policies affecting rural livelihoods.

87. An Action Plan to address these challenges and help HIV/AIDS mitigation to be more effective is presented in the next section. Member States and relevant stakeholders are urged to consider implementing the suggested actions where there is need. The role of subregional organizations such as SADC and COMESA is crucial in ensuring that HIV/AIDS mitigation is enhanced at the subregional level as indicated in the action plan. In particular they can play a major role in: (1) advocacy – by sensitizing political leaders on the importance of mitigation; (2) facilitating increased information sharing on experiences – by hosting an information exchange system for best practices; (3) capacity building and development of training materials on mainstreaming HIV/AIDS mitigation in programmes and policies; (4) mobilizing resources for HIV/AIDS mitigation; (5) coordinating additional research; and (6) developing indicators for monitoring the situation.

PART IV

Action Plan for reinforcing HIV/AIDS mitigation

Table 3. Actions to make HIV/AIDS mitigation work

ISSUE	ACTIONS	STRATEGY	ACTORS
1. Lack of coordination mechanisms for mitigation interventions amongst stakeholders	-Strengthen coordination among stakeholders through establishing committees and intersectoral multi-disciplinary bodies at all levels on HIV/AIDS with clear terms of reference	-Governments should be proactive in facilitating coordination -Empower committees with resources, knowledge, information -Strengthen networks for information sharing -Formulate an integrated implementation programme -Monitor and evaluate the coordination	-Government ministries -Local government -Civil society organizations (CSOs) -Private sector -Communities -Donor agencies -The media
2. Inadequate documentation of successful practices for replication	-Proper documentation of practices -Capacity building for stakeholders -Host an information exchange system for best practices at national and regional levels	-Collate existing and upcoming successful practices -Identify at national and regional level consortia of stakeholders to act as depository for successful and best practices in HIV/AIDS interventions	-Government ministries -Local government - CSOs -Private sector -Communities -Donor agencies -The media
3. Inappropriate/ Poor information/ technology transfer to end-users and end-users needs' analysis	-Strengthen research-extension linkages -Capacity building -Piloting technologies -Raise awareness on appropriate technologies -Make technologies accessible/affordable -Strengthen regional centres of excellence for research and networking	-Priority setting -Train researchers and extension agents -Encourage on-farm /adaptive research, demand-driven technologies and Group acquisition -Adequate resource allocation to research centres and extension services by governments and other partners	-Government - Research and development institutions -Donor agencies -Farmers -Education Institutes -Extension Workers -Media
4. Gender inequality in the access to, control and	-Reform policies and legislation -Promote awareness on existing policy and	-Policy and legal review -Review inappropriate customs -Provide civic education	-Parliamentarians -Local government authority -Judiciary

ownership of productive resources	legal provisions -Improve implementation of ratified conventions	and legal aid -Engage in advocacy to garner political will -Domesticate agreed upon conventions in national law -Strengthen oversight institutions	-Voting public -Public service -Communities -Traditional leaders
5. Weakening community/household coping strategies to shocks	-Strengthen positive community leadership -Reinforce successful community coping strategies -Facilitate interaction among community leaders and other government actors -Identify and harness communitarian spirit	-Empower community leaders with knowledge, -Establish and strengthen community networks -Promote and document oral history -Reinforce community development planning, resource mobilization and utilization -Reinforce transparency and accountability	-Government line ministries -CSOs -Traditional leaders -Faith-based organizational leaders -Women's groups -Farmer associations -Youth groups -Community members
6. Weak Nutrition Component	-Promote block farming, school and community gardens -School health and nutrition -Community kitchens for orphans and vulnerable children -Home-Based Care support	-Encourage food production -Community mobilization incentives -Food provision to deserving households	-Government departments -Community -Civil Society Organization -Development partners -Researchers -United Nations Specialized Agencies
7. Weak Monitoring and Evaluation of HIV/AIDS interventions	-Develop guidelines and indicators for M&E of HIV/AIDS interventions -Establish benchmarks -Establish a database for HIV/AIDS intervention initiatives -Conduct internal M&E, Mid-term and final M&E	-Regular assessment of performance of HIV/AIDS initiatives -Encourage participatory community monitoring and evaluation of HIV/AIDS at community level	-UNECA - SADC and COMESA -Civil Society Organizations -Target communities -Local Authorities -Government ministries -Independent Evaluators

Table 4. Actions to reinforce the role of governments in mitigating the impact of HIV/AIDS epidemic

ISSUE	ACTIONS	STRATEGY	ACTORS
1. Inadequate legal and policy framework due to weak leadership by governments in policy implementation	- Government to provide guidance and leadership in HIV/AIDS	- Governments to develop a policy and legal framework that guides the process of mitigation - Capacity building for policy makers and legislators on technical aspects of HIV/AIDS mitigation	-Government -Civil society -National AIDS Councils -United Nations Agencies -SADC and COMESA -Local leadership -Communities -Media
2. Limited access to legal and policy documents	-Simplification and dissemination of information	-Create an easily accessible database -Translation of documents into local languages - Use media for dissemination	-Ministry of information -Local government -Civil society organizations -HIV/AIDS committees
3. Weak government role to coordinate and monitor the provision of information	-Enforcement of rules, regulations and guidelines for the operation of Non Governmental Organizations	-Establish guidelines on the operation of development agencies -Develop mechanisms for enforcing rules and regulations (MOUs) -Establish oversight mechanisms.	-Government (Judiciary) -NGOs -Local leadership -Local Government
4. Absence of HIV/AIDS implementation policy and structures	-Create appropriate structures at all levels -Strengthen existing structures -Develop terms of reference -Harmonize activities	-Appoint full-time HIV focal point persons -Establish HIV/AIDS apex committees - Undertake capacity building	-Government departments and line ministries -All stakeholders
5. Inadequate financial and material resources	-Mobilize resources -Develop strategic and activity plans	-External resources -Budget allocation and funds released -Financial Management Systems	-Government departments and line ministries -Civil Society Organizations
6. Lack of political will	-Sensitize political leaders -Collect empirical data on extent of impact to convince politicians.	-Improve communication strategies with leaders -Lobby for creation of parliamentary committees on HIV	-National Aids Councils/ Commissions -UNAIDS for expertise -Politicians as models

Table 5 Actions to make policies work for HIV/AIDS mitigation

ISSUE	ACTIONS	STRATEGY	ACTORS
1. Lack of relevant policies or outdated policies in which HIV/AIDS is mainstreamed	<ul style="list-style-type: none"> -Review current policies with respect to HIV/AIDS -Revise the policies -Capacity building (research, mitigation) -Implement participatory approaches in policy formulation 	<ul style="list-style-type: none"> -Conduct consultative planning process -Conduct policy review to identify the gaps or missing links within the policies -Conduct M & E to make them relevant 	<ul style="list-style-type: none"> -Government and line ministries -Civil Society Organizations -Farmers -Village Development Committees
2. Ineffective policy implementation	<ul style="list-style-type: none"> -Needs assessment to identify gaps -Develop implementation plans for policies and guidelines -Conduct consultative meeting with various stakeholders 	<ul style="list-style-type: none"> -Conduct regular monitoring and evaluation of policy implementation 	<ul style="list-style-type: none"> -Government ministries -Civil Society Organizations -Farmers -Community-Based Organizations -General Public
3. Poor understanding of mainstreaming interventions in programmes to mitigate HIV/AIDS impact	<ul style="list-style-type: none"> -Develop and administer training programmes -Prepare guidelines on how to mainstream 	<ul style="list-style-type: none"> -Build capacity of implementers 	<ul style="list-style-type: none"> -Sector ministries -(R&D) institutions -Civil society organizations
4. Mismatch between policy priorities and government budget	<ul style="list-style-type: none"> -Cost implementation strategies -Government to prioritize social and economic activities -Agriculture ministries to prioritize HIV/AIDS mitigation issues in budget 	<ul style="list-style-type: none"> -Lobby for funds -Capacity building of key actors and those in authority -Special budget line for HIV/AIDS -Lobby parliamentarians and respective parliamentary committees 	<ul style="list-style-type: none"> -Government line ministries -Civil Society Organizations -Development Experts

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Annex 1

Southern Africa: HIV/AIDS Statistics

Country	Total Population (2005 millions)	% Total population Rural	HIV Prevalence rate (% of adult population) 2003	Orphans 0-17 of AIDS deaths (000)	Life expectancy at birth with AIDS	Life expectancy at birth without AIDS	Life expectancy years lost
Angola	15.9	64	3.9	110	41	44	3
Botswana	1.8	48	37.3	120	37	69	32
Lesotho	1.8	83	28.9	100	37	64	27
Malawi	12.9	84	14.2	500	40	57	17
Mauritius	1.2	58	0.1	N.A.	-	72	-
Mozambique	19.8	65	12.2	470	42	53	11
Namibia	2	67	21.3	57	49	68	19
South Africa	47.4	43	21.5	1,100	49	67	18
Swaziland	1	76	38.8	65	33	64	31
Zambia	11.7	64	16.5	630	37	54	17
Zimbabwe	13	65	24.6	980	37	64	27

Source: UNAIDS, 2005, Report on the Global HIV/AIDS Epidemic, Geneva.