Economic Commission for Africa

Impact of HIV/AIDS on Rural Livelihoods and Food Security

CHGA
Commission on HIV/AIDS and Governance in Africa

Interactive Ethiopia: Discussion Outcomes

November 2004

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Or contact

CHGA
Economic Commission for Africa
P.O.Box 3001
Addis Ababa, Ethiopia
Tel.:251-1-44 54 08
E-mail: chga@uneca.org

"Our cemeteries are filled beyond capacity. Parents are dying from HIV/AIDS or burying their children; a generation of fathers and mothers is being lost leaving the grandparents to grieve and raising the next generation.

I cannot understate the terrible nature of the crisis that is enveloping our societies. As bad as it is today, the reality is that it is getting worse."

HE Girma Wolde Giorgis, President, Federal Republic of Ethiopia

Contents

About CHGA

Under the Chairmanship of the Executive Secretary of the Economic Commission for Africa, **K. Y. Amoako**, the Commission on HIV/AIDS and Governance in Africa (CHGA) represents the first occasion on which the continent most affected by HIV/AIDS will lead an effort to examine the epidemic in all its aspects and likely future implications. The challenge for CHGA is to provide the data, and help consolidate the design and implementation of policies and programmes that can help contain the pandemic in order to support development and foster good governance.

Patrons:

HE Kenneth Kaunda
HE Pascoal Mocumbi

Commissioners:

Seyyid Abdulai
Abdoulai Bathily
Mary Chinery-Hesse
Awa Coll-Seck
Haile Debas
Richard G.A. Feachem
Marc Gentilini
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Mamphela Ramphele
Ismail Serageldin
Bassary Toure
Paulo Teixeira
Alan Whiteside

About CHGA Interactive

The central task for CHGA is to provide recommendations for African policy makers on their response to the challenges posed by the HIV/AIDS pandemic. CHGA is concerned with ensuring that findings and recommendations of the Commission should reflect the experiences of the widest possible constituency. A central plank in ensuring this is the CHGA Interactive.

CHGA Interactive is driven by a series of five specifically organized sub-regional consultations or 'public hearings', unique for a UN Commission, on the following themes: orphans, gender, youth, treatment and care, prevention of mother-to-child transmission, human capacity, rural livelihoods, food security and nutrition.

Under the auspices of CHGA Commissioners, each CHGA interactive session provides an opportunity for a wide range of stakeholders and constituents to not only share experiences and discuss the way forward in their sub-regional context, but also to identify key messages to facilitate the commission's advocacy work and key policy recommendations.

Four groups are particularly important as participants in this process:

- African policy makers. CHGA interactive provides an opportunity to solicit their views and to ensure that their core concerns are adequately reflected in the Commission's Final Report.
- Associations of people living with HIV and AIDS. These organizations are key stakeholders with unchallengeable legitimacy on all issues surrounding the HIV/AIDS epidemic. CHGA seeks to engage with these to elicit their views, as well as receive their guidance on prioritization of the Commission's core recommendations.
- CSOs including community based organizations, and local and international NGOs directly involved in service delivery. CHGA Interactive seeks to engage these in policy dialogue and formulation, so that their experience can be distilled into policy recommendations, and CHGA recommendations can be useful to their activities.

- Public policy and advocacy organizations concerned with governance and democracy, human rights, peace and security. This includes a range of specialist CSOs, women's associations, trade unions and professional associations, churches and faith-based organizations, and some research institutes. Interaction with these is key to ensuring that CHGA's recommendations draw on the wealth of experiences that these organizations have accumulated, and that CHGA recommendations are relevant to the contexts that these are engaged in.

CHGA Interactive: Ethiopia

Participants

CHGA Interactive: Ethiopia was attended and chaired by CHGA patrons HE Mr. Pascoal Mocumbi and HE Mr. Kenneth Kaunda, as well as the following commissioners: Mr. Seyyid Abdulaye, Ms. Mary Chinery-Hesse, Ms. Awa Coll-Seck, Ms. Milly Katana, Ms. Joy Phumaphi, Mr. Bassary Toure, Mr. Paolo Teixeira, Mr. Alan Whiteside.

Structure of the meeting

Opened by HE Girma Wolde Giorgis, the President of the Federal Republic of Ethiopia, the one-day interactive session had two main parts. The first half saw the participants in the plenary, discussing HIV/AIDS and rural livelihoods based on three inputs by experts in the field. During the second half of the day, the participants split into three working groups, two focusing on rural livelihoods, and one focusing on food security and nutrition, before reconvening in the plenary and reporting on the outcome of the working groups.

The presentations and the speakers were the following:

HIV/AIDS and rural livelihoods: What do we know? Impacts and mitigation strategies, by Joseph Tumushabe, Makerere University

Gender, HIV/AIDS and rural livelihoods: Addressing the challenges, by Gladys Mutangadura, ECA-SA

Food security in the context of severe HIV epidemics: Key issues and challenges for policy and programming, by Daphne Topouzis

The Sustainable Development Division of the ECA were partners in organizing the Interactive, and contributed to the production of this report.

Thematic Context

"Earlier, HIV/AIDS was viewed mainly as an urban phenomenon, and most of the responses are still concentrated in urban areas. However, we are now witnessing the epidemic's spread to the rural areas of our countries – the areas where the vast majority of our people live. HIV/AIDS exacerbates the problems of already vulnerable rural communities and agricultural production systems."
K.Y. Amoako, Executive Secretary, Economic Commission for Africa

HIV/AIDS, rural livelihoods, food security and nutrition

Current estimates suggest that between 21.4 and 25.7 million adults live with HIV/AIDS in sub-Saharan Africa, with southern and increasingly eastern and central Africa being particularly hard hit. Two-thirds of the African population live in rural areas. The vast majority of these derive their livelihoods from subsistence farming.

African countries face immense challenges in their efforts to achieve rural and agricultural development due to several factors that include poverty, disasters related to drought, floods, and epidemics, wars and conflicts; poor economic policies; and bad governance. While it would be erroneous to blame any one factor for Africa's slow pace of rural transformation, the HIV/AIDS pandemic puts an added strain on already stressed economies, communities and households, making it extremely difficult to achieve sustainable development and pull millions of people out of poverty (SDD 2004).

Macrolevel models are struggling to capture the aggregate impact of HIV/AIDS, both in terms of economic indicators and food production. Teasing out the added impact of HIV/AIDS on agriculture and rural development still remains a challenge.

However, there are indications that the onslaught of HIV/AIDS is severely undermining rural livelihoods and household food security across Africa's hardest-hit areas, and threatens to do so in those countries where the epidemic is gaining a foothold. Poverty is increasing in Northern Zambia, for example, and this is attributed mainly to unfavourable agricultural policies and the impact of HIV/AIDS (FAO 2004). Thus, understanding the relevant issues that are crucial to mitigating the impact of HIV/AIDS on rural livelihoods is pertinent at this time when there are renewed efforts to not only stem the impact of HIV/AIDS, but also to achieve food security and eradicate extreme poverty and hunger on the continent.

HIV/AIDS and rural livelihoods

While a number of studies on the impacts of HIV/AIDS on rural livelihoods, food and nutrition security have emerged in recent years, the findings are very localized, and generalized statements about the impact of the epidemic are difficult to make. However, some factors are known, and can be used to build a basis for understanding.

An environment of vulnerability to HIV infection is created by a complex interplay between factors on the structural level, such as infrastructure, climate, regional disparities, gender differentials, and unequal distribution of resources, as well as factors on the community and individual levels, including community institutions and organization, lack of resources, malnutrition, sexual violence and presence of other diseases, create (Loevinsohn et al. 2003).

HIV/AIDS impacts livelihoods, and the extent of the impact depends on the presence of other vulnerability factors, as well as household resilience (Topouzis 2004). The main factor underpinning the impact is that a disproportionate number of adults of productive age are ill or dead, depriving households of their labour, but also requiring household time and resources for care, medication, and ultimately funerals (UN-DESA 2004). Therefore, increased morbidity and mortality of productive household members can lead to a decline in labour supply and households' productive capacity, which in turn may lead to a decline in production. A compounding factor in rural areas is that infection rates are higher among women, who account for 70 per cent of the agricultural labour force and 80 per cent of food production.

FAO projects labor losses of 16 million agricultural workers between 2000-2010 due to HIV/AIDS in the 10 most affected countries in Africa. These projections show that southern Africa, which also has the highest infection rates in Africa, will be the most affected with Namibia, Botswana, Zimbabwe and Mozambique estimated to lose 26.0, 23.2, 22.7 and 20.0 per cent of the agricultural labor force respectively. The losses are projected to increase dramatically toward the end of the period as the epidemic penetrates communities and societies more deeply.

Even if this high projected loss, however, does not take place, HIV/AIDS may adversely affect the structure and quality of the labour supply. The labour force will reflect the structural changes seen in population pyramids, and will feature fewer mature adults and more adolescents and elderly-both of whom are likely to contribute less to the rural and agricultural labour force. The implications of these effects must be addressed, and particularly the needs of growing numbers of vulnerable farmers and the loss of agricultural and livelihood skills and knowledge (Topouzis 2004).

Evidence from Kenya, Namibia and Tanzania also points to a reduction and/or loss of skilled and experienced agricultural labourers (Mutangadura, 2000; Rugalema, 1999; Mutangadura et. al., 1999).

African agricultural and cultural systems are dynamic and continue to undergo transformation over time, so the effects of and response to the epidemic also evolve, differing depending on the interaction with other systems, such as statutory law. The challenge is to understand with greater precision how the rural socio-economy is being affected by the disease, and consequently how rural development policy should be modified to better achieve national agricultural sector and development objectives.

Impact on income and wealth

As expenditures increase due to medical and funeral needs, disposable income, savings, and farm assets are often depleted. Declines in per capita income are especially high among vulnerable groups, including households missing the adult male head of the household. Off-farm income and remittances are also affected by HIV/AIDS. A study on Burkinabe immigrants in Cote d'Ivoire (FAO, 1997), for example, shows that HIV/AIDS results in losses of remittances to rural households from immigrants due to illness and death. As income is depleted and the need for medical and other expenditures rises, there is an increase in distress sale of productive and household assets (e.g. livestock, land). In Uganda, for instance 65 per cent of the surveyed households affected by HIV/AIDS in one district sold property to meet healthcare costs.

The adverse effects of HIV/AIDS on wealth are exacerbated by existing socio-cultural factors relating to inheritance in Africa. For instance, some studies show that impacts of male or female heads of household differ depending on whether the inheritance system is matrilineal or patrilineal (Engh et. al., 2000). In most patriarchal societies, women may lose access to land and other assets when husbands die, depending on the socio-cultural environments within which they live (Stokes, 2003). Wealthier households may be able to withstand this shock, while for households that already are under a certain level of resources this may cause a downward spiral leading to the unraveling of the whole household.

Loss of knowledge and erosion of rural governance capacity

HIV/AIDS related morbidity and mortality, particularly the death of adults, leads to a disruption of indigenous intergenerational transfer of agricultural knowledge relating to the local agro-ecology, farming practices and farm management. Studies show that losses in the knowledge associated with rainfall and drought forecasts, pest and animal disease invasions and control, traditional storage methods, soil conservation, forecasting of seasons and safety in fishing waters, affects crop, livestock and fisheries management. Empirical evidence shows that some households are responding to this loss in knowledge by switching to less input intensive production techniques leading to for example cultivation of crops that require less skill or labour. There is also evidence that soil fertility management suffers in some affected households due to the loss of soil management skills, among other factors (Tumushabe 2004).

Furthermore HIV/AIDS erodes the capacity and service delivery of the ministry of agriculture, and related extension services as well as other rural institutions, thereby weakening their ability to effectively implement agricultural projects. HIV/AIDS also contributes to the weak state of agricultural extension programmes in Africa through such mechanisms as high staff turnover and absenteeism, reduced staff productivity, increase in expenditures, increased workload of staff, and loss of knowledge, skills and expertise (Gavian 2002). 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 Namibia, it is estimated that extension staff may be spending up to 10 per cent of their time attending funerals. And IFAD (2001) shows that illness and death affect community participation in agricultural programmes and that the failure of community participation due to HIV/AIDS morbidity and mortality disrupts capacity building for communities and among farmers, leading to low quality in implementation and delay in completion of programmes.

Decline in agricultural production

Coping strategies to mitigate the adverse effects of HIV/AIDS (e.g. labour, capital and skill losses) have sometimes included a shift in cropping patterns with some affected households switching from cash crops to food crops. FASAZ (2003) for instance shows that affected households in parts of Zambia grow more millet and sorghum than unaffected households. These unaffected households grow more sunflower and soybean than affected households. Similar trends of switching to subsistence agriculture are also documented in Cote d'Ivoire (Black-Michaud, 1997). This change

in crop composition may result in a loss of income due to the loss of cash crops. In Uganda, a 2002 survey found a substantial decline in the output of HIV/AIDS affected households, and, importantly, that while non-affected households more than doubled their cash crops between 1996 and 2001, the affected households saw a decline also in cash crops (FAO, no date).

The timeliness of cropping activities crucial to productivity, e.g. land preparation, planting, weeding and harvesting may be affected by incidence of illness and death related to HIV/AIDS when episodes of illness and deaths coincide with these critical operations. Kwaramba (1997) recorded losses of about 61 per cent in maize output in HIV/AIDS affected households as compared to non-affected households in communal agriculture in Zimbabwe (see table 1).

Table 1

Reduction in output in AIDS-affected households in Zimbabwe

Crop	Production loss (percentage)
Maize	61
Cotton	47
Vegetables	49
Ground nuts	37
Cattle	29

Source: *Kwaramba (1997)*

Impact on livestock

Loss of financial assets due to increased health care costs, funeral expenses, inability to work may lead to the distress sale of livestock and other productive assets. HIV/AIDS also affects the livestock sector through its negative impact on the household production and management capacity as less time is allocated to livestock production due to illness and time spent attending funerals. Reduced management capacity also emanates from a lack of skills in animal husbandry as adults and male members of the household fall sick or die. Estimates from Namibia suggest that there may be a 25 per cent reduction in crop and livestock production. The inability of extension and veterinary service providers to adequately deal with livestock diseases and epidemics could also have a devastating effect on disease control and hence on domestic and international trade. This in turn could have adverse implications particularly for exporting countries that depend on livestock for foreign exchange earnings (Engh et. al., 2000).

Barriers to market and community participation

Rural producers need to be able to sell or trade their products in order to obtain the goods needed to sustain the household. Market access is therefore crucial to upholding rural livelihoods. HIV/AIDS hampers market access through a number of ways. If adult household members are ill, bringing the products to the market becomes more difficult, particularly if the market is far away, or if the household's produce is heavy or for other reasons difficult to transport. Lower disposable income to pay for transport further impairs access. Smaller outputs, resulting from HIV/AIDS, may be less attractive to traders, as they then have to buy from more producers, and traders may therefore bypass those who have little to sell if there are alternatives. Stigma may prevent the HIV-affected from carrying out their trade (FAO/UNAIDS 2004). For the household, the effects of HIV/AIDS in terms of lowered output may therefore be exacerbated by lessened ability to actually sell and derive an income from this output.

The effects of HIV/AIDS may lead to inability of a household to participate in community activities. In Zambia, participation in cooperatives and community-based organizations is the main source of fertilizer and seeds, and the current fertilizer support programme requires a prohibitive 50 per cent downpayment on the cost of inputs. Few HIV- affected households are able to make the downpayments and pay the required membership fees, and are therefore excluded (FAO 2004) – although these may be the households that need the support the most.

A gendered impact

Tasks associated with food production and preparation, as well as maintaining livelihoods, are strongly gendered across Africa (see table 2).

HIV/AIDS worsens existing gender-based differences in labour burdens and in accessing key resources such as land, credit and other resources. HIV/AIDS also adds to women's work load, as more people fall ill, and existing households need to absorb a growing number of orphans, and women are the traditional caregivers. In a community studied in Bokuba District, Tanzania, women spent 60 per cent less time on agricultural activities because their husbands were ill (Rugalema 1999). In northern Zambia, female-headed households were found to have about three times as many orphans as male-headed households (FAO 2004). When households reallocate labour

to fill gaps left by members ill or deceased, girls are withdrawn from school first. In Swaziland, school enrolment is reported to have fallen by 36 per cent due to HIV/AIDS, with girls most affected (UNAIDS 2004).

Table 2

Percentage share of women's role in rural household systems tasks in Kenya

Workload	% Share	Workload	% Share
Clearing land	5	Processing	90
Turning soil	30	Marketing	60
Planting	50	Carrying of water & fuel	95
Weeding & hoeing	75	Domestic animal care	55
Harvesting	65	Hunting	10
Carrying crops home	85	Cooking & family care	95
Storing	80	Small-scale farmers	85

Source: *GREEN AFRICA Network, 2004.*

Access to land and control of property are fundamental determinants of secure livelihoods. They provide a secure place to live, a site for economic and social activity, and collateral for credit and other resources and services essential to prevent and mitigate HIV/AIDS (Aliber et al. 2004, Strickland 2004). Widespread exclusion of women in African countries from owning, controlling or using property, limits women's capacity to mitigate the consequences of HIV/AIDS.

Property and/or asset grabbing by relatives after the death of a male household head is reported to be a problem for the widow, undermining her capacity to provide for her household. In Namibia, 44 per cent of the widows in a survey conducted in 2002 reported to have lost cattle, 28 per cent reported to have lost small livestock, and 41 per cent had lost farm equipment to relatives after their husband had died (FAO, no date).

In countries where the impact of HIV/AIDS on land tenure have been studied, including Lesotho, South Africa, Kenya, Tanzania and Malawi, one major impact of the epidemic was identified to be the increase in the vulnerability of women to dispossession by patrilineal kin on the death of male household heads (Aliber et al. 2004, FAO 2004, Katunzi 1999, Rehmtulla 1999, Strickland 2004, UNAIDS 2004), strongly impacting women's ability to meet household needs.

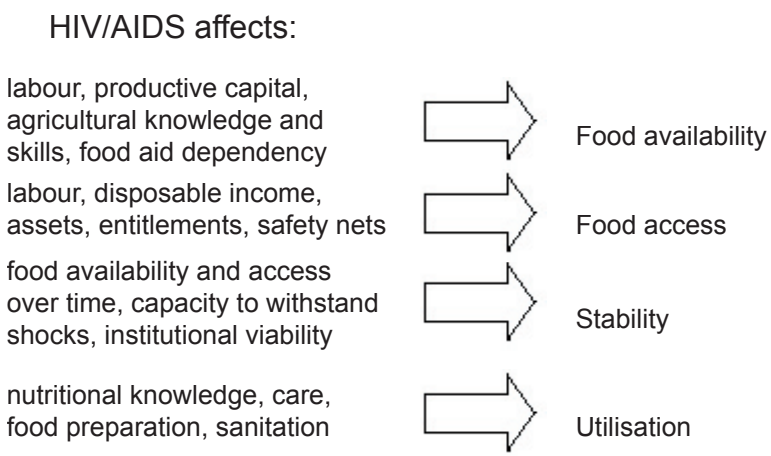
HIV/AIDS, food security and nutrition

All aspects of food security – availability, access, and stability, as well as use, are impacted when household production declines below a point when the household can no longer provide adequately for its members. For subsistence farmers, this means that the production unit can no longer grow enough food to feed themselves, and for others, it means that the income is insufficient to acquire the necessary quantities and qualities of food. With underweight as a proxy for under- and malnourishment, adult mortality has been found to be strongly correlated with an increase in underweight children (Loevinsohn et al. 1993). This decline in household wealth and capacity can be brought about by a range of factors, HIV/AIDS increasingly being among these.

HIV/AIDS has a multifaceted impact on household food and nutrition security. In figure 1, Topouzis (2004) maps the impact of HIV on the four aspects of food and nutrition security, namely food availability, food access, stability of supply, and utilization.

Figure 1

Paths through which HIV/AIDS impacts food and nutrition security



Source: *Adapted from Topouzis (2004).*

Loss of knowledge and labour may lead households to produce less skill-intensive and in some cases less nutritious crops, and also reduced total harvests. AIDS-affected households, particularly those caring for orphans, in Northern Zambia were found to have food from their own produce for only up to 3.6 months per year. For those who are already ill, such food insecurity and malnutrition is shown to be particularly detrimental (FAO 2004).

In Namibia, HIV-affected households were found to be less able to remain food secure in the face of drought. While as many as 43 per cent of all households in a 2002 survey reported food insecurity during the last month, when disaggregated, widow- and orphan-headed households reported much higher levels of food insecurity than male-headed households (see Figure 4).

Figure 2

Food insecurity in Namibia (2002 survey)

Source: *FAO*

There is increasing awareness of the role of nutrition in the HIV/AIDS pandemic, particularly in slowing the progression from HIV to AIDS. An HIV-affected household is, however, less able to provide nutritious food, and under a certain 'tipping' point, may become food insecure. Awareness raising programmes have been suggested in order to educate households and individuals on the importance of adequate food in the face of HIV/AIDS. However, as a 2002 survey in Uganda found, while there was high awareness of the linkages between HIV and nutrition, households were unable to act on this knowledge due to competing demands on household resources such as finances and time (FAO).

At the individual level, an HIV/AIDS-infected person is more at risk of malnutrition for reasons such as:

- **reduced food intake**: PLWHA often suffer appetite loss, and may have difficulty eating. This may be caused by mouth and throat sores, as well as side effect of medication and depression;
- **poor absorption**: HIV/AIDS hampers optimum absorption of nutrients, leading to nutrition deficiencies;
- **changes in metabolism**: Given poor nutrient absorption, individuals are unable to obtain required nutrition for efficient metabolism and running and maintenance of organs and systems; and
- **chronic infections and illnesses**: HIV/AIDS is usually accompanied by fevers and repeated infections, leading to both higher nutrient requirements and poorer uptake and use of nutrients in the body (Giyose 2004).

Nutrition and antiretroviral therapy

Antiretroviral therapies (ART) are increasingly available in Africa. However, to be effective, individuals who take ART must also have adequate food and nutrition. Nutrition affects ART efficacy. In general there are four interactions between HIV/AIDS, food and nutrition:

- **Food can affect ART efficacy**: An example is a high fat meal, which affects the absorption of efavirenz, but decreases the bio-availability of indinavir;
- **ARV can affect nutrient utilization**: ritonavir affects metabolism of lipids thereby resulting in elevated cholesterol and fatty acid levels.
- **ARV side effects can affect food intake and nutrient utilization**: zidovudine (AZT) can cause nausea and vomiting
- **ARVs combined with certain foods/drinks**, such as alcohol, can produce unhealthy side effects thereby affecting adherence/compliance (Gyiose 2004).

Taking nutritional status into account when rolling out ART programmes is therefore vital.

HIV/AIDS increases vulnerability: a vicious cycle

Through its negative effects on household production and through its impact on household disposable income, HIV/AIDS has the potential to exacerbate rural poverty and gravely affect food security, increasing the vulnerability of rural households and decreasing the capacity to withstand shocks. HIV/AIDS, in addition to reducing labour for agricultural activities, reduces labour dedicated to childcare, hygiene, food

processing and preparation, further exacerbating the nutrition and food insecurity situation in affected households.

While inadequate nutrition is not the cause of HIV, it can speed up the progression from HIV to AIDS, taking away productive years and requiring resource-demanding care and support for the sick.

On the community level, the HIV/AIDS epidemic impacts on social safety nets through impoverishing a larger number of households in the community, which may result in significant stress on the social fabric and traditional social security systems. The traditional role of the extended family system in mitigating the impact of shocks is therefore being undermined as a result of the epidemic.

The HIV/AIDS epidemic has also increased the number of fragile families/households in Africa. These are families or households headed by children (under 15) or by older grandparents (aged 60+), with no members of the middle generation. Because of their vulnerability to various external shocks, these new types of households are likely to perpetuate the intergenerational transmission of poverty.

Issues raised by Interactive participants

Issues related to rural livelihood and food security

Need for leadership and partnership

"This epidemic is a threat to life as we know it. In responding to it, we have to build our communities properly." Joy Phumaphi, CGHA Commissioner

Sound leadership at all levels, at the international, through the national and at every level down to the household has shown to be an important determinant of the response to the epidemic. Leaders need to speak out about the epidemic, as well as understand and act on mechanisms underpinning its spread and impact. Interactive participants stressed that leadership also includes African leaders' ability to negotiate appropriate response with donors, who are generally more concerned about emergencies, while HIV/AIDS requires a long-term response.

Interactive participants also brought up the need for all sectors to work together in addressing the epidemic. Partnership between different actors, and actors at different levels, is key to strengthening rural livelihoods, food security and nutrition in the face of HIV/AIDS. Partnerships also help ensure more sustainable programmes.

Global structures impact African livelihoods

Participants acknowledged that factors important to African rural livelihoods and food security are external as well as internal, and that international policy frameworks structure policies and actions of African countries.

African food producers, particularly those depending on imported raw materials, face competition from subsidized foreign food, and find themselves unable to compete. Participants mentioned examples of unfavourable international terms of trade eroding African rural livelihoods. African producers also find themselves unable to meet standards set by international trade agreements, and are excluded from global trade by lack of access to infrastructure and other means to get their goods to the global market.

Insufficient rural policy response

Concern was raised about the lack of an appropriate and coordinated policy response to the present challenges to rural livelihoods, of which HIV/AIDS is manifesting itself as one of the key issues to address in order to further rural development. While there may be policies at the national level, implementation of these in rural areas was found to be scattered at best. Overly bureaucratic procedures hampering the trickling down of resources, and lack of empowerment of communities, which is where the response is carried out, were identified as major barriers to an efficient response.

Fragmented support programmes and increased demand for care

Some programmes to support rural households and communities do exist, but these are often vertical programmes. Support therefore becomes very fragmented, as communities and individuals may receive support on only isolated aspects of their needs. Participants had experienced that programmes targeted at households affected by HIV are difficult to implement in communities, as these households are difficult to identify. It is also problematic to single out people affected by one particular disease as more worthy of support.

The increased mortality of the productive age groups means that there are fewer caregivers to care for an increasing number of care-needing children and elderly. Traditional support networks such as the extended family are overburdened in hard-hit areas, and also increasingly reports of sexual and other forms of abuse of fostered children suggest that others mechanisms may be needed in order to provide the necessary care and support for those who need it.

Limited rural health care access

"The most effective way to produce positive impact today is to expand access to treatment. If you treat people, then you enable them to work and to maintain their livelihood, and you maintain parents taking care of children." Paolo Teixeira

Available only to a limited extent even in urban areas, health care services are not well developed outside African towns and cities - although it is in the rural areas that most people live. HIV-related treatment, which would be an important mitigation strategy, is generally not available in rural areas, although coverage is increasing in urban areas. Participants stated that provision of life-prolonging treatment would be key to mitigating the impact of HIV/AIDS, but that treatment is not available to the vast majority of those who need it, particularly not those who reside in rural areas.

Change starts in the community

"We need to start using local knowledge - the living walking libraries that people are - to understand the situation. How can we build on their experience and the experience of the past? We need the memory of our people to secure our future." Pascoal Mocumbi

"The solutions are at the local level, in the communities." Awa Coll-Seck, CGHA Commissioner

Across the continent, the experience is that community-based interventions are the most effective. However, communities may also be disaggregated, and while part of a community may be actively responding, other parts may not be. While some general observations can be made about the impact of HIV/AIDS on rural livelihoods, and about the responses, each community will have impacts and attributes that are unique to it. Interventions that are flexible enough to take into account these contextual factors, as well as ensure community ownership of the intervention, seem to be the most successful.

Countries have varying levels of absorptive capacity and capacity to channel resources to the community level and other intervention levels. Complicated and overly bureaucratic procedures complicate the process, as can heavy donor demands on reporting and accounting. Communities may also not be empowered to take action through the right legal frameworks. Farmer schools for youth, although criticized by some for being difficult to scale up, have a positive impact in ensuring that youth have necessary farming knowledge, skills and practices and can contribute to reducing vulnerability to HIV infection.

Using tradition to foster change

"The issue now is to understand the cultural practices and underpinnings of the epidemic, but also of our communities." Seyyid Abdulai, CGHA Commissioner

Traditional communities have assigned roles to elders and children, and have other positive traditions and institutions, such as community leaders, that can reinforce the response to HIV/AIDS. Participants underlined the need to seize the opportunity of the challenge of HIV to enforce these positive traditions, while not hesitating to change laws and traditions that are detrimental to addressing HIV.

Transfer of knowledge

"Now that those that were supposed to pass on these skills die before they can do that, we need to look into other ways to ensure that new generations are able to generate a livelihood out of their resources." Mary Chinery-Hesse, CGHA Commissioner

African cultures are grounded on oral traditions, and skills needed to sustain rural livelihoods are learnt on the job. Interactive participants were concerned that in the hard-hit communities, those that were supposed to pass on these skills fall ill and/ore die, and crucial knowledge and skills are lost. There is therefore a need to think of innovative ways to ensure that new generations have the necessary skills to be able to generate a livelihood out of their resources.

Agricultural extension services are an important resource in African agriculture. However, while HIV/AIDS increases the need for these services, the epidemic is also killing extension workers and eroding the capacity to perform these services. Participants mentioned that in some countries, extension services exist only on paper, and rebuilding these will therefore require substantial efforts.

Static gender roles and gendered work

Traditionally, the tasks associated with obtaining a livelihood in rural areas have been strongly gendered. However, as HIV/AIDS kills productive members of the household, it is a problem that there may not be enough women to take care of the traditional women's tasks, or, similarly, not enough men for the men's tasks. This may lead to certain parts of the production as well as social reproduction process not being carried out, resulting in reduced household production. Also, men increasingly find themselves as caregivers for young children, an untraditional role that they have not been prepared for. Participants mentioned examples of programmes to train men as carers, and stressed the need for gender roles to be made more flexible in order to ensure that the necessary households and farming tasks are carried out.

Low fulfillment of women's rights

Participants emphasized that gender inequality is a major driver of the HIV epidemic in Africa, and that women are particularly vulnerable to infection because of their subordinate position. Women are not in a position from which to negotiate safer sex with their partner, and the levels of sexual violence against women is alarming.

Participants were concerned that in a range of contexts, women do not have entitlements to land and other productive assets. In these contexts, when a husband dies, women therefore lose their livelihood as their assets are taken away, by relatives or others. Participants stated that governments are reluctant to address this, calling it 'culture'. While African countries have ratified legal instruments that would protect women's rights, such as CEDAW, these are not implemented. Judiciaries need to be equipped to address violations of women's rights, and people made aware of this possibility.

Youth have lower access to resources

Youth have a disproportionately low access to resources. This group do not have access to governance mechanisms, and have little say in their communities. Participants stressed young girls are the most vulnerable to HIV infection. Young girls are doubly disempowered, through their gender as well as their age, and are vulnerable to infection through sexual violence and transactional sex , while unable to negotiate safer or no sex at all.

Lack of data – how much do we really know?

"In designing mitigation strategies, we need to know more about the impact of HIV/AIDS on households and communities. Some households cope better than others. What is tipping point where households no longer cope?" Alan Whiteside, CGHA Commissioner

Data on rural livelihoods in Africa are generally scarce. While isolated studies have brought valuable knowledge, good quality data on different aspects of the linkages between HIV/AIDS and rural livelihoods, as well as nutrition and food security, from which it is possible to generalize hardly exist. This kind of information is important not only for better scoping of the impact of HIV/AIDS, but also for better identification of needs in affected households and communities, and for improved targeting of HIV/AIDS-related interventions. Participants stressed the need for an evidence-based approach, and lack of data is a serious setback for developing such approaches and policies.

Issues related to nutrition

"It is clear that nutrition and the HIV/AIDS epidemic is closely linked. The health of people who are infected improves when they have proper food. Orphans who are fed at school improve their learning and have better chances in life." HE Kenneth Kaunda, CGHA Patron

Nutrition and anti-retroviral treatment

In Africa, ART is now increasingly available. It is also increasingly clear that the benefits of ART are only fully present when the general nutritional status of the person on medication is good. Nutrition is also important in itself, as good nutrition seems to slow the development from HIV to AIDS. Participants stated concern that ART programmes are initiated without ensuring that patients also have adequate nutrition, and that ART therefore will be less effective.

Research and guidelines available, but implementation is slow

Participants stressed that nutrition is key to sustaining PLWHA health, and that adequate nutrition may also contribute to prevention of further spread of HIV. At the same time, concern was raised about the slow pace of dissemination of research results to strengthen nutrition, as well as the seeming disinterest in implementing existing guidelines. Research on easy-to-grow and nutrient-dense vegetables is available, and could be disseminated and used. On the policy level, nutrition guidelines and action plans have been adopted, for example at the World Food Summit, but implementation seems to have stalled.

Nutritional supplements offer false hopes

Participants were concerned that some manufacturers of nutritional supplements market these as medication for HIV/AIDS. In the absence of access to ART, and also with the knowledge that supplements can boost the immune system and therefore help keep the infected person healthy for longer, people are mislead to buy unnecessary supplements. In some cases, the supplements contain excessive levels of certain nutrients, and can be unhealthy.

Messages

Leadership

Leadership at all levels is crucial to stemming the HIV/AIDS epidemic and mitigating its impact. Policy makers need to integrate HIV/AIDS into national development strategies, as well as into agricultural and other policies related to rural livelihoods.

Preserving rural livelihoods requires increased resources

Rural livelihoods are undermined by factors such as lack of access to resources, lack of employment and migration to cities, and HIV/AIDS is making rural life even more difficult. Preserving and improving rural livelihoods therefore requires increased access to extension, health and education services, as well as better access to markets and better prices for agricultural products. There may also be a need for a 'rural safety net' and social protection programmes to enable support rural populations.

Need for integrated programmes in the community

Vertical programmes on selected aspects of community needs are not helpful. Holistic programmes that take into account the specific needs of the community and that have a long-term view are needed. These need to be implemented by the community itself, with outside support as necessary. All vulnerable households in the community need to be targeted, and the community itself must be involved in identifying these, as well as in implementation and monitoring. Communities need to be empowered, through enabling legal frameworks, if necessary through legislative change.

The importance of context: one size does not fit all

Good intervention programmes need scaling up, and effective programmes need to be implemented across the continent. However, interventions need to be flexible enough to take into account the particular context, such as availability of local resources, to be as effective as possible.

Ensure that resources are channeled to where they are needed

Available resources may not reach the level of communities for reasons such as overly bureaucratic procedures or lack of capacity to receive resources. Procedures therefore need to be streamlined and made efficient in order to facilitate resources reaching the target group.

Emphasize positive traditions

African communities and interactions are built on an intricate network of norms and traditions. Some of these will be very helpful in the fight against HIV, and should be strengthened, while those detrimental to the fight must be eradicated.

Support affected households

Interventions need to support the whole HIV-affected household, not be limited to the HIV-positive person. Traditional practices that marginalize affected households need to be eliminated, while positive, inclusive practices need to be reinforced.

Women's rights preserve rural livelihoods

Female-headed households have lower access to resources, and a widow may find herself stripped of her assets. Women's rights to land entitlements and other productive assets need to be protected in order to safeguard the household's livelihood.

Dissolve gendered nature of work and care

As tasks associated with sustaining livelihood in rural areas can be strongly gendered, these may be left undone if the household loses productive members of one gender. Increasingly, men also find themselves as caregivers, a role they have not been trained for. Traditional gender roles therefore needs to be made more flexible, in order to facilitate carrying out of all necessary tasks in a household in the absence of members of one gender, and necessary support provided.

Provide care in the community for orphans

With the increased demand for care for orphans, there are indications that in the worst-hit areas, the traditional support networks such as the extended family are struggling to cope. Policy makers must ensure that the situation of orphans, whether taken care of in an institution or by the extended family, is closely monitored to avoid and/or detect abuse. Support for orphan-headed households, enabling these to carry out their household functions, may also be an alternative to institutional or extended family care.

Support elderly in caregiving role

With the increase in orphans, grandparents increasingly find themselves caring for grandchildren at a time in their lives when they expected to be taken care of. Caring for children may stretch resources in already resource-poor households, and particularly male caregivers may find themselves ill-equipped for this role. The elderly therefore need support in their role as caregivers, for example through providing a community kitchen where the children can eat, relieving the caregiver of this task, or providing the caregiver with seeds and other necessary inputs for growing food.

Increased access to resources for youth

Youth, especially young girls, are disproportionately affected by the pandemic, but have little say over their own lives. Youth need to be involved in community decision-making processes, and be empowered to take an active part in the response to the epidemic. Youth-headed households need support, and youth need to be enabled to have access to resources.

Nutrition boosts health and enhances effectiveness of ART

While good nutrition is no medication, the importance of nutrition for general health and well-being are clear. ART without nutrition is less effective, and good nutrition therefore needs to be ensured along with treatment. While more detailed information about the linkages between HIV and nutrition is still needed, WHO guidelines on nutrition already exist, as do action plans adopted at the World Food Summit, and this can therefore be effectuated without delay.

Need for improved data

Not enough is known about the nature of the impact of HIV/AIDS on rural livelihoods, or about the response to the challenges raised by the epidemic. CHGA and others are contributing to improved data through research. However, more needs to be done in order to improve not only data collection, but also analysis and dissemination of this information, and most importantly, the translation of research into policy and programming, in order to increase understanding of the linkages between HIV/AIDS and rural livelihoods, enhance programme efficiency.

"What is needed now is more and more action." HE Kenneth Kaunda CHGA Patron

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