



HIV/AIDS, GENDER INEQUALITY AND THE AGRICULTURAL SECTOR

**Guidelines for Incorporating HIV/AIDS and Gender Considerations
into Agricultural Programming in High Incidence Countries**



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GLOSSARY OF TERMS AND ACRONYMS

Terms:

Affected households: refers to households that are directly or indirectly affected by HIV/AIDS

Food security: refers to situations where all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious foods that meet their dietary needs and food preferences in order to lead an active and healthy life

Gender: refers to socially constructed roles of women and men ascribed to them on basis of their sex

Orphan: refers to a child below 18 years of age who has lost one or both parents through death

Property grabbing: refers to situations where a widow or orphan is unable to inherit the property or assets that are legally theirs due to cultural practices which commonly result in members of the deceased husband/father's immediate family seizing the property and assets for themselves

Resilience: in the context of HIV/AIDS, refers to the responses adopted by households that enable them to avoid adverse impacts or to recover faster than normal

Survival sex / transactional sex: engaging in sex work as a means of generating income

Susceptibility: in the context of HIV/AIDS, refers to the likelihood that an individual will be infected by HIV

Vulnerability: in the context of HIV/AIDS, refers to the likelihood of negative impacts occurring at household, community, or national levels

Acronyms:

AIDS: Acquired Immune Deficiency Syndrome

ARV: Antiretroviral (a group of drugs that prevent the HIV virus from reproducing)

BCC: Behaviour Change Communication

CBO: Community-based organization

CIDA: Canadian International Development Agency

FAO: Food and Agriculture Organization

HBC: Home-based care

HIV: Human Immunodeficiency Virus

ICAD: Interagency Coalition on AIDS and Development

MDG: Millennium Development Goal

NGO: Non-governmental organization

OVC: Orphans and Vulnerable Children

PLWHA: People Living with HIV/AIDS

PMTCT: Prevention of mother-to-child transmission

SADC mainland region: all SADC countries (Angola, Botswana, Democratic Republic of Congo, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe), excluding Mauritius and Seychelles

SADC: Southern African Development Community

STI: Sexually-transmitted infection

VCT: Voluntary counselling and testing

1 : Introduction

1.1 PURPOSE AND SCOPE OF THE GUIDELINES

HIV/AIDS is a major developmental crisis that challenges the Millennium Development Goal (MDG) of “halving the proportion of hungry and extremely poor people by 2015.” The epidemic has deepened poverty and eroded the ability of rural households to produce sufficient and nutritious foods, has led to a weakening of rural institutions in their capacity to deliver services, and undermined the effectiveness of national agricultural policies. HIV/AIDS is both an emergency and a long-term development issue that requires strong leadership and a long-term commitment from governments and the donor community. The fight against the epidemic is now high on the international agenda and national and international development partners are increasingly acknowledging the multi-sectoral dimensions of the epidemic—hence the need for a multi-sectoral approach. To date, however, most HIV/AIDS strategies in countries that have been severely impacted are health-oriented and concentrate on urban areas. A lack of understanding of the relationship between HIV/AIDS and food security has resulted in a slow response to the importance of agriculture in national HIV/AIDS strategies. A comprehensive response from the agricultural sector is needed as a large proportion of the poor depend on agriculture for their livelihoods in most sub-Saharan African countries.

Agriculture has a crucial role to play in the fight against HIV/AIDS by means of reducing poverty and improving food security. For rural households that are affected by the epidemic,

agricultural and food security programmes are key to their recovery and their achievement of self-sufficiency. Agricultural programming needs to acknowledge that these households are constrained by labour shortages and lack of resources, are risk adverse, and have cashed in most of their assets, undermining their ability to cope with casualties such as drought. These households are often stigmatized within communities and, until now, have been largely ignored by conventional agricultural services. Gender inequality is at the core of the spread of the epidemic and is one of the main determining factors associated with vulnerability to HIV/AIDS. Advancing gender equality should be at the core of any agricultural response to HIV/AIDS.

It is in this context that the Canadian International Development Agency (CIDA) has supported the Interagency Coalition on AIDS and Development (ICAD) in developing guidelines that recognize issues around HIV/AIDS and gender when agricultural programmes are being developed. CIDA recognizes the importance of mainstreaming gender and HIV/AIDS aspects in its programming, including policy dialogue, capacity-building, and monitoring. This set of guidelines was developed specifically to facilitate the programming decisions of agriculture development officers within governments, bilateral donors, and non-governmental organizations working in affected countries in southern Africa.

These guidelines offer a synopsis of existing information related to the links between HIV/AIDS, gender inequality, and agricultural development, and they provide a series of recommendations as to how these factors can be taken into account when developing, reviewing, and implementing agricultural programmes. They are intended to provide direction to agricultural programmers by identifying areas of intervention, but have been kept general in order to be adaptable by the end-user in various settings.

2: HIV/AIDS and the SADC Region

2.1 MORBIDITY, MORTALITY, AND ORPHANS

Currently, there are 38 million people living with HIV worldwide. AIDS is the leading cause of death in sub-Saharan Africa, where 25 million people are infected. In the Southern African Development Community (SADC) mainland region, 22,000 people are dying each week and over 13 million productive adults are living with HIV/AIDS. Five million children are orphaned as a result of the epidemic. Southern Africa remains the worst affected region with six countries—Botswana, Lesotho, Namibia, South Africa, Swaziland and Zimbabwe—having prevalence rates of over 20%. Prevalence rates are higher among women, especially those aged 15 to 24 years; young women are two and a half times more likely to be infected than young men. The worst is still to come, as the number of AIDS deaths is still rising and is not expected to peak until between 2005 and 2010.

2.2 COUNTRY RESPONSES

Political commitment towards fighting HIV/AIDS has increased in sub-Saharan Africa with more leaders taking responsibility for implementing national HIV/AIDS responses. The African Union (AU) is committed to fighting the epidemic on a pan African scale. HIV/AIDS is acknowledged by the New Partnership for Africa's Development (NEPAD) as a cross-cutting issue. At the sub-regional level, SADC countries have developed the SADC HIV/AIDS Strategic Framework and Programme for Action for 2003—2007 and have established regional and national HIV/AIDS task forces to guide implementation of the strategy.

Community initiatives provide social safety nets to OVCs

The difficult macro-economic environment currently prevailing in Zimbabwe has resulted in a reduction of social safety nets provided by the public sector. Rural communities have been left to single-handedly take on the responsibility of caring for the increasing number of orphans whose parents die from HIV/AIDS. The Children Under Difficult Circumstances Report of 2002 highlighted that Bulilimamangwe district alone had 12,000 HIV/AIDS orphans, and that 60% of children in primary schools were living under difficult circumstances. Women's groups, working through traditional leadership structures and churches, have initiated several programs to address this challenge:

- *Local community workers were engaged to compile records and monitor the welfare of orphans. These agents continuously inform the traditional leadership on the plight of the orphans. The orphans benefit from resources mobilized by the chief, consisting mainly of agricultural produce contributed by surrounding communities.*
- *Traditional leaders are motivating families to revive the extended family systems that are disintegrating due economic hardship and the HIV/AIDS pandemic. The guardians are encouraged to continue with the farming activities in which the parents of the orphans were engaged.*
- *Community-based burial societies have extended their services to include providing assistance (agricultural inputs and credit) to those who have lost a spouse and his or her children.*

These systems have effectively supported child-headed households and managed to keep more than 1,494 orphans in school.

Source: Bulilima Rural Council / W.K. Kellogg Foundation Program, Bulilimamangwe district, Zimbabwe

All twelve countries in the SADC mainland region have adopted national strategic frameworks for HIV/AIDS and have established government-led national HIV/AIDS coordination mechanisms. Most of these strategies receive support from the Global Fund. The extent to which these plans are multi-sectoral varies significantly—to date, many concentrate on health and prevention, but do not deal significantly with issues of gender. In general, the strategies call upon line ministries in their countries to develop sectoral plans. As a response, the majority of agricultural ministries in the SADC mainland region are developing workplace policies and have appointed HIV/AIDS focal persons within their organizations. Mainstreaming of HIV/AIDS and gender concerns in the service provision of the ministries is, however, still weak, and few countries have developed sectoral strategies on HIV/AIDS.

3: HIV/AIDS, Gender Inequality, and the Agricultural Sector

“Based on projections of future demographic change in the hardest-hit countries of eastern and southern Africa, the full impacts of HIV/AIDS on the agricultural sector are only just starting to manifest, and will intensify over the next several decades.” [Jayne et al, pp.24]

3.1 HIV/AIDS CHALLENGES FOR HOUSEHOLD FOOD SECURITY

HIV/AIDS differs from other crises: it is incurable, and the stigmatization and denial associated with the disease often prevent people from seeking assistance. It has rural as well as urban dimensions in that the death of adults in rural households may force surviving members to migrate to the city to seek work, and the death of an urban worker may lead to children being sent to rural areas to be cared for by extended family.

HIV/AIDS is unique in that it attacks the most productive segment of society, thereby reducing household labour availability and impairing inter-generational transfer of local knowledge and skills. Studies by the Food and Agriculture Organization of the United Nations reveal that, as a consequence of a decrease in household labour, rural households reduce crop cultivation, shift to less labour-intensive food crops, and delay agricultural operations such as weeding. Small scale agriculture in sub-Saharan Africa is particularly vulnerable to the adverse effects of HIV/AIDS as it relies almost exclusively on family labour, especially that of women.

Protecting women's property and land rights in Namibia

Many women in areas that are highly affected by the pandemic face the risk of losing land and property after the death of their husbands. Women without title to land or housing have limited livelihood options, which can result in engaging in high-risk behaviour such as unsafe sex in order to obtain money, housing, and food. Protecting the property and land tenure rights of women is vital to prevent rural households from further impoverishment. To this effect, the Integrated Support to Sustainable Development and Food Security Programme of the Food and Agriculture Organization of the United Nations has been working with the Namibian Ministry of Women's Affairs and Child Welfare, the Legal Assistance Center, local authorities, and rural communities to raise awareness of women's rights. Traditional leaders, church leaders, councillors, and senior figures in the community are made aware of the effects of land and property grabbing on families already struggling after the loss of a household member to AIDS. Paralegals are trained on a voluntary basis to assist women in writing wills and to inform them about their inheritance rights in relevant legislation.

Source: FAO. 2004. Protecting women's property and land rights to protect families in AIDS-affected communities. Newsroom: 8 March 2004.

AIDS-affected households face significant challenges in terms of the costs of treatment and may no longer be able to purchase important inputs such as fertilizer and improved seed, basic food, or nutritious food supplements. On average, affected households can spend a third of their monthly income on AIDS-related expenses. In order to meet the rising costs of illness and death, households rely on social networks such as extended family and cash in their savings and assets such as small livestock and jewellery. When disposing of their assets, households will try to preserve those that are productive, such as land and farm implements, as long as possible to safeguard the future survival of the household. Households with more financial, physical, and social assets are better able to cope with the adverse effects of HIV/AIDS, whereas poor, often female-headed, households experience difficulty in absorbing the shock caused by AIDS. The scale of the epidemic undermines the ability of households to respond to other misfortunes such as drought, as demonstrated by the 2002-2003 southern Africa humanitarian emergency. Further, the death of adults has strong inter-generational consequences. Because adults die before passing down their knowledge, many orphaned rural children are not acquiring relevant agricultural knowledge and skills.

3.2 HIV/AIDS AND THE AGRICULTURAL SECTOR

In several affected countries, over 60 percent of farms have suffered labour losses due to HIV/AIDS. It is predicted that by 2020, the AIDS epidemic will have claimed more than one-fifth of the agricultural labour force in southern Africa. The epidemic intensifies rural poverty and vulnerability at household and community levels and reduces agricultural production on small scale farms as well as at the commercial level—increased health and funeral expenses, lower efficiency, and high staff turn-over are reducing productivity. The epidemic undermines governments' efforts in implementing national agricultural policies, as affected households may no longer be able to cultivate cash crops or participate in formal cooperatives that are promoted by the government. HIV/AIDS weakens rural institutions in their capacity to deliver services as staff are increasingly absent due to AIDS related sickness and attendance at funerals.

The agricultural sector itself, on the other hand, contributes to the risk of HIV transmission due to high levels of mobility. Travel from farms to market places, remote temporary fishing camps, and rural infrastructure projects all increase the risk of exposure to HIV. Rural poverty and limited formal employment opportunities in rural areas put households at risk by forcing family members to migrate to search for employment at commercial farms or in urban areas. The long separation from the family increases the likelihood that migrants will engage in casual and unprotected sex.

3.3 THE GENDER DIMENSION

“HIV/AIDS is not only driven by gender inequality—it entrenches gender inequality, putting women, men and children further at risk” [Vicci Tallis, p.p 1]

At present, women constitute 57% of those infected in sub-Saharan Africa. In almost every country, prevalence rates for women are higher than for men, especially among young women. Underpinning these gender-based differences in prevalence rates are profound gender-based imbalances in power combined with social attitudes and vulnerability. Cultural norms of masculinity and femininity ascribe ideas about normal behaviour for men and women and contribute to their increased risk to HIV transmission. For example, social norms might encourage men to have multiple sexual partners, thus putting themselves and their spouses at risk. Migration and mobility as a result of poverty reinforce this tendency. In general, men are in control of deciding when, where, and how sex will take place and whether male condoms are used. Men are more often expected to be knowledgeable about sex, making it difficult for them to access information about HIV/AIDS and STIs for fear of appearing ignorant. Young men below the age of 25 are at greater risk—societal and peer pressure encourage them to start having sex with different partners from an early age.

Existing gender inequalities put women at greater risk for transmission. Women often have less social and economic power within their relationships, which makes protecting themselves difficult. Young women have less decision-making power regarding their sexuality, especially as they tend to have older male partners. Low status, economic vulnerability, and limited livelihood opportunities increase the likelihood that women and girls turn to transactional sex in order to survive. External misfortunes such as drought worsen the situation, as was seen in the southern Africa humanitarian crisis where countries that received food assistance saw more women and girls resorting to survival sex in order to obtain food, money, or consumable goods.

Traditional gender roles also result in HIV/AIDS having a disproportionate impact on the lives of women and girls. Women carry the burden of caring for people living with AIDS and for orphans while they attempt to secure livelihoods for their households. Girls drop out of school to care for their sick parents or younger siblings. Women are more vulnerable to the impact of HIV/AIDS as a result of limited access to assets. These gender-based disparities are often worsened by higher incidences of property grabbing.

Gender inequality has contributed to the HIV/AIDS crisis; strong support for programmes and policies that advance gender equality and women’s empowerment is needed. Gender inequalities are, however, deeply embedded in society, and require re-negotiation. Not all women, however, are ‘victims’ of the AIDS epidemic in that women experience different levels of vulnerability, often based on age, marital status, education, and economic position. Certain women have been better able to respond and important lessons should be learned from their positive innovations.

HIV/AIDS and Gender Frameworks for Action

Global level:

- *Millennium Development Goals (2000-2015)*
- *The General Assembly Special Session on HIV/AIDS (UNGASS) Declaration of Commitment (2001)*
- *The UN Convention and the Elimination on All Forms of Discrimination Against Women (1979)*
- *The Beijing Platform of Action (1995)*
- *Global Coalition on Women and AIDS (2004)*

SADC level:

- *The SADC HIV/AIDS Strategic Framework and Programme of Action (2003-2007)*
- *The SADC Declaration on Gender and Development (1997)*
- *The Maseru Declaration on the Fight against HIV/AIDS in the SADC Region (2003)*

National level:

- *Poverty Reduction Strategies Papers (PRSPs)*
- *National AIDS Strategic Plans*

4: Incorporating HIV/AIDS and Gender into Agricultural Policies and Programmes

4.1 INTERNATIONAL AGREEMENTS

HIV/AIDS is deepening poverty, reversing human development achievements, worsening gender inequalities, and eroding governments' ability to maintain essential services. The international community has recently begun to recognize that HIV/AIDS is a major developmental crisis that challenges efforts to reach the Millennium Development Goals. The 2002 southern Africa food crisis has increased awareness of the multi-sectoral dimensions of the epidemic among host governments and international development partners. The fight against HIV/AIDS is now high on the international agenda and was supported by the Copenhagen Consensus 2004, which brought together an expert panel to prioritize the biggest challenges facing decision-makers. Combating HIV/AIDS is ranked as a priority.

Realization among governments and donors that HIV/AIDS is a long-term crisis that requires a long-term development approach is increasing. To this effect, the UNGASS Declaration of Commitment emphasizes the need to reduce vulnerability and to put gender equality and women's empowerment at the centre of the fight against HIV/AIDS. Nevertheless, most efforts are limited to addressing the health and prevention aspects of the epidemic and do not address the structural causes of HIV/AIDS transmission.

4.2 APPLYING AN HIV/AIDS LENS TO PROGRAMMING

For many affected countries in sub-Saharan Africa, agriculture contributes significantly to the economy. Agricultural development is often at the centre of poverty reduction strategies as a means for economic growth. The agricultural sector provides livelihoods for a significant proportion of the population, especially the poor. Given the importance of the sector, the long-term impacts of HIV/AIDS are of particular concern in terms of development programming.

Prevention and care activities that fall within the mandate of the health sector need not be replicated—programmes can be adjusted using an “HIV/AIDS lens”. This would mean reviewing how situations increase or reduce possible exposure to HIV, reviewing vulnerability due to illness and death, and considering how the current or planned action might contribute to exposure. Applying an HIV/AIDS lens to agricultural policy formulation and programming should go hand-in-hand with incorporating gender issues, particularly with an emphasis on equal access to, and control over, land, property, credit, knowledge, agricultural inputs, and technology.

Various national ministries are developing sector-specific HIV/AIDS strategies. The response from the agricultural sector has been slow, despite that more than two-thirds of the people in the most affected countries depend on agriculture for their livelihoods. In several countries, agricultural ministries and other agricultural service providers have developed strategic plans to educate staff on the disease and provide assistance to HIV-positive staff. Given the high mobility of agricultural sector staff, effective workplace policies are essential in the fight against HIV/AIDS.

To date, however, little has been done to alter agricultural policies and programmes to account for HIV/AIDS—due, in large part, to a lack of understanding on the relevance of the epidemic. This creates a major challenge: gender and HIV/AIDS are unlikely to be mainstreamed if decision-makers do not clearly understand their connection to their work. International donor agencies have been instrumental in promoting and supporting gender mainstreaming through special programme and budget support. However, with the advent of Sector Wide Approaches to Programmes (SWAPs), which characterizes a shift from donors earmarking specific funds to an emphasis on government structures and ownership, there is a danger that the implications of the pandemic are not fully recognized, and HIV/AIDS and gender mainstreaming activities will be insufficiently addressed in SWAP budgets.

4.3 A GUIDING PRINCIPLE: THE RIGHTS-BASED APPROACH

Any response from the agricultural sector that incorporates HIV/AIDS and gender considerations should be guided by a rights-based approach, which stresses the claims and entitlements that all people have for full and satisfying lives, including access to adequate food and housing, and addresses the right to property and social protection. The rights-based principle recognizes women’s rights and the rights of people living with HIV/AIDS. It underlines the accountability of governments and other stakeholders for their human rights obligations.

Protection of vulnerable women against HIV infection

In 1992, Faraja launched Resocialization in Shamba Street, a project geared towards women who worked in a brothel. The project resulted in 250 women abandoning the practice of prostitution. They were counselled and received training in entrepreneurial skills and were provided with grants so that they could launch their own businesses. Other services included VCT, STI screening, treatment for HIV/AIDS, and home care for those with AIDS.

In 1994 the project's name changed to Women's Neighbourhood Association in order to include other vulnerable women. Poor women from the same neighbourhood joined support groups and were given a group loan after training.

To ensure sustainability, WNA became a microfinance project and began charging 20% interest to cover losses due to AIDS deaths.

The women have established a strong solidarity; their self-esteem has been raised; and they are enjoying economic empowerment. They are able to pay for health care and housing, are able to cover school fees for their children, and some have managed to build their own homes.

Source: Dr. Lucy Nkya, Faraja Trust Fund, Tanzania

4.4 TARGETING OF DIFFERENT VULNERABLE GROUPS

There are no quick solutions that agricultural programming can employ to respond to the fight against HIV/AIDS. Stronger efforts by the sector are needed to address underlying structural causes such as rural poverty and food insecurity. The AIDS epidemic has led to an increase in households with chronically ill members, orphans, and vulnerable children, households that have experienced a recent death, and households headed by young widows, orphans, and the elderly, all of which represent challenges specific to their individual situations.

To date, agricultural programmes and services have often bypassed vulnerable groups.

Appropriate outreach approaches are needed to work with these households. HIV/AIDS among the disabled has largely been ignored. National agricultural strategies pay insufficient attention to the variety of vulnerable households. Most strategies see agricultural commercialization as the main vehicle for economic growth but few interventions are in place to ensure sustained food security for the vulnerable.

People living with HIV/AIDS and their families must be recognized when programmes are developed, implemented, and evaluated. Planning of agricultural interventions should start with participatory gender analysis of the differing needs and constraints of these vulnerable groups. This means consulting with men, women, orphans, young widows, and the elderly who have been affected by HIV/AIDS.

Targeting HIV/AIDS-affected households, however, creates a dilemma: there is a danger that stigma and discrimination will increase and lead to tensions with those not affected by HIV/AIDS. Targeting is therefore best done through a community-based approach which would include all community members. Another challenge is that the vulnerability of these households often makes them risk adverse, which can affect the household's ability to engage in new activities or adopt new practices and technologies. Agriculture programmes should provide appropriate support to reduce the risk associated with taking on new activities.

4.5 A MULTI-FACETED APPROACH

The scale of the AIDS epidemic calls for a multi-faceted approach: urgent action at the grass-root levels, policy dialogue, research, capacity-building, and monitoring. Support for policy dialogue would include reviewing the effectiveness of current agricultural policies and programmes for their effectiveness and establishing modifications so that they address underlying poverty, gender inequality, and food insecurity factors that increase the risk of HIV exposure. Policies and programmes should focus on improving equal access to land, credit, and markets and ensuring property rights. Specific modifications will vary and will depend on issues such as the prevalence of the disease, agricultural systems, and social and cultural factors.

There is a need for a more complete and up-to-date understanding of the links between HIV/AIDS, gender, and agriculture, which could be used to develop supportive policies, increase advocacy, and develop responsive programming. While much has been written on HIV/AIDS, food security, and rural livelihoods, the focus has been on literature reviews or small-scale household studies that examine one or two communities over a short period of time. Data on the impacts of HIV/AIDS on the agricultural sector as a whole is limited—issues that need to be expanded upon include how HIV/AIDS has affected fishing communities, pastoralists, trading communities, farmer’s associations, land rights, farming systems, and the commercial sector.

A multi-faceted approach acknowledges the pressing need for capacity-building at all levels. While awareness of gender-related issues has increased, health and prevention, rather than agriculture, have receiving the most attention. HIV/AIDS and its impact on gender and food security at the household level are new concerns for many agricultural staff. Development of training materials that consider the links between gender, HIV/AIDS, and rural livelihood are needed. National agriculture training institutes need to incorporate HIV/AIDS and gender issues into their curricula.

Any agricultural programme that incorporates HIV/AIDS and gender should have a strong monitoring and evaluation component, which would provide crucial lessons about which approaches work and which do not. The involvement of HIV/AIDS impacted households through participatory monitoring is an important feature of this process. National and international vulnerability and food insecurity monitoring systems should incorporate HIV/AIDS into the data collection process.

4.6 THE NEED FOR MULTI-SECTORAL COLLABORATION

There is general consensus that the cross-cutting nature of HIV/AIDS demands strong partnerships between the public sector, civil society, and the private sector, including government departments such as agriculture, health, community development, and women and youth. The livelihoods of rural households affected by HIV/AIDS do not depend on agriculture in isolation—an effective response to HIV/AIDS should encompass all aspects of prevention, care, and mitigation. Agricultural extension workers need to work closely with rural health centres, community health workers, and existing home-based care programmes. The vertical structure of government and a lack of experience in working across sectors in many southern African countries make it difficult to initiate multi-sectoral collaboration.

Dynamics of the impact of HIV/AIDS on household responses in an agriculture-based livelihood

- *Adult becomes sick*
- *S/he reduces work*
- *Replacement labour is “imported,” perhaps from relatives*
- *Other members work longer hours on farm*
- *Health care expenses rise (drugs, transport)*
- *Food consumption in the household is reduced*
- *A switch to labour-intensive crops and farming systems and raising of small livestock occurs*
- *Nutritional status deteriorates*
- *Adult stops work*
- *Care for sick adult results in less time being spent on child care*
- *Divisible assets are disposed of*
- *Debts increase*
- *Children drop out of school to help with household labour*
- *Adult dies*
- *Funeral expenses are incurred*
- *Household may fragment as other adults migrate for work*
- *Access to household land and property may be affected (i.e. rights of surviving widow)*
- *Less land is cultivated*
- *Inappropriate natural resource management may lead to increased spread of pests and disease*
- *Effects of knowledge loss intensify*
- *Solidarity networks are strained, possibly to the point of exclusion*
- *Partner becomes sick*
- *Downward spiral accelerates*

Source: Gillespie, S., L. Haddad and R. Jackson. 2001. HIV/AIDS, Food and Nutrition Security: Impacts and Actions. IFPRI/WFP. pp. 6.

5 : Agricultural Programming in High-Incidence Countries: Priority Areas for Action

AIDS will continue to have adverse effects on economic progress and prosperity for decades to come. Reversing the spread of HIV/AIDS remains paramount in minimizing the future impact of the epidemic. Attempts to prevent infection must concentrate on tackling the root causes of vulnerability. Poverty is one of the main structural factors driving the epidemic—lack of financial resources exacerbates HIV transmission by encouraging survival sex, health care for the poor is inadequate, and increased labour migration raises the risk of workers having multiple partners. Poverty-linked malnutrition contributes to an earlier onset of AIDS and increases the likelihood of opportunistic infections.

Agriculture is the most effective sector for breaking the poverty cycle, not only because it is central to the livelihoods of the poor but also because agriculture is at the economic heart of many countries. Agricultural growth benefits the poor more than others sectors. HIV/AIDS reinforces the need for strong donor support to improve the performance of the agricultural sector, particularly small-scale agriculture, as a way to eradicate poverty in the medium and long-term. Resources need to be allocated to agricultural programming to support small-scale subsistence farmers who have not yet been affected by the epidemic. Efforts could include providing support and expertise in the areas of land policies and property rights, small-scale technologies, financial services for the poor, rural infrastructure and irrigation, and market development.

For affected households that face labour and resource constraints, conventional agricultural and food security programmes are often ineffective. In order for these households to stabilize and achieve self-sufficiency, relief assistance must be adapted to their specific needs.

5.1 FOOD SECURITY

The AIDS epidemic has seriously impacted the ability of households to access sufficient, safe, and nutritious food by reducing household food production, decreasing food purchasing power, depleting household assets, and exhausting social networks. Food insecurity accelerates the spread of HIV, as it renders people more vulnerable to adopting risky survival strategies such as transactional sex. Most of the food consumed in rural households is obtained from local producers. Households constrained by the loss of key productive members tend to cultivate less land, shift to less-labour intensive crops such as cassava, and delay agricultural operations such as planting, weeding, and harvesting. HIV/AIDS has a negative effect on purchasing power by decreasing per capita income earned from on- and off-farm activities and increasing medical and funeral expenses. To maintain and ultimately increase food security, agricultural programming should recognize that HIV/AIDS-affected households are constrained by labour shortages, have cashed in most of their resources and are risk adverse. Consequently, interventions should concentrate on efforts that are low-labour and can be produced close to the homestead, have a quick turnover, and include a safety net to reduce the risks associated with innovations.

An important strategy to improve food security is to strengthen and diversify income sources, which would stem further depletion of assets and the need to resort to risky livelihood options. Income-generating activities that may be suitable for AIDS affected households are poultry rearing, vegetable growing, and fish farming, all of which would improve access to financial capital and nutritious foods and should be linked to nutrition education and HIV/AIDS awareness efforts. Development of entrepreneurial and financial management skills and expansion of local markets through market days and group marketing should be an integral part of income-generating interventions.

Concentration on income generation should go hand-in-hand with poverty focused micro-credit schemes that have repayment mechanisms suitable for HIV/AIDS-affected households.

Appropriate measures that would lower the risk of defaulting on loans include the provision of short-term and smaller loans, transferable loans, and emergency funds or insurance plans.

Micro-credit schemes could include a provision that protects the savings of women against the likelihood of property grabbing after the death of their spouses. In supporting micro-credit schemes, agricultural programmes should target households headed by women to improve their economic empowerment. Experience has shown that women are more likely to spend their income on the needs of their children.

Vitamin A rich sweet potatoes, HIV/AIDS awareness, and nutrition education in Mozambique

Oxfam Canada and one of its partner organizations, Associação dos Técnicos Agropecuários (ATAP), introduced vitamin A-rich orange-fleshed sweet potato in the south of Mozambique initially as a food security response to the drought. The area was also affected by HIV/AIDS, especially as large numbers of family members migrated to South Africa to work in the mines or other economic activities. Sweet potatoes are a reliable source of food and are rich in carbohydrates, vitamins, and protein. The crop does not require much labour, is low-input, and is drought tolerant. Oxfam and ATAP disseminated sweet potato seed stock to small farmer groups and promoted the nutritional aspects of the orange-fleshed variety among community members. The nutritional value of the sweet potato provided an opening through which sensitive issues such as HIV/AIDS and other chronic illnesses could be discussed with the community. Aside from increasing general knowledge on transmission and prevention of HIV and the potential impacts of HIV/AIDS on food security, the programme raised awareness on the links between nutrition and positive living for people infected with HIV/AIDS.

Source: Oxfam Canada in Mozambique. September 2004.

Labour shortages need to be addressed through technologies and practices that reduce the need for labour input or that spread that need over time. Many areas in sub-Saharan Africa were already facing labour problems prior to the AIDS crisis. As a result, labour-saving technologies and practices already exist. These include small-scale irrigation and water harvesting techniques, ploughs and tools that can be used by older children, women, and the elderly, donkeys that can be used as draught animal power, crop diversification, and conservation agriculture.

Conservation agriculture spreads the labour peaks by preparing land during the dry season.

When the rains commence, farmers are able to plant their crops directly in unprepared soils.

However, the total time spent on land preparation in the early years of this practice is high as is the time spent on weeding if no herbicides are used or cover crops planted.

Emphasis should be placed on raising awareness of these technologies and practices and facilitating their adoption among vulnerable households. The type of technology or practice to be introduced and promoted varies according to geographical region, cultural practices, and gender needs. Introduction of different technologies can be accomplished through group efforts, using participatory approaches such as farmer field schools, which meet regularly to learn about a specific topic through observation, discussion, analysis, and sharing.

There is a particularly need to reduce the workload of women—they are often responsible for caring for the ill and are also in charge of domestic and productive activities. Facilitating access to fuel-efficient stoves in combination with agroforestry technologies will reduce time spent on collecting firewood. Agroforestry can also provide households with fruit for consumption or sale and certain medicinal tree species can be used to opportunistic infections. Labour saving food-processing systems, such as grinding mills and de-huskers, present additional options to reduce the burden on women.

5.2 NUTRITION, HEALTH, AND ARVS

HIV/AIDS and nutrition are closely intertwined. HIV infection on the one hand affects nutrition through increasing energy requirements, reductions in food intake, malabsorption of nutrients, and loss of weight. Malnutrition, on the other hand, increases the likelihood of opportunistic infections and an earlier onset of AIDS as well as risk of HIV transmission from mother to child. In a particularly cruel twist of the disease, households that are nutritionally deficient because of the pandemic can find themselves scattered among households that are better off and they are therefore not identified through traditional food and nutrition security monitoring systems. These households may easily be bypassed in emergency food relief programmes.

Proper nutrition for people living with HIV/AIDS helps to strengthen the immune system, manage opportunistic infections, optimize response to medical treatment, and contribute to slowing the progression of the disease. Nutritional support for infected people should encompass food security, health care, improved quality of diet, and increased quantities of food; building or

replenishing body stores of micro-nutrients; preventing or stabilizing loss of body weight; preserving muscle mass; preventing diarrhea; speeding recuperation from HIV-related opportunistic infections; and managing AIDS-related symptoms that affect food consumption and dietary intake.

The type of nutritional intervention that could be supported by agricultural programmes are:

- improving access to a variety of nutritionally adequate foods and diversified diets through home and community gardening programmes;
- targeting vulnerable households to receive temporary relief when they can no longer obtain sufficient food by their own means;
- managing nutrition for PLWHA by helping them to use available foods to manage symptoms and maintain food intake.

Nutritional support cannot be addressed by the agricultural sector in isolation. Coordination between agricultural extension staff, rural health centres, home-based care organizations, community development workers, and social support organizations is needed. Given the vertical political structure that exists in many countries, links between these groups are often weak and require additional support to become effective. Most of the care and nutritional support provided to HIV/AIDS-affected households is channeled through community-based organizations which may lack the skills necessary to deal with the nutritional care of those they serve.

Advocacy efforts have increased access to ARVs in developing countries. Nevertheless, for most infected people, treatment is still out of reach, especially in rural areas. As treatment becomes available, many issues need to be taken into consideration. ARVs can lead to increased nutritional needs and dietary constraints. For example, some ARVs are to be taken with food, some without; others are contraindicated with specific foods; certain ARVs reduce nutrient absorption and may require specific nutrient rich foods or nutrient supplementation; others cause side effects that affect consumption of food; and some side effects can be managed by specific food intake.

In order to ensure successful treatment, access to ARVs should be accompanied with information and technical guidance on proper drug and food management. For many rural households, providing information may not be enough: food insecurity and declining financial resources have limited their capacity to comply with specific food requirements. For these households, any planned antiretroviral therapy needs to be part of an integrated approach that strengthens food security, nutrition, assistance with food rations, and obtaining supplements, and should involve a wide range of sectors including health, agriculture, and community development.

5.3 AGRICULTURAL EXTENSION SERVICE DELIVERY

HIV/AIDS has negatively affected the capacity of agricultural extension services through high mortality rates among extension staff. Frequent travelling inherent to extension work and the relative levels of affluence of extension staff vis a vis local community members increase exten-

sion workers' risk of HIV infection. In most affected countries in the SADC region, ministries of agriculture are still in the process of developing or seeking approval of workplace policies for their staff. Most have assigned HIV/AIDS focal people at the national level, but ARV treatment, if provided to ministerial staff, trickles down insufficiently to front-line workers. The loss of staff and diversion of operational funds due to AIDS-related sickness and death weaken the capacity of agriculture extension services, which are already constrained by inadequate budgets.

The effects of the epidemic have severely impacted the clients of extension services. While the number of households that are dealing with the chronically ill has increased, few agricultural extension staff have altered their services to reflect changing needs. Efforts are needed to make extension services more effective in terms of content and outreach.

In order to meet the differing needs of HIV/AIDS-affected households, extension staff could provide information on appropriate labour-saving technologies and practices, suitable income generation activities, and food and nutrition security interventions. They should also take a facilitating role in addressing the underlying gender dimension of the epidemic by supporting equal access to, and control over, land, credit, agricultural inputs, and technology. In most sub-Saharan African countries, mainstreaming HIV/AIDS and gender in agricultural extension is still poorly understood and requires staff to take a different approach to their work in order to adapt services to changing conditions. Programmes need to build staff capacity in HIV/AIDS, gender and food security, and gender sensitization and analysis, and need to incorporate HIV/AIDS-sensitive messages. This may require developing new methodologies, adapting existing extension materials, and providing training.

As sick adults and their caregivers and widows with young dependents are often constrained by time, resources, and stigma, extension staff need to explore innovative ways to deliver services—using community radio to send messages, or setting up home-based care and shared child care schemes.

Other outreach options include field schools, which teach through field observation, discussion, analysis, and sharing on issues such as crop management and income generating activities; and life schools, which use a similar process to set up farmer's networks that address local issues and which strengthen the understanding that socio-economic vulnerability leads to risk-taking behaviour.

5.4 WOMEN AND PROPERTY RIGHTS

“Promoting concrete actions that address the reality of women's lives and help decrease their vulnerability to HIV is the only way forward.” — Dr. Kathleen Cravero, UNAIDS

Women form the backbone of food production systems in the countries that are most affected by HIV/AIDS. Their contribution, however, is often under-appreciated. Women lack access to land, credit, and agricultural extension services. In most of sub-Saharan Africa, women's rights

to land are attained through marriage and protecting their access rights after the death of their husbands is a struggle. In countries where the legal system assigns women equal rights to land when their husbands die, local customs often override the law.

Women are more vulnerable to HIV transmission and AIDS impact, bear the burden of caring for the sick, and may lose access to and control over productive resources after the death of their husbands. Limited resources forces women and girls to engage in survival sex in order to support their families. Disposing of land and property grabbing also render women more vulnerable to adopt risky survival strategies. Property grabbing from widows and orphans is not a new phenomenon but has become more visible as more husbands are dying of AIDS-related illnesses. Many women do not understand what their rights are. Even when they are knowledgeable, they are unable to access legal advice.

Agricultural policies and programmes need to respond to the realities of gender inequality. This would involve supporting equal access to land and promoting property and inheritance rights of women through creating awareness, capacity-building of rural service institutions and local government officials, informing women of their rights, and improving their access to legal services. Programs that work with traditional leaders to amend customary laws and practices that prevent women from independent access to, and control over, land, water, credit, and other resources should be supported.

5.5 SUPPORT TO ORPHANS AND VULNERABLE CHILDREN

There are currently five million orphans in the SADC mainland region and this number is expected to rise dramatically over the next decade. This is not just another ‘vulnerable’ group—as parents and family members become ill, children take on responsibilities for supporting their households and caring for the sick. This is particularly challenging in situations where children lose their parents at an early age as local agricultural knowledge may not yet have been passed on.

The growing number of AIDS orphans is of particular concern to the agricultural sector, as many children will, in the near future, depend on agriculture for their livelihoods and will require essential agricultural skills and knowledge. Orphans and other vulnerable children aged 12 to 18 should be trained in order to improve their prospects in the agricultural sector. Targeting adolescents in this age category would help to break the cycle of HIV transmission—they are powerful communicators within their peer group.

To date, this group has not been specifically recognized by agriculture and food security interventions. This sector needs support in terms of the transmission of knowledge and technical skills on farming and other livelihoods, nutrition, life skills, and HIV/AIDS awareness.

6: HIV/AIDS and Gender Sensitivity Checklist

The following checklist provides programming staff with a tool to appraise the HIV/AIDS and gender sensitivity of their agricultural policies, programmes, and projects. It can be used to assess and/or modify existing agricultural programmes and policies and to incorporate HIV/AIDS and gender considerations in the formulation of new programmes and policies. The checklist is divided into three sections: Development; Implementation; and Implementing Agency.

DEVELOPMENT: THE PROGRAMME

- incorporates a sound gender-based analysis of the target group, especially those impacted by HIV/AIDS-related illness and death
- addresses the impact of HIV/AIDS on rural livelihoods which disproportionately affects women and children
- considers specific social, political, economic, religious, and cultural factors that put women, men, and youth at greater risk of HIV transmission
- addresses social and economic imbalances between men and women, and boys and girls
- envisages minimizing risk to HIV exposure of the target group in the immediate and long-term

- does not increase risk to HIV transmission for the target group and programme staff
- addresses inequalities in terms of access to, control over, and rights to agricultural development resources and services, including, but not limited to land, credit, water, assets, and extension services
- addresses discriminatory inheritance laws, customs, and practices where these disadvantage women and orphans

IMPLEMENTATION: THE PROGRAMME

- deals specifically with the concerns, interests, and potential of women, men, and children in households affected by HIV/AIDS
- involves vulnerable and HIV/AIDS-affected households in its formulation, planning, implementation, and monitoring
- identifies strategies and methods for overcoming participation barriers, such as stigma and discrimination, presented by HIV/AIDS
- is participatory and inclusive and promotes social cohesion while avoiding the creation of stigma
- provides outputs in the short-, medium-, and long-term for households affected by HIV/AIDS
- raises awareness of gender and HIV/AIDS issues
- anticipates improving the nutritional status of people living with AIDS and their families
- does not place an additional burden on women, nor compete with the educational needs of children
- provides appropriate support mechanisms to reduce the risks associated with new interventions
- is monitored and evaluated through active involvement of key stakeholders for its effectiveness in addressing gender issues, reducing vulnerability to HIV transmission, and enhancing resilience to the impact of HIV/AIDS
- builds on existing community support initiatives for HIV/AIDS-affected households
- is linked to and aims to feed into national plans, such as national HIV/AIDS strategies, poverty reduction strategies, and national agricultural policies
- establishes links with other stakeholders and actively seeks collaboration with the agriculture, health, education, and community development sectors

IMPLEMENTING AGENCY: THE AGENCY

- ensures that all levels of its staff and its partners are aware of, and sensitive to, HIV/AIDS and gender issues
- involves PLWHA in the execution of its activities
- has adopted a workplace policy for its implementing staff
- takes proactive measures to minimize the risk of HIV/AIDS exposure of its staff and of its partners
- takes into consideration staff turn-over and absence due to AIDS-related illness and death

ANNEX 1: HIV/AIDS STATUS IN THE SADC REGION

Country	Total population (1000)	Population working in the agricultural sector (1000)	Number of PLWHA (adults and children) End of 2003	Adult prevalence (%)	Total AIDS deaths	Total orphans
Angola	13,184	9,404	240,000 [97,000-600,000]	3.9	21,000 [9,600-45,000]	110,000
Botswana	1,770	780	350,000 [330,000-380,000]	37.3	33,000 [25,000-43,000]	120,000
Congo	51,201	31,878	1,100,000 [450,000-2,600,000]	4.2	100,000 [50,000-220,000]	770,000
Lesotho	1,800	699	320,000 [290,000- 360,000]	28.9	29,000 [22,000-39,000]	100,000
Malawi	11,871	9,098	900,000 [700,000-1,100,000]	14.2	84,000 [58,000-120,000]	500,000
Mauritius	1,210	131
Mozambique	18,537	14,155	1,300,000 [980,000- 1,700,000]	12.2	110,000 [74,000-160,000]	470,000
Namibia	1,961	930	210,000 [180,000-250,000]	21.3	16,000 [11,000-22,000]	57,000
Seychelles	80	62
South Africa	44,759	5,951	5,300,000 [4,500,000-6,200,000]	21.5	370,000 [270,000-520,000]	1,100,000
Swaziland	1,069	351	220,000 [210,000-230,000]	38.8	17,000 [13,000-23,000]	65,000
Tanzania	36,276	28,025	1,600,000 [1,200,000-2,300,000]	8.8	160,000 [110,000-230,000]	980,000
Zambia	10,698	7,288	920,000 [730,000-1,100,000]	16.5	89,000 [63,000-130,000]	630,000
Zimbabwe	12,835	7,891	1,800,000 [1,500,000-2,000,000]	24.6	170,000 [130,000-230,000]	980,000

ANNEX 2: OVERVIEW OF COUNTRY RESPONSES IN SADC MAINLAND REGION

COUNTRY & NATIONAL HIV/AIDS STRATEGY	HIV/AIDS MAINSTREAMING IN THE AGRICULTURAL SECTOR	
	INTERNAL (WORKING ENVIRONMENT)	EXTERNAL (SERVICE PROVISION)
<p>ANGOLA</p> <p>Angola has developed its first national strategic plan—<i>Plano Estratégico Nacional para as Doenças Sexualmente Transmissíveis, VIH e SIDA, 2000-2003</i>. Priorities include mainly preventive efforts within the general population and vulnerable groups, blood safety surveillance, and care and support for PLWHA. The Ministries of Health, Education, and Internal Affairs, NGOs, and civil society are key partners in its implementation. National policies such as ordinance on blood safety and HIV/AIDS legislation are in the process of being implemented and regional plans are being developed.</p>	Information not available	Information not available
<p>BOTSWANA</p> <p>A new <i>National Strategic Framework for Botswana</i> is in place for 2003-2009. It focuses on prevention, care and support, treatment, and impact mitigation. Priorities include prevention of HIV infection, provision of care and support, management of the national response to HIV/AIDS, HIV/AIDS psycho-social and economic impact mitigation, provision of a strengthened legal and ethical environment. Implementation of the plan is facilitated primarily by the National AIDS Co-ordinating Agency (NACA). Gender is actively mainstreamed into the plan.</p> <p>Many initiatives in Botswana address priority areas. Large scale, national programmes, such as Prevention of Mother-to-Child Transmission, Community Home Based Care, Orphans and Vulnerable Children, the Anti-Retroviral Treatment Plan, and the Voluntary Testing and Counselling program are being implemented with varying degrees of coverage and uptake.</p> <p>Mainstreaming HIV/AIDS at the ministerial level started in 1999 and is ongoing. Continuing work will result in ministerial HIV/AIDS action plans that address internal (working environment) and external (service provision) domains. Most ministries have started workplace programmes, although they vary considerably. Behaviour Change Communication (BCC), peer education, and condom distribution are common activities.</p>	<p>Internal</p> <p>The Ministry of Agriculture has a workplace policy, has developed a series of priority sector responsibilities, and has an HIV/AIDS coordinator.</p>	<p>External</p> <p>The Ministry of Agriculture developed an operational plan for HIV/AIDS in 1999, which was not adopted until 2002. Staff receives training on HIV/AIDS awareness and counseling, and on the links between food security, nutrition, and HIV/AIDS. The ministry has proposed actions that include outreach to rural communities in the facilitation of behaviour change; supporting poverty relief efforts and implementation of food security programmes as they relate to the empowerment of rural women; supporting families, especially those catering for orphans; assisting commercial farmers' organizations; collaborating with, among others, the Ministry of Health (VCT and HBC), Ministry of Local Government (counseling services and HBC/OVC), Ministry of Lands and Housing (land allocation to affected households), and NGOs; collaborating with other organizations to enhance income potential, especially PLWHA; facilitating the formation of farming syndicates and cooperatives.</p>

DEMOCRATIC REPUBLIC OF CONGO

The Democratic Republic of the Congo's government developed a national framework for addressing the HIV epidemic in 1998 entitled *Programme National de Lutte Contre le SIDA et les MST, 1999-2001*. The plan was developed after several workshops involving government, NGOs, and international agencies. Priorities focus on prevention: advocacy, community participation, prevention, care, PLWHA, human rights and ethics, and strengthening institutions.

Information not available

Information not available

LESOTHO

King Letsie III has declared HIV/AIDS a national disaster and the government has recently launched a comprehensive framework for addressing the pandemic in Lesotho. The updated strategy—*Turning a Crisis into an Opportunity: Strategies for Scaling Up the National Response to the HIV/AIDS Pandemic in Lesotho*—has various interventions including the launching of a new broad-based National AIDS Commission and the mainstreaming of HIV/AIDS into all policies and programmes. Priorities include the launching of a new voluntary testing service which will be followed by counselling and support as well as the rollout of anti-retroviral therapy. In addition to the annual budget allocation to the Ministry of Health, the government allocates 2% of the annual budget of each ministry to finance HIV/AIDS programmes. Focal groups, some of which are now being trained, have been set up in each ministry

Internal

The Ministry of Agriculture is currently developing a workplace policy on HIV/AIDS in line with the newly released framework on 'Scaling Up the National Response to the HIV/AIDS Pandemic in Lesotho'.

External

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. Mainstreaming of HIV/AIDS into the sector has not yet occurred, but training on HIV/AIDS and food security has begun.

MALAWI

In 1997, the Malawi government resolved to develop a comprehensive five year national HIV/AIDS strategic framework for the period of 2000-2004. The strategy mainstreams gender and treats the epidemic as a development issue, not merely a health issue.

In November 2003, the President of Malawi and the cabinet approved the country's first *National HIV/AIDS Policy*, which addresses, among other areas, the need for a coordinated, multi-sectoral, and properly supported response; prevention, care, and treatment issues; the needs and protection of vulnerable groups; beneficial and harmful cultural practices; and the human rights of those infected and affected by HIV/AIDS.

Internal

The Ministry of Agriculture has recently developed a workplace policy on HIV/AIDS that is awaiting approval. The workplace policy involves looking after people in the sector, bringing in care and support, ARV programming, counselling, and VCT.

External

The Ministry of Agriculture is finalizing its HIV/AIDS policy and strategy for the sector, begun in 2003, which involve workplace policy and core business strategies including mitigation, prevention, and care responses, introducing technologies for local farmers to incorporate labour-saving mechanisms, nutrition advice for PLWAs, and the allocation of land and small animal stocks.

MOZAMBIQUE

Mozambique's *National Strategic Plan to Combat HIV/AIDS for 2000-2003* was approved in 2000 and is currently being revised to include food security. Its priority areas are focused on prevention interventions for youth, highly mobile populations, and other vulnerable groups; care and support to PLWHA and their families; impact reduction; VCT; behaviour change communication; community mobilization; and treatment for STIs.

All 20 line ministries are involved, as the plan expects all government ministries and agencies, as well as all of Mozambique's provinces, to prepare action plans that address HIV/AIDS within their own workforces and within the programs and services they provide.

Internal

The Ministry of Agriculture does not have a workplace policy of its own per se, although the Public Sector Worker's Law deals with discrimination, ARVs, and rights.

External

In 2004, the Ministry of Agriculture introduced an agricultural policy document which includes a chapter on the importance of mainstreaming gender and HIV/AIDS within the ministry's horizontal 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. SETSAN (National Secretariat for Food Security and Nutrition) currently has a working group on HIV, food security, and nutrition.

NAMIBIA

Recognizing the need for a multi-sectoral strategy and that HIV is one of the greatest challenges to the Namibian population, the Namibian President launched Namibia's *National Strategic Plan on HIV/AIDS for 1999-2004*. Priorities focus on prevention activities including social mobilization and Behaviour Change Communication (BCC); prevention including condom distribution, treatment of STIs, VCT, PMTCT; provision of good quality treatment; reduction of discrimination; workplace programmes; home and community-based care; and support for OVC. The plan also specifies that all sectors should have strategies with respect to addressing the epidemic. The National AIDS Executive Committee is comprised of a large number of ministers. Regional governors are also actively involved in HIV/AIDS prevention.

Internal

The Ministry of Agriculture has an HIV/AIDS committee, which is chaired by the focal person within the ministry. The workplace policy is still in draft form and is awaiting approval.

External

A sector-wide strategy is currently being reviewed.

SOUTH AFRICA

South Africa's strategic plan for addressing the AIDS epidemic was developed in 1999. The strategic plan for 2000-2005 has four key priority areas: prevention; treatment, care, and support; research, monitoring, and evaluation; human and legal rights. Although women are mentioned throughout the document, gender is not adequately mainstreamed. The national response envisions that each government ministry will have a focal team who would be responsible for planning, budgeting, implementing, and monitoring HIV/AIDS interventions.

Internal

The National Department of Agriculture developed a workplace policy, which was adopted in 1998/99.

External

According to the most recent (1999/2000) information available, the National Department of Agriculture's HIV/AIDS mainstreaming activities concentrate on reaching farming communities, increasing awareness on methods of prevention, conducting an economic impact study, and investigating the links between HIV/AIDS and food security.

SWAZILAND

In 1999, His Majesty King Mswati III declared HIV/AIDS a national disaster. The HIV/AIDS Crisis Management and Technical Committee developed the National Strategic Plan in 2000, and the National Emergency Response Committee on HIV/AIDS (NERCHA) oversees its coordination and implementation. The plan incorporates prevention, response management, and impact mitigation throughout the ministries and traditional chieftaincy structure. NERCHA has assisted government ministries to initiate programmes on HIV/AIDS. The government has appointed and trained focal people to deal with issues, policies, and programmes that are attached to each ministry. These focal people have been given training in order to sensitize them to HIV/AIDS issues.

Internal

The Ministry of Agriculture currently has a workplace programme in place focusing on its staff and has an HIV/AIDS committee, chaired by the under-secretary, as well as a new HIV/AIDS focal person.

External

The Ministry of Agriculture is currently developing its sectoral plan on HIV/AIDS and is working with NERCHA to implement projects that address food security and HIV/AIDS.

TANZANIA

The Government of Tanzania has declared HIV/AIDS a national disaster. By early 2003, Tanzania had put into place its first national multi-sectoral strategic framework on HIV/AIDS (2003-2007) in order to translate the National Policy on HIV/AIDS into strategic action. There are non-health objectives in the framework; however, its main goals are prevention, care and support, and impact mitigation. As part of this framework, all ministries have been instructed to appoint HIV/AIDS liaison personnel to ensure integration of HIV/AIDS aspects into their sectoral programmes. Almost all ministries have had, or are in the process of having, awareness seminars on HIV/AIDS and situational analyses of HIV/AIDS activities. Gender is not actively mainstreamed into the framework but is being highlighted in one of the thematic areas—prevention

Internal

The Ministry of Agriculture has an established workplace policy into which it is currently implementing HIV/AIDS issues and gender concerns.

External

The Ministry of Agriculture and Food Security has developed a strategic plan to educate its workers on HIV/AIDS and to provide assistance to HIV/AIDS-positive staff. It has, however, not yet started to integrate HIV/AIDS aspects in its sectoral programmes. Recognizing the devastating effects of HIV/AIDS on the sector, the agricultural sector line ministries will soon embark on developing an agricultural sector HIV/AIDS strategy.

ZAMBIA

The Government of Zambia has adopted a national *HIV/AIDS/STI/TB Intervention Strategic Plan, 2002-2005*. The main purpose the plan is to reduce the spread of the disease, mitigate its socio-economic impact, and increase access to care and support facilities for those who are infected or affected. Most of the proposed strategies are prevention related and include: promotion of safe sex practices among high-risk groups; promotion of positive living and prevention of opportunistic infection among those who are HIV-positive; improvement of care for orphans and vulnerable children; monitoring and evaluation; PMTCT; and improvements of the health status of the symptomatic sero-positive. The overall goal of the framework is primarily to mitigate and reduce new infections. The National AIDS Council (NAC) was established in 2002 to coordinate the actions of all segments of government and civil society in addressing HIV/AIDS. NAC coordinates the implementation of the national strategic framework. Gender is starting to be mainstreamed at the grassroots level through district AIDS task forces.

Internal

The Ministry of Agriculture and Cooperatives has trained and appointed HIV/AIDS focal persons in prevention and counselling at national and decentralized levels. A workplace policy for ministerial staff in agriculture is currently being developed.

External

To date, the Ministry of Agriculture and Cooperatives has not mainstreamed HIV/AIDS into its programming and policy. At present, the ministry, with support from the Food and Agriculture Organization, is raising awareness among senior agricultural staff on food security and strengthening their capacity to formulate appropriate mitigation interventions.

ZIMBABWE

The Zimbabwe government has adopted a national strategic framework to address the AIDS epidemic as well as a National AIDS Policy and National AIDS Council (NAC). The NAC was established in 2000 and the framework was approved shortly thereafter. Priority areas focus on health objectives such as prevention, PMTCT, and care and support. Gender has not adequately been mainstreamed into the framework or the national AIDS policy.

Internal

The Ministry of Agriculture does not have a workplace policy on HIV/AIDS but has appointed an HIV/AIDS focal person.

External

The Ministry of Agriculture does not have a sectoral plan on HIV/AIDS.

ANNEX 3: PRIORITY AREAS FOR AGRICULTURAL SECTOR RESPONSES TO HIV/AIDS

Priority area and rationale

AGRICULTURAL POLICY REVIEW

Review and adjustment of policies is required to account for the impact of HIV/AIDS and to reflect the needs of those affected to address underlying poverty, gender inequality, and food insecurity factors that increase risk to HIV exposure.

Key activity areas

- make national decision-makers aware of the links between HIV/AIDS and agriculture, including issues of inadequate land tenure rights
- build capacity of senior government officials on gender-based analysis and HIV/AIDS as a food security issue
- develop or adjust data collection strategies, analyze of data for policy development at the national level, including the development of measurable indicators for HIV/AIDS impacts
- support analysis of the short- and long-term effectiveness of existing agricultural policies and programmes to meet national development objectives in the context of HIV/AIDS and consider how these should be altered to better contribute to the government's national policy objectives
- promote alignment of agriculture policy review with other government ministries, including ministries that deal with land issue
- provide technical support to agricultural ministries in developing HIV/AIDS strategies as part of national multi-sectoral HIV/AIDS strategies

Priority area and rationale

ADVOCACY, AWARENESS RAISING, AND CAPACITY-BUILDING ON THE LINKS BETWEEN HIV/AIDS, GENDER INEQUALITY, AND FOOD SECURITY

To date, the response from the agricultural sector to the AIDS epidemic has been slow owing to limited understanding of HIV/AIDS and agriculture interactions and the potential role of the agricultural sector in the fight against HIV/AIDS.

Key activity areas

- support social marketing campaigns to inform the general public on the links between HIV/AIDS, gender, and livelihood, including the rights of women and orphans
- raise awareness among programming staff and decision-makers of the links between HIV/AIDS, gender inequality, and food and nutrition security
- develop training material on HIV/AIDS, gender, and food security and support training activities
- train programming staff in CBOs, NGOs, and governments in mainstreaming HIV/AIDS and gender considerations at all stages of the project cycle
- incorporate HIV/AIDS and gender issues into the curricula of national agricultural training institutes

Priority area and rationale**SUPPORT RESEARCH ON HIV/AIDS, GENDER, AND AGRICULTURE**

Empirical data on HIV/AIDS and agricultural interactions is limited and often not disaggregated by gender. The full impact of the effects of HIV/AIDS remains unclear, which calls for further research as input for policy review, advocacy and agricultural programming

Key activity areas

- support a consultative process for national cross-sectoral agenda setting regarding HIV/AIDS research
- establish a national clearinghouse for disseminating HIV/AIDS research findings and sharing research results and uptake of findings across sectors and institutions
- build capacity of regional and national research networks, statisticians, and others involved in data collection in HIV/AIDS, gender, and food security and in gender disaggregated data analysis
- support the development of HIV/AIDS action-oriented research methodologies

In general, further research is needed on:

- the impact of HIV/AIDS on fishing communities, pastoralists, trading communities, different farming systems, the commercial sector, and the sustainability and capacity of farmer associations and unions
- the links between HIV/AIDS, gender, land tenure, and land reform
- the effects of HIV/AIDS on the overall rural economy and how agricultural policy should be adapted to HIV/AIDS effects in order to achieve national development objectives
- lessons learned from agricultural mitigation interventions
- constraints in community capacity to undertake effective interventions

Priority area and rationale**IMPROVE HOUSEHOLD FOOD SECURITY**

The AIDS epidemic has seriously impacted the ability of households to access sufficient, safe and nutritious food. HIV/AIDS related labour and resource constraints result in less land being cultivated, a shift to less labour-demanding survival crops, a delay in agricultural operations, and less investment in agricultural inputs. HIV/AIDS reduces household food purchasing power by decreasing per capita income earned from on- and off-farm activities. Access to sufficient food is key in the fight against HIV/AIDS as food shortages encourage the vulnerable to adopt risky survival strategies such as transactional sex. Food-insecure households are often scattered among those that are better off and are thus not identified through food insecurity monitoring systems.

Key activity areas

- strengthen early warning systems and food insecurity responses
- advocate and support national social safety nets for vulnerable households
- support the development of national food security policies and mainstream HIV/AIDS and gender concerns into existing plans
- support HIV/AIDS-affected households with low-labour income generating activities that have a rapid turn-over, such as poultry rearing, vegetable growing, fish farming, and small-scale trading
- provide appropriate support to reduce the risks associated with promoting new ideas
- support poor communities with micro-credit schemes, especially for women, with a repayment scheme suitable for HIV/AIDS-affected households
- using the farmer field school model, facilitate the adoption of existing labour saving technologies and practices such as low-cost irrigation, water-harvesting techniques, light ploughs and tools, intermediate draught animal power, and low-tillage techniques
- facilitate access to fuel-saving stoves, agroforestry technologies, and labour-saving food processing systems to reduce the burden of women
- support communities with the documentation of indigenous knowledge on traditional practices, biodiversity, medicinal plants, and the use of local foods

Priority area and rationale

IMPROVE NUTRITION

Good nutrition for PLWHA helps to strengthen the immune system, manage opportunistic infections, optimize responses to ARV treatment, and contribute to slowing down the progression of the disease.

Key activity areas

- support the development of national nutrition policies and mainstream HIV/AIDS and gender concerns into existing plans
- develop training materials and support capacity-building of agricultural extension staff and community-based organizations in nutrition education for HIV-positive individuals and their families
- support communities with fortification of staple foods with micronutrients
- develop appropriate information, education, and communication materials for HIV/AIDS-affected households and communities on health, hygiene, and nutrition, including information on breast feeding and the nutritional needs of infants
- support integration of nutrition education into existing home-based care programmes
- support efforts to enhance physical access among HIV/AIDS-affected households to a variety of nutritionally adequate foods and diversified diets through home and community gardening programmes
- provide targeted and temporary relief support for vulnerable households that can no longer obtain sufficient food through their own means
- help HIV-positive individuals and their households use available foods to manage symptoms and maintain food intake

Priority area and rationale

SUPPORT TO AGRICULTURAL EXTENSION SERVICES

The AIDS epidemic has undermined the affect of agricultural extension services and their clientele. To date, agricultural extension staff have often bypassed HIV/AIDS-affected households. Services need to be more effective and responsive in terms of content and outreach.

Key activity areas

- build capacity of agricultural extension staff, community extension workers, and other service providers in HIV/AIDS and gender and food security and gender sensitization and analysis, and incorporate HIV/AIDS strategies into ongoing extension services
- develop or amend participatory extension methodologies and adapt existing extension materials by incorporating messages on appropriate labour saving practices, income generation, food and nutrition security interventions, and equal access by gender and age to land, credit, agricultural inputs, and technologies
- assist agricultural extension staff in finding innovative outreach mechanisms to deliver appropriate services to vulnerable households (farmer field and life schools, working through existing home-based care programmes, rural radio, introducing shared child care)
- incorporate HIV/AIDS and gender and food security into the curricula of agricultural colleges
- promote and support implementation of a workplace for agricultural extension staff

Priority area and rationale

WOMEN AND PROPERTY RIGHTS

Women are most vulnerable to HIV transmission, bear the burden of looking after the sick, and may lose access to productive resources after the death of their husbands. Property-grabbing from widows has become more visible. Many women understand their rights but cannot access legal assistance.

Key activity areas

- raise awareness among policy-makers and support land rights legislation
- raise awareness and build capacity of local law enforcement institutions and local government officials on the importance of equal access to, and control over, land and property
- sensitize local decision-makers, church leaders, and men and women about women's rights and improve women's access to legal services by means of vouches, paralegal training, and legal aid
- work with traditional leaders and senior community members in advocating the need to review and amend customary laws and practices that prevent women from independent access to, and control over, land, water, credit, and other resources

Priority area rationale**SUPPORT TO ORPHANS AND
VULNERABLE CHILDREN**

The number of orphans in rural areas is growing. Many children and young people will one day depend on the agricultural sector for their livelihoods and will require agricultural and livelihood skills. The agricultural sector must target orphans and other vulnerable children aged 12 to 18 to improve their livelihood prospects in the agricultural sector. To date, this group has not been targeted by agriculture and food security interventions and therefore requires an innovative approach.

Key activity areas

- work with local law enforcement institutions, traditional leaders, and community leaders to support the inheritance rights of orphans
- build capacity of extension workers in targeting orphans and vulnerable children and support links between agricultural, health, and community development workers to address the needs of orphans and vulnerable children, including providing education on issues such as sex, reproduction, and sexual abuse
- support orphans and vulnerable children aged 12 to 18 by providing knowledge and technical skills on farming and nutrition, and by advocating vocational training, life skills and HIV/AIDS awareness through joint learning and social animation
- promote and support youth groups by providing them with agricultural and vocational training, and access to small livestock, micro-credit, and cash crops which would provide a high return on investment
- introduce and support school gardens
- support guardians and foster parents of orphans and vulnerable children with income-generating activities and micro-credit

ANNEX 4: ON-LINE RESOURCES RELATED TO HIV/AIDS, GENDER, AND FOOD SECURITY

- Development Gateway (www.developmentgateway.org/hiv): The Development Gateway Foundation has on-line HIV/AIDS documentation and information available in the areas of education, care and treatment, prevention, vulnerable groups, policy, surveillance, drugs, and societal impact.
- Eldis (www.eldis.org/hiv/aids): Eldis provides online HIV/AIDS publications from various sources that focus on agriculture and food security, children and young people, gender, AIDS impacts on livelihoods, nutrition, the elderly, and poverty.
- Food and Agriculture Organization of the United Nations (www.fao.org/hiv/aids): The HIV/AIDS website of the Food and Agriculture Organization (FAO) is designed to inform people about the links between HIV/AIDS and food security. The site features key facts related to the impacts of HIV/AIDS, FAO information on HIV/AIDS, gender, food, and nutrition security links, and agriculture responses, provides a number of publications on-line.
- Food and Nutrition Technical Assistance Project (www.fantaproject.org): The website of the USAID funded FANTA project provides important information on the impacts of the AIDS epidemic and provides key documents on nutrition and AIDS.
- HEARD (www.ukzn.ac.za/heard): The Health Economics and HIV/AIDS Research Division of the University of KwaZulu-Natal in South Africa (HEARD) conducts research on the socio-economic aspects of public health, especially the HIV/AIDS pandemic. The site provides online documentation including an AIDS brief, AIDS tool kits, local government tool kits, and a selection of HIV/AIDS papers.
- Integrated Support to Sustainable Development and Food Security Programme of the FAO (www.fao.org/sd/ip): The site focuses on mitigating impacts caused by HIV/AIDS with respect to agricultural production and food security and features documents and brochures on HIV/AIDS and agriculture, mitigation strategies, and areas for action.
- International AIDS Economic Network (www.iaen.org): IAEN has an online library, which contains HIV/AIDS materials and publications from a variety of sources that focus on mitigation interventions, policy, household impacts, and macro-economic impacts.
- International Food Policy Research Institute/Regional Network on HIV/AIDS, Rural Livelihoods and Food Security (www.ifpri.org/renewal): The Regional Network on HIV/AIDS, Rural Livelihoods and Food Security, (RENEWAL) coordinated by IFPRI, aims to fill gaps in understanding HIV/AIDS, food security, and rural livelihood and how agriculture policies and programmes can contribute to prevention and mitigation. The site features a selection of papers produced by the network.

- Socio-Economic and Gender Analysis Programme of the FAO (www.fao.org/sd/seaga): The FAO socio-economic and gender analysis programme (SEAGA) aims at increasing awareness of and sensitization towards gender issues. The provides on-line training materials and handbooks on mainstreaming gender in the project cycle, extension services, micro-finance, emergencies, and data analysis.
- Southern Africa Regional Poverty Network (www.sarpn.org.za): This website features HIV/AIDS materials for the southern Africa region from various sources, including impact study reports, papers, and important speeches.
- UNAIDS (www.unaids.org): The UNAIDS site provides information about the epidemic and best practices. Many publications are available through the site including several that are related to agriculture and rural development, children and orphans, community mobilization, economics and development, gender, HIV/AIDS impacts, and local responses.
- UNDP South –East Asia (www.hiv-development.org): The HIV/AIDS website of UNDP South-East Asia provides publications that focus on interventions with agricultural communities, governance, policies, and key responses to the epidemic.
- United Nations Development Fund for Women (www.genderandaids.org): The gender and AIDS website of UNIFEM provides on-line documents, training materials, and multi-media advocacy materials in the areas of gender mainstreaming; gender, sexuality, and power relations; gender, HIV/AIDS, and conflict; violence against women and HIV/AIDS; and HIV/AIDS and development.
- World Bank (www1.worldbank.org/hiv_aids): The HIV/AIDS website of the World Bank features background information, online documents, tools, and guidelines on HIV/AIDS, poverty, and development.

ANNEX 5

List of participants at the regional consultative meeting to review the guidelines for mainstreaming gender and HIV/AIDS into agricultural programming: 25 to 27 August, 2004, Johannesburg

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Key Issue for Agricultural Programming in the Face of HIV/AIDS

- *Agriculture and food security programmes should be planned with an "HIV/AIDS lens"*
- *Agricultural programming should be based on analysis of the impact of HIV/AIDS on the agricultural sector, rural communities, and households and on underlying structural inequalities*
- *Agricultural programming should reduce exposure to HIV transmission and vulnerability to the impact of HIV/AIDS by addressing poverty, gender inequalities, and food insecurity*
- *Agricultural programming should not increase risk to HIV exposure by avoiding interventions that would involve high levels of mobility*
- *Agricultural programming should address the needs of households affected by HIV/AIDS, including households with chronically ill members, orphans, and vulnerable children, households that have experienced a recent death, and households headed by young widows, orphans, and the elderly*
- *Vulnerable groups should be targeted with a community-based approach to prevent creating stigma and isolation and should consider the constraints that might prevent participation in interventions*
- *Agricultural interventions should recognize, support, and build on local responses to the epidemic*

- *Agricultural interventions that aim to increase household income should be low-risk and low-labour, should not compete with household labour during the agriculture season, and should have a rapid turn-over*
- *Agricultural interventions that promote new practices or technologies should provide support to HIV/AIDS-affected households for reducing the risks associated with innovations*
- *Institutional capacity-building should consider the links between HIV/AIDS, gender inequality, and food security*
- *Agricultural programming should include a monitoring and evaluation element*
- *Agricultural programming should support multi-sectoral collaboration involving agriculture, health, education, community development, and social welfare to improve targeting of affected households and to provide complimentary services across sectors.*

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INTERVIEW SUBJECTS:

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