



# Executive Summary

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

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

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

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

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

---

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

---

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

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

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

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

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

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

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

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

The following important recommendations have emerged from these case studies:

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

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