



HIV/AIDS and the Food Crises in Southern Africa:

An Agenda for Action Research and for Learning How to Respond

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This concept note proposes a process that builds on what RENEWAL has started in order to i) foster a better understanding of the dynamic interactions between HIV/AIDS and other factors in the current food crises in southern Africa, ii) to thus enable more effective responses, iii) to promote convergence between humanitarian and development thinkers and practitioners with long-term benefits for communications, joint learning and effective action and iv) to help link people and organizations in neighboring countries, those within and outside the current RENEWAL, facing similar challenges.



HASARNET malawi
HIV/AIDS and the Agriculture Sector
Action Research Network



1 Introduction

Southern Africa is currently in the midst of a humanitarian crisis. Access to food is at the heart of it. The immediate triggers were climatic, especially flooding and poorly distributed rainfall in the first half of 2001, leading to a reduction in food production across the 5 countries most severely affected of 30-60% from normal levels. Starvation related deaths were reported in Malawi, Zimbabwe and Zambia in 2002. What is striking is that the climatic anomalies and production shortfalls were not notably large. They were, in particular, far less extreme than during the drought that ravaged the region in 1992 but which did not result in widespread famine or deaths (Devereux 2002, Eldridge 2002).

Observers have implicated several underlying and overlapping factors in exacerbating the impact of the climatic stresses -- including deep and widespread poverty, civil strife and insecurity around land (Zimbabwe), removal of price controls, resource degradation and erosion of agricultural diversity, poor governance, muffled press and civil society, and HIV/AIDS. The region has the worst rates of HIV infection in the world, and among the worst rates of poverty and malnutrition (see Table 1 for recent data).

Table 1: Characteristics of countries in southern Africa hit by food shortages

	<i>% Adults living with HIV</i>	<i>% Poverty^a</i>	<i>% Children underweight^b (year of survey)</i>	<i>% (numbers) of population in need of food aid</i>
Malawi	15	85	25.4 ('00)	29 (3.2 million)
Zambia	21	87	25.0 ('99)	26 (2.9 million)
Zimbabwe	35	64	13.0 ('99)	49 (6.7 million)
Lesotho	31	66	17.9 ('00)	30 (0.65 million)
Swaziland	33	-	10.3 ('00)	24 (0.26 million)

^a Living on less than \$2 per day; ^b Weight-for-age <-2 Z-score. Sources: HIV: UNAIDS (www.unaids.org/hivaidinfo); Food aid: WFP assessment briefs (http://www.wfp.org/newsroom/in_depth/Africa/southern_africa020705.htm); Poverty: World Development Indicators 2002, Table 2.6; Nutrition: UNICEF (<http://www.childinfo.org/eddb/nutrition.htm> and <http://childinfo.org/MICS2/natlMICSrepz/MICSnatrep.htm>). Recent UNICEF data show that malnutrition in the region increased over the past year (CS Monitor, 9 April 2003).

Many of these underlying factors have been around for some time and have played a part in earlier famines (Bengal, Ethiopia, Rwanda). But it is only during the last few years that there has been a ratcheting up of existing processes that has finally been reflected in international headlines and wider awareness. This coincides with the emergence of a new element: HIV/AIDS. Though first discovered over two decades ago, it has only been present at significant levels for the past 10 years or so. There is some evidence and growing recognition that the spread of HIV/AIDS has increased the sensitivity of agrarian society so that small shocks can precipitate crises for many people. De Waal and Whiteside (2003) refer to 'new variant famines' in which hunger and HIV/AIDS reinforce each other. A recent SADC study suggests that the impacts of HIV/AIDS on food security in the context of the 2002 food emergency are strong and negative. It also suggests that these impacts are complex and require urgent and innovative responses in the 2003-4 marketing year and beyond (SADC 2003)

The implications of these developments are large. As Kofi Annan recently stated: “*The interlocking set of issues facing Africa is far greater than the sum of its parts....it requires a shift from short-term approaches to a reassessment of our entire strategy for development – or, taking long-term measures even when addressing short-term emergencies*”¹. Yet what is actually happening and what can be done in response are far from clear for most.

Three principal obstacles are holding back effective action:

1.1 Gaps in Understanding

Existing research on the inter-relationship between HIV/AIDS and food security -- and actions derived from it -- is limited in several ways. Though there is increasing understanding that the interactions are *two-way*, far more attention remains focused on AIDS’ impacts on agriculture and those who live from it, than on the other direction – i.e. how agricultural systems, policy and practice may contribute to the spread of HIV. There is very poor understanding of how factors promoting *susceptibility* to HIV relate to those promoting *vulnerability* to AIDS’ worst consequences (see section 3 for further discussion). Second, while research remains primarily focused on smallholder farming in the high HIV prevalence countries in East and Southern Africa (reviewed in Haddad and Gillespie 2001, Barnett and Whiteside 2002), it is of limited depth and breadth. Much is short term and concentrated on households, obscuring dynamic responses and consequences for communities and other levels. There is little appreciation of the context specific nature of key interactions, frequently reflected in observations from single communities taken at one point in time being transformed into universally-representative ‘facts’. Third, there is an over-emphasis on individuals as passive victims, overcome by AIDS – rather than as innovators. We need to capture such innovation, not merely document failure of coping. And fourth, there is the predominant view that AIDS is so different that it demands completely new programs, new technologies, new responses. This is not only inaccurate, it is also dangerous because it adds to the prevailing sense of hopelessness.

1.2 Limited Capacity to Act

Even in countries where HIV/AIDS is deeply rooted and where the policy environment has been the most conducive, there is very limited evidence of a multi-sectoral response. In the agricultural sector, which must play a central role in societies where the large majority of people live in rural areas and gain much of their livelihood through agriculture, the response of institutions has been limited². There are only a few scattered and small-scale attempts to address AIDS implications in food security and rural livelihood programming. Ministries of agriculture and major donors have for the most part still not mainstreamed the implications of AIDS into their policy processes. Where organizations have become involved – whether agricultural ones taking AIDS on board,

¹ Opening address at the G-8 Contact Group on food security in Africa, 5 March 2003.

² Clare Short, then-UK Secretary of State for International Development recently stated “*everybody is talking about it but there is very little change in the way that things are done*” (IDC 2003)

or AIDS organizations factoring in food security -- it has tended to be in isolation. There is a real need for effective mainstreaming and broad collaboration so that the scale, breadth and depth of response better matches the scale and diversity of AIDS epidemics.

1.3 Lack of Evidence on “What Works”

There is very little empirical basis to guide responses. Where organizations have launched actions that address HIV/AIDS-food security links, they have rarely been monitored. Clear operational hypotheses and indicators are seldom stated and followed up on. “Best practices” are announced that have never been properly evaluated or compared.

1.4 RENEWAL

RENEWAL (Regional Network on HIV/AIDS, Rural Livelihoods and Food Security) has been addressing these gaps in knowledge and practice primarily in Malawi and Uganda since 2001. RENEWAL is an emerging regional network of national networks of agricultural institutions, public, private, NGO and farmers’ organisations, together with partners in AIDS and public health. Networks are now on their feet in Malawi (HASARNET) and Uganda (HASNET) and it is proposed -- through the process outlined in this concept note -- that others will form this year. The joint purpose of these networks is to show that fresh thinking in agricultural research and development policy and concerted action can help prevent HIV infection and lessen the impact of AIDS.

The link between agriculture and HIV/AIDS is not an obvious one for most researchers and development workers. Yet historically, changes in the way people live and how and where they make a living have had a decisive effect on the ravages caused by major diseases, including TB and malaria, long before medicines or vaccines became available. Mostly, those changes were the by-product of wider development and the health benefits a happy accident. The challenge RENEWAL confronts is to enhance understanding of the links between rural livelihoods and food security on one side and HIV infection and AIDS-linked illness and death on the other so that actions can be more conscious and targeted and their effects felt in years, not decades. RENEWAL’ s overall objectives are:

1. To fill critical gaps in understanding of the links, in both directions, between HIV/AIDS on one side, and agricultural systems, food security and rural livelihoods on the other.
2. To fill critical gaps in understanding of how agricultural policies and programs can contribute to prevention and/or mitigation of AIDS impact and how this knowledge can be used to support local responses.
3. To enable agricultural R&D institutions to act on realistic priorities for responding to HIV/AIDS epidemics in partnership with at-risk and affected communities and institutions in other sectors.

2002 saw the publication of reports on HIV/AIDS and agriculture in Malawi and Uganda. These were prepared by in-country experts in collaboration with ISNAR and presented an assessment of the present situation, the apparent trends, and the responses of institutions to the challenge. The reports formed the basis for ‘think tanks’, meetings of scientists and development workers from state sector agricultural research, health ministries, national AIDS commissions, NGOs, and so on. By agreeing to leave their affiliations ‘at the door’ the Think Tank participants were able to concentrate on what should be done, deciding priorities for action research and recommending how the network, as the initiative came to be known, should be organized and governed. They then presented their recommendations to stakeholders - ministers, heads of AIDS commissions, deans of agricultural faculties and other senior representatives of government and non-government organizations. Their decisions set the networks on their feet in each country. Calls for proposals, based on the priority themes, went out in August 2002 and resulted in a substantial response. A regional Methods and Indicators workshop, held in Uganda in November 2002, helped to strengthen the networks’ research and evaluation methodology and highlighted areas where development is needed. Action research studies from the first call are now being selected and will be funded from national Action Research Funds. The findings of these studies along with the results of policy reviews and policy “experiments” will be discussed in local, national and regional forums. Current donors to RENEWAL include Norway, Canada (CIDA and IDRC), USAID, DFID and WFP. All the reports mentioned above, along with other working papers, are available on the RENEWAL website: www.isnar.org/renewal

2 Objectives

This concept note proposes a process that builds on what RENEWAL has started, with the following specific objectives:

- To foster a better understanding of the dynamic interactions between HIV/AIDS and other factors in the current food crises;
- To thus enable more effective responses to the crises, which are better integrated with longer term preventive measures;
- To promote convergence between humanitarian and development thinkers and practitioners with long-term benefits for communications, joint learning and effective action and
- To help link people and organizations in neighboring countries, those within and outside the current RENEWAL, facing similar challenges.

3 HIV/AIDS, Nutrition and Food Security - and the Crises

To begin to make sense of how the current crises are affecting the links between HIV/AIDS and nutrition and food security, it may be useful to bring in some of the ideas we are developing in RENEWAL. Central to what we are seeking to achieve is the “HIV/AIDS lens” (Loevinsohn and Gillespie 2003). This is a conceptual tool intended to help decision makers in agriculture and allied fields to re-view situations (e.g. heightened food insecurity) and actions (e.g. an extension policy, a village grain bank program) in the light of HIV/AIDS. The lens is designed to support reflection on how the situation

may be increasing or reducing the risks people face, either of contracting HIV or of suffering severe consequences flowing from AIDS-linked illness and death, and how the action, actual or planned, might contribute to these effects. It is intended for use by a wide range of agricultural professionals, from farmers to policy makers.

The lens incorporates several general principles and parameters concerning the epidemics:

3.1 Susceptibility and Resistance to HIV

Currently, two routes of HIV infection are dominant in the region: heterosexual contact and mother-to-child transmission (MTCT). *Susceptibility* relates to the chance of an individual becoming infected by HIV. It has two components: a) the chance of being *exposed* to the virus, which in turn relates to the environment and situations of risk that the person confronts, and the *riskiness* of her/his behaviors, and b) the chance of being *infected* with the virus once exposed.

A number of factors combine to influence behavior and to shape risk environments and specific risk situations. These include a) asymmetric sexual relations – a small number of women having unprotected sex with a larger number of men, or vice versa – which hasten the spread of HIV; b) mobility – people moving into or between situations of risk – which widens epidemics and raises infection rates in areas or among groups previously little touched, and c) inequalities, particularly social, economic and gender inequalities that shape the sexual relationships they enter, and geographic disparities that affect their decisions on movement. In promoting reflection on the elements of agricultural and livelihood systems that are contributing to susceptibility or resistance in a particular context, we have found that a generic “map”, as in Figure 1, is often useful.

It is vital that we consider at each of these scales not just the factors that contribute to susceptibility but also those that make people more *resistant*. Resistance here is the ability of an individual to avoid infection by HIV, either by escaping exposure (e.g. by altering a livelihood strategy) or, if exposed, by escaping infection (e.g. strengthening immune function through better nutrition). In our still limited experience with facilitating reflection among agricultural professionals on the links between agricultural and livelihood systems and HIV/AIDS, we have found that this notion of resistance – involving processes of awareness, recognition and proactive response – is more difficult to grasp than the notion of passive susceptibility.

How have the current crises affected susceptibility to HIV?

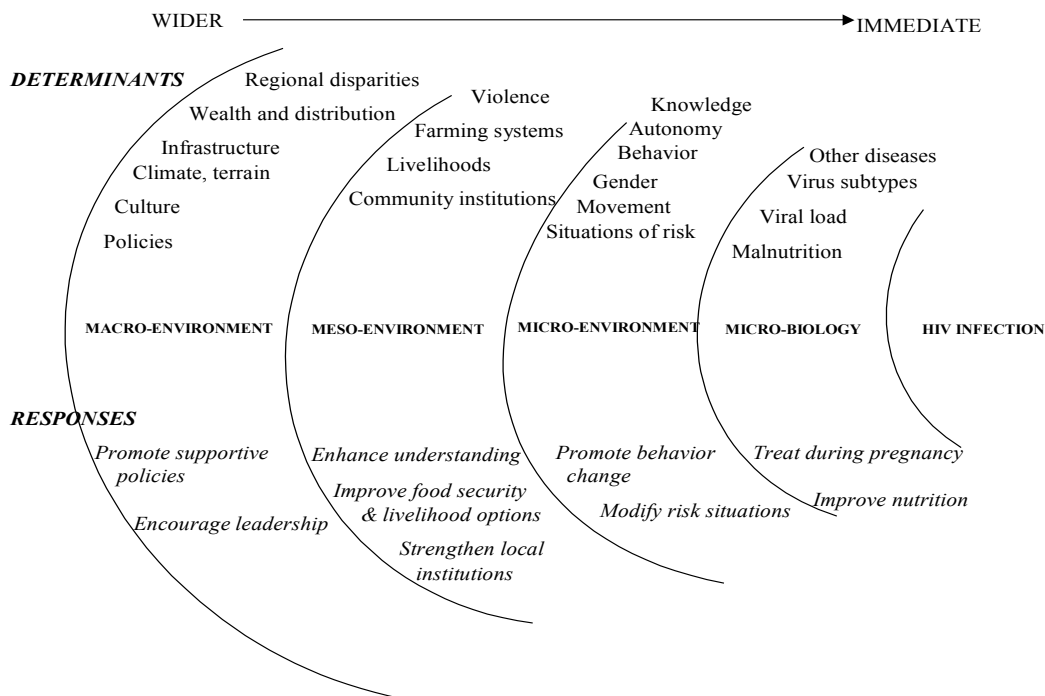
Here we summarize some of what appear to be the most important and generalized linkages, and indicate the quality of evidence available for them.

- Beginning with the most immediate determinants at the microbiological level, malnutrition may contribute to an increased likelihood of infection. This has been well documented with regard to mother-to-child transmission (e.g. Tomkins 2002), and there is also evidence that malnutrition may increase the likelihood of

sexually transmitted diseases which in turn may increase risk of HIV transmission (Stillwaggon 2002);

- At the level of individual behavior, food insecurity reinforces the situation of risk common even in “normal” times in which women, poor young women in particular, are forced to sell sex to feed themselves and their families (see Ngwira et al 2001 for evidence from Malawi). There is anecdotal evidence from several rural areas of falling prices for sex during the crisis, likely reflecting more women selling sex. This could result in a surge in rural infection rates particularly if there is a corresponding increase in the amount of sex transacted and if men who are regular customers of commercial sex workers are now diverted to this new group.
- New situations of risk may be created around food distribution sites when those responsible abuse their positions and extort sex. These people are also mobile and may be involved in different sexual networks. Similar situations have been reported in and around camps for internally displaced persons in e.g. northern Uganda (Kisamba Mugerwa and Nduhura 2002).
- People may be obliged to move in search of food when they cannot find it locally, at an affordable price or through relief sources. Devereux (2002) reports that many rural Malawians moved to towns or to Zambia in search of work and food. There too they would likely have been at increased risk of contracting HIV.

FIG 1: HIV/AIDS EPIDEMICS: DETERMINANTS AND GENERIC RESPONSES



- Beyond the effects of the immediate climatic anomalies, the productivity of local agricultural systems and their diversity have been eroded over recent years by a number of factors. These include the consequences of prior AIDS-linked illness and death (e.g. reduced labor for crop care, shifts to less diverse and nutritious crop mixes – “tuberization”) and reduced soil fertility and water retention capacity. These factors would have decreased households’ ability to buffer

production shortfalls and pushed their members further into the situations of risk and diminished nutritional status noted above (e. Yamano and Jayne 2001; Kwaramba 1997; Muwanga 2002).

- Ill-considered policy decisions have likely exacerbated this susceptibility. Among the ones that have been implicated in Malawi are the commercialization of agricultural marketing which previously, under state control, had helped to moderate food price swings (Devereux 2002)³. Retail prices for maize in November-December 2001 were already 3-4 times what they had been 6 months previous. Concern was expressed at the time about the possible consequences for HIV incidence (Ngwira et al 2001, p11). In Zimbabwe, the accelerated land reform process is thought to have been the main cause of the 67% decline in maize production in 2002/03 over the previous year (IDC 2003).

How have the current crises affected resistance to HIV?

- Very little is known about how *resistance* to HIV has been affected by the food crises. Successful innovations in a famine are less visible than failures. We have witnessed and participated in community discussion of some of the above-mentioned effects, and of agriculturally-based plans to reduce susceptibility through individual and collective action (see Loevinsohn and Gillespie 2003). The frankness about sexual and power relations that were previously never mentioned in public, and joint reflection on actions that could help to minimize the risks they entail, are key elements of resistance. Carefully managed food-for-work and similar programs can support it (Ngwira et al. 2001, Loevinsohn and Gillespie 2003; Kadiyala and Gillespie 2003).

3.2 Vulnerability and Resilience to AIDS Impacts

AIDS is a major threat, but just one of the many disasters with which the rural people of Africa are learning to live. Vulnerability to AIDS differs from susceptibility in that it refers to the likelihood of significant impacts occurring at a certain level (e.g. individual, household, community etc). These impacts are not one-time events, they are processes, often hidden, slow-moving, but destructive. These processes may be punctuated by events, such as the sale of assets, some of which are irreversible, leaving the household – if indeed it survives – significantly impoverished. The diverse ways in which AIDS can affect rural societies and economies – though more studied than the inverse relationship – are not always obvious (see Figure 2⁴).

Even less obvious are the sources of strength that confer some *resilience* to those impacts. Resilience bears a similar relation to vulnerability as resistance does to susceptibility. It refers in particular to the responses that enable people to escape from the worst impacts of AIDS at different levels or to recover faster to a level accepted as

³ It bears emphasizing, as he points out, that there were strong external pressures on these decisions.

⁴ Note that the arcs representing different levels of organization in Figs 1 and 2 can be joined to form concentric circles with infection at the middle, and time running from left to right, emphasizing the systematic relationship between susceptibility/resistance and vulnerability/resilience.

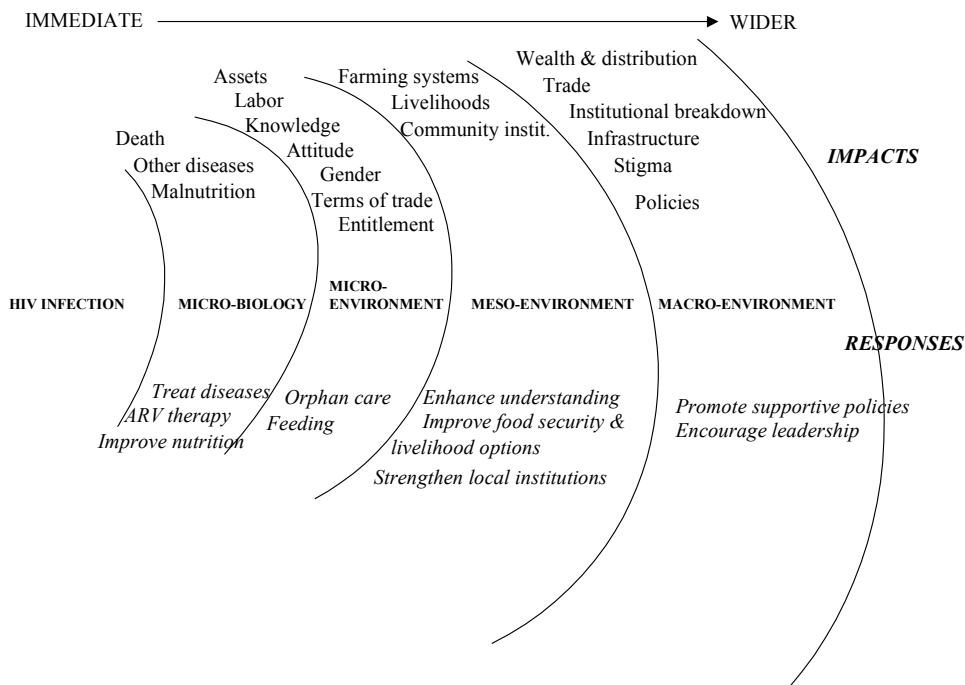
normal. In the concern with “coping” and average responses, such innovative and inspiring responses may be lost from view.

How have the current crises affected vulnerability to the impacts of HIV/AIDS?

The famine has interacted with a rural population in which substantial numbers are living with HIV/AIDS and an even larger number with the consequences of AIDS-linked illness and death, whether in the same household or more widely in extended families and communities through e.g. care for the sick and orphan support.

- At the micro-biological level, reduced food intake and food quality are likely to hasten the progression to full-blown AIDS among people already infected with HIV. Reducing food consumption (“belt tightening”) is not a viable option, where requirements for energy, protein and micronutrients are all markedly increased with infection (Piwoz and Preble 2000; De Waal and Whiteside 2003). At the height of the famine in Malawi in 2002, there were reports of adults suffering from marasmus – an unusual occurrence – and some dying of it (FEWSNET 2002). According to Devereux (2002), the famine became known as “the swelling” in parts of the country because malnourished adults and children suffered oedema that caused their feet and faces to swell. Could pre-existing HIV infection have been involved?

FIG. 2: HIV/AIDS EPIDEMICS: IMPACTS AND GENERIC RESPONSES



- Households which are already impoverished by AIDS, having liquidated savings to treat the ill person, may divert primarily female labor to assure care, thus

increasing vulnerability to even small declines in farm output.⁵ The surviving household members would be pushed even harder into the “coping” syndromes documented in “normal” times (Ngwira et al. 2001; Shah et al. 2001) and into those choices likely to have the worst longer term outcomes: taking children out of school, stripping remaining assets, mining natural resources and selling land. Insecure access to land and other resources by widows and orphans restricts even these choices. Selling sex, often with limited ability to influence the conditions, is then one of a dwindling range of options and another that may undermine prospects, heightening risks of downward spirals of infection-impoverishment-infection.

- Providing care for the ill and taking in orphans are among the critical safety net functions that extended families and communities have long been providing. These are already showing the strain imposed by the rising prevalence of AIDS-linked illness and death. Famine adds additional stress. In households that have taken in orphans, it is likely they who will experience the greatest impacts of famine since orphans generally, though not invariably, receive less of available resources than the household’s own children (USAID/UNICEF/UNAIDS 2002).
- Similarly, opportunities for casual employment on other farms, known as *ganyu* in Malawi and an important source of income among the poor, will be diminished by the general decline in production. A study in Kenya, showed that for every ‘rich’ household afflicted by AIDS, at least five poor households’ access to food was diminished (FEWSNET 2001).
- The transfer of knowledge across generations, from parents to children, is at risk of being fractured. Knowledge and skills on how best to farm the land, and to secure viable livelihoods are being eroded by premature adult death.
- In past famines, it was generally women who knew which famine foods to gather, and who nurtured and benefited from social networks (De Waal and Whiteside 2003). Yet, women -- in addition to their being overburdened with multiple responsibilities (including caring for those who are ill) -- are biologically, socially and culturally more HIV-susceptible than men and more vulnerable to AIDS impacts (Rao Gupta 2000). Women are less likely to avail themselves of health services for the treatment of opportunistic infections and more likely to forego food consumption in the household than men.

How have the current crises affected resilience to the impacts of HIV/AIDS?

- The evidence of *resilience* to AIDS – people finding ways to avoid the worst consequences and rebuild their lives – is, we believe, seriously under-reported (Loevinsohn and Gillespie 2003). What we see and hear of it generally involves people making use of what is available in new ways, individually and collectively. For example, there are accounts of people developing labor-saving technologies (a widow in Zimbabwe adapting the yoke for an ox to fit a donkey – all that she

⁵ One of the main features of the hypothesized ‘new variant famine’ is the significant effect of AIDS on increasing household dependency ratios. De Waal and Whiteside (2003) go on to suggest the need to consider *effective* dependency ratios, which include labor lost during to sickness, not just death. These will be even higher. On top of that, there is the labor diverted from income-earning to care for the sick.

has left for plowing), focusing effort on the most productive areas (a group of orphans producing vegetables on a fertile patch for a northern Tanzanian market) or adapting options coming from outside (Mozambican widows, whose husbands used to collect honey from the wild, taking up apiculture). There are examples of collective responses – households exchanging what they have (e.g. a share of the produce from land they can no longer cultivate themselves) for what they lack (e.g. the labor to cultivate the land) and of innovations that buttress the resources available to orphans and those caring for them. Heightened food insecurity is likely to increase the incentives for innovation while decreasing the human and other resources that it requires. We need to learn more here.

- Also poorly understood are the ways in which policy may be modified to strengthen resilience. Differing levels of productivity among agricultural and other livelihood systems may affect households' capacity to withstand and recover from the shock associated with the death of an adult through AIDS, even without the coexistence of other threats to food security. How can policy assist in opening up and securing livelihood options that help people maintain productivity levels? A move to low input, low output farming, for example, may buy some time but is unlikely to be a sustainable solution. In South Africa, for example, how can social policy aimed at supporting families who foster children be modified to ensure the care of the growing number of children orphaned by AIDS?

4 Action Research Priorities

The priorities here presented are essentially those agreed by the Malawi and Uganda “Think Tanks” and endorsed by their stakeholders. Within these priorities, we highlight several aspects that the food crises have thrown into sharper relief. As we have tried to suggest, the crises appear to constitute a deepening and an extension of interactions between AIDS and food insecurity that existed pre-crisis.

Priorities are presented in two groups: those likely to yield benefits beginning in the short term (1-2) years and in the medium term (2-5 years). Within each group, the order reflects the priority that stakeholders and Think Tank participants accorded to each theme.

4.1 Activities with Short Term Benefits (1-2 years)

4.1.1 Assessing existing policies and programs and testing modified versions

- *Development policies and programmes:* On-going and planned processes of mainstreaming i.e. review by staff of programs and policies with the aid of the “HIV/AIDS lens” will be supported through action-research. This will extend to policies and programs of all kinds, developed with or without HIV/AIDS in mind: nutrition, decentralised service delivery, technology generation and diffusion, natural resource management, marketing, trade and pricing. This review will likely reveal that some are having unintended effects, positive or negative, on prevention of HIV

infection or mitigation of AIDS' impacts. To verify whether these effects are actually experienced, a number of these programs and policies will be followed intensively in the field, involving those responsible for them. Pilot trials aimed at enhancing the positive benefits or reducing the negative effects will also be carried out and carefully monitored and evaluated. These will include efforts by AIDS-oriented organizations that wish to integrate a food security aspect in their prevention, care and mitigation programs.

- *Food aid policies and programmes.* The HIV/AIDS lens will be applied to food aid. Are there useful roles for temporary food assistance to secure existing, or leverage new, sources of livelihood e.g. food-for-work, food-for-assets? Can food aid provide incentives for availing of prenatal care services (supplementary feeding of pregnant women), exploring new livelihoods (food-for-training), or for educating orphans and vulnerable children (food-for-education)? Other issues relate to appropriate targeting modalities, ration quantity, quality and reliability, linkages to health and care services, and entry and exit strategies⁶.

4.1.2 Identifying and supporting innovation in AIDS-affected rural households

There are as yet only scattered accounts of the innovations that HIV/AIDS affected households and communities have made in technology and social organization. There is bound to be much more that has not yet come to wider attention, and much that could be of use to others similarly affected. A concerted effort might be made to identify such innovations, especially those by women and young farmers, assess them and promote the most promising. Media like rural radio might be drawn on and means such as contests might be used to increase the incentives for innovation.

4.2 Activities with Medium Term Benefits (2-5 years)

4.2.1 Developing new options for and with HIV/AIDS-affected communities

- *Exploring new social forms, including cooperative arrangements.* What scope is there for new approaches to pooling labor and resources in communities where mortality has hit many households hard, but where young adults may also be underemployed? Can win-win approaches be found? Can communities find ways to protect the entitlements of affected households, enabling them to exchange on fair terms what they have (e.g. land they can no longer cultivate) for what they need (e.g. food)?
- *Assessing the contribution of enhanced livelihood and food security to HIV prevention.* Can efforts aimed at enhancing food security and livelihood options of susceptible groups make a cost-effective and timely contribution to preventing the spread of HIV? Can we identify options that are economically and environmentally sustainable, that make use of local opportunities?

⁶ Separate funding will be sought for action research on a related theme, *Impacts and responses in the workplace*.

- *Assessing the contribution of enhanced livelihood and food security options to mitigation of AIDS' impacts.* Can we identify options that allow the most vulnerable groups to make optimal use of their limited resources? This includes nutritional options using local food sources for people living with HIV/AIDS, whose protein, calorie and micronutrient needs are increased.

4.2.2 Feasibility of targeting actions at the system level

- *Identifying livelihood systems that make people particularly susceptible or resistant to HIV.* It is also likely, though it has not been well established, that people who depend on certain agricultural or other livelihood systems may be particularly susceptible or resistant to HIV. More productive systems would buffer famine-related shortfalls better and may support a greater diversity of livelihood opportunities, reducing the pressures on young adults to move into situations of risk. On the other hand, proximity to major trade routes and markets may increase infection risks.
- *Identifying livelihood systems that make people particularly vulnerable or resilient to AIDS.* People who depend on certain agricultural or other livelihood systems may be particularly vulnerable or resilient to the indirect consequences of AIDS-linked mortality – for example, because of pre-existing labor scarcity or the presence of low labour-demanding crops in these systems. A key question is whether these systems can be reliably identified beforehand or whether contextual factors are so varied that they make prediction impractical.

In both cases, should identifying these systems prove feasible, research and development efforts can be targeted at the systems where the risks of infection or impoverishment are the greatest, thus making more efficient use of scarce resources. Research and development workers can also collaborate with communities on altering those features that are increasing their risks or enhancing features that promote resistance and resilience. Understanding better the links between resistance/susceptibility and resilience/vulnerability is critical.

4.2.3 Impacts at the household and community levels

- *Clarifying the effects of AIDS on labor availability and capital accumulation.* Massive liquidation of assets to care for the chronically ill and pay for funerals is a common phenomenon and adds to the loss of skilled adult labor. Better understanding of the capital and labor endowments of affected households and communities would support the development of new technical and social options (see 4.2.1 above).
- *Clarifying the effects of AIDS on other livelihoods and vice versa.* Non-agricultural livelihoods are often crucial to rural households. The effects of AIDS on such livelihoods, and on the crucial links between off-farm and on-farm activities, have hardly been investigated. To what extent, for example, do non-farm livelihoods

contribute to households' resilience to AIDS' consequences? The SADC study, for example, recommends research *“to track HIV/AIDS infected and affected households of different types through time to see how resilient or vulnerable they are to livelihood shocks (such as the 2002 food shock) and longer-term trends – such as gradual land degradation and economic decline.”* (SADC 2003)

4.2.4 HIV/AIDS and access to and management of land and other resources

Little is known about the extent to which AIDS affected households may be excluded from resources critical to their survival such as common property grazing lands, forests or fisheries. This may be due to labour scarcity and/or stigma. Where upkeep of resources is seriously affected by the withdrawal of labour, the effects can add to the spiral of impoverishment. The impacts may be felt widely, for example when failure to properly maintain banana groves leads to the spread of insect pests and fungal diseases to neighbouring farms.

4.2.5 Long term and aggregate effects of AIDS on rural society and the agricultural economy

AIDS has led to massive orphaning and household breakdown. Surprisingly little is known about the long-term social consequences, which may already be visible in the areas where the epidemic was earliest entrenched. As well, there is still little known about the overall impact of AIDS on communities and districts, and on the food security of consumers and those dependent on downstream processing, commerce and trade.

4.2.6 AIDS and knowledge among the young and other vulnerable groups

Children and young adults in AIDS-affected households may be cut off from the usual apprenticeship in agriculture and other rural livelihoods, though they may be heading households. They may also be obliged to drop out of school. New approaches to education will have to take account of these realities, and of the needs of women and especially widows heading households who are often poorly served by conventional extension and local information networks.

5 Activities

The envisioned process is as follows. A Call for Proposals that address these priority themes will be released and disseminated in Malawi, Uganda (both of whom are already participating in RENEWAL), Zambia and South Africa in May 2003. Submitted concept notes will be reviewed and the authors of a selection will be invited to present them at a regional workshop, tentatively planned for Malawi in October 2003. Resource people with appropriate skills and experience will also be invited. The workshop will be organized along the lines of the successful Methods and Indicators workshop that RENEWAL organized in November 2002 in Jinja, Uganda. At this time, there will be detailed discussions of methodological options for the proposed research (see www.isnar.cgiar.org/renewal/pdf/Methods.pdf). Outputs of this workshop will be refined

project concepts, greater clarity on methods, and development of collaborations and partnerships. Following the workshop, a selection of the best concept notes will be made and proposals developed with wide consultation with RENEWAL partners. These proposals will be presented to country-level stakeholders in national workshops, tentatively planned for early 2004, after which they will be finalized. Contracts will then be awarded, and the work started. It is anticipated that the duration of the selected studies (3-4 of which, it is hoped, will be supported per country) will be 1-2 years. The overall timeline looks like this:

May 2003	Dissemination of this concept note (CN) to Southern African partners and donors. Networking and fundraising.
Early June:	Release Call for Proposals (CFP) based on the priorities identified in the CN, with a deadline of mid-August. Vigorous promotion of CFP by country teams and other RENEWAL partners.
August	Invitations to regional workshop sent out to resource people and network partners. Review of submitted research concept notes, and selection of most promising for presentation at regional workshop.
October	Regional Workshop on Food Crises and AIDS, to be held in Malawi.
Nov-Dec	Proposals developed, reviewed and refined.
January 2004	Country-level stakeholder workshops with policymakers, including presentations of proposals. Finalization of proposals.
February	Contracts awarded and action research commences.
2004-2005	Action research underway. Practitioner workshops and skill enhancement. Local, national and regional workshops and forums for presentation and discussion of findings.

6 Summary Budget (US\$,000)

	2003	2004	2005
ISNAR and IFPRI personnel	234	300	300
Regional personnel	140	150	150
Workshops and conferences	40	60	60
Action Research Funds (2 nd round)	--	350	400
Skills enhancement	25	35	35
Travel	43	72	72
Publications	5	10	10
Communications	20	20	20
Overhead	99	123	128
Total	606	1120	1175

Note: Currently some \$575,000 has been committed by donors to support this work, exclusive of funds allocated to the first round of action research projects in Malawi and Uganda (\$240,000). A detailed budget is available.

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