



RENEWAL



# Regional Network on AIDS, Livelihoods and Food Security

## Summary of Studies (2001-2010)

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## RENEWAL reviews and conceptual papers

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| <p><b>Food Insecurity in the Context of HIV and AIDS: A Framework for a New Era of Programming</b><br/>December 2010<br/>Frega, R., F. Duff, R. Rawat, N. Grede<br/><a href="mailto:r.rawat@cgiar.org">r.rawat@cgiar.org</a></p>  | <p>The paper proposes a framework to understand the complex linkages food insecurity and HIV and AIDS. It distinguishes four types of interventions to address these linkages and hopes the model will help to structure research, policy and programming. Interventions distinguished in this paper are aimed at both promoting food security and include antiretroviral treatment and nutrition support. The four types of interventions include: containing HIV and preventing AIDS through comprehensive treatment regimes which include nutritional support; mitigating the effects of AIDS through support; providing HIV-sensitive, but not HIV-exclusive, safety nets at the individual, household and community levels; as well as limiting the exposure to risk through HIV prevention activities. The authors note that adequate responses to HIV and AIDS and food insecurity must be tailored to specific epidemic settings.</p>  |
| <p><b>Adaptation to Climate Change in Southern Africa: Factoring in AIDS</b><br/>July 2010<br/>Environmental Science and Policy<br/>doi:10.1016/j.envsci.2010.07.003<br/>S. Drimie and Gillespie, S.<br/><a href="mailto:s.drimie@cgiar.org">s.drimie@cgiar.org</a></p>   | <p>Focusing on food insecurity in southern Africa, the paper interrogates the interactions between the AIDS epidemic and climate change, which are two of the most important “long wave” global issues of the recent past, present and future. Although they share similarities, interactions, and present possibilities for a more united response, these links have received little analysis. Understanding the underlying causes of regional food insecurity inevitably means understanding the role of the AIDS epidemic and increasingly climate change amongst other stressors. The main argument of the paper is that adaptation to climate change must explicitly factor in the existing and long-wave effects of the epidemic. AIDS cuts through household and community level capacity, as well as the capacity of key facilitators of the adaptation process including state extension services and civil society organisations. While calls for embracing adaptation abound, little is being done to assess and strengthen the organisational capacity of institutions, which should play leading roles in any attempt to help prepare for a changing climate. In particular the capacity of key agencies has been undermined by the AIDS epidemic. This reiterates the need for a multisectoral approach and building bridges between agriculture and health sectors to ensure longer term support to livelihoods where HIV and hunger coexist, often overlaid by climate change.</p> |
| <p><b>Broadening psychology's contribution to addressing issues of HIV/AIDS, poverty and nutrition: Structural issues as constraints and opportunities</b><br/>July 2010<br/>Journal of Health Psychology 15(7): 972-981.<br/>Tomlinson, M., Rohleder, P. Swartz, L., Drimie, S., &amp; Kagee, A<br/><a href="mailto:markt@sun.ac.za">markt@sun.ac.za</a></p> | <p>The AIDS epidemic, more than any other public health problem, challenges dominant models of the role of psychology in health promotion and prevention. Dominant models for health promotion and HIV risk prevention has traditionally focused on individual behavior change. However, these models do not take full cognizance of the many social and structural factors that facilitate HIV-risk behaviors. This paper focuses on poverty, and resulting food insecurity as a structural risk factor for HIV infection. The authors argue that if we are to properly respond to the HIV epidemic, we need to consider how issues of poverty, food insecurity and malnutrition place populations at risk for HIV. We look at various examples of structural interventions which may combat poverty and food insecurity and resulting HIV risk, looking in particular at schools as a platform for structural interventions. The paper further considers the role of health psychology in global health concerns and argues that while individual-based interventions are important, health psychology needs to shift to playing a proper role in broader level initiatives.</p>   |

| Title/date/journal/author/contact   | Key findings and recommendations  |
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| <p><b>Food Insecurity and HIV/AIDS: Current Knowledge, Gaps, and Research Priorities</b><br/>November 2009<br/>Curr HIV/AIDS Rep. 2009 Nov; 6(4):224-31<br/>Anema A., N. Vogenthaler, E.A. Frongillo, S. Kadiyala &amp; S.D Weiser<br/><a href="mailto:sheri.weiser@ucsf.edu">sheri.weiser@ucsf.edu</a></p>                                     | <p>Observational studies suggest that food insecurity is associated with increased HIV transmission risk behaviors and decreased access to HIV treatment and care. Among individuals receiving antiretroviral therapy (ART), food insecurity is associated with decreased ART adherence, reduced baseline CD4 cell count, incomplete virologic suppression, and decreased survival. Integration of food security interventions into HIV/AIDS treatment programs is essential to curtail the AIDS epidemic and improve health and quality of life among those infected.</p> <p><i>Longitudinal research applying validated measurement tools is needed to better understand the mechanisms through which food insecurity adversely impacts HIV transmission, treatment, and care. Research should compare the effectiveness of various food assistance and livelihood strategies.</i></p>  |
| <p><b>Seasonal Dimensions of the HIV-Hunger Nexus in Eastern and Southern Africa</b><br/>July 2009<br/>Paper prepared for “Seasonality Revisited” conference, IDS, Brighton, July 2009.<br/>Gillespie, S. and S. Drimie<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p>  | <p>1. Many of the structural drivers of HIV risk and vulnerability- including income and gender inequalities, mobility, food insecurity and malnutrition – are affected by seasonality. 2. The seasonal coincidence of household food stress and increased incidence of certain diseases can affect the health and nutritional status of individuals living with HIV as well as their ability to access and adhere to treatment. 3. In the context of HIV and AIDS impacts as the determinants of resilience become eroded, seasonal fluctuations become harder to manage. In southern Africa, for instance, rainfall patterns permit only one major harvest a year. For families struggling with HIV, missing this harvest could be disastrous. As the hunger season ends and young crops become available, vulnerable families often consume them “green” before their full nutritional value is reached.</p> <p><i>In terms of policy responses to the effects of seasonality, there is little evidence of agencies and governments proactively responding at large-scale to the HIV-hunger nexus itself, let alone the seasonal dimensions. AIDS-sensitive, seasonally appropriate social protection systems are needed to protect families. Agriculture and health sectors need to capture synergies and work together more. All of this requires an understanding of the different wavelengths of shocks and stresses, and the way they intertwine.</i></p> |
| <p><b>Hyperendemic AIDS, food insecurity and vulnerability in southern Africa: A conceptual Evolution</b><br/>June 2009<br/>Paper presented at the Global Environmental Change and Human Security (GECHS) Conference, Oslo, June 2009.<br/>Gillespie, S. and S. Drimie<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p> | <p>Paper tracks the evolution of the theory of vulnerability in the context of AIDS, food and nutrition and its practical application over this last decade with reference to the conceptual work of RENEWAL. The paper also explores approaches to understanding and responding to the complex web of interactions, as well as the types, sources, levels and stages of vulnerability. The paper finds that although there was a growing body of knowledge on the links between poverty, inequality and the spread of HIV, there were still large gaps in understanding how and why the interaction of forces dissolve some households while others survive, adapt and may even prosper.</p> <p><i>In the face of the challenges posed by the interactions between HIV, AIDS, food and nutrition security, there is no convenient magic bullet intervention and no blueprint. As such no single conceptual tool or framework can capture that complexity. Continual reflection and engagement are required to bring us closer to finding lasting solutions to such dynamic vulnerability.</i></p>  |
| <p><b>HIV and Mobility in the Lake Victoria Basin Agricultural Sector.</b><br/>2009<br/>Drimie, S., Weinand, J., Gillespie S. and Wagah, M.</p>   | <p>The Lake Victoria region has the highest HIV prevalence in the East African Community. This region also has a significant concentration of commercial agricultural plantations, which rely on mobile workers, an extensive system of out-grower schemes, and linkages with neighboring communities and transportation routes. Reviewing the relationships between the various components of the plantation system and the spread of HIV, which is a complex and dynamic process, it is revealed that there has been relatively little research on these interactions, and the relevant policies and programs are generally silent on mobility-induced vulnerability to HIV.</p>  |

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| IFPRI Discussion Paper 905.<br><a href="mailto:s.drimie@cgiar.org">s.drimie@cgiar.org</a>   | Considering what may be done to address these issues, particularly within the plantation system, the review argues that a comprehensive response to HIV would require the plantation companies to engage in efforts against HIV/AIDS across its entire time line (that is, ranging from efforts to prevent infection to attempts to mitigate its full impact on both agricultural workers and the business as a whole).   |
| <b>Poverty, Food Insecurity, HIV Vulnerability, and the Impacts of AIDS in Sub-Saharan Africa</b><br>July 2008<br>IDS Bulletin 39 (5), 10-18<br>Gillespie, S.<br><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a> | <p>While poor individuals and households are undoubtedly hit harder by the downstream impacts of AIDS, in a variety of ways, their chances of being exposed to HIV in the first place are not necessarily greater than wealthier individuals or households. There is strong evidence that socio-economic and gender inequalities condition the spread of HIV while AIDS-related disease and death increases these inequalities – a potentially vicious cycle. Globally, Africa is the poorest continent with by far the most serious AIDS epidemics. But it is in southern Africa where socioeconomic and gender inequalities, and population mobility, are most extreme, and where AIDS is hyperendemic (one third of all people living with HIV reside in southern Africa). Poverty per se may not be the most important factor conditioning the risk of being exposed to HIV -- but without question, it is the poor in these countries, and especially poor women, who are struggling the most with the subsequent impacts of AIDS. If you are a person living with HIV and you are poor it will be harder for you to sustainably access antiretroviral therapy, it will be harder to find and pay for treatment for opportunistic infections which (if you are malnourished) will usually be more severe; and it will be harder to ensure any medical treatment is complemented by a diverse and reliable diet. At the household level, poverty will worsen the impacts of other livelihood stresses and shocks, and close down options for effectively responding. At the end of the line, it is women and children who are the most vulnerable.</p> <p><i>HIV prevention needs to address all socioeconomic strata of society and target specific drivers of transmission within different groups. Downstream, mitigation should aim to increase resilience of poor and vulnerable households through enhancing local capacity and providing options and incentives for safe livelihood strategies – complemented by effective and equitable systems of social protection.</i></p> |
| <b>Food Prices and the AIDS Response: How are they Linked and What Can Be Done?</b><br>July 2008<br>RENEWAL policy brief No 1<br>Gillespie, S.<br><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a>                | <p>1. High food prices could affect HIV prevention: Food insecurity is associated with increased mobility- a marker of enhanced risk of HIV exposure- and likelihood of engaging in transactional sex. Food insecurity at the household level is likely to translate to malnutrition with possible detrimental effects on the immune system. 2. High food prices could affect care and treatment: Adults living with HIV require 10–30% more energy than before they were infected, and children may need up to 100% more. Inadequate dietary quantity and quality exacerbated by the current spike in food prices, may, therefore, lead to more frequent, more severe opportunistic infections and a more rapid progression to AIDS. For people living with HIV who are on treatment, nutrition is important for treatment adherence. First, some of the negative side-effects of antiretroviral therapy are reduced if medicines are taken with food. 3. Higher food prices could affect mitigation of AIDS impacts: Chronic food insecurity constrains resilience and forecloses options to adapt to any stress. For instance, children may be taken out of school to work for cash for food; increasing chronic food insecurity constrains resilience and forecloses options to adapt to any stress. Costs of supporting an orphan may result in fewer extended families being able to care for additional orphans.</p> <p><i>Assessment, monitoring and tracking of vulnerability, food insecurity and the interactions between HIV and hunger needs to be strengthened. There is also a need to</i> Going beyond short-term assistance, to build bridges between agriculture and health sectors to ensure longer term support to livelihoods where HIV and hunger coexist.</p>  |

| Title/date/journal/author/contact  | Key findings and recommendations  |
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| <p><b>Nutrition and HIV</b><br/>2008<br/>Kris Heggenhougen and Stella Quah, editors International Encyclopedia of Public Health, San Diego: Academic Press; Vol 4, 572 -578.<br/>Friis, H., Gillespie, S., Filteau, S<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p> | <p>The impact of the global human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) epidemic is most severe in sub-Saharan African countries already affected by undernutrition and food insecurity. There is a two-way relationship between HIV and undernutrition and food insecurity, which is mainly synergistic and operating at different levels. HIV infection increases energy and nutrient requirements, yet it reduces food security. The result is nutritional deficiencies, which increases progression of HIV infection. Both undernutrition and food insecurity may also lead to increased risk of transmission. Nutritional intake and status may affect metabolism of antiretroviral drugs, some of which may affect body composition, and increase risk of metabolic syndrome. In addition, HIV is transmitted through breast-feeding, thus making it a double-edged sword in low-income populations.</p>  |
| <p><b>Is Poverty or Wealth Driving HIV Transmission?</b><br/>October 2007<br/>AIDS. 21 Suppl 7: S5-S16.<br/>Gillespie, S., S. Kadiyala and R. Greener<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p>   | <p>At the macro level there is a weak positive relationship between national wealth and HIV prevalence across countries in sub-Saharan Africa, where higher prevalence is seen in the wealthier countries of southern Africa. Strong urban-rural economic linkages, good transport links and high professional mobility may translate into both higher incomes and higher HIV incidence. National poverty rates on the other do not show a strong association with HIV prevalence, but income inequality does. Countries with greater inequality have higher HIV prevalence, especially in sub-Saharan Africa but also to a lesser extent in Asia and Latin America. Micro level evidence that poverty is a major driver of the epidemic is rather mixed. Several studies that adopt ethnographic methodologies suggest that material poverty increases the risks of contracting HIV mainly through the channel of high risk behaviour adoption.</p> <p>AIDS cannot be termed a “disease of poverty.” Although it is true that poor individuals and households are likely to be hit harder by the downstream impacts of AIDS, their chances of being exposed to HIV in the first place are not necessarily greater than wealthier individuals or households. Relative wealth appears to have a mixed influence on HIV risk depending on context and an array of mediating factors. Gender inequality appears to be particularly important. Education in general appears to be protective with regard to HIV risk, and the interaction effects between education and wealth could be very positive—when people have resources, and the ability to use those resources, they can act on safeguarding their sexual health. Sustained efforts to improve education levels as well as targeted and tailored messages on HIV prevention efforts can yield positive results. Approaches to HIV prevention <i>need to cut across all socioeconomic strata of society</i> and tailored to the specific drivers of transmission within different groups—with particular attention to the vulnerabilities faced by youth and women, and to the dynamic and contextual nature of the relationship between socioeconomic status and HIV.</p> |
| <p><b>Linking Migration, HIV/AIDS and Urban Food Security in Southern and Eastern Africa</b><br/>February 2007<br/>Crush, J. B. Frayne &amp; M. Grant<br/><a href="mailto:crushj@post.queensu.ca">crushj@post.queensu.ca</a></p>   | <p>The high urbanization rates and increasing rural-urban linkages in the region, both domestic and cross-border, and demonstrates that rural and urban food security is highly interdependent. While migration itself fuels the rapid spread of HIV in the region, the disease may be undermining this new social economy and urban food security through its impacts on rural production for the towns. In addition, HIV/AIDS may be diminishing the capacity of migrants to pursue other food security strategies in town too, including urban agriculture.</p> <p><i>In terms of policy and further research, it is important to develop typologies (of: reciprocity, risk, coping, and intervention) in order to scale up interventions by understanding contextual needs and allowing intervention replication to take place on an understanding of place specific typologies. The outcomes of the research may be useful international public goods for adaptation other contexts experiencing the triple threat of migration, HIV/AIDS and food insecurity.</i></p>   |

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| <p><b>AIDS, Poverty and Hunger: Challenges and Responses.</b><br/>2006<br/>Gillespie, S. ed. IFPRI, Washington DC.<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p> <p>IFPRI book derived from selected papers prepared for the International Conference on HIV/AIDS and Food and Nutrition Security, Durban, April 2005, organized by IFPRI/RENEWAL.</p>   | <p>More than a quarter-century after HIV was identified, the long-wave, intergenerational nature of AIDS epidemics is becoming starkly evident. We may have passed the peak of the infection wave in many countries, but the multiple impact waves continue to gather momentum. Advances are indeed being made in prevention, treatment, care, and support. Yet, in 2006 in many of the hardest-hit countries, fewer than one in eight people living with HIV have sustained access to lifesaving drugs. At the same time, we are learning more about the intertwining of HIV and AIDS with poverty, nutrition, and agriculture. It is now clear that, if the Millennium Development Goals on hunger and AIDS are to be met, especially in eastern and southern Africa, we need to continue to research these dynamics and proactively address them through better, AIDS-responsive food policy and programming.</p> <p>Against this backdrop, the International Food Policy Research Institute convened the “International Conference on HIV/AIDS and Food and Nutrition Security: From Evidence to Action” in Durban, South Africa, April 14–16, 2005. The conference provided a forum for stakeholders to collectively review emerging knowledge of the interactions between AIDS and hunger and to better understand what it implies for poverty, food, and nutrition-relevant policy and programs. As highlights from the conference, the chapters in this book amply illustrate the diversity of activity and the imperative for interdisciplinary work in this new field. Economists, nutritionists, anthropologists, health specialists, and other development professionals have approached the issue from different angles, often using innovative methods, to generate important new findings. It is hoped that this book will serve as a benchmark and a resource for researchers, policymakers, and practitioners who continue to grapple with the combined threats of AIDS, poverty, and hunger.</p>   |
| <p><b>Child Vulnerability and AIDS: Case Studies from Southern Africa</b><br/>September 2006<br/>World Food Programme publication<br/>Gillespie, S.<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p> <p>IFPRI and partners undertook several case studies in southern Africa in 2004-5, aimed at elucidating child vulnerability in the context of AIDS in the hardest-hit region, and the implications of such vulnerability and impacts for policy and programming. Three country-level case studies from South Africa, Mozambique and Malawi (Adato et al., 2005; Arndt et al., 2005; Sharma 2005) were complemented with a regional analysis (Rivers et al., 2004).</p> | <p>This summary report sheds light on the particular vulnerability of children in the context of what HIV and AIDS is doing to families and communities in sub-Saharan Africa. Some aspects of vulnerability have been clarified, while others remain a little blurred. In some cases, the context-specificity of interactions and impacts generates what may be construed as “contradictory results”, which are not immediately policy-friendly. This is hardly surprising when considering the myriad factors and processes that determine the nature and degree of the multiple impacts that occur. Impacts and responses are determined by the dynamics in several contexts (demographic, epidemiological, socio-economic, cultural, psychosocial, organizational), as are the impacts and responses to other stressors beyond HIV and AIDS. More detailed research is thus needed to distinguish the various dynamics of interaction in different socio-economic contexts, and at different stages of the epidemic. Such a diversity of impacts needs to be matched by diversity among researchers working collaboratively. Bridges need to be built between social scientists, epidemiologists, public health specialists, nutritionists, agricultural economists and other professionals. But one aspect of emerging evidence is clear: households and communities have demonstrated extraordinary capacity to respond to stresses imposed by AIDS. This capacity, however, may now be on the verge of being overwhelmed in many places. So, although more and better research is clearly needed, there is also an immediate need for concerted and largescale action. A useful approach for most stakeholders is thus to adopt a structured “learning-by-doing” mode and progressively build a library of operationally-relevant research from various contexts while developing tools and processes to turn evolving local understanding into appropriate local responses. Strategically, the principle of capacity strengthening from the ground-up, viewed through the eyes of a vulnerable child, is central. The aim is to build on what is working, including extended family support, and augment such local responses through strengthening community capacity and progressively aligning sectoral support and incentives.</p> |

| Title/date/journal/author/contact  | Key findings and recommendations   |
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| <p><b>HIV/AIDS and Food and Nutrition Security: From Evidence to Action.</b><br/>2005<br/>IFPRI Food Policy Review No. 7.<br/>Gillespie, S.R. and Kadiyala, S.<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p>                    | <p>The HIV/AIDS pandemic is a global crisis with consequences that will be felt for decades to come. Thirty-nine million people are currently infected with the virus, including more than 25 million from Sub-Saharan Africa. Many millions are affected in different ways. The ability of households and communities to ensure their own food and nutrition security is increasingly being threatened. With the most detailed evidence base yet assembled, this review systematically maps our growing knowledge of the interactions between HIV/AIDS and food and nutrition security, pointing to where and how future policy needs to change to remain relevant and effective.</p>   |
| <p><b>HIV/AIDS and Food Crises: RENEWAL in Africa</b><br/>2004<br/>Loevinsohn, M. &amp; S. Gillespie<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p>  | <p>Provides the rationale for the RENEWAL network in Africa which was formed to effectively address the interactions between HIV/AIDS and food insecurity and to fill knowledge gaps and strengthen capacity and learn-by-doing in partnership with people who are directly affected by the disease. The following are key factors identified as key to addressing challenges that limit appropriate responses to the AIDS pandemic in Africa and provide a rationale for the RENEWAL network.</p> <p><u>Knowledge gaps</u>: existing research on the interrelationship 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, much attention remains focused on AIDS' impact on food security rather than on the other direction, i.e. how food systems, policy, and practice may contribute to the spread.</p> <p><u>Lack of evidence on "what works"</u>: There is 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.</p> <p><u>Limited action</u>: Many actors find difficulty in identifying their particular role in the response to the pandemic. This is because the dynamics in their particular sector are poorly understood. National actors and donors alike have largely not mainstreamed the implications of AIDS into their policy processes.</p> |
| <p><b>HIV/AIDS, Food Security, and Rural Livelihoods: Understanding and Responding</b><br/>September 2003<br/>FCN Discussion Paper 157, IFPRI<br/>Loevinsohn, M., and S.Gillespie<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p> | <p>This paper describes the kinds of understanding and responding that are needed for agriculture, food and nutrition-relevant organizations to effectively confront HIV/AIDS. The paper starts by outlining some underlying principles that need to be grasped in order to understand the variable and changing nature of the epidemics, focusing mainly on the variance among epidemics and the notions of susceptibility, vulnerability, resistance and resilience. These concepts are illustrated through describing the particular interactions between food and nutrition insecurity and HIV/AIDS and their implications for response strategies. The paper also examines the implications of this understanding for the ways in which different people in affected households, communities and in affected sectors, may best respond. This review reveals how HIV/AIDS is enmeshed in the social and economic fabric of countries. Responding to the disease requires responses that are not only multi-sectoral but multi-level- from the rural farmer adopting and adapting to livelihoods to reduce risk to national policy makers embarking on a comprehensive review of the AIDS-relevance of existing development policy.</p>   |
| <p><b>Rethinking Food Aid to Fight AIDS,</b><br/>2003<br/>FCN Discussion Paper 158, IFPRI<br/>Kadiyala, S. and Gillespie, S.<br/><a href="mailto:s.kadiyala@cgiar.org">s.kadiyala@cgiar.org</a></p>  | <p>AIDS is changing the development landscape in Sub-Saharan Africa. Can and should food assistance be used to combat HIV/AIDS? The answer to both questions is an unequivocal "yes." As people struggle to cope, food usually becomes their main concern. As evidence mounts of the ways in which food and nutrition insecurity may increase both susceptibility to HIV and vulnerability to AIDS' impacts, and how AIDS in turn exacerbates food and nutrition insecurity, the involvement of food assistance organizations becomes a moral imperative. This paper, draws upon the findings of a WFP mission to eastern and southern Africa in March 2002 and a review of relevant literature, to highlight implications of the AIDS epidemic for food assistance strategy and programming. For food assistance programs to reduce both HIV susceptibility and AIDS-related vulnerability, a new strategic perspective must be adopted—one that places communities and people's livelihoods at the center of analysis and uses an "HIV/AIDS lens" to refocus current programs.</p>   |



| Title/date/journal/author/contact  | Key findings and recommendations   |
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| <p><b>HIV/AIDS and food security: what we know and what we need to know</b><br/>2001<br/>J. International Development 13, 487-511.<br/>Haddad, L.H. and Gillespie, S.R.<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p> | <p>The impact of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) on people's lives and on development is staggering. Millions have died and livelihoods have been devastated, particularly in Sub-Saharan Africa. Agriculture and natural resources are important components of such livelihoods. And the nutritional status of those infected and affected plays a large part in determining their current welfare and their ability to further develop their livelihoods towards activities that help to mitigate the impacts of AIDS and prevent the spread of HIV. This paper first reviews the potential pathways through which HIV/AIDS affects assets and institutions generally and then the specific impacts on agriculture, natural resource management, food security, and nutrition. The review addresses the question of how the public sector can and should respond to these challenges. The focus is primarily on mitigation, though the authors note that effective mitigation can also serve as a very cost-effective form of prevention. As labor becomes depleted, new cultivation technologies and varieties need to be developed that do not rely so much on labor, yet allow crops to remain drought resistant and nutritious.</p> |

## AIDS, Agriculture and the Rural Economy

| Title/date/journal/author/contact  | Study Design   | Key Findings and Recommendations   |
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| <p><b>AIDS-Related Human Capital Loss and Labor Productivity Decline in Government Service Delivery: Agricultural Extension Service in Zambia</b><br/>October 2009<br/>Yamauchi, F., P. Hamazakaza, and S. Drimie<br/><a href="mailto:hamazakazap@yahoo.com">hamazakazap@yahoo.com</a></p>                   | <p>An employee database was constructed from records from the Zambia's Ministry of Agriculture to construct longitudinal data from 2002 to 2007. The sample was restricted to Central and Southern Provinces. The database includes information on individual characteristics such as age, sex, position and their salaries from 2002 to 2007. In each year, the reference point was chosen at December 31, so that information on workers as of the end of each year was available.</p> | <p>The analysis demonstrated significant human capital loss due to AIDS-related mortality and morbidity in Zambia's agricultural extension service in the period 2002 – 2007. Nearly 13% staff died, and an estimated additional 9% of human capital was lost due to illness. Importantly, experienced workers were likely to die during the period. In other words, human capital loss was concentrated among workers who accumulated specific human capital in the agricultural extension system. Our simulation also showed that the loss of human capital led to about 3.3% decline in maize production. If the presence of agricultural extension services is important to mitigating negative effects of adverse external conditions such as erratic climate and/or adopting new technologies in agricultural production, this could be an underestimate.</p>  |
| <p><b>Exploring the Linkages Between Agriculture and HIV/AIDS: A Multilevel Study of the Impact of Agricultural Consumption Regimes on Women's Vulnerability to HIV/AIDS in Kenya</b><br/>July 2009<br/>E. Wairimu Mwangi<br/><a href="mailto:e.wairimu.mwangi@gmail.com">e.wairimu.mwangi@gmail.com</a></p> | <p>Study employs multilevel analysis using data at two levels: 1) individual-level data comes from the 2003 Kenya Demographic and Health Surveys (KDHS); and 2) regional (district) level data drawn from various Kenya government sources- most recent district development plans and annual reports; Kenya Integrated Budget Survey (KIHBS); Kenya Ministry of Gender and Social Services; and Kenya Ministry of</p>   | <p>The study finds that at the contextual level, after taking into account women's decision making autonomy and household food security: 1) women living in districts characterized by women's land tenure security are less vulnerable to HIV infection. Landholding sizes were also associated with decreased vulnerability to HIV, and this was particularly the case for single women, indicating that for these women, size land holdings may be particularly important because access to land largely depends on availability of land: 2) Women were also less vulnerable to HIV in districts with easy access to women's organizations; 3) Women in living in districts characterized by dominance of cash crop production were also less vulnerable to HIV Viability of small-scale cash crop production may imply a lower likelihood of household members engaging in migrant labor reducing the HIV risk associated with</p> |

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|  | Agriculture.  | migration ; 4) by contrast, in districts characterized by a high contribution of wage employment to average household income, women were more vulnerable to HIV infection, which may imply greater economic dependency of on men where wage labor predominates or that female labor increases risk possibly related to mobility. <i>In terms of policy, efforts to safeguard women’s rights to property such as land may be an important component not only for poverty alleviation, but also for HIV/AIDS prevention strategies. The study also points to the need for policy-makers to recognize that one of the critical factors in enhancing HIV/AIDS mitigation strategies is to ensure that the agricultural sector remains an effective source of livelihoods.</i>   |
| <p><b>Landownership and Food Security in Uganda: A Study of Land Use and Control among Households of Women Living with HIV in Four Districts</b></p> <p>December 2008<br/>Kabumbuli, R., F. Kindi, J. Mubangizi &amp; J. Ssebuliba<br/>rkabumbuli@ss.mak.ac.ug</p>   | <p>The study included 4 districts, Busia, Luwezo, Lira and Mbarara. Two study groups were selected: A case study group consisting mainly of women living with HIV and holding membership in NACWOLA; and a control group consisting of farming households (rural and peri-urban) where two spouses are alive and not known to be living with HIV. The study used a quasi-experimental design. Focus group discussions were also held with community and local opinion leaders, representatives of interest groups, clubs and associations and officers of relevant CBOs and NGOs.</p> | <p>The study demonstrates that the relationship between land, food security and HIV is complex. While contracting HIV may bring about loss of property, the extent to which this happens and the outcomes of the loss are influenced by household personal characteristics such as education and type of marriage as well as accessibility and effectiveness of support and intervention programs. Nevertheless, respondents living with HIV were less food secure than the control group, an assessment made using present use of land. Those living with HIV had a higher tendency than the control group to regard the quality of their food crop and livestock production as poor.</p> <p><i>In terms of policy, there is need to accelerate government policy on the transformation of customary land, including the squatter system into freehold where the individuals are provided with registered title to customary land. It is important to note that giving HIV and AIDS a special status in policymaking may attract skepticism in public; a lot can be achieved with the existing policies if they are effectively implemented.</i></p>   |
| <p><b>AIDS Mortality and the Role of Natural Resources in Household Food Security in a Rural District of South Africa</b></p> <p>2008 Twine W. and L. Hunter<br/><a href="mailto:wayne.twine@wits.ac.za">wayne.twine@wits.ac.za</a><br/>Hunter LM, Twine W &amp; Patterson L (2007) “Locusts are now our beef”: Adult mortality and household dietary use of local environmental resources in rural South Africa. Scandinavian Journal of Public Health, 35(3): 165-174.</p> | <p>A quantitative study of a random stratified sample of 290 households in the MRC/WITS Agincourt Health Demographic Surveillance Site. Households were differentiated by their experience of prime-age mortality: AIDS death (n=109); non-AIDS sudden death (n=71); no death (n=110). Qualitative interviews were also conducted in 16 of the mortality households.</p>  | <p>Food security is lower among households affected by prime-age adult mortality, as reflected by their more frequent worrying about food, running out of food, and/or recent experience with hunger. Mortality-affected households are also more likely to have had to eat less desirable food due to shortage. While there is a high level of reliance on wild foods in the Agincourt field site, for example use of wild spinach at least weekly, households that make dietary use of wild foods more often are not necessarily more food secure. Also households affected by adult mortality are not more likely to use wild vegetables as compared to their non-mortality counterparts. <i>These results highlight the centrality of the natural environment in local diets, as well as the importance of natural resources in coping strategies of mortality-affected households. Policies and programs aimed at sustainable natural resource use and management in rural areas are needed. These include strengthening local resource management institutions and exploring possibilities for domestication or intensification of wild foods, such as wild vegetables and indigenous fruits.</i></p> |

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| <p><b>The Effects of Increasing Rates of HIV/AIDS-related Illness on Rural Families in Zomba District, Malawi: A Longitudinal Study</b><br/> April 2008<br/> Peters, P., D. Kambewa, &amp; P. Walker<br/> <a href="mailto:Pauline_peters@harvard.edu">Pauline_peters@harvard.edu</a><br/> Peters, P. E., P. A. Walker, and D. Kambewa. 2008. Striving for normality in a time of AIDS in Malawi. <i>Journal of Modern African Studies</i> 46 (4):659-687.</p> | <p>Combined ethnography with repeated questionnaire surveys (1986, 1990, 1997) and final study conducted in 2006</p>   | <p>50% of the sampled households had at least one death due (certainly to likely) to AIDS and 29% were taking care of orphans during 2006. There was considerable heterogeneity across households in terms of their ability to deal with the epidemic and very low rate of household dissolution. The better-off households (with higher levels of resources and income) have on average been more able to absorb the effects of AIDS illness and death. The immediate impact of the death of heads of households is often acute with effects of reduced cultivation time, harvests, and loss of other resources. There is also evidence of change: while the level of voluntary testing is still extremely low, there have been increases in the availability of testing in the rural areas; some people are paying more attention to the known behavior and holding each other to stricter standards than before.<br/> <i>The study highlights the importance of stronger linkages between responses to the HIV/AIDS epidemic and social and economic policy designed to increase household income and food security and improve access to basic services of education and health.</i></p>                             |
| <p><b>AIDS and Agriculture in Zambia.</b><br/> 2007<br/> Food and Nutrition Bulletin<br/> 28(2): S339-S344<br/> Byron, Elizabeth; Chapoto, Antony; Drinkwater, Michael; Gillespie, Stuart; Hamazakaza, Petan; Jayne, Thomas S.; Kadiyala, Suneetha; McEwan, Margaret; Samuels, Fiona<br/> <a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p>  | <p>This paper summarizes evidence from three RENEWAL (Regional Network on AIDS, Livelihoods, and Food Security) research studies and one policy review on the interactions between AIDS and agriculture in Zambia, and its implications for future policy and programming.</p> <p>The unit of analysis adopted for each study varies, spanning the individual, household, cluster, and community-levels, drawing attention to the wider socioeconomic landscape within which households operate.</p> | <p>As agriculture is the livelihood base for the majority of people affected by AIDS in sub-Saharan Africa, the interactions between AIDS and agriculture, and their implications for policy and programming, are of fundamental importance. This paper identifies the ways in which livelihood activities, within the prevailing norms of gender, sexuality and perceptions of risk in rural Zambia, can influence susceptibility to HIV, and how the nature and severity of the subsequent impacts of AIDS is modified by the specific characteristics and initial conditions of households, clusters and communities.</p> <p>The findings demonstrate the importance of studying the risks, vulnerabilities and impacts of the AIDS epidemic in the context of multiple resource flows and relationships between and within households – and in the context of other drivers of vulnerability, some of which interact with HIV and AIDS. The paper addresses several factors that enable or hinder access to formal support programs, and concludes by highlighting the particular importance of engaging communities proactively in the response to HIV and AIDS, to ensure relevance, sustainability and scale.</p> |
| <p><b>The Effects of HIV/AIDS on Agricultural Production Systems in Zambia: A Restudy 1993-2005</b><br/> February 2006<br/> Drinkwater, M., M. McEwan &amp; F. Samuels<br/> HIV/AIDS and Agriculture in Southern Africa: What Difference does it Make?<br/> IDS Bulletin 36 (2), 36-40.</p>   | <p>Cluster analysis is a methodology that clarifies overlapping connections between households and the different roles and positions of all individuals within a cluster. In this case a cluster is defined as a group of producers between which there are multiple resource exchanges, usually based on the factor of kinship, labor and food exchange or common access to draught power.</p>  | <p>HIV/AIDS has a greater impact on livelihoods in the Mpongwe area, where it is now a full-fledged epidemic. In Teta, the disease has remained peripheral though people largely with external contacts have died. While the disease has undoubtedly exacerbated vulnerability to food insecurity, the authors note that the effects of the disease are not straightforward. For instance surprising resilience has been displayed within the context of the predominantly matrilineal social system. Uncertainty, however, prevails with factors such as livestock disease contributing to the impacts. The authors contend that uniform strategies for HIV prevention, treatment or social protection are not appropriate. Strategies need to be modified to take into account different cultural contexts, rural and urban.</p>   |

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| <p><b>HIV/AIDS, Land-based Livelihoods and Land Reform in South Africa</b><br/>January 2006<br/>Aliber, M., Tlabela, K., Drimie, S. &amp; Walker, C.<br/><a href="mailto:s.drimie@cgiar.org">s.drimie@cgiar.org</a></p>   | <p>Methodology consisted of 5 main components: 1) primary interviews with individual households (affected and non-affected); 2) scoping of displaced persons; 3) engagement with community stakeholders and leaders; 4) workshops with officials of the Department of land affairs, provincial and national agricultural departments and other institutions; 5) report back meetings with community.</p> | <p>1. Among beneficiary respondents, there was a common perception that land reform projects were at risk from HIV and AIDS in the same manner that a private company might be, for instance because of the impact on the labor force as well as its 'management' or leadership. These perceptions did not differ significantly between affected and non-affected households. The impact of HIV/AIDS on land rights thus seems to be muted, in contrast to earlier work that attributes tenure insecurity to HIV/AIDS. This may suggest that this earlier study only examined HIV/AIDS affected households thus over-attributing tenure insecurity to HIV/AIDS.</p> <p>2. There was compelling evidence that on redistribution and restitution projects, AIDS-affected households were less food secure than non-affected households. Land reform in particular tended to benefit affected households as there were indications that affected households were more apt to have sourced one or more ingredients for the previous day's meal from the land acquired via land reform, as though consciously mindful of the need to secure a diverse and healthy diet.</p> <p><i>The main policy implication of the research was that HIV/AIDS as a threat to land reform was less significant than land reform as a means of mitigating the household-level (and perhaps community-level) impact of AIDS.</i></p> |
| <p><b>Community-level Relationships between Prime Age Mortality and Rural Welfare: Panel Evidence from Zambia</b> November 2005<br/>American Journal of Agricultural Economics.<br/>Jayne, T.S., A. Chapoto, E. Byron, M. Ndiyoi, P. Hamzakaza, S. Kadiyala, &amp; S. Gillespie<br/><a href="mailto:jayne@msu.edu">jayne@msu.edu</a></p>  | <p>Study involved the use of panel data from 5420 households surveyed in 393 rural communities in Zambia in 2001 and 2004</p>  | <p>1. A rise in community mortality rates from 0 to 24% of all 393 communities was associated with a 6% decline in the land area cultivated at the community level. There is little evidence that communities are shifting their cropped area toward labor-saving crops such as cassava, as is sometimes contended. 2. There is some evidence of increasing marginal impacts on mean income or income per capita at the community level as community mortality rates rise. 3. The analysis shows that the effects of AIDS-related mortality on rural livelihoods are complex in that they depend significantly on initial community conditions such as level of mean education, wealth, farm size, population density, connectedness with markets and infrastructure and dependency ratios.</p>  |
| <p><b>Social Pathways from the HIV/AIDS Deadlock of Disease, Denial and Desperation in Rural Malawi</b> May 2004<br/>Bryceson, D., J. Fonseca &amp; J. Kadzandira<br/><a href="mailto:Deborah.bryceson@thepolicypractice.com">Deborah.bryceson@thepolicypractice.com</a><br/>Bryceson, D.F. &amp; Fonseca, J. 2006. Risking death for survival: peasant responses to hunger and HIV/AIDS in Malawi. <i>World Development</i>, 34(8): 1654–1666.</p> | <p>Both qualitative and quantitative research methods were used in three village sites in Lilongwe rural district</p>  | <p>1. Farming households' earnings from agricultural exports and remittances declined during the 1990s, engendering rural income diversification, deagrarianization and depeasantization. The famine of 2001-02 and the ongoing AIDS epidemic have been intricately embedded in these processes. 2. During the famine and its aftermath, <i>ganyu</i> (casual labor) has gained in importance as a source of income for all economically active household members, particularly women and youth. 3. Fatalism prevailed in which people felt they were not able to control the disease and identified village extra marital sex, women's increasing transactional sex and men's drinking and womanizing leisure time activities as contributing to the spread of the disease.</p>   |

## Multiple Stressors and Vulnerability

| Title/date/journal/author/contact   | Study Design  | Key Findings and Recommendations  |
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| <p><b>Understanding Vulnerability in Southern Africa: comparative findings using a multiple-stressor approach in South Africa and Malawi</b><br/>November 2009<br/>Regional Environmental Change, Volume 10, Number 2, 157-168, DOI: 10.1007/s10113-009-0103-y<br/>Casale, M; Drimie, S; Quinlan, T and Ziervogel, G.<br/><a href="mailto:Casale@ukzn.ac.za">Casale@ukzn.ac.za</a></p>                          | <p>This paper presents the results from the latest in a series of applied studies (as part of the Southern Africa Vulnerability Initiative, SAVI) conducted since 2004 by a network of scientists working in southern Africa, aimed at refining the definition and application of the concept of vulnerability. The study employed a recently developed multiple stressor model to guide the collection and analysis of data from three sites in South Africa and Malawi.</p> | <p>The study revealed similar stressors on household welfare and livelihoods in diverse locations. Findings illustrated the differences in the way these stressors intersected and interacted and also revealed common ‘symptoms’ of vulnerability, despite the context-specific nature of the lived experience of vulnerability. The study therefore suggests it is possible to identify region-wide symptoms of vulnerability at the level of households and livelihoods, which can complement the Human Development Indicators for assessments of poverty.<br/>We cannot conclude that the findings are definitive and applicable throughout southern Africa but we can say that the study pointed out probable region-wide symptoms of vulnerability; in other words, appropriate foci for larger studies seeking to assess vulnerability in southern Africa. Furthermore, it affirms the importance of study designs that take into account people’s experiences. Finally, since it is hard to focus on vulnerability to one stressor, given the multitude of regional challenges in southern Africa, the SAVI model proved to be a useful device to differentiate the locus of different symptoms of vulnerability: in its terms, as function of context, response and outcome.</p> |
| <p><b>Multiple Stressors in Southern Africa: The Link Between HIV/AIDS, Food Insecurity, Poverty and Children’s Vulnerability Now and in the Future</b><br/>August 2009<br/>AIDS Care, 21: 1, 28 — 33<br/><a href="http://dx.doi.org/10.1080/09540120902942931">http://dx.doi.org/10.1080/09540120902942931</a><br/>Drimie, S. and M. Casale<br/><a href="mailto:s.drimie@cgiar.org">s.drimie@cgiar.org</a></p> | <p>Review of literature and recent case studies. <i>Draws from larger Joint Learning Initiative on Children and AIDS (JLICA) study documented in RENEWAL document titled “Families; Efforts to Secure the Future of their Children in the Context of Multiple Stresses, Including HIV and AIDS.”</i></p>  | <p>There is cause for concern about the future well being of children in Southern Africa. Families are often unable to recover sufficiently from the many entwined stressors they are exposed to representing their external vulnerability (structural dimensions of vulnerability and risk). HIV/AIDS, for instance, exacerbates the impacts of other stressors and intensifies the insecurity of many communities. These entwined vulnerabilities mean that families struggle to adequately plan and act to provide their children with stability. <i>Integrated responses are needed – these are often best provided by local community-based organizations that operate in an enabling environment facilitated by the state.</i></p>  |

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| <p><b>Food Prices and the HIV Response: Findings from rapid regional assessments in eastern and southern Africa</b><br/> July 2009<br/> Food Security, Vol 1, (3), 261-269<br/> Gillespie, S; Drimie, S; Jere, P and Msuya, P<br/> <a href="http://www.springerlink.com/content/9557g3121t5x202r/s.gillespie@cgiar.org">http://www.springerlink.com/content/9557g3121t5x202r/s.gillespie@cgiar.org</a></p> | <p>Two regional assessments involving key informant interviews and consultation meetings with National AIDS Commissions and partner organizations including the government and UN; focus group discussions with selected support groups for people living with HIV as well as a review of available literature on the subject. Countries visited included Malawi, Zambia and South Africa (southern) and Uganda, Kenya and Tanzania (eastern Africa) with additional interviews providing information on Zimbabwe and Swaziland.</p> | <p>The studies found that food prices affected HIV prevention. Sudden increases in food insecurity often lead to distress migration which is a marker of enhanced risk of HIV exposure, both for the person moving, and for other adults who may remain at home. Higher food prices also affected care and treatment. Adults living with HIV require 10–30% more energy than before they were infected, and children may need up to 100% more. The rising cost of food seriously constrains the ability to ensure an adequate nutritional intake. For PLHIV who are on treatment, nutrition is important for adherence. Higher food prices affected mitigation of AIDS impacts. Evidence clearly shows that it is the poor and food insecure who suffer greater and more enduring livelihood impacts from concurrent health and economic shocks. Chronic food insecurity constrains resilience and forecloses options to adapt to any stress.</p> <p>In terms of responses, The food price crisis strengthens the multi-pronged rationale for linking food and nutrition security with AIDS programming. It also makes it much harder to achieve and sustain such integration. To stimulate better understanding and response, there is need to establish a platform for regular public discussions on these issues at national and regional levels as has been done on prevention and antiretroviral therapy issues in the past.</p> |
| <p><b>Experiencing Vulnerability in Southern Africa: The Interaction of Multiple Stressors</b><br/> July 2008<br/> Casale, M., D. Chanika, S. Drimie, S. Gillespie, S Kadiyala, P. Msoma, T. Quinlan &amp; G. Ziervogel<br/> <a href="mailto:casale@ukzn.ac.za">casale@ukzn.ac.za</a></p>  | <p>Qualitative household-level comparative research on 3 field sites, namely: a rural site in Chikwawa district, Malawi; a peri-urban site in Amajuba district, SA; and an urban site in Warwick Junction, Durban, SA.</p>   | <p>Findings from all three sites show that people are aware of the threats to their welfare and of their limited options to sustain their families and livelihoods. It appears families are hardly “coping” in that they are not able to improve their living conditions and are living with the constant threat of things getting worse. In some cases families were able to invest into children’s education and houses. However, this study suggests that these investments are not enough to provide children with the means and skills to achieve a stable existence.</p>  |
| <p><b>Investigating the empirical evidence for understanding vulnerability and the associations between poverty, HIV infection and AIDS impact.</b><br/> 2007.<br/> AIDS. 21 Suppl 7: S1-S4.<br/> Gillespie, S.; Greener, R.; Whitworth, J., (eds.)<br/> <a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p>  | <p>The focus of this special supplement is on bringing together and understanding the data on the socioeconomic dimensions of the epidemic. Its origins derived from a meeting sponsored by UNAIDS and hosted by the Health Economics and HIV/AIDS Research Division of the University of KwaZulu-Natal in Durban from 16 to 18 October 2006. The aim of the symposium was to bring together researchers to share knowledge and experience and to address</p>  | <p>What do the papers tell us? Put simply, the causes and consequences of the epidemic are complex and policy needs to take this into account. Although poor individuals and households are likely to be hit harder by the downstream impacts of AIDS than their less poor counterparts, their chances of being exposed to HIV in the first place are not necessarily greater than wealthier individuals or households. It is too simplistic to refer to AIDS as a ‘disease of poverty’. As an infectious disease, it is appropriate that the primary core response to HIV focuses on public health prevention strategies and on medical treatment and care. But if we are to make further strides in combating the epidemic we need broadbased prevention, that is, prevention that deals with the contextual environment and the underlying socioeconomic, behavioural and psychological drivers of the epidemic. Like the virus, these strategies need to cut across all socioeconomic strata of society. On the downstream side,</p>  |

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|  | <p>gaps in our understanding of the spread of HIV and impact of AIDS. Outputs of this meeting were a review of the main longitudinal socioeconomic data collections in Africa with a bearing on HIV. Of the ten papers, four focus on drivers, four on impacts and two on both.</p>  | <p>although AIDS impoverishes households, its effects are not uniform. Again, appropriate responses need to take account of the context-specificity and dynamic nature of the stresses, shocks and local responses brought by AIDS, so that mitigation measures are appropriately designed.</p>  |
| <p><b>Gender Dimensions, Food Security, and HIV/AIDS in Internally Displaced People's (IDPs) Camps in Uganda: Implications for HIV-Responsive Policy and Programming</b><br/>November 2008<br/>Bukuluki, P., F. Mugumya, S. Neema &amp; E. A. Ochen<br/><a href="mailto:pbukuluki@ss.mak.ac.ug">pbukuluki@ss.mak.ac.ug</a></p> | <p>Qualitative and ethnographic approaches supplemented by quantitative approaches. The ethnographic phase helped clarify key variables such as food insecurity, risky sexual behavior, perceived and actual HIV risk to HIV infection, followed up and measured using quantitative research instruments. 403 household interviews were carried out among IDPs in selected camps of Katakwi and Gulu district, supplemented by 26 community dialogue meetings, 4 case studies, 22 key informant interviews and 19 in-depth interviews.</p> | <p>The results of the study have demonstrated that in armed conflict, displacement, and food insecurity situations, women and girls are more vulnerable and at risk of contracting HIV/AIDS than their male counterparts because they have limited access and control over the much needed resources, especially food/nutrition, as a result of failing support systems. Yet, paradoxically, they shoulder more responsibility for meeting the food needs of their households. While the study established that there are high levels of awareness about HIV and AIDS among IDPs, motivation to act on this information and adapt safer sexual behavior is low.</p> <p>The conditions under which they live and the values that they have adopted as a result of staying in camps for a long time tend to compromise their resilience in avoiding risky sexual behavior.</p>                                       |
| <p><b>Local Perceptions of HIV Risk and Prevention in Southern Zambia</b><br/>August 2006<br/>Byron, E., S. Gillespie &amp; P. Hamazakaza<br/><a href="mailto:fcdp@zamnet.zm">fcdp@zamnet.zm</a></p>   | <p>Qualitative study involving in-depth interviews in four rural communities in Southern Zambia</p>  | <p>The findings suggest the need for key community and institution stakeholders to improve and alter the structural and environmental context- both push and pull factors underlying risk of HIV infection. Also evident is that inadequate attention is paid to individual agency, or the lack of agency, as an obstacle to implementing prevention strategies. The perceptions and beliefs about susceptibility to HIV infection and prevention in these communities suggest that both women and men need to be directly involved, with male roles in risk behavior and prevention receiving greater attention. In other words the gender inequities that underlie vulnerability and agency must be addressed within prevention strategies.</p> <p><i>The major challenge is the need to maximize scale while simultaneously addressing the local drivers of risk in thousands of different communities.</i></p> |

## Mobility, Urban Rural Linkages and HIV

| Title/date/journal/author/contact  | Study Design  | Key Findings and Recommendations   |
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| <p><b>Urban Health in Johannesburg: The Importance of Place in Understanding Intra-urban Inequalities a Context of Migration and HIV</b><br/>           July 2010<br/>           Health Place. 2010 Jul;16(4):694-702. Epub 2010 Apr 8.<br/>           Vearey, J., T. Palmary, L. Thomas, L. Nunez &amp; S. Drimie<br/> <a href="mailto:jovearey@gmail.com">jovearey@gmail.com</a></p> | <p>A literature review focused on the social determinants of urban health was undertaken and distilled into a number of key issues. These were then used to synthesis the findings from a cross sectional household survey with migrant and non migrant groups in Johannesburg.</p>   | <p>The social determinants of urban health (SDUH) differ within cities, perpetuating urban inequalities. In Johannesburg, key differences were found between the SDUH in informal settlement and the central city. Migration status is shown to be a key determinant of urban health as internal South African migrants are significantly more likely to enter the city and locate in a peripheral urban informal settlement. Internal migrants residing in the peripheral informal settlements are worse-off than cross-border migrants residing in the central-city; internal migrants experience a range of challenges associated with residing in the periphery of the city.</p> <p><i>The findings highlighted variation in migration histories, access to services, perception of risk of HIV between central-city and the peripheral informal settlement, which clearly shows that 'place matters' and that the context of HIV presents an additional challenge programmers as they must engage with the continuum of HIV related needs, including prevention, testing, support, and access to treatment. Place matters when considering the impact of HIV and AIDS on households that are concentrated in peripheral informal settlements, where access to basic services, healthcare and ART is inadequate.</i></p> |
| <p><b>Human Capital Accumulation, Migration, and the Transition from Urban Poverty: Evidence from Nairobi Slums</b><br/>           September 2009<br/>           Yamauchi, F., O. Faye &amp; E. Zulu<br/> <a href="mailto:fyamauchi@cgiar.org">fyamauchi@cgiar.org</a></p>   | <p>Baseline survey targeting 2000 households randomly selected from the migration theme in the APHRC's Urbanization, Poverty and Health Dynamics program. Tracking of individuals was implemented in 3 distinct waves. Wave 1 identified first batch of out-migrants from the baseline survey; Wave 2 updated information collected in waver while also recruiting new out-migrations; and Wave 3 updated information for migrants interviewed in wave 1 and 2.</p> | <p>Five key findings were established:</p> <ol style="list-style-type: none"> <li>1. Returns to schooling are relatively low or insignificant among slum residents.</li> <li>2. Returns to experience measured by the length of stay in Nairobi are positive which indicates that agent accumulated destination experience over time helps increase their income.</li> <li>3. Schooling and experience are complementary in determining the transition probability of moving out of slums to non-slum urban areas.</li> <li>4. Schooling increases income change among out-migrants who moved to non-slum urban areas. Longer duration in slum areas, however, decreases the above education effect.</li> <li>5. Orphans are significantly less likely to move to the urban formal sector.</li> </ol> <p><i>The findings imply that those who accumulate human capital in urban areas have higher probabilities of getting out of slum poverty; those who lose capital (e.g. children who lose household human capital in their parents) are likely to be trapped in slum poverty.</i></p>   |
| <p><b>HIV, Migration and Urban Food Security: Exploring the Linkages in Johannesburg, South Africa</b><br/>           May 2009<br/>           Vearey, J., L. Nunez &amp; I. Palmary</p>  | <p>A cross-sectional household survey with migrant and non-migrant groups in Johannesburg. The sample survey was divided between one purposively selected urban informal settlement and three</p>   | <p>Cross-border migrants in the inner city (most from Zimbabwe) are most likely to report that their access to food improved since moving to Johannesburg, whereas internal migrants in the informal settlement are more likely to report that food access has worsened. Almost 70% of respondents in informal settlements also reported to have experienced a food shortage in the past 12 months whilst 55% reported this from urban formal areas. Similarly,</p>  |



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| <p><a href="mailto:jovearey@gmail.com">jovearey@gmail.com</a></p>   | <p>purposely selected urban formal areas (three suburbs in the dense inner city). A total of 195 households were interviewed in the informal settlement and 292 households in urban formal areas of the inner city. 60% (n=292) were internal South African migrants, 31% (n=150) were cross-border migrants and 9% (n=44) a control group of non-migrants. A range of qualitative methods was undertaken including focus group discussions and key informant interviews within each area were undertaken.</p> | <p>approximately 65% of urban informal respondents had a “deficient dietary score”, depicting the nutritional inadequacy of their diet, as opposed to 60% of urban formal respondents that had a “sufficient dietary score”.</p> <p>In terms of testing and perceived risk of HIV, residents of the informal settlement were significantly more likely to report ever having tested for HIV; 64% (n = 123) reported ever having tested for HIV compared to 44% (n = 128) of residents of the inner-city. Residents of the informal settlement were significantly more likely to report that they felt at risk of HIV (58%; n = 106) compared to residents of the inner-city (40%; n = 112). Overall, female respondents are significantly more likely to report that they feel at risk of HIV (54%; n = 138) than male respondents (39%; n = 78).</p> <p><i>The key implication of this was that HIV is increasingly associated with urban areas- particularly urban informal areas where HIV prevalence is double that of urban formal areas; 25.6% compared to 13.9% for adults aged 15–49 years. Overlaying this, people living in urban informal areas are likely be to food insecure, an exacerbating factor to risk to HIV and vulnerability from AIDS.</i></p> |
| <p><b>The Inter-relationships and Linkages among Migration, Food Security and HIV/AIDS in Windhoek, Namibia</b><br/>April 2009<br/>Ashton, D., J. Mushaandja &amp; A. Pomuti<br/><a href="mailto:dashton@gmail.com">dashton@gmail.com</a></p> | <p>The study used 3 data collection techniques: literature review and policy analysis, standardized questionnaire survey with 513 respondents, and in-depth semi-structured case study and key informant interviews with 31 respondents. These were conducted in Katutura, Windhoek.</p>   | <p>Urban areas like Windhoek are key for diversified livelihoods systems of families/kin because remittances in the form of money are regularly sent back home, making the senders, who themselves are generally food secure, importance assets in a rural based system.</p> <p>Most food secure people are those employed in formal settlements. Most insecure are those in informal settlements, are HIV positive, and are on ART. Most of these households do not receive the dietary diversity necessary to support good nutrition.</p> <p><i>The findings reveal that there is a significant influx of mainly young migrants into Windhoek from rural areas who are looking for employment and economic opportunities. This influx results in socio-economic challenges such as high unemployment, food insecurity and HIV/AIDS. The challenges require an integrated policy if they are to be tackled effectively, consistently and appropriately. The city of Windhoek does not have a policy directing migration nor addressing food security or urban agriculture. There is need for such a policy to guide and direct decision-making concerning the increased rural-urban migration.</i></p>   |
| <p><b>The Nexus of Migration, HIV/AIDS and Food Security in Addis Ababa, Ethiopia /</b> March 2009<br/>Kassie, G.T., W. Asfaw, G. Zeleke &amp; S. Drimie</p>  | <p>Study used both primary and secondary data of qualitative and quantitative nature. The data was generated using mixed methods that included observations in the city and rural villages of Gurage zone, formal and informal surveys.</p>  | <p>Migration is generally considered to contribute positively to the achievement of secure livelihoods. Money is the most important remittance that links rural to urban areas. Bio-directional transfer of money, food and goods is apparent and the reciprocity is more visible in the case of good transfers from and to rural areas and from urban areas, showing the need to consider two-way and multi-faceted flow of remittances. Generally low dietary diversity among respondents, however, migrants from rural to urban areas more likely to be food secure. 3. Migrants’ perceived risk of contracting HIV and hence the inclination to testing is lower compared to non-migrants. The lower perceived risk and lower tendency to</p>   |

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|  |  | <p>test may be due to the likelihoods of migrants being cautious. Availability and accessibility of HIV testing centers and support institutions for those infected is crucially important. 73% of the respondents were aware that HIV+ people were receiving different kinds of support, including access to ARVs. 81% of the respondents also affirmed that movement of people increases incidence and transmission of diseases. This is an important perception because it clearly influences the attitudes towards migrants.</p>   |
| <p><b>Healthy Migrants of Health Migrants? Accounting for the Health Care Utilization Patterns of Zimbabwean Migrants Living in South Africa</b><br/>February 2009<br/>Nedson Pophiwa<br/><a href="mailto:nedson.pophiwa@wits.ac.za">nedson.pophiwa@wits.ac.za</a></p> | <p>The study adopted a descriptive exploratory research design using existing quantitative data from the cross-sectional survey described above (under Vearey et al) in which Zimbabwean migrants were the prominent international migrant group (n=118). Second, follow-up qualitative in-depth interviews with four respondents, were conducted to explore in detail specific cases where respondents used a public healthcare facility or where they had to make a difficult decision due to illness in a foreign country.</p>  | <p>The majority of Zimbabwean migrants, who were relatively newly arrived, did not seek healthcare in South Africa neither did they report “ever falling ill”. Out of 118 respondents only 25 reported an illness incidence of which 17 sought help from different health service providers, 11 of them at a government health facility. None of them was denied on the basis of their legal status. Some of the users of healthcare services were satisfied with the treatment they received. There is little evidence in the findings to support the hypothesis that legal status is a deterrent factor among migrants to seek treatment at government hospitals. Instead factors such as proximity of the healthcare facility to the respondent’s place of residence were the more important reasons in choosing a certain healthcare provider. Also the generally low utilization tendencies could be attributed to the “healthy migrant hypothesis”. A survey with a larger sample size could establish more diverse patterns of health care utilization among Zimbabwean migrants in South Africa.</p>   |
| <p><b>A Health Impact Assessment of International Migrants Following the Xenophobic Attacks In Gauteng and the Western Cape</b><br/>January 2009<br/>Matzopoulos, R., J. Corrigan &amp; B. Bowman</p>  | <p>A health impact assessment was conducted and informed by: 1) a brief literature review of scientific papers and international guidelines and policies on migration, health and humanitarian disasters; 2) publicly available media reports describing the status of migrants following the xenophobic attacks; 3) analyses of unpublished data collected by humanitarian aid agencies; 4) key informant input collected via questionnaire from key actors in government and NGOs. Key systems that informed the assessment recommendations comprise: a) socio-demographic assessment, b) health determinants assessment, c) health status assessment, and d) health systems assessment.</p> | <p>Key findings were clustered around nutrition, sanitation, infectious diseases, mental health and health systems.<br/>Nutrition: Many of the migrants force into the camps originated from informal settlements and many would have suffered nutritional duress prior to migration. The immediate response following the xenophobic attacks- food donations- had an immediate positive effect on nutrition; these improvements were, however, temporary and eroded by food irregularity in the long-term. Sanitation: Gastroenteritis was commonly reported to the media by camp residents. Infectious Diseases: Authors were unable to obtain accurate data on the HIV sero-prevalence amongst migrants displaced by xenophobic attacks. Based on the high prevalence of HIV in the communities the migrants originated from, it was not unreasonable to assume that at least 11% were HIV+. There was also a high incidence of TB in these communities and expected to be the case in the camps. Mental health: Widespread emotional and physical trauma manifested by feelings of low self esteem and hopelessness. Health systems: Rapid health assessment systems to inform health system responses were lacking leading to fragmented and uncoordinated health system response</p> |

## HIV and Health Interactions

| Title/date/journal/<br>author/contact  | Study Design  | Key Findings and Recommendations   |
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| <p><b>Barriers and outcomes: TB patients co-infected with HIV accessing antiretroviral therapy in rural Zambia</b><br/>2010<br/>M. Chileshe and V. Bond<br/>AIDS Care.22 Suppl 1:51-9.<br/><a href="http://dx.doi.org/10.1080/09540121003617372">http://dx.doi.org/10.1080/09540121003617372</a><br/><a href="mailto:gbond@zambart.org.zm">gbond@zambart.org.zm</a>;</p> | <p>The analysis draws on findings from wider anthropological fieldwork on the converging impact of TB, HIV and food insecurity, focusing for the purpose of this paper on ethnographic case-studies of seven newly diagnosed TB patients co-infected with HIV and their households.</p> | <p>This paper highlights barriers that poor rural Zambians co-infected with tuberculosis (TB) and HIV and their households faced in accessing ART between September 2006 and July 2007, and accounts for patient outcomes by the end of TB treatment and (more sporadically) beyond October 2009. Economic barriers included being pushed into deeper poverty by managing TB, rural location, absence of any external assistance, and mustering time and extended funds for transport and “special food” during and beyond the end of TB. In the case of death, funeral costs were astronomical. Social barriers included translocation, broken marriages, a subordinate household position, gender relations, denial, TB/HIV stigma and the difficulty of disclosure. Health facility barriers involved understaffing, many steps, lengthy procedures and inefficiencies (lost blood samples, electricity cuts). The study advocates nutritional support and other material support (especially transport funds) for co-infected TB patients until ART is accessed and livelihood regained. More prompt diagnosis of TB, reducing steps required, and increasing the reach of the ART program in rural areas are recommended.</p> |
| <p><b>The Converging Impact of Tuberculosis, HIV/AIDS, and Food Insecurity in Zambia and South Africa</b><br/>February 2009<br/>Bond, V., M. Chileshe, Sullivan &amp; B. Magazi<br/><a href="mailto:gbond@zambart.org.zm">gbond@zambart.org.zm</a>;</p>  | <p>Anthropological fieldwork on the converging impact of TB, HIV and food insecurity conducted in Zambia and South Africa.</p>  | <p>In South Africa and Zambia inequities increased both vulnerability to infection and disease and likelihood of delayed diagnosis, delayed treatment and care for TB and HIV. In Zambia, those in treatment for TB fell deeper into poverty, were in debt and experienced food insecurity. In South Africa, affected households managed better in the short-term because of the disability grant and other welfare initiatives, but in the long term were unable to resume their previous livelihoods.</p> <p><i>In the context of poverty, food aid and transport costs should be made available to TB patients and PLHIV on ART. The effectiveness of the disability grant in SA in buffering absolute poverty speaks to the need for similar social protection during TB treatment in Zambia and other countries. The converging impact of TB, HIV and food insecurity exposes the need to tackle inequities in these settings. Government health systems also need to try and diagnose TB more promptly and emerging therapeutic responses within HIV services need to be replicated within TB services.</i></p>  |

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| <p><b>Tuberculosis, HIV, Food Insecurity, and Poverty in rural Zambia: An ethnographic account of the Southern province</b><br/>2008<br/>M. Chileshe<br/><a href="mailto:mcchile78@yahoo.com">mcchile78@yahoo.com</a></p> | <p>The thesis is based on fieldwork conducted in Pemba/Batoka in the Southern part of Zambia between September 2006 and July 2007. The core approach of fieldwork was case studies of nine people (four women and five men) who were suffering from TB, and their households; and a comparative sample of seven households that did not have a TB patient.</p> <p>The participatory methods included timelines, seasonal calendars, observation and semi-structured interviews. The main aim of all methods was to find out how the nine TB-patients experienced life in a wider social context, the problems they faced within their households in terms of food security and accessing both TB and HIV treatment.</p> | <p>Addressing the emergent phenomena of rural tuberculosis and the advanced HIV epidemic, this thesis explores issues of economic crisis, food security and emotional burden from the perspective of rural people impacted by TB and HIV/AIDS. The main argument is that the poor population has a limited capacity to cope with the trajectory of TB illness in the context of food insecurity and at this stage of the HIV epidemic, without external welfare support. The study also shows that access to care in rural areas can be very costly. Accessing ART in the rural area involved repeated visits to the hospital and substantial costs. Due to these accumulated costs, some participants and their households were tipped into deeper poverty. In addition, TB tipped households into emotional turmoil - precipitating divorce, splitting up households and straining key family relationships. From their experiences, the study reveals that it is indeed very difficult for the poor to cope with TB and HIV without external support.</p> |
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## HIV and Human Capital Development

| Title/date/journal/author/contact  | Study Design  | Key Findings and Recommendations   |
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| <p><b>The impact of orphanhood on food security in the high-HIV context of Blantyre, Malawi.</b><br/>2010<br/>Rivers, J., J. B. Mason, D. D. Rose, T. P. Eisele, S. Gillespie, M. Mahy, and R. Monasch.<br/>Food and Nutrition Bulletin 31 (Supplement 3): 264-271.<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p> | <p>A 2004 UNICEF/UNAIDS/USAID survey in Blantyre, Malawi, examined methods to improve M&amp;E of interventions aimed at orphans and vulnerable children. Our present study utilized the household data collected to assess differences in food security status among orphan households. Orphan households were classified by number and type of orphans supported. Descriptive analyses and logistic regressions were performed to assess differential vulnerability to food insecurity according to these classifications.</p> | <p>Multiple-orphan households and multiple orphan households that cared for at least one foster child were 2.42 and 6.87 times more likely to be food insecure, respectively, than nonorphan households. No other category of orphan household was at elevated risk.</p> <p>The food security impact of caring for orphans varied significantly among orphan households, requiring food security planners to focus resources on the households most heavily impacted by HIV/AIDS, including multiple-orphan households, rather than focusing on conventional designations of vulnerability, such as orphans and vulnerable children.</p> |

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| <p><b>Marriage Behavior Response to Prime-age Mortality: Evidence from Malawi</b><br/>February 2009<br/>Demography, Vol 46, No. 1, 43-63<br/>Ueyama, M, and F. Yamauchi<br/><a href="http://muse.jhu.edu/journals/dem/summary/v046/46.1.ueyama.htm">http://muse.jhu.edu/journals/dem/summary/v046/46.1.ueyama.htm</a><br/> <br/><a href="mailto:ueyama.mika@jicargo.jp">ueyama.mika@jicargo.jp</a></p>  | <p>Quantitative analysis using data from the 2004 Malawi Demographic and Health Surveys.</p>   | <p>Excess prime-age adult mortality arising from AIDS in the local marriage market (district) lower the marriage age for females and reduces their premarital sexual activities in Malawi. Marriage is still customary in Malawi, therefore it is not common to refuse marriage, however, in areas experiencing a high HIV prevalence, women tend to marry younger, in order to find a safer spouse.<br/><i>These findings have further implications on human capital formation among women and for the next generations. First, early marriage means less schooling among young women, which may weaken their bargaining power in the household and consequently have negative outcomes on children. Second, a longer period of marriage may also imply an increase in fertility, which may also have a negative impact on child schooling. There is need to incorporate these endogenous changes in human behavior into policy frameworks.</i></p> |
| <p><b>Marriage, Schooling and Excess Mortality in Prime-age Adults: Evidence from South Africa</b><br/>July 2008<br/>F. Yamauchi<br/><a href="mailto:f.yamauchi@cgiar.org">f.yamauchi@cgiar.org</a></p>   | <p>Preliminary assessment of recent panel data from South Africa</p>   | <p>Schooling increases the opportunity cost of marriage for women, which delays marriage and increases their mortality risks in high HIV-prevalence societies, but has the opposite effect on men.<br/><i>The analysis demonstrates the need to understand the role of marriage, labor market, schooling investments, and youth behavior in determining AIDS related excess mortality. The marriage institution potentially protects youth from excess mortality, but the interactions between marriage and labor markets complicate the role of schooling in determining excess mortality. It is important for policymakers to pay attention to these gender-differentiated mortality risks in order to reduce gender-specific AIDS-related excess mortality.</i></p>   |
| <p><b>Impact of Prime-age Adult Mortality on Labor Supply: Evidence from Adolescents and Women in South Africa</b><br/>July 2008<br/>Yamauchi, F., T. Buthelezi &amp; M. Velia<br/>Oxford Bulletin of Economics and Statistics 70(3): 375-398.<br/><a href="http://dx.doi.org/10.1111/j.1468-0084.2008.00504.x">http://dx.doi.org/10.1111/j.1468-0084.2008.00504.x</a><br/><a href="mailto:f.yamauchi@cgiar.org">f.yamauchi@cgiar.org</a></p> | <p>Study used available panel data from the KwaZulu Natal Income Dynamics Study (KIDS) Waves 2 and 3 conducted in 1998 and 2004.</p>   | <p>Deaths of prime-age working adults significantly increase both the female and male adolescent labor supply, stopping adolescent schooling. Deaths of prime-age adults result in decreased female enrollments, suggesting that girls shift activity, possibly staying home to take care of the sick and of the household in general. For male adolescents, enrollment decreases prior to the death of a working adult, suggesting that their response is different and possibly associated with compensating an income loss. The study also found that female adults tend to join the labor force after the death of prime-age adult males.</p>  |
| <p><b>Does the Role of Education in HIV Prevention Differ by the Epidemic Stage? Evidence from 14 African</b></p>   | <p>This study used data from the Demographic and Health Surveys (DHS) that were conducted in the 2000s from 14 Sub-Saharan African</p> | <p>Educational attainment is negatively correlated with HIV infection in countries where the AIDS epidemic has spread but such a relationship is not found in countries with low prevalence rates. These results suggest that the association between education</p>  |

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| <p><b>Countries</b><br/>July 2008<br/>Mika Ueyama<br/><a href="mailto:ueyama.mika@jicago.jp">ueyama.mika@jicago.jp</a></p>  | <p>countries, which include individuals' HIV test results; Lesotho in 2004, Zimbabwe in 2005, Malawi in 2004, Tanzania in 2003, Kenya in 2003, Cameroon in 2004, Côte d'Ivoire in 2005, Rwanda in 2005, Ghana in 2003, Burkina Faso in 2003, Guinea in 2005, Ethiopia in 2005, Niger in 2006, and Senegal in 2005</p>   | <p>attainment and HIV infection is weakly positive or insignificant at the beginning of the epidemic, but education has a significant effect of reducing HIV risks as the epidemic becomes severe. This relationship is especially significant for women. The results also indicate that the prevention effect of educational attainment on HIV infection is particularly strong for younger generations. This result is sensitive to gender and the stage of the AIDS epidemic, with the effect being strongest for women in countries where the epidemic has matured.</p> <p><i>While these empirical results show a negative relationship between educational levels and HIV infection in the countries where the epidemic has spread across the general population, education may play an important role in HIV prevention even in the countries where the epidemic is just emerging through the spread of knowledge and awareness of HIV and AIDS.</i></p> |
| <p><b>The Impacts of Adult Death on Child Growth and Nutrition: Evidence from Five Southern African Countries</b><br/>July 2008<br/>Brunelli, C., E. Kenefick &amp; F. Yamauchi<br/><a href="mailto:chiara.brunelli@wfp.org">chiara.brunelli@wfp.org</a></p>                                    | <p>Data were purposively collected to assess the effect of WFPs food aid program. In each intervention site a cross-sectional community household survey that permitted assessment of the difference in impact of adult death on child growth between beneficiary and non-beneficiary households was conducted.</p>   | <p>The impact of adult death on child weight is significantly negative among non-food aid households in Lesotho, Zambia and Namibia, negative but insignificant in Swaziland, and positive and significant in Malawi. In Lesotho, Zambia, Namibia and Swaziland, the impact is insignificant in food-aid households. Except for Swaziland all countries show smaller impacts of adult death on child weight in the food-aid group, which suggest that food aid mitigates the shock on children nutrition.</p> <p><i>Policymakers and international agencies should be encouraged to actively use food transfers to mitigate the negative impacts of AIDS in the adult population. It is important for governments to institutionalize social protection mechanism, such as food transfers to the poor and vulnerable, in order to prevent the negative impacts of AIDS on children.</i></p>   |
| <p><b>Impact of orphanhood on underweight prevalence in sub-Saharan Africa.</b><br/>2008<br/>Food and Nutrition Bulletin 29 (1), 32-42.<br/>Rivers, J., Mason, J., Silvestre, E., Gillespie, S., Mahy, M., Monasch, R.<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p> | <p>This paper assesses the nutritional impact of orphanhood, taking account of various potentially confounding factors. Child anthropometry and orphan status were examined in 23 Multiple Indicator Cluster Surveys and Demographic and Health Surveys throughout sub-Saharan Africa, which were subsequently merged into larger, region-specific datasets (East, West, and Southern Africa). To compare orphans and nonorphans, linear regression and probit models were developed, taking account of orphan status and type, presence of a surviving parent in the household, household structure, child age and sex, urban versus rural residence, and current wealth status.</p> | <p>Few differences emerged between orphans and nonorphans in controlled and uncontrolled comparisons, regardless of orphan type, presence of surviving parent, or household structure. Age differentials did confound nutritional comparisons, although in the counterintuitive direction, with orphans (who were 8 months older on average) becoming less malnourished when age differences were taken into account. Wealth did appear to be associated with orphanhood status, although it did not significantly confound nutritional comparisons. Orphans were not consistently more malnourished than nonorphans, even when potential confounding variables were examined. Since household wealth status is likely to change after becoming affected by HIV ruling out wealth as a potential confounder would require more detailed, prospective studies.</p>   |

## Community Resilience and Social Protection

| Title/date/journal/author/contact  | Study Design   | Key Findings and Recommendations  |
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| <p><b>Strengthening families to support children affected by HIV and AIDS</b><br/>           August 2009,<br/>           AIDS Care, Vol. 21, No. S1, 3-12.<br/>           Richter, L.M., L. Sherr, M. Adato, M. Belsey, U.V. Hosegood, J. Kimou, S. Madhavan, V. Mathambo, and A.Wakhweya.<br/> <a href="mailto:lrichter@hsrc.ac.za">lrichter@hsrc.ac.za</a></p> | <p>Draws on work conducted in the Joint Learning Initiative on Children and AIDS (JLICA)'s Learning Group 1: Strengthening Families, as well as published data and empirical literature to provide a rationale for family strengthening.</p>   | <p>The impacts of HIV and AIDS on children are mediated by families, as are the prospects for providing sustainable assistance for the long term. The support for affected children, thus, has been left largely to families, extended kin and communities. The capacity of families to protect children and to compensate for the loss of caregivers and security, however, is highly dependent on the social context. With initiatives such as JLICA and the vigorous advocacy of a number of child-oriented agencies, the spotlight is slowly moving to children. The current response, however, is composed of small, localized, largely serendipitously located projects reaching at most a few thousand children with services of uncertain effectiveness.</p> <p><i>To have bigger impact, it requires larger and more systemic responses on which local initiatives can build. Support garnered for children also needs to be directed to families. In the highest prevalence countries, HIV and AIDS cluster in families. It is through worsening household conditions that children are adversely affected. Given the long-time scale of HIV and AIDS, unless we adopt a family oriented approach, we will not be in a position to interrupt the cycle of infection, provide treatment and ensure family care to all who need it.</i></p> |
| <p><b>A systematic review of cognitive development and child HIV infection</b><br/>           August 2009<br/>           AIDS Care. 21(S1): 83–97<br/>           Sherr, L., Varall, R., Mueller, J<br/> <a href="mailto:lrichter@hsrc.ac.za">lrichter@hsrc.ac.za</a></p>   | <p>The objective was to systematically review measures and effects of HIV on neurocognitive outcomes for children. Published studies were identified through the use of electronic databases supplemented by hand searching and coverage of the gray literature. All studies including children with HIV infection, which utilized at least one systematic measure of cognitive functioning, reported on place, sample size, age, and outcome measures, and included a control group, were eligible for inclusion.</p> | <p>The data are highly North American biased (63%) with European studies accounting for 13% and only two from South America and seven from Africa, where the vast majority of HIV-infected children are found. Eighty-one percent of studies reported a detrimental effect on neurocognitive development, however measured, whilst three reported no differences and four had mixed findings. Thirty-three percent provided data on child gender, but only 8% went on to analyze data according to gender. The numbers are too small for definitive findings, but it's notable that three quarters found no gender differences. There seems to be some evidence of detrimental effects of HIV infection and exposure on cognitive development, but the lack of systematic measures, controlled trials and age-specific investigations render the literature inadequate. There is an urgent need for internationally agreed and validated measures to be incorporated and for these to record data by age and gender.</p>  |

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| <p><b>Social Protection to Support Vulnerable Children and Families: The Potential of Cash Transfers to Protect Education, Health and Nutrition</b><br/>August 2009<br/>AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV. 21(1):60-75.<br/>M. Adato and L. Bassett</p> <p>(This paper is drawn from a larger study entitled, “What is the Potential of Cash Transfers to Strengthen Families Affected by HIV and AIDS: A Review of the Evidence on Impacts and Key Policy Debates”)</p> | <p>Review of over 300 documents on cash transfer programs for poor families and related issues around the world. Impact assessments of 20 cash transfer programs, 10 unconditional and 10 conditional were reviewed based on their reporting of quantitative impacts through a reasonably strong research design.</p>   | <p>Cash transfers have demonstrated significant impacts on the human capital of children in many countries in Latin America and Asia and evidence is building for such programs in sub-Saharan Africa. If cash transfers succeed in increasing children’s presence in school, their benefits may multiply by reducing HIV risk and increasing children’s access to additional services. In addition to promoting school enrolment and attendance, and preventative health-care activities, options under discussion or underway include early childhood development, after-school programs, child protection and other social welfare services, information, education and communication activities, savings schemes, skills training, voluntary testing and counseling, ART counseling and services, home-based care, micronutrient and food supplementation and nutrition counseling.</p> <p><i>The central policy debates with respect to transfer design center on who to target; who most needs benefits- AIDS affected households or very poor families and how to reach both. What criteria should be used to process those being targeted? It is important that multiple criteria are used in combination to prevent mistargeting. For those on ARVs food may be a better transfer. Important to also convene social protection around orphans and other vulnerable children, such as street children and those in child-headed households.</i></p> |
| <p><b>A Systematic review on the meaning of the concept ‘AIDS Orphan’ – confusion over definitions and implications for care</b><br/>May 2008<br/>AIDS Care. 20(5):527-36.<br/>Richter, L., Desmond, C, Wakhweya, A., Adato, M., Belsey, M., Chandan, U., Drimie, S., Haour-Knipe, M., Hosegood, V, Kimou, J., Madhavan. S &amp; Mathambo, V<br/><a href="mailto:lrichter@hsrc.ac.za">lrichter@hsrc.ac.za</a></p>   | <p>Draws on work conducted in the JLICA’s Learning Group 1: Strengthening Families, as well as published data and empirical literature to provide a comprehensive literature review around the term “AIDS orphan”. The papers were systematically coded and reviewed to understand when and how a child is labeled an orphan, and to summarize the effect of orphanhood on outcome measures, most notably psychologically and physically. All controlled studies published prior to 2006 were reviewed.</p> | <p>This study provides a systematic review to examine the use, overuse and misuse of the term “orphan” and explores the benefits and limitations of this approach. It then summarizes the knowledge on orphans to date. Using a search strategy of published studies and recent conference abstracts, 383 papers were identified where the concept of AIDS and Orphan was raised.</p> <p>A consistent picture of negative effects of parental death (however defined) on a wide range of physical, socioeconomic and psychological outcomes were recorded. Seventeen studies met criteria for in-depth review (empirical, fully published, control group). The majority of studies are cross-sectional (two are longitudinal) and employ a wide array of measures - both standardized and study specific. This detailed analysis shows a mixed picture on outcome. Although most studies report some negative effects, there are often no differences and some evidence of protective effects from quality of subsequent care and economic assistance. The lack of consistent measures and the blurring of definitions are stumbling blocks in this area.</p>   |



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| <p><b>The Social Impact of Cash Transfers: A Kenyan Case Study</b><br/>January 2008<br/>Phyllis Ressler<br/><a href="mailto:pressler@konterragroup.net">pressler@konterragroup.net</a></p>  | <p>A qualitative study carried out in Kenya in November, 2007. Interviews were conducted with 6 recipients of the Kenya Government Cash Transfer Program (CTP), 3 families in an urban setting and 3 families in a rural setting.</p> | <p>The results although based on a small sample showed that participant households appeared to have very weak social networks, an indication of their vulnerability. Cash transfers appeared to strengthen the social networks and social capital of participant households. Additional resources enabled recipients to participate in community events, share food and borrow when in need because they had a capacity to repay.</p>   |
| <p><b>Children in the Shadow of AIDS: Studies of Vulnerable Children and Orphans in Three Provinces in South Africa</b><br/>November 2005<br/>Adato, M., S. Kadiyala, T. Roopnaraine, P. Biermayr-Jenzano, A. Norman<br/><a href="mailto:m.adato@cgiar.org">m.adato@cgiar.org</a></p> | <p>This study is based primarily upon studies using qualitative research methods. Both were part of larger studies that also included panel surveys, thus integrating quantitative and qualitative research methods.</p>              | <p>The studies in the Western and Eastern Cape show that HIV positive parents, their children, and other caregivers face challenges along the continuum of morbidity, mortality and orphanhood. The study results emphasize the role of already established patterns of childcare arrangements as primary safety nets in the context of AIDS in South Africa. Mothers who were aware of their HIV positive status were actively planning for their children's future, within their limited resources, with plans ranging from organizing future care giving arrangements to preparing wills for inheritance. In KwaZulu Natal where interviews were conducted with household fostering children, the study found that decisions to take in children were seldom contested, but where conflicts occurred, they were related to tensions between the patrilocal residence ideal and the matrilineal status quo, or to efforts to obtain the deceased's property or to access social grants.</p> |
| <p><b>HIV Disclosure in South Africa: Enabling the Gateway to Effective Response</b><br/>October 2005<br/>Norman, A., M. Chopra &amp; S. Kadiyala<br/><a href="mailto:a.m.norman@qmul.ac.uk">a.m.norman@qmul.ac.uk</a></p>  | <p>Qualitative interviews carried out in 18 households with 25 individuals.</p>   | <p>HIV positive people in the community with higher rates of disclosure had greater access formal institutional support through local NGOs and government social services and greater opportunities to take a positive leadership role as HIV positive individuals in the community.<br/><i>The creation of an enabling, resource-rich environment for HIV disclosure holds the potential to form a virtuous cycle whereby individuals are more likely to disclose, thus offering personal and community benefits and further perpetuating disclosure at all levels within society.</i></p>   |

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| <p><b>Placing HIV-positive Mothers at the Center of Planning for Orphans and Vulnerable Children: A Case Study of South Africa</b><br/>October 2005<br/>Journal??<br/>Norman, A., S. Kadiyala &amp; M. Chopra<br/><a href="mailto:a.m.norman@qmul.ac.uk">a.m.norman@qmul.ac.uk</a></p> | <p>Semi-structured interviews of a total of 25 HIV/AIDS-affected people, 18 households were interviewed, 14 respondents from Paarl and 11 from Umzimkhulu. Ten key informants were also interviewed.</p> | <p>Most mothers expressed the will to disclose their status to their children although most admitted that it was very difficult for them and there was lack of awareness on how to handle this predicament. 2. The identification of family members as potential caregivers was very important to HIV-positive mothers. Grandmothers were by far the most significant source identified by mothers. When grandmothers were not available, capable sisters were the next choice.</p> <p><i>This study highlights the importance of reorienting the debate to include mothers in future policy and planning surround the issue of vulnerable children in South Africa and other regions. In order to strengthen the roles of mothers, we must understand the challenges of HIV-positive women face in mothering, and some of the strategies they employ in their efforts to plan.</i></p> |
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## Interventions

| Title/date/journal/author/contact  | Study Design  | Key Findings and Recommendations  |
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| <p><b>The Impact of Food Assistance on Weight Gain and Disease Progression among HIV-infected Individuals Accessing AIDS Care and Treatment Services in Uganda</b><br/>June 2010<br/>BMC Public Health. 10:316.<br/>Rawat, R., S. Kadiyala &amp; P. McNamara<br/><a href="mailto:r.rawat@cgiar.org">r.rawat@cgiar.org</a></p>                            | <p>The study used data from the AIDS Support Organization (TASO) in Uganda to compare outcomes among food assistance (FA) recipients to a control group using propensity score matching (PSM) methods among 14, 481 HIV-infected clients.</p> | <p>FA clients showed a significant mean weight gain of 0.36 kg over one year period. This impact was conditional on anti-retroviral therapy (ART) receipt and disease stage at baseline. Among individuals not receiving ART, FA resulted in a mean weight gain of 0.36kg compared to their matched controls. HIV infected individuals receiving FA with baseline WHO stage II and III had a significant weight gain (0.26kg and 0.2kg respectively) compared to their matched controls. Individuals with the most advanced disease at baseline (WHO stage IV) had the highest weight gain of 1.9kg. The impact on disease progression was minimal. Individuals receiving FA were 2 percentage points less likely to progress by one or more WHO stage compared to their matched controls. There were not significant impacts on either outcome among individuals receiving ART.</p> <p><i>Donor agencies providing food assistance integrated with HIV care and treatment programs should prioritize the need for such research.</i></p> |
| <p><b>Applying a Program Theory Framework to Improve Livelihood Interventions Integrated with HIV Care and Treatment Programs</b><br/>December 2009<br/>Journal of Development Effectiveness. 1(4):470-491.<br/>Kadiyala, S., R. Rawat, T. Roopnaraine, F. Babirye &amp; R. Ochai<br/><a href="mailto:s.kadiyala@cgiar.org">s.kadiyala@cgiar.org</a></p> | <p>Multiple in-depth key informant interviews</p>   | <p>There is no doubt that malnutrition and food insecurity are compromising AIDS care and treatment objectives. The rationale for IHLPs is clear, and it is also clear that IHLPs are playing a crucial role in improving the welfare of people living with HIV, however, the research revealed numerous challenges in IHLP programming which include shortage of funding. Other key findings include: 1. Explicated objectives and causal pathways of program impact are rarely coherent or consistent along the program chain and across program partners. This has serious implications for program implementation and the probability of these programs achieving the intended outcomes. 2. There was little evidence to show that program staff of partnering organizations undertake any joint systematic exercise to critically investigate the capabilities and constraints of HIV-affected</p>   |

| Title/date/journal/author/contact  | Study Design   | Key Findings and Recommendations  |
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|  |  | <p>populations. 3. Program personnel were conscious of the importance of client participation in program design, but in practice there were substantial problems in clients' participation in the required program activities and in appropriate use of program inputs. 4. One of the most successful dimensions of the IHLPS is that they worked through existing community structures to create a sense of ownership in the programs.</p>   |
| <p><b>Gender Dimensions, Food Security, and HIV/AIDS in Internally Displaced People's (IDPs) Camps in Uganda: Implications for HIV-Responsive Policy and Programming</b><br/>November 2008<br/>Bukuluki, P., F. Mugumya, S. Neema &amp; E. A. Ochen<br/><a href="mailto:pbukuluki@ss.mak.ac.ug">pbukuluki@ss.mak.ac.ug</a></p> | <p>Involved largely qualitative and ethnographic approaches supplemented by quantitative approaches. The ethnographic phase helped to clarify the key variables and indicators such as the extent of food insecurity, risky sexual behavior, perceived and actual HIV risk to HIV infection, followed up and measured using quantitative research instruments. 403 household interviews were carried out among IDPs in selected camps of Katakwi and Gulu district. These were supplemented by 26 community dialogue meetings, 4 case studies, 22 key informant interviews and 19 in-depth interviews.</p> | <p>The results of the study have demonstrated that in armed conflict, displacement, and food insecurity situations, women and girls are more vulnerable and at risk of contracting HIV/AIDS than their male counterparts because they have limited access and control over the much needed resources, especially food/nutrition, as a result of failing support systems. Yet, paradoxically, they shoulder more responsibility for meeting the food needs of their households. While the study established that there are high levels of awareness about HIV and AIDS among IDPs, motivation to act on this information and adopt safer sexual behavior is low.</p> <p>The conditions under which they live and the values that they have adopted as a result of staying in camps for a long time tend to compromise their resilience in avoiding risky sexual behavior.</p> <p><i>Although there is need to systematically review relevant policies relating to land tenure and rights of access to resources, proper implementation of the existing ones would make a big difference.</i></p> |
| <p><b>Global Environmental Change and AIDS: Assessing Effectiveness of Food Security Interventions to Multiple Stresses in Zimbabwe</b><br/>July 2008<br/>Drimie, S. and S. Gandure<br/><a href="mailto:sgandure@yahoo.com">sgandure@yahoo.com</a></p>   | <p>A combination of qualitative and quantitative studies including key informant interviews, focus group discussions with key members of each village, transect walks, community mapping followed by an in-depth survey of the 180 households.</p>   | <p>Communities were experiencing exceptional increases in the frequency and magnitude of droughts and floods, which may be attributed to global environmental change (GEC). These impacts were compounded by the AIDS epidemic. Study respondents referred to increased adult mortality (due to HIV-related illnesses) as undercutting livelihoods. Respondents also indicated that external responses implemented by NGOs achieved limited success in securing sustainable livelihoods.</p> <p><i>Livelihood security programs in different localities in Zimbabwe should build on existing livelihoods systems and should be flexible and actively take into account the manifestation of GEC.</i></p>  |
| <p><b>The Integration of Support for HIV and AIDS and Livelihood Security: District Level Institutional Analysis in Southern Africa</b><br/>May 2008<br/>Population &amp; Environment,<br/>Volume 29, Numbers 3-5, 204-218,</p>  | <p>Literature review and case study analysis. The study utilizes a conceptual framework known as the 'AIDS Timeline' or 'Programming Matrix', which enables an analysis of the differential impacts and necessary responses to HIV and AIDS over the timeline of the disease. By linking this</p>  | <p>1. The case studies highlight that some stages of the epidemic, particularly the symptomatic stages, receive more support, with little support for survivors. Support for land tenure security issues, a concern for most survivors, was absent in the two case studies. In both districts, support at the stage before HIV infection was limited, for instance in Chikwawa VCT clinics were limited. Additionally, environmental factors are seldom considered in AIDS responses. 2. Emergence of local organizations to deal with increasing impacts from HIV and AIDS can be singled out as one of the few positive results</p>   |

| Title/date/journal/author/contact  | Study Design   | Key Findings and Recommendations   |
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| DOI: 10.1007/s11111-008-0066-9<br>Ziervogel, G. and S. Drimie<br><a href="mailto:gina@csag.uct.ac.za">gina@csag.uct.ac.za</a>  | framework to case study material from two districts in Malawi and South Africa, appropriate intervention strategies are identified depending on the dominant impacts and trends on livelihoods.            | for future development purposes. Local level solidarity was particularly shown by the strong presence of religious organizations.<br><i>There is a need for integration between stakeholders working on issues of natural resources access and utilization and land rights and those focusing on HIV/AIDS responses. Also critical is the integration of gender-sensitive approaches. Policymakers and institutions need to collaborate in the development of large-scale approaches that focus on identifying the intensity of where the epidemic is situated within a geographical area. This requires organizations to evaluate whether their interventions are appropriate for the current "intensity" or whether different types of organizations or interventions are needed. Similarly, policies are needed to support this process.</i>  |
| <b>Promoting Agricultural Innovation in AIDS-affected Households: An Action Research Project in Msinga</b><br>August 2006<br>African Journal of AIDS Research, 7(2): 167-178.<br>Swaans, K., M. Mudhara & J. Broerse<br><a href="mailto:k.swaans@gmail.com">k.swaans@gmail.com</a> | Qualitative study to assess the impact of Farmer Life School (FLS) as an important modification of group-based learning. Study involved field observations, joint reflections and discussions with farmers | Evidence showed that the practical focus on agriculture actively engages participants, while allowing them to explore issues around HIV and AIDS, in a relatively non-threatening way and at their own pace. The social dimensions that drive the epidemic, such as poverty, stigma, gender inequality, and violence, also undermine participatory approaches.<br><i>Interventions aiming to mitigate AIDS impacts require thorough understand, and where possible, adaptation to the socioeconomic context. Support for specific vulnerable groups in combination with ARV-roll out, and assistance by home-based care workers are crucial. The need for innovative strategies for improving food security and well-being also emerged as highly critical. In this case, agriculture based on moisture conservation, particularly in the drier months, has the potential to enhance household food security.</i>  |
| <b>Integrating Nutritional Security with Treatment of People Living with HIV: Lessons Being Learned in Kenya</b><br>2008<br>Food and Nutrition Bulletin, 29 (2), 87-97<br>Byron, E., S. Gillespie & M. Nangami<br><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a> | Qualitative research involving 20 key informant interviews, 9 focus group discussions and 79 in-depth interviews undertaken with a sample of patients who participated in a food program.                  | The nutrition intervention provides an important source of food support to the most vulnerable patients, with supplemental food contributing to increased dietary diversity and quantity for patients and their households. Collected foods were shared among the household members with preferential allocation to PLHIV. Individuals enrolled in the program while already on ARV treatment self-report greater adherence to their medication, fewer food-related side effects, and a greater ability to satisfy increased appetites. The main opportunity costs of participation in the program relate to transport and stigma associated with food collection.<br><i>Program developers, clinical care providers, and researchers need to collaborate in determining what constitutes an appropriate duration of food supplementation for patients on ARV treatment and guidelines transmitted to donors to ensure appropriate timelines for supplying food resources. Meeting long-term objectives requires regular monitoring of PLHIV nutritional status and their ability to meet their nutritional needs.</i> |

## RENEWAL workshop reports and country background papers

| Title/date/journal/author/contact  | Key Findings and Recommendations   |
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| <p><b>RENEWAL Ethiopia Background Paper: HIV/AIDS, Food and Nutrition Security</b><br/>January 2006<br/>Drimie, S., G.Tafesse and B. Frayne<br/><a href="mailto:s.drimie@cgiar.org">s.drimie@cgiar.org</a></p> | <p>Little had been done to examine the nature of HIV/AIDS in rural areas, despite the fact that 85% of the population lives in rural areas and the agricultural sector plays a central role in the Ethiopian economy. With rural prevalence rates estimated to be 2.6% (2004) it suggests that the disease is at a much earlier stage of its trajectory in rural areas in comparison to urban areas where the prevalence rates are estimated to be 12.6%. This presents an opportunity for addressing the epidemic before it devastates rural livelihoods. Based on a wide-ranging literature review and key informant interviews with diverse stakeholders, the paper argues that RENEWAL can contribute by: 1. Facilitation/coordination around action research that mobilizes mainstreaming and to broaden thinking about multi-sectoral approach, which would essentially involve building on and developing research into HIV/AIDS impacts on food and nutrition security in order to inform comprehensive response that encompasses prevention, positive living, treatment and care, and mitigation. The action research should recognize people as agents and subjects of their conditions of existence and should address 'resilience' as well as 'vulnerability'. 2. Building capacity in Ethiopia through knowledge creation and through sharing of experiences and building networks and partnerships.</p>  |
| <p><b>RENEWAL Kenya Background Paper: HIV/AIDS, Food and Nutrition Security</b><br/>2006<br/>Wagah, M<br/><a href="mailto:wagah8@yahoo.com">wagah8@yahoo.com</a></p>   | <p>HIVAIDS has not only been associated food insecurity but equally with nutrition insecurity. Similarly the disease is now established as affecting households in a number of dimensions, not limited to morbidity and mortality of adults as well as child survival, respectively. Further, insights on socio economic impacts of HIVAIDS have been made manifest in declines in food supply and production, decreased food intake and poor consumption patterns, loss of labour and increased household poverty prevalence. In Kenya, the burden of the disease has been seriously felt as 2.2 million of those infected are in their reproductive years. In the meanwhile, efforts to devise cost-effective strategies remain elusive. In recognition of the critical place of food and nutrition in HIV/AIDS programming, RENEWAL Kenya will make significant steps and contributions by providing evidence-based information to guide policies and programs aimed at enhancing the catastrophic effects of HIVAIDS on food and nutrition insecurity. Given the conspicuous absence of food and nutrition policies as areas of focus in HIVAIDS, its recommended that deliberate efforts must be sought to reformulate food and nutrition policies using an HIVAIDS lens. Renewal Kenya will work in close partnerships with relevant stakeholders including the inter-ministerial committee on food and nutrition security to facilitate re-formulation of food and nutrition policy within the context of HIVAIDS through: 1) engagement in policy discussions; 2) indentifying key priority issues; 3) taking advantage of funding opportunities; 4) serving as a platform for information exchange between stakeholder groups; 5) developing M&amp;E indicators; 6) and strengthening capacity.</p> |
| <p><b>Report on the Regional Workshop on Methods and Indicators- Jinja Uganda</b><br/>November 2002<br/>RENEWAL<br/><a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p>                       | <p>The aim of the Methods and Indicators workshop was to strengthen the methods that will be used in the networks' action research and in evaluating its progress and impact. It was felt that since many of the priority themes are shared between countries, a degree of harmonization in methods would promote collaboration, without stifling diversity in areas where "what works" is still uncertain.</p> <p>Recommendations representing the participants' consensus:</p> <ol style="list-style-type: none"> <li><b>Proposals and Grants:</b> Criteria that will be used in assessing proposals should be consolidated in the form of a checklist in order to guide proposal authors and those charged with assessing them. The guidelines and grant agreements should make clear the ownership of and credit for the products of network-supported research.</li> <li><b>Methodology:</b> A glossary of terms commonly used in the response against HIV/AIDS should be developed for ease of</li> </ol>  |

| Title/date/journal/author/contact  | Key Findings and Recommendations  |
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|  | <p>reference by agricultural scientists and other stakeholders in the sector.</p> <p>3. <u>Governance</u>: The RENEWAL coordinator and two national coordinators should consult and develop proposals for putting in place governance mechanisms for the regional networks. Such mechanisms should draw on those being put in place at the national level.</p>  |
| <p><b>Uganda Action Plan: HIV/AIDS and the Agriculture Sector in Uganda: Networking for Action</b><br/> March 2002<br/> RENEWAL<br/> <a href="mailto:s.gillespie@cgiar.org">s.gillespie@cgiar.org</a></p>                                | <p>The regional workshop was a key step in preparing Uganda’s participation in and joint ownership of a regional network that seeks to enable agricultural R&amp;D organizations in Uganda and Malawi (Tanzania and Zambia likely to join in a year or so) to respond effectively to HIV/AIDS in collaboration with organizations in social development and public health.</p> <p>The workshop established the following as key action priority research:</p> <p><u>Short-term</u>: a. assessing existing programs and policies and testing modified versions; b. identifying and supporting innovation in AIDS-affected farm households. <u>Medium Term</u>: a. developing new options for and with HIV/AIDS-affected communities; b. identifying agricultural systems that make people particularly vulnerable or resilient to AIDS/ susceptible or resistant to HIV; c. assessing impacts- access to management resources, long-term and aggregate effects of AIDS on rural society and the agricultural economy, impacts on agricultural knowledge of the young and other vulnerable groups: <u>Methods</u>: a. Longitudinal studies drawing on social, agricultural, or epidemiological information and if possible triangulating information obtained by different methods; b. cross-sectional studies using quantitative or qualitative methodologies including nutrition surveys, prevalence surveys, behavioral surveys, social mapping, focus group interviews, and other participatory methods; c. retrospective or historical studies to establish events and trends in a community and establish spatial and temporal resolution on patterns of illness ; d. field trials that develop and assess specific interventions, usually through comparison among communities; e. evaluative research; and d. socio-economic and gender analysis and environmental impact analysis.</p> |
| <p><b>HIV/AIDS, Agriculture and Food Security in Malawi: Background to Action</b><br/> 2001<br/> Ngwira, N., S, Bota &amp; M. Loevinsohn<br/> <a href="mailto:economics@chirunga.sdnpp.org.mw/">economics@chirunga.sdnpp.org.mw/</a></p> | <p><u>Background on Linkages</u>: Rural poverty, food insecurity and lack of livelihood opportunities contribute to susceptibility to HIV infection of rural people, especially young adults and women. Poor women with few other subsistence options may resort to transactional sex. Furthermore rural women who are poor and economically dependent have limited influence on the conditions under which sex occurs. Young adults, both men and women, often find few opportunities to make a living and are forced to migrate in search of work.</p> <p><u>Organizational and Institutional Responses</u>: 1. In many cases there is little reliable evidence to guide agricultural-linked actions that seek to prevent HIV’s spread or to mitigate AIDS’ impacts. In particular as relates to agricultural sector institution, the impact of AIDS is still not well quantified, but has been severe. 2. There is a tendency for governments to leave grassroots activities to NGOs. These are the activities that can really make an impact on the quality of lives of families at risk of HIV and affected by AIDS. Government programs and policy in agriculture are still largely blind to HIV/AIDS and may be having unintended effects, beneficial and detrimental.</p>   |