

POVERTY DIAGNOSTICS

**RESPONDING TO THE CHALLENGES OF POVERTY
AND HIV/AIDS IN ZAMBIA**

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Introduction: Situation Analysis

There is no shortage of analysis and comment on Poverty in Zambia where an estimated 68% of Zambians are estimated to be living in Poverty. Indeed the PRSP [2002-2004, which was rolled-over for a subsequent year] had as its central objective a set of integrated policies and programmes that were intended to reduce poverty in all of its dimensions. In this respect according to the most recent World Bank/IMF Progress Report [March 2005] it signally failed in its aims: thus the Report concluded that the PRSP had been poorly implemented, in part because of a “lack of commitment to undertake the programmes...and there is an urgent need for ministries and other institutions to prepare plans that focus on poverty reduction”[page 67].

An evaluation by the Civil Society for Poverty Reduction found similar problems with the implementation of the PRSP, and concluded that, “ the level of achievement of the PRSP implementation can best be described as modest...and the operational environment has not permitted successful implementation of the programme due to weak capacities at all levels and an unpredictable resource environment for the entire programme” [October 2005].

What is suggested by this recent experience with poverty focused policies and programmes in Zambia is that there continues to be capacity problems across the whole of the Government both in the formulation of poverty programmes and in their implementation. What is less clear is whether there are ongoing problems with understanding and responding to the issues that Poverty raises for effective responses to HIV/AIDS.

In many of the District AIDS Plans which have been formulated and published in the past 12 months there are clear statements to the effect that poverty is a major causal factor in the transmission of HIV, such that addressing poverty becomes an essential element in any effective response to the epidemic. Furthermore households affected by HIV/AIDS are often driven into deeper poverty, and others that were previously not poor are similarly impoverished by their experiences. For an analysis of the relationships between poverty and AIDS see the treatment of these issues in a recent World Bank report [Zambia: Poverty

and Vulnerability Assessment, chapter 7, World Bank, June 2005].

I. Prioritizing Poverty and HIV/AIDS Responses

What follows from the brief analysis presented just presented?

While there is agreement amongst most commentators and activists about the important role that poverty plays as a determinant of the HIV epidemic in Zambia, and agreement that the experience by many households of the effects of HIV/AIDS is to deepen poverty, there is in fact little by way of empirical data and information on these processes. This faces policy makers and those with an interest in programme development and its implementation with serious problems when it comes to prioritizing action and targeting help to those with the greatest needs.

It is evident from much of the information that is available, and especially the experience of CBOs and NGOs, that there is a need for expanding programmes that focus on women headed households [who are often identified as the ones living in very severe poverty] and on children. One of the consequences of the impact of the epidemic in Zambia has been an enormous increase in OVCs – at the present time some 20% of all Zambian children are OVCs [over 1 million children] and single and double orphans due to HIV/AIDS now account for probably 70% of all OVCs. These numbers of children living in poverty to a great extent are predicted to increase further in the coming decade.

It is evident that some at least of the problems facing households due to the impact of HIV/AIDS can be mitigated at relatively little cost – particularly through PMTCT programmes which have a proven record in reducing mother to child transmission of HIV, plus continued access to ART for all mothers who can benefit from the therapy. Scaling up access to VCT and ART have the enormous benefits of keeping mothers alive and able to support their families and thus reduce the future growth in children who are orphaned.

It follows that the key interventions that should be developed and scaled-up are the following: -

A rapid scaling-up of PMTCT programmes to all pregnant women who are HIV positive; this will entail a rapid expansion of VCT and increased access to PMTCT centers so as to make these accessible to all women, and especially households that are living in poverty. Many women are currently without reasonable access to VCT and PMTCT, plus ART {see Follow-up to the Declaration of Commitment on HIV/AIDS –UNGASS, Zambia Country report, 2006 and NAC/MOH 2005/6}. While the data on PMTCT in the UNGASS Report is very dated there is plenty of evidence that most women do not currently have access to these services. Given the centrality of these services in sustaining households and in keeping women alive, reducing the numbers of children who are HIV positive, and making

it possible for women to support their existing children there has to be absolute priority to ensuring an expansion of these services within the next 3 years.

There will inevitably continue to be many households living in Poverty both in rural areas and in towns. There are existing measures and programmes that need also to be scaled-up rapidly. Amongst the most obvious are those that are provided by the Ministry for Community Development where innovatory activities such as the GTZ supported cash-transfer scheme needs to be expanded. Similarly with micro credit activities such as those supported by UNDP/UNV and others that are focused on poor women, and where the aim is to develop sustainable livelihoods. Micro credit holds out the possibility of targeting credit to poor households, especially in rural areas where existing forms of technical assistance and subsidized inputs are currently largely inaccessible. This particular constraint [of credit access] could be lessened by expansion of micro credit schemes with beneficial affects on the poorest households.

Most poor women live in rural areas where the most important problem they face is food insecurity. This has major implications for levels of poverty and for the inter-generational transmission of poverty. Many poor households are characterized by low and unstable incomes, poor health and educational status that reflects their continuing history of exclusion from health and educational services [especially for women and girls], no access to clean water and sanitation, poor quality housing. They often face social exclusion so that their networks do not provide support in the face of disasters such as the experience of HIV/AIDS that undermines household labour supplies and exhausts savings and other assets.

Annex 1 sets out some of the important integrated services that poor rural households need to have access to IF they are to cope with poverty and at the same time manage the impact of HIV/AIDS on their livelihoods. It will be seen from the analysis presented in the Annex that integrated and focused services and inputs are needed if rural poverty is to be reduced – inputs that can be provided by Government if they prioritize poverty [and HIV/AIDS] in their programmes. These activities if brought to scale rapidly and focused on the poorest will not only reduce poverty but also at the same time impact on those behaviours that underpin reduced levels of HIV transmission.

These rural development activities together with employment creation programmes for youth need to be given a central role in the NDP given that poverty is a factor that contributes to behaviours that are driving the transmission of HIV, and given that women and girls are disproportionately affected by the consequences of HIV/AIDS. Creating youth employment opportunities in both the rural and urban areas has to be seen as good in itself, and also as one of the key weapons that can change those behaviours that are driving the HIV epidemic among young people – especially among young women.

Many poor households, including children, suffer from extremely poor nutrition. Stunting

is widespread among Zambian children and although there is a national policy and Commission it cannot be said that this issue is receiving the attention it needs. Vastly more resources need to be devoted to addressing nutritional deficiencies both in adults and in children. Again there is a multiplicity of activities being undertaken by Government and by civil society organizations [often supported by donors] but the numbers reached are simply too small to have a significant effect on poverty [see Situation Analysis of OVCs in 2004 for a review of the full set of needs that children require].

Poor nutrition has a measurable impact on labour productivity and on health status so that poverty is to a significant degree enhanced and sustained. [It should be noted that improving the nutrition of those receiving ART is also an important if separate issue, and one that does need also to be addressed]. The more general relationship has been documented in many countries, such that programmes that address food security conditions and poor nutrition are clearly linked and have major benefits in the short and medium term through their impact on personal health and on labour productivity. It is often food insecurity among poor families that induces behaviour that exposes women and children [especially young girls] to the risks of HIV/AIDS. This can be prevented as can the behaviours that cause HIV infection and many of the socio-economic consequences [including the disintegration of families in the face of the strains imposed by HIV/AIDS, and the huge and growing problems of orphans who face completely uncertain futures].

What can be done to provide OVCs with a future that is meaningful and will enable these children to exploit their capabilities? This needs to be seen not only as an immediate problem but also one that will destroy the development potential of Zambia if it is not dealt with now as one of extreme urgency. OVCs that grow up in poverty and socially and economically marginalized will inevitably become the next cohort of those that become exposed to HIV. Hence the urgency with which their needs have to be addressed for if they are failed by Zambia then the society and economy will simply have to bear the human and economic costs of an endlessly repeating HIV epidemic.

This experience if it happens is not sustainable and thus has to be addressed now. In part the solution lies in reducing the growth of OVCs [see above on PMTCT and ART for women]; in part the answer lies in improved nutrition for children [and their families and hence the critical role of raising agricultural productivity and reducing the impact of food insecurity on poor households – see above and Annex 1]. In part the answer lies in employment generation for youth [see above]. In part it means ensuring that all children get access to quality basic education and health care – hence the need to ensure that policies for Health and Education are focused on the needs of poor children who are presently still often excluded from these essential services.

Can these activities be resourced or are they simply beyond the capacity of the country? To know what is feasible at least three conditions need to be met: -

Firstly, there is a need to build a knowledge base from which to identify the scale of the problem and to prioritize the policies and programmes. It cannot be said that the existing empirical information provides a good base upon which to build. As noted above there is a general consensus about the processes whereby Poverty affects behaviours that cause HIV/AIDS and the ways in which those affected are driven into deeper poverty [the so-called bi-directional impact of poverty and AIDS]. But this is not adequately documented and is based largely on deductive reasoning and selected facts.

This is not sufficient basis on which to build a prioritized and expanded programme of poverty reduction. It should be noted that this is a plea for applied social research that is focused on the needs of policy makers and is not a request for academic-driven inquiry.

To a degree the DHS contains data relevant to building a data- base on Poverty and HIV/AIDS but this has not been tabulated and analysed. Government [the CSO perhaps] needs to look at this data as a matter of urgency and to derive from the information the kind of insights into the role of education, income, gender, size of family, urban and rural differences, and so on. There is important data that is essential for a well-founded set of policies on poverty and AIDS waiting to be analysed and used for programme expansion/development.

But there is also a need for regular and special household surveys if one is to be able to assess the needs of people living in poverty and the understand the conditions that contribute to HIV/AIDS. This means investing in regular panel surveys of poor households in rural and urban areas and then using these data for policy development and for monitoring the impact of policies and programmes on poor families. The CSO would seem the obvious department to undertake these surveys and they have indicated a willingness to do so IF resources are forthcoming.

Secondly, there is the issue of whether there are sufficient financial and other resources available for an expanded and focused programme that aims to reduce poverty. Some of these issues are addressed in the next part of this paper [where issues such as institutional capacity are looked at]. Obviously a costing of prioritized programmes that address the needs of the poor is essential and should be based on many of the considerations that are made above. Ideally the draft NDP should have integrated many of the concerns made here and should at the next stage undertake those activities that are essential to developing and implementing poverty-focused programmes [that will also address the specific issues of Poverty and HIV/AIDS]. These issues are to some extent dealt with below.

More to the point in terms of Poverty and AIDS are questions relating to the vastly increased flow of ODA in support of the national response to HIV/AIDS. The huge additional funds that are now increasingly available should provide for a national response

to HIV/AIDS that is not simply the usual health-focused interventions [important though these are] but also recognize the need to develop more general equilibrium approaches to the epidemic. As has been argued above unless poverty is reduced there will continue to be at work those factors that fuel the epidemic such that the personal and community impact is maintained from one generation to the next. This means re-assessing the use of resources for HIV/AIDS specific programmes so that the linkages between poverty and HIV/AIDS are clearly understood and acted-on.

Government has itself to ensure that financial resources are focused on reducing poverty in Zambia. As we have seen above this will yield benefits in terms of the livelihoods of poor households but also short and longer-term gains in terms of reducing the effects of poverty in terms of its impact on the HIV epidemic. It follows that Government needs to re-focus and prioritize its core programmes in respect of key social services [such as Health, Community Development and Education] but also in other areas where investment and services have a crucial role to play both in reducing poverty and responding to HIV/AIDS [such as Agriculture, Transport, Water and Sanitation and Energy]. These activities of Government need to be seen through a lens that ensures that the linkages between services and investments are mutually supportive in their impact on poverty [and HIV/AIDS].

Not only can existing Government resources be used for poverty-focused programmes but so also should the dividend of HIPC. It is hard to conceive of anything more important than reducing poverty in Zambia given the scale of the problem AND at the same time also removing many of the conditions that are driving the HIV epidemic. But it means seeing and understanding the relationships between poverty and AIDS and ensuring that the additional resources released by HIPC do in fact go into support for poverty-focused programmes and are not diverted into other areas [as was the case with much of the funding for the PRSP].

Thirdly, there is a critical need to rapidly scale-up access to ART for all those who can benefit from the therapy. This is essential as a poverty reduction measure in that it allows men and women, and children, to live full and productive lives. For the first time there are effective treatments for HIV-related illnesses that can be made available to all Zambians once the infrastructure is put in place. In conjunction with better focused prevention programmes there is a real possibility of finally rolling-back HIV prevalence and incidence in Zambia. Central to this are programmes that comprehensively address the determinants of behaviour of which poverty is the most powerful. This fundamental proposition needs to be both understood and acted upon if Zambia is to fulfill its socio-economic development potential in the coming decades.

II. Strengthening Capacity for Integrated Responses to Poverty and HIV/AIDS

Both the World Bank assessment of the PRSP and that by the CCSR concluded that there did not exist in Government the capacity required for prioritizing poverty focused programmes and for their implementation. Equally serious is the conclusion of a UNICEF study [2005] that looked at 18 PRSPs in sub-Saharan Africa and found that they were wholly inadequate in their integration of issues of Gender, OVCs and HIV/AIDS [UNICEF 2005]. So the issue of how to mainstream HIV and related issues in poverty planning and implementation are not confined to Zambia but is a more general problem in the Region.

In part the problem arises from the losses of human resources in countries with mature epidemics of HIV/AIDS. The erosion of human resources is most apparent in planning departments across all key sectors such that planning generally for the mitigation of HIV/AIDS is made extremely difficult given the losses of key personnel with their accumulated experience. These problems are compounded by uncompetitive employment conditions in the public service that have caused continuous losses of human resource capacity in the public sector, in for example Education and Health. It follows that actions to sustain and rebuild the public service in key departments is central to prioritizing and delivering poverty focused policies and programmes in general, and those related to poverty and AIDS specifically.

In the case of Zambia while the NDP is to have a focus on pro-poor growth it will be hard to deliver this aim given the problems generally with capacity in Government. It is unlikely that economic growth in itself will have much impact on levels of poverty and as the PRSP observed growth would need to exceed 8% for many years for there to be an autonomous reduction in poverty. It follows that to reduce poverty in the near future will require deliberate policy action that focuses on poverty reduction programmes, including activities that address the complex issues of Poverty and HIV/AIDS. But there are real institutional constraints [see 2 above] and there is a need to build a central capacity for Poverty in Government either in a strengthened Ministry of Finance or the President's Office.

What is also evident is that many programmes that are of great importance in responding to poverty, eg in the cases of nutrition and of children, there is great fragmentation of efforts and responsibilities. To a degree civil society organizations are cooperating but there remain many gaps in provision of services and poor coordination of what is being delivered to poor people and their children. For many reasons CBOs and NGOs prefer not to be coordinated by Government [see the CCSR report on the PRSP] and it remains a key task to establish better systems of coordination and better performance by CBOs. It is hard to see how this will be brought about but there is a clear need to look again at institutional structures and build a co-operative relationship between Government and civil society. This needs to be a core task for any strengthened Poverty Unit in the Ministry of Finance or the Presidents Office [see 3 above].

It is evident from the draft NDP [see Cohen 2006] that many Ministries have only a very

imperfect understanding of how to mainstream HIV/AIDS, Poverty and Gender, in their planned activities. This is part of the general problem of a lack of human resources in these important areas and it can only be dealt with by re-building human resource capacities across all ministries – especially in functional areas with a responsibility for programme development and implementation. In addition there will need to be sustained support to all Ministries so as to strengthen capacity for integrating HIV/AIDS and Poverty in policies and programmes wherever relevant. This is not a matter of working only with HIV focal points but also with those with key programme development responsibilities, including planning departments.

It is unclear who has the capacity to undertake the capacity assessments and capacity development that is required across Government. This presently does not exist anywhere in Zambia, and programme support will be needed by donors and others so as to undertake the integration of HIV/AIDS and Poverty across all areas of Government. This is not a one-off activity, and is not a matter of the occasional workshop but of a sustained relationships between Government and technical advisors in which joint problem solving is central to the relationship. There is experience in the region and in Zambia, and best practice in poverty and AIDS focused planning and implementation needs to be accessed and used across all areas of Government.

III. The National AIDS/STI/TB Council

What role is there in the above for the National AIDS Council? The NAC was established in order to strengthen a multisectoral response to HIV/AIDS – including responding to the needs of those living in poverty who are affected by the multiple impacts of the epidemic. It is definitely not intended to engage in programme development and programme implementation. Its task therefore is in part to be a source of public information relating to the epidemic and an advocate for broad-based and effective policies and programmes – including those that focus on poverty and HIV/AIDS. It cannot be concluded on the basis of existing evidence that the NAC has either the capacities needed for achieving its core tasks nor has it focused on issues of central concern for a successful multi-sectoral response.

In part the problems of the NAC are a function of its rather chequered history since it was founded but in part they are institutional. Addressing the latter means looking again at the structure and functions of the NAC and ensuring that it has the capacities needed for achieving the aim of mobilizing a broad-based response to HIV/AIDS that genuinely brings together Government, the private sector and civil society. As presently constituted the NAC is not achieving this objective in part because of its present location institutionally and in part because the NAC does not have the human resource capacity to undertake its key tasks of advocacy, information gathering and dissemination, co-ordination and monitoring of the strategic response to HIV/AIDS.

There is a complex of issues here and if the NAC is to be effective then it should be assisted by a root-and-branch assessment so as to align tasks and functions with objectives. This is a case of Pareto Optimality where everyone stands to gain from a more effective NAC, and a response to the HIV epidemic that is truly focused on ensuring the delivery of services and interventions by its partners that rolls back the impact of HIV/AIDS on the lives of all Zambians. There is some evidence that donor, such as the World Bank and UNDP, are prepared to fund such an assessment of the NAC and this willingness to do so should be activated with immediate effect.

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Annex 1.

INTEGRATING HIV/AIDS IN AGRICULTURE POVERTY FOCUSED RESPONSES TO HIV/AIDS

The Role of Agriculture

The majority of the people in SADC region live in rural areas, and agriculture is in most countries by far the largest sector in terms of employment and as a share of GDP. The only countries with any significant level of manufacturing output are South Africa and Zimbabwe, although in some countries such as Botswana, Zambia and South Africa the mining sector is important as a source of foreign exchange, employment and as a share of GDP. In general throughout SADC agrarian systems are often weak and relatively unproductive, although there are many examples of producers who are efficient and internationally competitive, eg. the wine industry in South Africa.

Ensuring that agriculture remains productive is thus one of the main challenges for policy makers in the region, as they grapple with the problems of sustaining capacity in the face of the impact of HIV/AIDS on agrarian systems. For not only do livelihoods depend on sustaining agriculture but so also does food security given the threat to food production from the effects of HIV/AIDS. The biggest single challenge to policy makers is how to ensure that people have enough to eat such that nutritional levels can be both sustained and improved. Most households in the region rank food security as their highest priority.

Agriculture and the HIV Epidemic

Agriculture is an area where the impact of HIV and AIDS has been profound, and where the absence of an analysis of the effects of the epidemic will undermine will undermine general development objectives – especially that of poverty eradication. The problems associated with the epidemic are largely a consequence of the high levels of morbidity and mortality among the working age population, thus reducing the output of agriculture – both food and non-food, in both small scale and commercial units of production. Thus FAO has estimated that for sub-Saharan Africa as a whole that some 7 million workers have been lost due to HIV/AIDS. For SADC as a region it is estimated by ILO that in some countries [Botswana and Zimbabwe] that by 2005 up to 20% of the total labour force will be lost to HIV/AIDS. By far the largest proportion of this decline in labour inputs will be in agriculture, and thus the impact on food and non-food output will be potentially catastrophic.

The problems of reduced labour supply in agriculture are further compounded by the increased demands, especially on women, of caring for sick family members. Rural women are already fully occupied, given the labour intensity of all rural economic activity and household tasks, for example food production and preparation, collection of firewood and water all involve long hours of work, partly because of the lack of social investment in areas such as water supply and energy. It should be noted that more women in the region are infected with HIV than men, and that women get infected at younger ages than men thus losing more years of productive life.

The greatest single constraint facing agriculture in the region is the time of women, and unless this constraint on production is addressed there will be a further deepening of the food crisis over the coming decade. With increasing numbers of families and children experiencing persistent food insecurity, and a worsening of nutritional and health status for millions of people.

The additional demands on women's labour resulting from the HIV/AIDS epidemic mean that their time must be diverted away from other activities to care for sick family members, resulting in many places in a decline in agricultural production. There is also evidence of a shift in the composition of agricultural output from commercial crops towards food for local consumption. While this may be a means of ensuring household food supplies in the short term, it lowers household income (because the crops being produced in greater quantities are usually of lower value than those being produced in reduced quantities), it reduces foreign exchange earnings and therefore import capacity, it lowers tax revenues, and it lowers the capacity of households to save and to afford non-food items (such as school fees, medicines, etc). The reduction in labour supply to the commercial agricultural sector (tea, coffee, tobacco, cotton etc) has similar consequences, of reducing levels of income to households in rural areas, and lowering total foreign exchange earnings and government revenues.

The problems arising from HIV/AIDS are also systemic, with mortality and morbidity increased among highly skilled and professional agricultural workers – extension workers in agriculture and veterinary services, trainers of extension workers, government officials involved in agricultural administration, technicians employed in areas such as tea and tobacco production.

In all these areas, involving skills acquired over long periods of training and at high resource cost, it is imperative that similar questions be posed:

How to sustain the functioning of the agricultural administrative, technical support and training systems in the face of significant losses of skilled people?

Can intra-regional support mechanisms be established to enable the gaps to be filled?

Are there ways of shortening training periods while not undermining quality?

Are there training institutions within the region which can collaborate to sustain the provision of training services?

A further set of questions arise for governments and regional bodies such as SADC to address, in the face of the very significant declines in agricultural labour supply in many countries, relating to agricultural technology:

Are there ways of increasing levels of capital intensity in agriculture which can sustain output levels?

Are these changes in technology economically viable, crop by crop?

Are there cooperative mechanisms relating to equipment ownership and use, that may remove some of the budget constraints facing smallholders?

What can Government and others do to stimulate discussion of the options, to stimulate policy dialogue on such issues, and help support alternative technologies?.

Are there changes in output mix which can help to overcome the losses of income and production resulting from the epidemic – eg greater concentration on animal husbandry, which can often involve more labour by children?

Finally attention needs to be given to the massive but unmeasured losses of social learning which take place within families: how rural children learn from their parents about farming, animals, house repair, drainage and irrigation, herbal medicine, food preparation, basic hygiene, etc. All of these areas involve continuous processes of learning within households which enable children to become socially and economically productive members of society – and these informal learning processes are being destroyed as a result of the HIV/AIDS epidemic. How to organize the informal transmission of life-skills to rural children orphaned by the epidemic represents one of the greatest development challenges.

Finally, the HIV epidemic is worsening the already high levels of rural poverty, particularly for women headed households who are not only suffering from reduced supplies of adult labour but often also from erosion of household assets due to the effects of the epidemic. Increasing numbers of households no longer have an adult present and are headed by young men and women who face enormous problems of survival in conditions where all assets are constrained and without often the skills and capacities needed for sustaining livelihoods. This changed composition and scale of rural poverty makes it even more essential that government and others involved in rural development, such as donor organisations such as IFAD and FAO, re-examine their development modalities so as to focus on the priority needs of the rural population – especially on the needs of the rural poor.

Sustaining Agricultural Output and Employment

Government has to develop ways of thinking and responding to the needs of Agriculture that are systemic, ie. to understand that the sector does not exist in isolation but is linked through production and marketing to other productive activities. Thus, paradoxically, the greater the capitalization of agriculture, and the higher the proportion of purchased inputs in production, the greater the risk from disruption to the flows of such inputs. Thus losses of

transport capacity due to HIV/AIDS will have significant effects on access to markets both for inputs and outputs, with the effects being especially great where products are perishable [eg. tea which requires rapid processing if it is to be of high quality, or fruit and vegetables which need to get to markets while still fresh].

It follows that programmes to strengthen agriculture need to be based on explicit analysis of the input-output relations of the sub-sectors within agriculture – both smallholder production and commercial agriculture. The relationships will vary across the Africa region, and different producers will be impacted differentially by the HIV epidemic, and thus require targeted forms of assistance that meet their specific needs. **Nevertheless these needs should be responded to within frameworks that are systemic and comprehensive.**

What are the specific activities relating to Agriculture that should be integrated in the activities of governments and regionally bodies such as SADC – responding comprehensively and systemically?

There is a need to integrate HIV/AIDS in the response of Government to issues of food insecurity, in order to identify the contribution that the epidemic has to this increasingly serious problem for many countries and for the region. On the basis of this review of the impact of HIV on food security to then ensure that national activities for Agriculture address the key constraints facing food production. There can be no doubt that in part the shortages of food that have affected many countries in the region during recent years reflect the losses of productive capacity in agriculture due to the impact of HIV/AIDS, together with the higher levels of poverty which have increased the proportion of food-insecure households.

It is argued above that the time available to women for productive activities in agriculture, especially relating to food production, is the main constraint. This constraint can be relieved through planned activities for investment in many different areas. **It follows that SADC investment activities need to integrate objectives relating to food production, and relief of the time constraint facing women, into their framework of analysis.** In the following ways: -

Many repetitive food processing tasks, such as those related to cereals, are amenable to existing technologies that are labour saving and productivity increasing. These technologies need to be made available to women through programmes for credit and through agricultural extension services. Where necessary new adaptive technologies should be developed in national and regional research institutions that focus on the needs of women as producers of food and other agricultural products.

Many of these adaptive technologies will often, but not always, require access to new energy sources, and these need to be planned with the interests of agriculture as one of

their central objectives. Similarly with respect to credit where new modalities will need to be expanded to ensure that producers, especially women, have access to sources of finance on terms that they can meet.

A great deal of women's time is taken up with fetching water for household use, and this is again amenable to investment in water supply that frees-up labour time. Greater availability of water will also enhance both labour and land productivity and thus raise farm output and incomes.

Improvements in transport generate significant savings of factors of production, including time inputs. Thus there are major benefits in terms of savings relating to the use and allocation of effort by women in marketing produce. But there are gains also in terms of cost reductions relating to purchased inputs for all producers from investment in transport, with effects on net value added in agriculture.

All of the above activities should be placed in the context of poverty eradication programmes, since in all countries in the region poverty is intrinsically related to low levels of productivity, especially in agriculture, and to HIV/AIDS. Most of the poor live in rural areas, given that this is where most of the population lives, and thus programmes for poverty alleviation are largely activities that in practice have to address issues of sustainable livelihoods for rural people.

There are many national and regional research organizations that are pursuing independent programmes relating to agricultural development. These activities need to be coordinated within SADC and nationally so as to ensure that they address the multiple and different needs of producers within the region. These needs, in areas of seed development and technology for example as noted above, are significantly changed as a result of the impact of the HIV epidemic on production conditions. It is important that countries review agricultural research programmes, and through policy dialogue in Ministries of Agriculture and with research institutions bring about programme changes so as to meet the changing needs of producers, whether small-holders or commercial farmers. There is a need for urgent review of agricultural research institutions and of research priorities to ensure these are focused on the changing needs of their clientele both in Government and in agriculture, and especially on the needs of small-scale producers.

Key human resources relating to rural development are being lost due to the epidemic throughout the region, and there is a clear need for an assessment of human resource needs for taking forward sustained development in agriculture. This is at two different levels: -

The need to ensure that children as the next cohort of the working population acquire the education and skills needed to be productive in agriculture. All countries in the

region are facing the same problem, although in differing intensity. Government needs to convene activities that address this critical issue of sustaining the labour force and ensuring that it has the skills needed for production of food and non-food products. What policies and programmes are needed if this objective is to be achieved?

High level skills and expertise is being lost due to HIV-related mortality in key areas essential for rural development [including agricultural extension, research on crops and new technology, credit programme development and credit delivery, nutrition programmes, and so on]. There is a need to assess what is happening to the supply of such expertise, and to then as a country develop activities to address the losses of Human Capital that are underway.

Responding to 1 and 2 above will entail addressing training and other modalities for responding to the needs of producers, and Governments need to convene activities of those with national and regional responsibilities for training. It should be noted that training institutions are themselves suffering attrition of staff due to HIV/AIDS, such that their capacity for responding is also being reduced, and this constraint will need to be factored into any discussions. Reform of training content will inevitably have to occur given the pressure on resources and the loss of skilled and able staff within training institutions, and Government needs to assist in supporting the processes of restructuring that are urgently required.

It has been a commonplace of analysis of famines that the issues are rarely those of overall shortage of food supply but more questions of entitlements, ie constraints on food consumption that arise from poverty so that the poorest cannot access available food supplies. Many SADC countries face conditions in which 50% or more of the population live in primary poverty, and the HIV epidemic is deepening this poverty both for families and especially for children. Fundamental to an increasingly impoverished population is access to food, and Government and its development partners need to support policies and programmes that address the connections between poverty, food and nutrition, including issues relating both to emergency responses and long term programmes.

Health and nutrition have fundamental roles, along with education, in determining the productivity of the labour force. There is a well recognized connection between the two conditions such that worsening health status. Often associated with nutritional deficiencies, reduces the productivity of labour. Children's needs are obviously critical in respect of nutrition, and Governments need to identify policy and programme solutions to this deepening problem in many countries in the region. Furthermore, and very importantly, it is now clear that nutrition has a major role in relation to the progression of HIV, such that PLWHA can live more productive lives provided they have adequate nutrition and the effectiveness of access to ARV treatment is itself a function in part of adequate nutrition.. It follows that nutritional issues are important for

many reasons, especially for children and for PLWHA, and that Governments must support activities that address these issues – both in terms of policies, nutritional guidelines, welfare programmes for the poorest, and so on.

Commercial agriculture not only provides a great deal of employment but it is in many countries an important source of foreign exchange. It is similarly threatened in terms of its profitability by the effects of HIV/AIDS and thus needs to re-examine its modes of production. Governments with its partners such as ILO and FAO, needs to facilitate the processes of adjustment to production conditions that are underway, and to assist commercial enterprises in establishing comprehensive workplace programmes for HIV/AIDS.

It follows from the forgoing that Governments which have critical roles to play in responding to the epidemic need also to ensure that they have in place those policies and programmes that are essential for sustaining their human and organisational capacity. Many key areas of government, such as health, education and agricultural extension and administration, have suffered greatly from the human resource losses caused by HIV/AIDS. Sustaining existing capacity and rebuilding organisations that are important for sustaining rural livelihoods and production and distribution of food, especially in the public services but also more generally, becomes critical to the national response.

One of the most important ways of sustaining this capacity in Government is through comprehensive Aids in the Workplace policies and programmes that ensure access to all the required services for staff and their families, including ARV treatment.