



Poverty, Vulnerability, and HIV/AIDS Mainstreaming in Lesotho

Livelihoods Recovery Through Agriculture
Program (LRAP) and Secure the Child (STC)

Summary

Improving food production and nutrition is one of the best ways to help vulnerable households cope with HIV/AIDS and its impacts. There is a strong two-way relationship between food insecurity and the epidemic: households affected by HIV/AIDS have less time and energy for food production, while reduced access to food increases people's general vulnerability and accelerates the disease in those already infected. Homestead gardening can help to break this connection. It offers a wider range of potential crops than field-based agriculture, requires less time and labor and can provide a source of extra income. Meanwhile, mainstreaming HIV/AIDS concerns into agricultural programs also helps to reduce the stigma associated with HIV and build partnerships with other organizations.

Effective approaches to mainstreaming HIV/AIDS into improved food production and nutrition in Lesotho include:

- Emphasizing positive living in all projects.
- Casting a wider net in identifying the most vulnerable households for support, especially those headed by orphans, women or the very poor.
- Researching good practices in food gardening for vulnerable households.
- Supporting the Ministry of Agriculture and Food Security's Unified Extension System.
- Giving grants and technical support to civil society organizations and others working in homestead gardening.
- Mainstreaming gender and HIV/AIDS into CARE's agricultural programs and those of partners.
- Developing partnerships and links among government, the private sector and civil society, and between those sectors and rural communities.

Start and end dates: Oct. 2002 – Sept. 2005

Main topic: HIV/AIDS

Contacts: PJ Lerotholi – Rural livelihoods Theme Coordinator, plerotholi@care.org.ls
Tel: 266 2231 4398 or 26658865811 or
Luann Hatane – HIV/AIDS Theme Coordinator, lhatane@care.org.za
Tel: 27 11 4033288 or 27 836523057

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Goal: To help vulnerable rural households cope with shocks and stresses, especially given the increasing impact of HIV/AIDS.

Objectives:

- Help vulnerable rural households improve their food production.
- Mainstream HIV/AIDS into agricultural and food interventions.
- Support partner organizations working in the areas of HIV/AIDS and food security.

Background

Lesotho gained independence from Britain four decades ago. The kingdom is surrounded by its massive neighbor, South Africa, and has a population of about 2.2 million people, of whom 1.37 million live in rural areas.

Despite Lesotho's agrarian base, rural livelihoods in the 20th century became dependent upon men's migration to South African mines. This combination of crop and livelihood production at home and wage earning at distant mines created a complex household livelihood cycle, but rarely lifted families out of poverty. In a study carried out between 1994 and 1995¹, 58 percent of the population was found to be living below the poverty line, while 38 percent was below an "ultra poverty line." In 2002, the United Nations ranked Lesotho 145 out of 177 countries in its human development index.²

Over the last decade, Lesotho's society, economy and livelihoods have changed significantly. Farming has been adversely affected by several bouts of reduced rainfall which have exacerbated food shortages and accelerated migration to urban areas. There has been a rapid expansion in women's employment in factory jobs in the country's largely Chinese-controlled garment industry, making it Africa's largest exporter of textiles to the United States. However, these jobs pay relatively little compared to what men once earned in the mines, and the garment sector as a whole is threatened by recent changes in international trade agreements. Meanwhile,

migrant labor opportunities in South Africa have been halved – rural households can no longer be based around men’s mining careers.

Overarching these transformations have been the multiple impacts of the HIV/AIDS epidemic. Although data is incomplete, Lesotho is believed to have one of the highest infection rates in the world. At the end of 2003, an estimated 29 percent of persons aged 15-49 were HIV positive, some 29,000 people had died from AIDS and at least 100,000 children had lost one or both parents to the disease.³ Much social and economic progress has been undone as every sector of national life is affected by rapidly increasing labor shortages and the ever-heavier burden of caring for the sick.

Program Overview

Established in Lesotho in 1968 and South Africa in 1994, the joint CARE South Africa-Lesotho mission was created in 2001 to promote integrated regional programming and lesson-learning. The mission has head offices in Johannesburg, South Africa, and Maseru, Lesotho.

In Lesotho, CARE is working across the country to tackle poverty and its causes. While the focus of this work was initially agrarian, CARE is now digging deeper into the roots of poverty, adding new dimensions to the organization’s interventions.

Training for Environmental and Agricultural Management (TEAM)

In 1995, CARE South Africa-Lesotho launched the TEAM project with the Ministry of Agriculture and Food Security (MoAFS),⁴ supported by Norwegian funding. The project focused on demonstrating effective methods for improving rural livelihoods in Mhales Hoek and Quthing districts. It was based upon a farmer-to-farmer extension method that aimed to improve the knowledge and practices of rural agricultural workers, including their decision-making and problem-solving abilities.

At first, TEAM took a fairly conventional technical approach to improved agriculture and natural resource (ANR) strategies for rural house-



holds, supported by the ministry’s emerging Unified Extension Service. Its main innovation was piloting methods of participatory extension, planning and learning. During a British-funded phase (1997 to 2002), the project was guided in its design and operation by the household livelihood security framework, a growing understanding of the importance of gender- and rights-based programming, and a commitment to making extension and agricultural innovation more effective through participatory planning and learning.

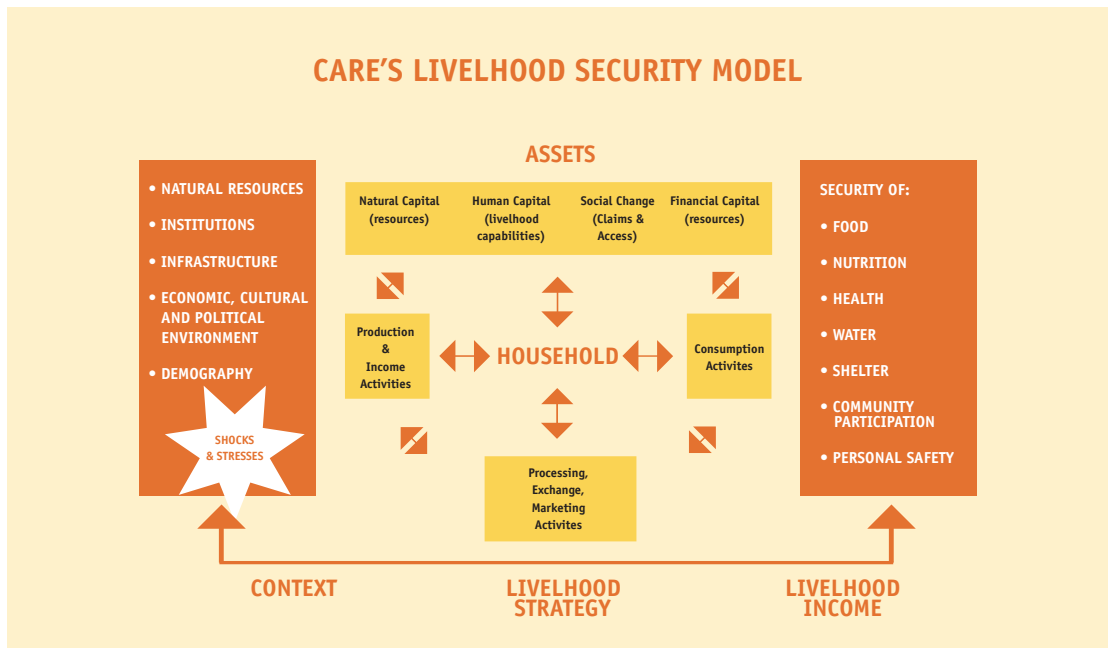
Neither TEAM nor CARE’s other rural project, promoting social forestry in the highlands, addressed HIV/AIDS directly. However, the organization was becoming all too aware of the escalating crisis. Efforts were made to include messages relating to the epidemic in TEAM’s extension content, while staff included the subject in their discussions with rural people about ANR techniques. While arguably raising some awareness about HIV/AIDS and safe sex, this approach often bemused farmers who thought they had come to discuss farming and conservation practices. In addition, staff felt uncomfortable dealing with an issue for which they were not trained.

Overall, this well-meaning but essentially “add-on” approach had little effect: the messages focused on awareness of HIV/AIDS and

safe sex, but did not connect the issue with livelihood strategies. Nor did the messages relate TEAM’s own core theme – sustainable food production – to increased resilience to the epidemic and its impact. Indeed, a document reviewing the last phase of TEAM noted that promoting women’s empowerment could help women take more control over their sexual health, social empowerment by TEAM could facilitate contacts with health and other service providers, and the organization’s HIV/AIDS projects could help raise awareness among TEAM’s staff.⁵ It was time for CARE South Africa-Lesotho to rethink its approach.

The challenge: HIV/AIDS mainstreaming

By 2000 the long-standing livelihood links between the country’s rural areas and South Africa’s urban and mining sectors were well known. The rapidly growing domestic links between rural livelihoods and urban areas were also apparent. North and south from Maseru, across the lowlands and foothills of the country, the rural and urban sectors were increasingly merging into a low-density mix of livelihoods and land uses. With the lines increasingly blurred, it was obvious that HIV/AIDS was as much a rural crisis as an urban one.





CARE documented these dynamics when reviewing trends in Lesotho's livelihoods over two decades.⁶ While the organization's first HIV/AIDS interventions had focused on urban youth, it was clear that people across the country needed help to curb infections and deal with the impact of the disease. While much of CARE's work with MoAFS had a rural livelihoods perspective, it became clear CARE needed an integrated approach to the country's new semi-rural, semi-urban sectors.

CARE's merged South Africa-Lesotho program focuses on four common themes: rural livelihoods, HIV/AIDS, economic empowerment, and inclusive and democratic governance. Through a series of workshops and programming reflections, CARE came to understand that mainstreaming these issues meant integrating them into everyday business. CARE also endorsed Oxfam's view that

"mainstreaming is not a series of fixed activities, rather it is a process of changing attitudes and deepening understanding about complex issues ... this requires continual learning and reflection."⁷ Against this background, mainstreaming – of HIV/AIDS, gender and livelihoods – brought certain issues, perspectives and conceptual frameworks to the core of the organization's commitment and behavior.

At the generic level, the staff of CARE South Africa-Lesotho examined the notion of mainstreaming and its implications before exploring what it meant for each of the agency's programming themes. At the technical level, CARE worked to ensure that the three subjects of mainstreaming were fully incorporated into program designs rather than being token "add-ons."



Bottling and pickling helps provide vegetables for the cold, winter months

Strategies and Activities

Livelihoods Recovery through Agriculture Program (LRAP)

LRAP is a leading example of CARE's mainstreaming work.

In 2002, following a dramatic drop in food production caused by erratic rainfall, early frosts and hailstorms, Lesotho's prime minister declared a state of emergency. With support from DfID, CARE South Africa-Lesotho and MoAFS designed and began implementation of a program to provide a rapid response to the country's food security crisis.

LRAP was based upon lessons learned from TEAM, its predecessor. It began as a two-year program in four southern districts and used existing civil organizations working in the affected

communities. It aimed to improve the livelihood security of vulnerable rural households by improving home gardening, increasing awareness of HIV/AIDS and influencing policy through practical intervention. The program was extended for a year, covering a total of six districts.

A first step in mainstreaming HIV/AIDS into LRAP involved thinking about whom the project would benefit. While TEAM had targeted farmer groups, the new program focused on households affected by HIV/AIDS whose nutritional status was declining. Cognizant of the sensitivity and stigma associated with the epidemic, LRAP did not directly identify households living with the virus, but focused on households that were likely to have been affected by HIV/AIDS: those headed by women or children, caring for an orphan or having

a chronically sick member. At least 75 percent of participating households were targeted to fall into one of these categories, while at least 75 percent were also intended to fall into the category of poor or very poor, as defined by the community.

The key to LRAP's strategy was homestead food production. CARE South Africa-Lesotho mainstreamed HIV/AIDS by examining how interventions in each sector could help prevent infections, ensure care and support for those already infected and/or lessen the impact of the epidemic on individuals, households and communities.

CARE's rationale for selecting homestead gardening as a key intervention was four-fold:

1. Almost every household in Lesotho has access to land on its residential plot, while many lack fields. In villages, towns and peri-urban areas, housing densities are relatively low, leaving space for garden production. Water for extra irrigation is also more readily available in residential areas than fields.
2. Lack of labor - a key element in food insecurity - is further exacerbated as HIV/AIDS takes its toll by weakening individuals, requiring more care by other household members. Relatively small and close to the house,

homestead gardens require less time and effort from labor-scarce households and facilitate the compatibility of gardening and home nursing. The goal of LRAP is to increase efficiency of the land, helping families harvest more produce from the same area of land.

3. Homestead gardening offers a range of vegetable crops, rather than the single staple grain usually grown in fields. This variety can improve household nutrition, which is especially important for individuals living with HIV/AIDS.
4. Extra homestead garden produce can be sold, allowing vulnerable households to earn some cash.

LRAP used a number of instruments to help increase the quantity and nutritional content of household garden produce. Using the experiential learning techniques developed by TEAM, LRAP produced a series of 11 learning modules on homestead gardening in a colorful manual to share with participating households. These pamphlets are written in both English and Sesotho.

One priority issue for CARE South Africa-Lesotho is access to water. While homestead gardens are usually better situated for irrigation than fields, there is still a need for better water management

Homestead food production

When they have them, a family's fields are generally entirely arable land: often degraded and eroding, often more than a kilometer away from the home. They tend to be large, on the scale of one or more hectares, as well as treeless and poorly terraced. Most years, they are used for the production of cereals and a few beans and peas.

By contrast, a homestead garden is the land occupied and generally owned by a family, adjacent to the home and in the family's complete control. Usually well under a quarter of a hectare, with as little as 25m² of arable soil, it is used for growing a few vegetables, with a few fruit trees or perhaps even a small pond catching run-off water for short-term irrigation.

For families with a chronically-ill person to nurse, such as someone with HIV/AIDS-related illness, the option to grow food through a homestead garden in such close proximity may lead the family to abandon their fields in favor of a homestead garden.

Source: Adapted from an LRAP Program Memorandum 2002.

options. Those living with HIV/AIDS need increased and reliable water supplies if they are to cope adequately with their condition. Water harvesting is therefore a prominent part of LRAP's technical guidelines, building on a series of pilot programs, including drip irrigation kits, roof water collection tanks and small dams.

In mainstreaming HIV/AIDS concerns into its programming, CARE has given nutrition a prominent role. Emphasizing the increased nutritional needs of people living with HIV/AIDS, LRAP has developed a series of nutrition guidelines for Lesotho, which are promoted with MoAFS and civil society organizations. These include discussion questions, role plays, and demonstration activities and card games: they are intended for use by community-based health workers, home-based care providers, agricultural extension staff and school teachers.

Partnership is another key aspect of CARE's mainstreaming work. As a small, three-year program with just a few technical staff, CARE knew that LRAP could not achieve its aims through direct intervention. Instead, CARE aimed to mainstream HIV/AIDS awareness, commitment and action into the policies and practices of the Lesotho government (particularly the United Extension System of the MoAFS) and civil society (particularly local non-governmental organizations).

Secure the Child (STC)

Another initiative of CARE South Africa-Lesotho was STC, a sister program that grew out of LRAP and operated between June 2004 and July 2005.

STC was a pilot project that operated in two districts - Mochales Hoek and Mokhotlong - and was funded by the Norwegian Ministry of Foreign Affairs. Its aim was to promote food safety nets for orphans and vulnerable children, and uphold their basic right to food by developing school gardens.

The program targeted vulnerable children in selected schools that were the worst-affected by food insecurity and crisis. It operated through a sub-grants arrangement with two of LRAP's local

agricultural NGO partners – Rural Self Help Development Association (RSDA) and GROW – that worked with 12 mixed primary and high schools in Mochales Hoek district and nine primary schools in Mokhotlong district, respectively. The program sought to address the impact of HIV/AIDS by promoting vegetable production for consumption by orphans and vulnerable children both in and out of school.

“LRAP has to be creative in opening pathways for new ideas that allow for mainstreaming and must accept that it may well be that small pilots of mainstreaming activities will be achievable, but major institutional changes may not [during the life of the project]. If these pilots create learning opportunities that are fully exploited they can still create the spark for major, long-term change.”

CARE South Africa - Lesotho, 2003

Like LRAP, STC emphasized partnerships: it was a joint initiative with the Ministry of Education and Training. Through this collaboration, STC aimed to influence the national school curriculum to incorporate agriculture as one of its key subjects, especially in primary schools.

Program Outcomes, Results, and Sustainability

Spread over six of Lesotho's 10 districts, LRAP operated on a small-scale but witnessed many successes, including the following (through November 2004):

- 1,368 households were reached in one district through the inclusion of a seed distribution program to support orphans.
- 67 percent of participating households were either poor or very poor, as classified by their communities.

- 63 percent of participating households were in one of the target vulnerability groups (female or child headed and/or caring for an orphan or chronically sick member).
- 65 percent of participating households grew at least five types of vegetable crop in their gardens. However, only 33 percent produced food in all four nutritional categories (vitamins, minerals, carbohydrates and proteins) – which shows room for improvement.
- 48 percent of participating households got produce from their gardens all year round, despite Lesotho's harsh winters. A further 25 percent got produce most of the year.
- 53 percent of participating households stabilized or increased their production.

Meanwhile, the one-year pilot phase of STC also noted a number of achievements:

- Development of 21 school gardens, covering more than 13,000m².
- Assistance to more than 3,800 pupils to improve their nutrition.
- Training children to develop gardening skills that they could use at home.
- Training young people at each site to share gardening skills and provide peer support for gardening production in their communities.

Lessons Learned

HIV/AIDS mainstreaming requires addressing the epidemic in a holistic manner. From the starting point of improved nutrition, the notion of 'positive living' has become a guiding principle in all of CARE's work in Lesotho. Though primarily a set of attitudes and principles to help people living with HIV/AIDS, 'positive living' is a valuable approach for all people, strengthening the morale, dignity, purpose and social commitment of all who endorse and adopt it.





Watering cabbages in a home garden

- Partnerships are essential to achieving and scaling-up successful HIV/AIDS mainstreaming. Getting different agencies to adopt common goals and approaches is a difficult but necessary strategy if program successes are to be expanded to a larger scale. LRAP's work with MoAFS and civil society organizations ensured greater funding, a pool of skilled personnel to meet the program's objectives and a ready network of community contacts to do the ground work in mobilizing communities.
- Household gardening can improve livelihoods, which is particularly important for families affected by HIV/AIDS. Households coping with the impact of the epidemic have greater nutritional needs, while enhanced nutrition helps mitigate the impact of the disease. Most homes have some adjacent land which can be used to grow food, and household gardening requires less time and effort than cultivating crops in a distant field. Individual gardens allow a wider variety of food-stuffs to be produced, thus improving household

nutrition. Overall, CARE's experiences in LRAP showed that people are willing to embrace new gardening techniques if the benefits are made clear to them. They are also able to overcome problems – such as shortages of water, seeds or fertilizer – by being innovative and using inexpensive local resources.

- While supporting a community's most vulnerable households is vital, it does not require the specific targeting of those affected by HIV/AIDS. In order to be sensitive to the stigma associated with the epidemic in Lesotho, LRAP does not directly identify households living with HIV/AIDS. Instead, the program's extension messages and field activities are open to all households, with a focus on those headed by women or children, or those caring for an orphan or chronically sick family member.

- Programs must remain active in national HIV/AIDS policy processes. Given the pervasive character of the epidemic, it is important to advocate for mainstreamed thinking and a holistic approach to HIV/AIDS at all levels of government. This strategy has meant reaching out to a wider range of sectors than those with which CARE has traditionally worked in Lesotho, such as the Ministry of Education and Training in the case of STC. Overall, it is important to remain engaged with the country's Poverty Reduction Strategy, seeking to mainstream HIV/AIDS concerns and employing a holistic approach to the problem. At a technical level, CARE must remain involved with the National AIDS Council, which coordinates HIV/AIDS activities in Lesotho, to promote a 'positive living' approach.

- Food security promotes peace. LRAP has taught CARE that improving food production helps to reduce conflicts within households and communities. Since the program began in 2002 in Mafeteng district, for instance, there have been significantly fewer conflicts over rangelands and chieftainship boundaries, as communities report that they are fully occupied with tending to their household assets.

Conclusion

CARE South Africa-Lesotho has had some success in mainstreaming HIV/AIDS into its operations, particularly within homestead and school garden nutritional programs. Through emphasis on gardening and 'positive living', CARE has restructured its agricultural and rural livelihoods interventions to help reduce people's risk of HIV infection and strengthen their resilience in the face of the epidemic's impacts.

At this juncture, CARE must build on these achievements and work towards a broader framework. Lesotho's livelihoods are rapidly evolving and the old 'rural vs. urban' classifications no longer apply in many areas. As such, HIV/AIDS efforts need to be mainstreamed not only across the whole range of livelihoods programs, but also across the whole country.

Author: Joanne Abbot, Mosele Lenka, PJ Lerotholi, Makojang Mahao and Sechaba Mokhamaleli.

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¹May J, Roberts B, Moqasa G and Woolard I, n.d. 'Chapter 3: Poverty and Inequality in Lesotho,' Durban: University of Natal: Submission for United Nations Development Program's National Human Development Report.

²www.undp.org/statistics, 7 July 2005.

³United Nations Program on AIDS/World Health Organization (2004) 'Epidemiological Fact sheets on HIV/AIDS and Sexually Transmitted Infections: 2004 Update: Lesotho.' Geneva: UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance. http://www.unaids.org/html/pub/publications/factsheets01/lesotho_en.pdf

⁴Known at the time as the Ministry of Agriculture, Cooperatives and Land Reclamation (MoACLR).

⁵CARE South Africa - Lesotho, 2000:17.

⁶Turner S.D, 'The Southern African Food Crisis: Lesotho Literature Review.' Maseru: CARE South Africa - Lesotho.

⁷CARE South Africa - Lesotho, op cit.

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CARE International Secretariat

Chemin de Balxert 7-9
1219 Chatelaine
Geneva
Switzerland
Tel: +41 22 795 1020
Fax: +41 22 795 1029
Email: info@care-international.org

CARE Australia

G.P.O. Box 2014
Canberra, ACT 2601
Australia
Tel: 61-26-279-0200
Fax: 61-26-257-1938
E-mail: info@careaustralia.org.au

CARE Canada

9 Gurdwara Road
Ottawa, ON K2E 7X6
Canada
Tel: 1-613-228-5600
Fax: 1-613-226-5777
E-mail: questions@care.ca

CARE Danmark (Denmark)

Noerrebrogade 68B
Postbrooks 698
DK-2200 Copenhagen N
Danmark
Tel: 45-35-36-88-58
Fax: 45-35-36-88-78
E-mail: care@care.dk

CARE Deutschland (Germany)

Dreizehnmorgenweg 6
D-53175 Bonn
Deutschland
Tel: 49-228-975-630
Fax: 49-228-975-6351
E-mail: info@care.de

CARE France

CAP 19
13 rue Georges Auric
75019 Paris
France
Tel: 33-1-53-19-89-89
Fax: 33-1-53-19-89-90
E-mail: info-care@carefrance.org

CARE Japan

2-3-2 Zoushigaya
Toshima-Ku
Tokyo 171-0032
Japan
Tel: 81-3-5950-1335
Fax: 81-3-5950-1375
E-mail: carejpn@ny.airnet.ne.jp

CARE Nederland (Netherlands)

Juffrouw Idastraat 11
2513 BE Den Haag
The Netherlands
Tel: 31 70 310 50 64
Fax: 31 70 356 07 53
E-mail: general@carenederland.org

CARE Norge (Norway)

Universitetsgt 12
0164 Oslo
Norway
Tel: +47 22 99 26 00
Fax: +47 22 99 26 01
E-mail: care.norge@care.no

CARE Österreich (Austria)

Lange Gasse 30
1080 Wien
Österreich
Tel: 43 1 715 0 715-0
Fax: 43 1 715 9 715-12
E-mail: care@care.at

Raks Thai Foundation

185-187 Phaholyothin Soi 11
Samsen Nai, Phayathai
Bangkok 10400
Tel: 662-279-5306/7
Fax: 662-271-4467
Email: info@raksthai.org

CARE UK

10-13 Rushworth Street
London, SE 1 0RB
United Kingdom
Tel: 020-7934-9334
Fax: 020 7934 9335
E-mail: info@uk.care.org

CARE USA

151 Ellis Street, NE
Atlanta, GA 30303-2440
USA
Tel: 1-404-681-2552
1-800-521-CARE
Fax: 1-404-577-5977
E-mail: info@care.org