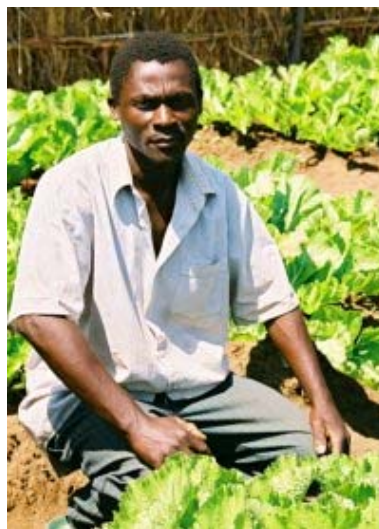




Food For Assets: Adapting Programming to an HIV/AIDS Context



A Study Published by the C-SAFE Learning Center

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DRAFT



The views and opinions expressed in this document represent those of the authors and not necessarily of each C-SAFE member agency or the donors

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DRAFT FOR REVIEW

This document is a **DRAFT** for your review. C-SAFE has intentionally disseminated this as a 'draft' to provide an opportunity for consortium members and other stakeholders to review and provide feedback on the content before the document is finalized. If you know of valuable information that should be included in this document, a case study that captures a better practice, or inaccuracies/inadequacies that should be addressed, please send your feedback to kara_greenblott@c-safe.org by 30 September 2004. Thanks in advance for your participation in this learning activity.

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Background on C-SAFE

The Consortium for Southern Africa Food Security Emergency (C-SAFE) is in its second year of implementation of a coordinated developmental relief program in Malawi, Zambia and Zimbabwe. The Consortium implements relief and recovery programs to 1) improve nutritional status, 2) protect productive assets, and 3) strengthen household and community resilience to current and future shocks that affect their food security and livelihoods. The consortium consists of three core NGO members, (CARE, Catholic Relief Services (CRS) and World Vision (WV)) with CARE serving as C-SAFE lead agency in Malawi, CRS in Zambia and World Vision in Zimbabwe. The Malawi Consortium has six additional members: AFRICARE, Emmanuel International (EI), Malawi Red Cross Society, Salvation Army, Save the Children UK, and Save the Children US. ADRA joined C-SAFE Zambia consortium in Year 2. The regional C-SAFE program unit (RPU) is located in Johannesburg, South Africa.

C-SAFE's program was designed with the understanding that the severity of the 2002 food security emergency reflected the fragility of livelihoods throughout southern Africa and that any strategy seeking to successfully reverse this trend must address both the 'acute' and the underlying 'chronic' food insecurity. C-SAFE was thus founded on a broader and more diversified understanding of livelihood and safety-net recovery, and was intended to complement the ongoing developmental programming that C-SAFE members have undertaken in this region over the last several decades.

Learning Spaces

Given the novel approach of a regional NGO consortium and the application of the "developmental relief" strategy, C-SAFE presents a wealth of opportunities for both reflective practice within the consortium and dissemination of best practices and lessons learned to a broader stakeholder audience. In order to provide a forum for reflective practice and capture learning, C-SAFE developed the Learning Spaces initiative. The initiative engages in learning activities around themes such as working as a consortium, development relief, targeted food programming in the context of HIV/AIDS and adapting Food For Assets to an HIV/AIDS context, and others that have been prioritized by C-SAFE membership.

Objectives of the study

The objective of this study, "Food for Assets: Adapting Programming to an HIV/AIDS Context," is to review a variety of C-SAFE and non-C-SAFE Food for Assets (FFA) projects with the aim of identifying better practices in FFA programming. This review has a specific focus on HIV/AIDS as a cross cutting issue, and therefore considers HIV/AIDS in the design and targeting aspects of FFA interventions. The research involved in this study has enabled C-SAFE to develop a series of guiding questions that may be applied to all FFA interventions with the goal of providing practical guidance to HIV/AIDS mainstreaming for FFA interventions. More specifically, this guidance is intended to remind us to involve PLHA and households affected by HIV/AIDS in the planning, creation/development, and management of assets for FFA programming, as well as to examine the various ways that projects can be designed to specifically mitigate against the various impacts of HIV/AIDS on households and communities.

Methodology

The study was predominantly qualitative with the aim of capturing the social and institutional context related to FFA planning and implementation in context of HIV/AIDS. Field visits were conducted in Zimbabwe and Malawi, where consultations were held with program staff and semi-structured interviews were conducted with FFA participants in Malawi (Thyolo, Phalombe, Machinga and Lilongwe) and Zimbabwe (Gutu, Gwanda and Beitbridge). Interviewees included households affected by chronic illness; households with orphans; FFA project committee members; and community focus groups. Consultations were held with UNAIDS, WFP, FAO and OXFAM in Malawi as well as phone interviews with a number of agencies in East and Southern Africa (Annex 2).

2. FOOD FOR ASSETS DEFINED

WHAT IS FOOD FOR ASSETS? HOW IS IT DIFFERENT FROM FOOD FOR WORK?

Using documentation produced by the World Food Program (WFP) and the International Labor Organization (ILO) (1999) as a basis¹, and for the purpose of this document, C-SAFE refers to Food for Assets (FFA) as *an integrated community development strategy involving the use of food aid, labor-based methods and participatory decision-making approaches in order to develop productive assets that are owned, managed and maintained by households and/or the community*. The overarching purpose of FFA programming is to:

- (i) create the productive assets required to save lives and protect livelihoods;
- (ii) strengthen traditional and local coping strategies;
- (iii) develop human capital through skills training and education; and
- (iv) contribute to the economic empowerment of food insecure communities and households.

This particular development strategy has its origins from the experiences, lessons and better practices of the emergency Food For Work (FFW) activities implemented in Ethiopia during the great famine, and in many countries in southern Africa affected by droughts of 1992, 1995/96 and 1998. A transition from FFW to FFA was initiated by the WFP 1998 Food Aid and Development Policy entitled "Enabling Development"². This policy introduced a paradigm shift from emergency-driven, employment creation and income transfer activities to a new emphasis on community-managed asset accumulation and human capital development.

FFA strategies emphasize the creation of assets that are owned, managed and utilized by the household or targeted community. Participatory planning approaches are applied to enhance the decision-making capacity of the targeted community in relation to activity planning, mobilizing local resources and sharing of benefits while preserving the natural and environmental resources for future generations. It is intended that the targeted households and communities will benefit from both the immediate food security effects of food aid and the assets that are developed. The term FFA (as opposed to FFW) also captures the concept of developing

human assets, such as knowledge and skills, which have become a prominent feature of FFA programming in the form of Food For Training.

Understanding and applying better practices in FFA programming is very important to the successful planning and implementation of C-SAFE's third and final year. The overall goal of the C-SAFE program is to improve household food security in targeted communities in Malawi, Zambia and Zimbabwe. C-SAFE's FFA interventions specifically target food insecure households, which can be categorized as either 'asset poor' or 'asset very poor'³. FFA programming falls under C-SAFE's second strategic objective (SO2), which seeks to increase/maintain productive assets among targeted vulnerable households and communities; and contributes to SO3, which seeks to increase household and community resilience to future food security shocks.

Over the past two years, C-SAFE FFA interventions have assisted asset poor and food insecure households to build community infrastructure (village feeder roads, dams, flood protection structures, small-scale irrigation schemes), promote agricultural production (soil and water conservation, crop diversification, seed multiplication) and support disaster mitigation and post-harvest management activities (seed/grain storage, marketing and trading activities).

The WFP / ILO Guide for FFA (1999) uses the following definitions:

Assets: The capabilities of household members, the economic resources to which they have access, as well as the information or influential others they have and their ability to claim from relatives, state or other actors, in times of stress. Therefore assets can be of three types: Human Capital, Economic Capital (Tangible Resources) and Social Capital (Intangible Claims and Access).

FFA Beneficiaries: *Asset Benefited:* A person or group of persons, who at the end of food assistance owns or has the right to use, assets created or improved by the activity. *Food Benefited:* Individuals in the household of the work-benefited person, who are likely to share in eating the food earned through the activity. *Work benefited:* A person or group of persons receiving food in exchange for his/her/their work.

¹ WFP (Southern Africa Cluster) and ILO (Advisory Support), *A Guide for Food for Assets*, August 1999

² WFP Policy Issues Series, Agenda item 4 Enabling Development, EB.A/99/4-A, May 1999

³ For a precise definition of 'asset poor' and 'asset very poor', please refer to the C-SAFE Baseline Survey Report, May 2003 on the C-SAFE website, www.c-safe.org

WHY IS IT IMPORTANT TO CONSIDER HIV/AIDS IN FOOD FOR ASSETS PROGRAMMING?

It is widely understood that where HIV/AIDS prevalence is high, a multi-sectoral response to the pandemic is required. In southern Africa where HIV prevalence is the highest in the world, “mainstreaming” of HIV/AIDS is a crucial element of every intervention. Mainstreaming is best done by ‘building on the comparative advantage of [the project’s] core business in ways that help avoid new infections, prolong the period of healthy life for those living with HIV and minimize the impacts of AIDS-related illness and death’⁴.

There is a great deal of literature and debate around the changing demographics, potential labor constraints, overburdened extended family support systems and community safety nets, altered/increased food and nutrition requirements, and anticipated/real threats to livelihoods and food security experienced by HIV/AIDS affected households and communities. FFA programming, within the context and framework of an integrated response, offer a unique contribution and can play a key role in addressing these multi-level, multi-faceted challenges.

C-SAFE endeavours to apply HIV as a cross-cutting theme to all its programming. With regards to the integration of HIV/AIDS thinking into FFA activities, C-SAFE is in an excellent position to capture learning about how best to tackle this. An Analysis Tool (Annex 1), developed during the course of this study, is intended to build C-SAFE’s capacity to apply the ‘HIV/AIDS’ lens to the development and implementation of FFA programming.

Well-designed Food for Assets intervention will:

1. Improve food security for asset poor and asset very poor households;
2. Assist food-insecure households to protect or build a stock of productive assets for economic recovery and resilience against future shocks;
3. Support community food marketing systems without disturbing local markets;
4. Create employment without displacing labor from other employment schemes;
5. Stimulate participation in skills development training without creating dependency on food aid.

⁴ Mullins, Dan. *Seeds of Hope*. *Health Exchange*, August 2004

PROJECT DESIGN FOR FOOD FOR ASSETS

HOW SHOULD A FOOD FOR ASSETS PROGRAM BE DESIGNED?

The entry point for any food aid intervention, including Food for Assets programming, is where food available for consumption is inadequate. The impact of food aid on a food insecure family is direct and immediate, meeting basic human needs essential to health and productivity. While playing a crucial role in saving lives and livelihoods, food aid also has a potential for abuse, dependency and politicization that sets it apart from other interventions. Thus food aid, perhaps more so than any other donated resource, must be deployed judiciously and with clear purpose in mind. Yet there is no simple formula to guide program designers in striking the right balance between “helping recipients to do what they can, and expecting them to do all they can”⁵.

Food for Assets programming is one modality through which to introduce food aid into a food insecure community. Well-designed FFA programming deliberately seeks to address immediate food insecurity while initiating or supporting high priority developmental interventions aimed at enhancing community and household livelihood systems. The design of Food for Assets programming should ensure:

1. Broad-based participation in the planning and implementation of the project;
2. Application of a rights-based approach, ensuring that people who are marginalized and vulnerable gain from both the immediate and longer-term benefits of the project;
3. Integration and coherence with the prevailing and emerging development assistance programs;
4. Protection and support of existing/traditional safety net and market mechanisms and structures;
5. Technical standards that are congruent with the end-user's ability to provide long-term support and management.

HOW ARE PROJECTS IDENTIFIED?

Inclusive, participatory planning processes are intended to empower beneficiaries, particularly women, in planning and managing food, activities and assets. The relationship established between NGO staff and the community sets in motion a process of community empowerment that strengthens community's confidence, initiative and self-reliance. It is important to

use and strengthen existing community-based decision making structures in the process. This fosters a greater sense of ownership, which in turn helps to sustain the development process and enhance maintenance of the assets created. FFA interventions that invest in coping or adaptive strategies that are initiated, managed and owned by the community itself have a greater chance of achieving permanence and self-sustaining behavioral change.

The need for community sensitization and training must not be under-estimated. Targeted communities must be involved in processes leading to decisions on the following:

- the objectives of the intervention;
- identification of the target group(s) intended to benefit from the project;
- development of targeting criteria in relation to who is to participate in the project;
- selection of activities to be considered for FFA;
- identification of expected contributions from the community;
- roles and responsibility of different stakeholders;
- duration of the project;
- setting benchmarks for progress toward project completion;
- monitoring and evaluation requirements; and
- establishing ownership, use and asset maintenance arrangements.

Chaluvimbi Womens' Garden for Improved Nutrition

World Vision Zimbabwe supports women in the development of the Community Field Garden FFA micro-project, located in Ward 2 of the Beitbridge Limpopo ADP. The Chaluvimbi Women's Association decided to establish the community garden to produce vegetables for improved nutrition; generate supplementary income; and to help OVCs and the elderly members of the community with vegetable supply for home consumption. Crops grown include tomatoes, drumhead cabbage, rape and sweet potatoes. A small section of the garden has been specifically demarcated to grow vegetables for OVCs. The project committee makes decisions regarding crop harvesting, vegetable marketing and distribution of the produce to households with OVCs. The association has opened a bank account and has already started sharing profits from the sales of vegetables. The major constraints for this project have been pest management, establishing a water conveyance system and crop marketing.

⁵ WFP Policy Issues Series, Agenda item 4 Enabling Development, EB.A/99/4-A, May 1999

Tsukanthanga Integrated Programming

The Tsukanthanga FFA micro-project is located near Lilongwe in a smallholder tobacco growing area, with poor tobacco tenant estate workers and extremely poor subsistence farmers, including households with orphans and chronically ill individuals. The area has good potential for developing vegetable, root and tuber crop economy and production of maize. This community, with assistance from CARE Malawi, has successfully achieved the objective of integrated planning and deliberate concentration of resources in the most food insecure areas.

Construction of a dam was initiated through a FFA project during the drought emergency operation of 2002/03. Upon completing the dam project, a 5km stretch of village feeder road was constructed to improve market access. In 2004, community members formed Farmer Irrigation Associations and requested (and received) CARE support in the development of a small-scale irrigation scheme through FFA. To date, primary and secondary irrigation canals have been constructed, previously uncultivated land has been developed, plots demarcated and some crops have recently been planted.

WHO WILL OWN THE ASSETS THAT ARE CREATED?

C-SAFE FFA programming provides food aid to cover an immediate food shortage and at the same time assist the communities to create useful assets in order to mitigate the impact of future shocks. The inherent challenge lies in responding to urgent food needs while simultaneously engaging the community in planning the development of a relevant, sustainable asset. The fundamental purpose of FFA activities is the creation of assets that are owned, managed and maintained by the targeted beneficiaries and/or community. Thus it is critical to ensure that the communities have the technical and economic capacity to maintain the assets, as well as the long-term willingness and commitment to do so.

It is not uncommon to encounter controversy about the relative merits of community-owned vs. household-owned assets. The use, access and control of community-owned assets are vested in the local leadership or a community association that created the asset. User rights and conflict resolution mechanisms must be clarified at the outset of all community-managed asset schemes to ensure the fair distribution of benefits, since the potential for conflict is high. Household assets, on the other hand, arise from the investment of development aid in directly at household level, where asset use, control and management decisions are vested in the benefiting household. The asset is intended to benefit specifically targeted households and assumes that a high level of

accountability within the household will maximize the impact on the primary beneficiary. An aggregation of home-based FFA interventions would constitute a community-based program using the household as the investment unit. Special attention needs to be directed towards ensuring that women use, own and control the assets created.

The community's sense of ownership can be enhanced when tools (hoes, buckets, axes, wheelbarrows, etc.) and other inputs (such as cement, lumber, thatch) are sourced from within the community's own resources. While community contributions are encouraged and often required, the capacity of the community should be considered in determining these requirements. While inputs such as sand, water, thatching material etc. were relatively available, it was evident in many operational areas that the tools from communities were worn out and inadequate, with many targeted households having either recently sold their productive assets (during the height of the drought) or were simply so poor that they no longer owned tools. In many instances, shortage of tools slowed down work, which resulted in communities working for longer periods than the recommended four-hour FFA workday or failing to meet agreed completion targets. Where non-food inputs cannot be provided by the FFA implementing agency, it would be useful to stagger FFA intervention in order to effectively mobilize local resources without overstressing community capacity.

HOW WILL THEY BE MAINTAINED?

Various C-SAFE member guidelines on community based FFA projects indicate that the targeted community should determine the use and control of assets or benefits and agree to take on the recurrent costs to maintain the assets. However, this is an aspect of FFA programming that is often overlooked or not given adequate planning/focus, as is evidenced by statements from the Malawi FFW Working Group's 'Lessons Learned' presentation in late August, where this was cited under the need to develop improved 'exit strategies' for FFA interventions. Asset maintenance can only be realized if the household moves from crisis recovery to diet stabilization and asset accumulation. Motivation for routine maintenance will be triggered by the benefits generated from the assets, such as increased food consumption, increased household income and increased skill/confidence in asset management.

Community Ownership and Management of Assets

Following the 2002/03 drought, Chamaswiswi community in Beitbridge requested FFA support to construct a dam and develop small-scale irrigation scheme downstream. World Vision Zimbabwe, Limpopo ADP conducted participatory planning sessions with the community and engaged technical support from Ministry of Agriculture for the design of irrigation system. The community established local agreements with participants owning fields downstream to ensure that their gardens were near to their homesteads. The scheme was expanded to incorporate more household members allowing each household to own at least 0.5 ha in the scheme.

Canal construction and plot demarcation was done by the community members with the help of Ministry of Agriculture extension staff and World Vision facilitators. The community was able to access inputs (fertilizers and seeds) from the Grain Marketing Board, which is located about 20km from the irrigation scheme. The asset maintenance program includes cleaning the canals, water regulation and the establishment of 24-hour watch shifts to guard against elephant pillaging. This maintenance plan is in place, organized and managed by community itself and an integral part of community lives.

LEARNING ON DESIGN

From these case studies and programming experiences across the consortium in general, C-SAFE has learned the following about the design of Food for Assets Programs:

- FFA interventions can create rural employment opportunities without displacing labor from existing rural employment schemes by concentrating FFA projects in the most food insecure areas, and targeting the poorest smallholders.
- FFA interventions can provide assistance to secure immediate survival needs to help communities avoid risky coping strategies.
- Household-level FFA interventions can be effectively aggregated to smooth access to inputs and technical assistance while still permitting the beneficiaries to directly own, control and make decisions in utilization and maintenance of the assets.
- To effectively promote development, food aid must be adequately combined with other inputs (human, material, financial and technical expertise) in order to effectively implement a FFA strategy. Where FFA is designed to target impoverished households,

implementing agencies should seek partnership with other institutions that can provide non-food inputs to support FFA activities prior to launching the projects.

- Exit strategies that rely on community takeover should invest in capacity building and prepare for a gradual transfer of responsibility from the NGO to community groups that directly work with / on behalf of the beneficiaries of the asset.
- Assets that require periodic technical assistance or refresher training for maintenance must be linked to the relevant government structure at district level from the outset of planning.
- FFA projects that are integrated in a larger development plan are more sustainable. 'Stand-alone' FFA projects should be avoided.
- Where FFA projects are designed to attract very vulnerable households, efforts should be made to link them in advance with the relevant support systems and safety nets in order to ensure support to the household in times of livelihoods failures.
- The design stage of FFA is typically time-consuming and labor-intensive, possibly more suited to chronic or long-anticipated food shortages. For the NGO, the donor and the targeted community, this 'slow-to-respond', developmental process may require a shift in thinking from the traditional 'emergency' mindset, and may indicate the need for other, simultaneous interventions in response to acute, unforeseen food insecurity.
- FFA interventions should be structured and planned in accordance with the agencies' long term development programme guidelines and country programme planning cycle.

HOW CAN PROGRAM DESIGN BE ADAPTED IN THE CONTEXT OF HIV AND AIDS?

The impacts of HIV/AIDS on a household and community are prolonged, progressive and dynamic, evolving over time as each household and community experiences its own challenges and develops mechanisms for coping. This presents many new challenges to the design of practical and cost-effective programming -- one of the most cumbersome is the need to program interventions beyond sectoral boundaries.

HIV/AIDS is a multi-sectoral problem and there is a general consensus that it should be addressed through the provision of integrated and coherent programming in which multiple approaches (including FFA programming) come together synergistically to support lives and livelihoods of people and households affected

by HIV/AIDS. This can be achieved by integrating food security and nutrition with care and health-related services for the targeted community. In addition, FFA interventions should empower local institutions, processes and traditional safety net systems, which reflect the prevailing customs, culture and local value systems relevant to the HIV/AIDS context. It is also important, when planning, to take into account that HIV/AIDS impacts are *systemic* (as well as multi-sectoral), potentially diminishing the capacity of interdependent systems and interact effectively.

It is also important to recognize that failure to act, or implementing poorly conceived interventions, have the potential to make a bad situation even worse. One of the first tenets of humanitarian intervention, 'to do no harm', demands that program design analyze not only the potential opportunities for programming, but the risks and threats of either inaction or misguided activity, however well intentioned⁶.

The first challenge in developing FFA intervention for HIV/AIDS affected populations is to achieve a solid understanding of household/community needs and responses in relation to HIV/AIDS. C-SAFE is in the process of adapting the analysis of the Community and Household Surveillance (CHS) data to achieve a better understanding of the effect of HIV/AIDS on livelihoods systems to inform future programming. Lessons from the World Vision Ethiopia case study below highlights the use of community vulnerability and livelihood assessment in designing a program that is responsive to needs of HIV/AIDS affected households.

Vulnerability and Livelihood Assessment for FFA

World Vision Ethiopia implements a Development Assistance Program (DAP) in three communities targeting HIV/AIDS affected households. Targeting was done through VCT facilities, faith-based organizations and other community groups. A community vulnerability and livelihood assessment was conducted to establish coping and livelihoods development needs. Based on the assessment, the following FFA activities have been implemented: water harvesting, community gardens, home gardens, shallow wells and road maintenance. The assessment also helped WV to understand the need for including PLHA in the project and guided them to separate out less labor-intensive activities, such as light field clearing, watering, surfacing or leveling and earth removal using small buckets for PLHA. OVCs were trained in special skills and assets management, such livestock management, management of household income and expenditures, and marketing skills. Households and OVCs engaged in small-scale enterprise development were linked to markets and

local credit schemes involving poultry production and hybrid seeds distribution. WV collaborates with the government Ministries of Education, Health and Social Welfare, and works with Youth Associations active in HIV/AIDS awareness in schools or youth clubs.

APPLYING AN HIV/AIDS LENS

During the Program Design and Project Identification phase, the following questions can be applied:

Inclusive Planning

1. Were PLHA explicitly involved in the identification and planning of the FFA project?
2. Were households affected by HIV/AIDS explicitly involved in the identification and planning of the FFA project?
3. Have the relevant community/district level structures (Village Action Committees, District AIDS Task Forces, relevant government ministries) been involved in the design of this program?
4. Have all available referral mechanisms been approached for their assistance in targeting able-bodied, HIV positive participants?
5. Are there households that qualify yet cannot participate in the FFA project? What are the reasons for their non-participation (i.e. caring for a sick household member)? How can their needs be addressed?
6. Where Targeted Food Assistance and FFA co-exist in the same community, does the FFA targeting strategy provide a mechanism for inclusion of TFA beneficiaries to graduate to participation to FFA?
7. Do the staff of the Implementing Agency have sufficient knowledge and confidence regarding HIV and AIDS to engage with the community during the program design and implementation processes?

Inclusive Project Identification

8. Is this project located where both food insecurity and HIV/AIDS prevalence rates are high?
9. Does the community and its leadership have sufficient technical information about HIV and AIDS to identify salient issues and potential interventions?
10. Will this project create structures or mechanisms that might increase the spread of HIV (i.e. roads and markets)? If so, can this be mitigated?
11. Will this project provide structures or mechanisms that will reduce the likelihood of risk-taking behavior?
12. Will this project help people living with HIV maintain and/or improve their health/nutrition?
13. Will this project assist households to provide care for dependent members (OVC, chronically ill)?
14. Will this project contribute to mitigating the impact of HIV/AIDS at community level?

⁶ Gillespie and Kadiyala (2003), "Rethinking Food Aid to Fight HIV/AIDS", IFPRI

TARGETING FOR FOOD FOR ASSETS

WHAT IS THE TARGETING APPROACH IN FOOD FOR ASSETS?

In emergencies, frequently all members of society are faced with some form of food insecurity making it important to target FFA interventions carefully to reach the most needy, asset-poor and very-poor households. Targeting generally starts at national level with identification of the most food insecure areas by the National Vulnerability Assessment Committee. C-SAFE Zimbabwe used the VAC as the initial point of resource targeting. This is followed by selection of communities or wards that fall in the high vulnerability profile. Most (but not all) C-SAFE agencies have chosen to initiate food security programming within their pre-existing operational areas, making entry to communities and administrative arrangements much more straightforward. Once communities are selected, household targeting is done by assessing food security levels, generally with the assistance of community-based committees.

Multi-Level Targeting Procedures

World Vision Zimbabwe works with communities to establish Project Implementation Committees (composed of community members), who are responsible for beneficiary selection, and Project Steering Committees (composed of local leaders) to oversee the targeting process. Through these committees, a three-tiered targeting system was established:

1. The Government/WFP Vulnerability Assessment Committee Reports was used to locate food insecure geographical areas.
2. A food security vulnerability assessment was carried out by the agency at ADP levels to identify the most food insecure wards.
3. In order to target the poorest and most food insecure households, WVZ used community wealth ranking indicators which include: -- households with low/no food or cash crops, households with low/no levels of livestock or productive assets, low income or remittances and low/no access to petty trading or small business as well as the landless households.

Lastly, households are eligible to participate in FFA projects only if they are not benefiting from a targeted food distribution program.

HOW ARE FFA PARTICIPANTS AND BENEFICIARIES SELECTED? WHO SELECTS THEM?

In general, the operating procedure for selecting FFA participants among C-SAFE member agencies is that only able-bodied representatives of the very poor, food-insecure households should be registered in FFA projects. In the context of widespread poverty and chronic food insecurity, the major challenge is to identify the poorest and most food insecure households. Many C-SAFE agencies adopted participatory community wealth ranking procedures to establish a socio-economic differentiation of households within the targeted community using the indicators mentioned under #3 in the World Vision Zimbabwe case study on this page. In addition, a household is only eligible to FFA projects if it has a representative above age 18 and it is not benefiting from any other food aid assistance program in the targeted area.

Community-Managed Targeting of Participants

In Malawi, Emmanuel International (EI) uses the following process to select participants for FFA activities:

- (i) Community sensitization at village, traditional authority level and District Assembly levels to introduce the program and discuss targeting criteria;
- (ii) Election of a FFA Project Committee by the targeted community;
- (iii) Orientation of Project Committee members on their role and responsibility including participants and beneficiary selection criteria, and use of FFA registers;
- (iv) Project Committee consults with village leaders/chiefs, prior to conducting the selection process;
- (v) A list of participants is compiled by the Project Committee;
- (vi) Verification of participants is conducted by the NGO or the CBOs operating in the area;
- (vii) Inclusion and exclusion errors are corrected through consultation with local leadership and project committee members.

Community targeting gives an opportunity for the community to make decisions to ensure that the poorest households benefit from the FFA interventions.

Including PLHA in the Workforce

Mashuro Small Scale Irrigation Project in Gutu is a CARE Zimbabwe FFA intervention that demonstrates great community spirit, organization and management of FFA activities. The project has 65 primary participants that benefited from both the provision of their labor (and the associated food payments) as well and the benefit of asset itself. They own eight beds of vegetables, and benefit from sugarcane and bananas planted around the irrigation scheme. The FFA activities involve dam construction, irrigation canal development, vegetable gardening, fencing, a fruit tree plantation and livestock management.

During implementation, the targeted food assistance program in the same community was phased out, creating a sense of vulnerability among the HIV/AIDS-affected households that had been originally targeted for free food distribution. These households were invited to participate in the FFA project by local arrangement, following consultations between project committee members and the village chief. PLHA participated in earthworks, nursery management and development of canals using light productivity work norms devised by the Project Committee. Unfortunately, since they joined the project late, they do not have plots in the scheme and only benefited from food aid payments for work completed.

LEARNING ON TARGETING

From these case studies and programming experiences across the consortium in general, C-SAFE has learned the following about targeting in Food for Assets programming:

- By narrowing the food security assessment to ward level, there is opportunity to identify the most food insecure wards, making the best use of scarce food aid resources;
- Certain vulnerable groups can be mistakenly excluded from participation in FFA, and then further marginalized (even if they are absorbed into the workforce at a later date) through lack of access to the long-term (asset) benefits of FFA.
- FFA can build social cohesion by encouraging households affected by chronic illness to work on FFA activities that assist OVCs and chronically ill households.
- Early and collaborative establishment of verification processes assist the community to deal with inclusion and exclusion errors in FFA participant selection.
- Food security assessments are generally strengthened by using participatory community wealth-ranking processes (as well as food and

livelihood criteria) to locate the most food-insecure households.

- Vulnerable or marginalized households (such as those affected by HIV/AIDS) may not be well-served by self-targeting methods. Community sensitizations must emphasize the need to include them not only as beneficiaries, but as *participants* in all stages of planning, creating and managing the asset, thus encouraging them to be part of shaping the solution.

HOW CAN TARGETING BE ADAPTED IN THE CONTEXT OF HIV AND AIDS?

To strengthen geographic targeting, it is useful to take into account not only food insecurity data but also reliable HIV/AIDS prevalence statistics. Overlaying food insecurity with HIV/AIDS prevalence will assist in locating geographical areas with particularly high, dual vulnerability, and also forecast future vulnerability. This exercise will support decisions for prioritizing, phasing and concentrating resources.

When selecting participants for FFA, there is a tendency to identify and include households affected by HIV/AIDS as project *beneficiaries* rather than as active participants. In fact, the *beneficiaries* should be identified in the design stage of a relevant project so that they may be involved in planning. It may even be the case that they are a completely different group of households than those targeted for active work involvement. This is related to the multi-dimensional nature of HIV and the prolonged continuum of its impact. Asymptomatic adults living with HIV have different needs, and different capabilities, than adults experiencing AIDS-related illnesses or those who are supporting multiple dependents. Targeted participants in this context, while sufficiently fit for FFA activities, may require adaptations to the work environment or work norms to avoid undue fatigue, physical stress or other health risks associated with hard labor.

The development of work norms are a critical step to ensure consistency and quality standards in FFA interventions. When assigning work norms, consideration is generally given to the following aspects:

- type of work to be implemented;
- strength, health and gender of the workforce;
- motivation of the workforce;
- quality and type of small tools and equipment available; and
- the environmental conditions.

Community involvement is important in establishing work norms (i.e. how much a person should do in exchange for food) and in any adaptations for special

subgroups of the community. Options for adaptation include 'half day' (two hours of work rather than the standard four); 'light duties' full day of work specifically designed to be less physically demanding); 'auxiliary duties' (duties that support other members of the community to participate in FFA, such as child-minding or patient care). 'Task rates' are productivity norms determined by assigning outputs in exchange for 'payment', usually on a pro-rata basis. They can be assigned at either group or individual level, allowing participants to decide how much effort to expend in relation to their needs. Individual task rates are not recommended in this context, as they tend to favor the strongest members of the work force who often complete more piece tasks and acquiring more food aid entitlements than women or HIV/AIDS affected households who, based on their particular vulnerabilities, may be unable to work at the same pace.

The key is to explicitly involve PLHA and households affected by HIV/AIDS in every step of the process in order to ensure that they have equal access to benefits and assets. This is most easily done by including those who self-identify or have been referred from targeted food assistance for an HIV/AIDS-related intervention. While stigma is still a constraint to this level of transparency, it must not be wielded as an excuse for exclusion errors. C-SAFE partners have recently noted a gradual reduction in stigma and good FFA programming is an ideal mechanism for positive role-modeling and promoting inclusive, non-discriminatory practices. Various treatment interventions, including the roll-out of antiretroviral drugs, DOTS Plus and PMTCT programs, are taking hold in C-SAFE operational areas, helping more and more people confront their status. Where stigma remains intractable, creative means must be employed to ensure inclusion of this beneficiary group. Involvement of asymptomatic PLHA is crucial to the sound planning and integration of household and community coping strategies that support good health and nutrition prior to the onset of illness.

Community-based targeting methods are most effective when the community has been fully sensitized and is aware of the full range of options for its participation. Staff from implementing agencies can be influential in broadening the community's perspective by spearheading discussions and tactfully challenging assumptions/misconceptions when necessary. Close liaison with the health sector can strengthen the community's ability to include participants who have completed a medical intervention and are in need of a food security intervention.

C-SAFE's experience clearly indicates that targeting is most accurate when multiple criteria are used:

vulnerability cannot be established by applying a single measure. In areas where HIV/AIDS prevalence is high, it may be helpful to deliberately include the following groups in targeting:

- Households caring for chronically ill members, including TB patients;
- Households with pregnant or lactating mothers enrolled in a Prevention of Mother to Child Transmission (PMTCT) program;
- Households with a high dependency ratio, paying special attention to households with malnourished children, elderly-headed households, child-headed households or food insecure female-headed households;
- Chronically food-insecure households with unreliable livelihood systems which put them at high risk of HIV infection;
- Able-bodied individuals who have recently completed treatment for an Opportunistic Infection (i.e. TB);
- Able-bodied individuals who have been stabilized on antiretroviral medication;
- Able-bodied women who have graduated from a PMTCT program
- Able bodied individuals who are HIV positive

APPLYING AN HIV/AIDS LENS

During the Targeting and Implementation process, the following questions can be applied:

1. Do targeting mechanisms seek to include PLHA as participants in the project?
2. Are there aspects of the work that are less labor intensive and can be reserved for participants requiring lighter duties?
3. Have work norms been appropriately adapted to include PLHA, or those caring for a chronically ill family member, as active worksite participants?
4. Will PLHA, households affected by HIV/AIDS, and/or relevant HIV-related community structures be involved in managing the asset produced by the FFA project?
5. Will PLHA, households affected by HIV/AIDS, and/or relevant HIV-related community structures participate in decision-making around product or revenues generated by the asset?
6. Have mechanisms been created that can address emerging needs of food insecure people/households who may become unable to participate due to the impact of AIDS during the life of the FFA project?
7. Has the food ration been adapted to be more useful/appropriate to the needs of the targeted workforce?

FFA FOR MITIGATION OF HIV/AIDS

ARE THERE FFA INTERVENTIONS THAT PURPOSEFULLY MITIGATE THE IMPACT OF HIV/AIDS?

While the first section of this document reviewed how generic FFA interventions could be viewed through an HIV lens by asking strategic questions in relation to program design, targeting, and other themes; this section looks at FFA projects that can purposefully mitigate (or can be adapted to mitigate) one or more impacts of HIV/AIDS. Specifically, they address the need for enhanced nutrition, improved health and hygiene conditions; agricultural recovery; restoration of household and community coping strategies; supplement household income and protect/recover productive assets; support intergenerational transfer of knowledge, especially where it relates to agricultural techniques, and lastly, the need for economic recovery among communities affected by the pandemic.

Food for Improved Diet

Home Gardens and Soya Seed Revolving Funds are two examples of FFA interventions that build capacity to increase and diversify dietary intake towards improving nutritional status of PLHA and households affected by HIV/AIDS. While these examples are not novel concepts, and in fact have been promoted for years, they hold specific benefits in the context of HIV/AIDS and can be adapted to ensure those most affected by HIV/AIDS derive their benefits.

Community Soya Seed Revolving Fund for Diet Diversification: While applicable to the food-insecure populations in general, this intervention could specifically target households affected by HIV/AIDS thus contributing to much-needed dietary diversification and improved protein intake at household level. FFA participant households receive training on soya-maize intercropping production and preparing various soya-enriched food products. Initial production of soya and maize stabilize household dietary intake while households are trained to prepare CSB. Concurrent HIV/AIDS nutrition awareness training, CSB cooking demonstrations and production of a range of soya-rich products should be an integral component of the FFA project.

Households benefiting from the scheme may be organized into a farmers/producers associations for easy delivery of agriculture extension, dissemination of production technology, pooling labor resources and creating economies of scale for competitive marketing. While the primary goal is to enhance household food security to improve health and nutrition, improved technology (i.e. encouraging increased plant population

per unit hectare by planting on fallows and maximizing use of water and land) will allow for increased production and eventually allow for the restoration / accumulation of household assets.

Food rations are provided for participation in the training activities. Partnership with the Ministry of Agriculture and FAO is suggested for seeds and technical support. Once harvested, each participating household should contribute to the community seed bank with 1 kg of soya seed, to be reserved for the next beneficiary group. The seed bank may be managed by representatives of community groups involved in caring for PLHA and/or OVCs. In areas where rural CSB manufacturing plants operate, farmers may be linked to the CSB production units in order to sell their excess soya seed to those operations. Two years is the ideal duration for this intervention, to cover a minimum of four cropping seasons of rain-fed and irrigated crops.

Soya Seed Revolving Fund and Diet Diversification

WFP Malawi's Soya Seed Revolving Fund was a supplementary activity implemented between 1994-98 targeting severely malnourished children under five and at risk pregnant and lactating women attending MCH clinics. The project was implemented through the Christian Hospital Association of Malawi with agronomic extension support provided by the Ministry of Agriculture. Farmers returned 1kg of Soya to the Project Management Unit, which was used to target new beneficiary groups in subsequent seasons. WFP linked with the small-scale Likuni Phala (CSB) production units that bought excess soya from the farmers. The Soya Seed Revolving Fund targeted women as the principal caregivers, offered nutrition education, and enhanced the nutritional rehabilitation of infants, reducing repeated admissions to the intensive care nutrition rehabilitation units. The project enhanced income-earning opportunities of the participants through the direct market linkage. This project can easily be reformatted to target households affected by HIV/AIDS.

Home gardens: Home gardens have been used in Ethiopia, Uganda, Zimbabwe and other countries and have proven an effective vehicle for empowering and assisting HIV/AIDS affected households towards improving household nutrition and supplementing income. Technical assistance for home gardens should aim at increasing crop diversity with a focus on planting vegetables with high protein and micronutrient value. Ensuring reliable, year-round access to vegetables and herbs will help to reduce over-reliance on cereal crops. FFA interventions should aim at building the capacity of HIV/AIDS affected households to select nutrient rich vegetables; prepare, plant, weed and cultivate the garden; and train households to prepare a wide range of recipes using the home garden produce. Linking households with local markets to absorb excess stock of perishable commodities is suggested to supplement household income thus protecting productive assets. Training may include food storage and processing techniques to encourage dietary stabilization (i.e. increase diversity year round). The cultivating of medicinal herbs can also contribute to the care and treatment of PLHA, and training in the use of waste water and kitchen waste can enhance garden production. The planting of fruit trees on the homestead may also be promoted via the FFA intervention.

Participating households receive food rations for participating in training to develop home gardens; and/or targeted community members receive food rations for working on the home gardens of households with labor deficiencies due to the impact of HIV/AIDS. Variations on the home garden concept include trench gardens, kitchen gardens and community gardens. It is important to remember to include PLHA in the development and management of community gardens, as well as decision-making around the use of produce from the community gardens.

Food for Health and Hygiene Promotion

Training on a variety of water and sanitation related topics may be undertaken via a FFA intervention with the objective of improving health and hygiene conditions at the household level and targeting PLHA and households affected by HIV/AIDS. Activities to be implemented under this category may include: home sanitation; composting; developing wood fuel briquettes from home waste; water treatment (drinking water and waste water management); developing water supply options as well as training in maintenance and treatment of water supply facilities; and pit latrine management. This training and behaviour change curriculum should support/ complement the principles of Positive Living.

Again, participating households receive food rations for their participation in the training; and, for the completion of assets associated with the training (where relevant) per standard FFA norms. This activity should be targeted at households affected by HIV/AIDS, and can be linked with PMTCT, ART or TB treatment programs for effective targeting purposes. As always, food security criteria should be used in addition to targeting by demographics and health status.

Food For Agricultural Recovery

Coping strategies are mechanisms used by vulnerable households to deal with immediate insufficiencies of food and income. Strategies include reducing number of meals or rationing amounts proportioned; substitution of less preferred foods; selling assets or borrowing money/food; sending household members elsewhere to eat; etc... In some rural settings, there is a pooling of resources to make food available through communal kitchens and community granaries, as well as caring for vulnerable groups through community orphan care or community home based care systems of chronically ill individuals. These techniques can be encouraged / supported through FFA interventions.

FFA interventions under this theme promote community involvement in the following activities:

- Prepare winter crop and dry season fields
- undertake community conservation farming
- construct community strategic food reserves and granaries
- organize farmer associations or working groups for agriculture extension and conservation farming
- pool and share labour inputs, farming equipment and marketing functions.
- Disseminate HIV/AIDS information

FFA interventions under this category serve the purpose of building capacity to enhance livelihood options, and restore the food consumption capacity of the affected population. As in the Amosi case below, by improving livelihood options, communities reduce their need to migrate in search of work, thereby reducing risk of HIV infection and transmission.

WFP Zambia Conservation Farming Units

WFP Zambia has organized conservation farming units of HIV/AIDS affected households in Gwembe and Siavonga. A total of 3,200 households were trained in conservation farming techniques, labor saving techniques and HIV/AIDS awareness. The targeted households receive food aid for land clearing, contouring, terracing, weeding and training for six months. A partnership was established with FAO who introduced drought tolerant crops like sorghum and millet to the conservation units.

Amosi Small Scale Irrigation FFA project

Amosi village in Malawi is over-shadowed by 200 ha of tea estate plantations, pushing the communities to the margins. The extremely poor households own no land and most households have less than 0.25 ha. Traditionally, the community coped by migrating to Mozambique seeking 'ganyu' piece work, creating opportunities for the spread of HIV between the two countries. Frequent rural-urban movements also takes place to access ADMARC or hammer mills in search for bran during the critical lean months. Amosi irrigation scheme was developed with cooperation between World Vision, the government, and FAO. The project hopes to provide for the immediate food and income needs of this population by providing an alternative livelihood strategy that will reduce the risk to HIV/AIDS infection and transmission.

Chinthebe Water Harvesting FFA Project

The Chinthebe water harvesting micro-project is located in Thyolo RDP near Satemwa tea estate in Malawi. The project was initiated by the community who expressed interest in diversifying their livelihoods options. The project aims to harvest water for the establishment of seasonal gardens and fish farming. Ten households participate in the project, with eight male-headed households and two female-headed ones. The community expressed interest in finding alternative livelihoods apart from upland cultivation of maize in order to diversify their income base.

The community has since established vegetable gardens on the downstream side of the dam with produce such as tomatoes, drumhead cabbage and other vegetables. Placing the plots on the downstream side allows for self-watering (percolation) and cuts down on labour requirements for the plots. Each household will eventually have its own water-harvested garden plot within the community garden, and it is hoped that other community members will then join. Sugarcane and bananas grown are also grown along the sides of the community gardens introducing further dietary variety.

Two dams have been constructed and 800 fingerlings (provided by Oxfam) have been put in each dam (8x4m). The fingerlings are fed household waste and vegetable leaves. The Department of Fisheries provided initial training in fish farming and WV initiated farmers' exchange training to allow the sharing of ideas and experiences between farmers.

Community Seed Systems: The intent of developing community seed systems is to create a community seed safety net for farmers who are chronically food insecure and whose households are affected by HIV/AIDS. These farming households are unable to retain seed reserves for the next growing season independently due to their chronic inability to meet immediate food needs, which has been exacerbated by the impact of HIV/AIDS. FFA interventions can utilize seed multiplication to enhance farmers' capacity to produce and conserve select varieties for consumption and in some situations for medicinal plants (similar to a small botanical garden).

Based on local knowledge and experiences, seed multiplication projects can be linked to local seed companies in order for farmers to sell excess seed after satisfying their seasonal planting needs. FFA activities should include the seed bank garden preparation, weeding, harvesting, seed processing and storage construction and management functions. Suggested duration is two years to enable the targeted households establish a stable stock of community seeds.

Community Strategic Seed Bank in Zimbabwe

Community granaries once served to support community members, such as the elderly, who relied on the village Chief for support. Unfortunately, this traditional safety net vanished in the early 80's following Zimbabwe's Independence.

Based on the community's priority and felt need, CARE Zimbabwe facilitated the resurrection of this traditional mechanism with the aim of supporting the vulnerable members of the community including those affected by HIV/AIDS.

For one particular granary visited, the location of the granary was decided after long discussions among community members regarding the perceived need to prevent political affiliation by placing it in neutral territory. It was eventually constructed next to the village primary school with the community contributing all of the materials to construct the granary and CARE supplying the food, technical assistance and activity planning.

These community granaries will help communities preserve seeds for use by vulnerable households during the following growing season. Seeds stored in the grain bank include open-pollinated maize varieties, legumes, sorghum and millet, and root and tuber crops. Root and tuber crops are planted near a water source and the field is also designated as a seed bank.

Agronomic support is provided by the Department of Research and Specialist Services. The Department of Agriculture and Extension provided training and assisted in community mobilization. In the first year, seed companies assisted farmers with seeds. Each participating farmer contributes roughly 20 percent of his/her farm produce and the contribution is prorated to meet household seeds requirement including excess contribution for stocking the seed bank. Excess seed left in the seed bank during the planting season is sold and the proceeds are used to buy pesticides for seed protection for participating farmers. A total of 25 granaries have been constructed in five districts.

Integrating Food for Assets into School Feeding

Programs: In countries where school feeding is operational, food aid is often used encourage children to remain in school and to provide incentives for out-of-school OVCs to return to school. The targeting of school feeding normally considers areas of high food insecurity.

This FFA intervention complements school feeding by providing food to parents working on the following activities:

- community school gardens for vegetable and medicinal crops;
- school sanitation (latrine construction and school waste management);
- school orchards for fruit trees with high nutrient value; and,
- school woodlots (reforestation to generate firewood for use in the school kitchen)

Parents participating in FFA will be given food rations as payment for participation in training and implementation of these activities. By integrating these FFA interventions with a school feeding program (i.e. in coordination with the Ministry of Education), the NGO will avoid creating separate community-based institutions exclusively to carry out these activities. FFA integration into school feeding should be planned on a long-term basis and phased out with improvements to the food security situation in that community. School feeding operations in areas of high food insecurity AND high HIV/AIDS prevalence can be prioritized for this activity. And parents from households affected by HIV/AIDS would be targeted for the FFA intervention.

Integration of Food for Assets interventions in School Feeding

WFP and FAO are collaborating on a School Feeding project in Malawi where they are currently implementing 40 School Gardens in Malawi. WFP Malawi plans to integrate FFA into School Feeding activities as part of its HIV/AIDS, food security and human resource development plans.

Food for Skills Development Training:

FFA can be designed to enhance the capacity of vulnerable groups to mitigate food insecurity. Through education and training FFA can be used to teach out-of-school youth to gain a range of technical or entrepreneurial skills using food as an incentive for participation. As with other FFA interventions listed above, food for training activities use food to compensate / incentivize the youth for taking a defined period of time from their unreliable food / income earning activities in order to attend structured training activities. Upon completion of the training, the participants may be linked to extension agent or social welfare department in order to support the implementation of the FFA activities at household and community level. Teen orphans may specifically be targeted for this type of intervention, as in the case below, to provide of a mechanism for the intergenerational transfer of knowledge (i.e. agricultural techniques and life skills) that would otherwise not occur due to the death of their parents and/or caretakers. It is important to incorporate a business/market link to this project to ensure that youth who graduate with new life and livelihood skills are provided with opportunities to apply their skills.

Food for Training Teen Orphans in Farming Techniques in Mozambique

The death of young parents has led to social exclusion of surviving children and the widespread loss of local knowledge of agro-ecology and farming practices. This loss of productive generations puts an added burden on those surviving to cope with labor shortages and shoulder added household responsibilities. In response to this dilemma, FAO and WFP in Mozambique have developed Junior Farmer Field and Life Schools (JFFLS) with the goal towards bridging the intergenerational knowledge gap for youth who have lost their parents and caretakers to HIV/AIDS.

OVCs from 12-17 years old are trained for one year using a combination of traditional and modern agricultural techniques. An equal number of boys and girls learn about field preparation, sowing and transplanting, weeding, irrigation and pest control, utilization and conservation of available resources, utilization and processing of food crops, harvesting, storage and entrepreneurial skills, and receive food for participation in the program.

Participatory educational drama is also used to explore sensitive issues around health and nutrition, psycho-social problems, gender roles and HIV/AIDS. It is hoped that by working towards improved nutrition, agricultural knowledge, life skills and self-esteem, the risk of these youth pursuing HIV-risky strategies may be reduced.

Food for Care and Treatment

Access to food has been a long-standing, serious gap in the delivery of Home Based Care (HBC) services, and is often cited as the most significant contributor to attrition among HBC volunteers who feel demoralized and discouraged by their inability to assist clients in meeting such basic requirements. While the Consortium has made significant progress in linking the HBC networks (in all three countries) to the C-SAFE pipeline (an ideal targeting mechanism for the CI category), providing adequate support and incentives to the HBC providers (who act in a volunteer capacity) remains a challenge. These care providers often work long hours on laborious tasks involving the care and treatment of individuals with chronic illness. Despite their critical role in supporting PLHA, many of the providers find it impossible to remain volunteers for any length of time given the pressures to meet their own household food security requirements. In the three countries where C-SAFE operates, members have provided volunteers with incentives in the form of t-shirts, hats, bicycles, baskets and other materials – approaches that have met with mixed results. C-SAFE Zimbabwe has recently discussed the possibility of experimenting with the provision of food as an incentive to HBC volunteers and will pilot the concept in select areas in Year 3. Meanwhile, there are lessons to learn from Mozambique, where food has been provided to HBC providers since 2002.

Mozambique - Food as Incentive for HBC Providers

In Mozambique, WFP and its Implementing Partners (HAI, Santo Egidio, MSF and several other local partners) have been using food to provide incentives to Home Based Care volunteers since 2002. Like in their neighboring countries of Zambia, Zimbabwe and Malawi, volunteers work long hours providing care to the chronically ill. The volunteers had difficulty meeting their responsibilities as HBC providers AND meeting food security needs and responsibilities to their own households, so a system was devised to provide an incentive with food. While the chronically ill beneficiaries receive a monthly household ration of 63 kg (cereal, oil, beans and CSB); the HBC volunteers who assist them receive 1/3 of that ration (minus the CSB) as a monthly incentive.

This approach is supported by some NGOs while others believe it sets a dangerous precedent as it may discourage volunteerism and may not be sustainable. As WFP regionally moves to a PRRO (out of emergency programming), WFP-Mozambique is reviewing the use of food as an incentive and also looking at adopting other ways to compensate HBC providers. One option that has been suggested is to begin paying salaries. WFP, the National AIDS Council and several NGOs are lobbying the Ministry of Women and Social Action to have the government pay them a standardized rate. The debate is ongoing as to what approach is most appropriate and whether the government will assume support to this important level of service provision.

FFA Programming through the Lens of HIV/AIDS

Inclusive Planning

1. Were PLHA explicitly involved in the identification and planning of the FFA project?
2. Have all available referral mechanisms been approached for their assistance in targeting able-bodied, HIV positive participants?
3. Were households affected by HIV/AIDS explicitly involved in the identification and planning of the FFA project?
4. Have the relevant community/district level structures (Village AIDS Committees, District AIDS Task Forces, relevant government ministries) been involved in the design of this program?
5. Are there households which qualify yet cannot participate in the FFA project? What are the reasons for their non-participation (i.e. caring for a sick household member)? How can their needs be addressed?
6. Where Targeted Food Assistance and FFA co-exist in the same community, does the FFA targeting strategy provide a mechanism for inclusion of TFA beneficiaries to graduate to participation to FFA?
7. Do the staff of the Implementing Agency have sufficient knowledge and confidence regarding HIV and AIDS to engage with the community during the program design and implementation processes?

Inclusive Project Identification

8. Is this project located where both food insecurity and HIV/AIDS prevalence rates are high?
9. Does the community and its leadership have sufficient technical information about HIV and AIDS to identify salient issues and potential interventions?
10. Will this project create structures or mechanisms that might increase the spread of HIV? If so, can this be mitigated?
11. Will this project provide structures or mechanisms that will reduce the likelihood of risk-taking behavior?
12. Will this project help people living with HIV maintain and/or improve their health/nutrition?
13. Will this project assist households to provide care for dependent members (OVC, chronically ill)?
14. Will this project contribute to mitigating the impact of HIV/AIDS at community level?

Inclusive Implementation

15. Do targeting mechanisms seek to include PLHA as participants in the project?
16. Are there aspects of the work that are less labor intensive and can be reserved for participants requiring lighter duties?
17. Have work norms been appropriately adapted to include PLHA, or those caring for a chronically ill family member, as active worksite participants?
18. Will PLHA, households affected by HIV/AIDS, and/or relevant HIV-related community structures be involved in managing the asset produced by the FFA project?
19. Will PLHA, households affected by HIV/AIDS, and/or relevant HIV-related community structures participate in decision-making around product or revenues generated by the asset?
20. Have mechanisms been created that can address emerging needs of food insecure people/households who may become unable to participate due to the impact of AIDS during the life of the FFA project?
21. Has the food ration been adapted to be more useful/appropriate to the needs of the targeted workforce?

Annex 2: Project and Beneficiary Consultation

Project	Households with Chronically ill	Households with OVCs	Project Committee Members	Community Focus Group	Total Interviewed
Mashuro SSI	4	3	5	2	14
Kufomya Dam	0	0	0	11	11
Mukadziwashe Road, Gutu, Zimbabwe	0	0	1	0	1
Madaula, Gwanda, World Vision	4	3	3	4	14
Seed Multiplication, Gwanda	0	0	2	0	2
Chamaswiswi SSI	0	2	4	6	12
Chaluvimbi Community Garden	0	3	7	12	22
Amosi SSI, Thyolo	8	5	8	9	30
Chinthebe Water Harvesting	0	2	6	10	18
Group Village John Communal Garden	1	3	2	3	9
Village John Road	0	0	10	3	13
Tsukakhantanga SSI	8	7	9	12	36
Total	25	28	57	72	182

Annex 3: List of Consultations

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Jethro Magodo	Field Officer	CARE Zimbabwe	
Edson Manake	Field Officer	CARE Zimbabwe	
Levison Zimori	Project Engineer	CARE Zimbabwe	
Chimwemwe Ngalauka	Field Officer	World Vision Malawi	
Adelaine Williams	Community Facilitator/ Intern	Salvation Army, Malawi	
Anthea Spinks	Relief & Program Development Mgr.	World Vision Mozambique	
Joseph Kamara Kihika	Commodities Mgr.	World Vision Mozambique	
Delphine Dechaux	HIV/AIDS Unit	WFP Mozambique	
Deolinda Pacho	HIV/AIDS Unit	WFP Mozambique	