

HIV/AIDS, Disasters And Food Security: The Baphalali Swaziland Red Cross Society Pilot Project

BACKGROUND

Swaziland is a small, southern African kingdom which shares borders with Mozambique and South Africa. Most of its population relies on subsistence farming. Since 2002, Swaziland has been affected by recurring droughts. The country also suffers from one of the highest rates of HIV/AIDS infection, estimated at 33 per cent. Almost half the population lives below the poverty line of US\$ 2 a day. All these factors contribute to households being vulnerable to food insecurity. Recurrent droughts mean that people are forced to sell valuable assets in order to cope.

However, poverty levels are such that selling possessions particularly tools such as farming implements, can result in destitution. The interaction between HIV/AIDS and food security is complex and, for the poor, can mean:

- poor access to HIV/AIDS information;
- households having a higher dependency ratio, with a lower number of healthy adults. An ailing individual is less productive. For example, if farmers are ill, they cannot work on their fields and therefore produce less. At the same time, they are a greater burden on their families, who have to spend more money on medicine and care for them. When a person contracts HIV/AIDS, the process of depletion of household assets takes place over an extended period of time and increases the families' vulnerability to problems and misfortunes;
- resorting to risky practices in order to secure access to food, such as prostitution, thus running the risk of contracting HIV/AIDS;
- less access to relatives living in urban areas and abroad, who help poorer members of their family with gifts in cash or in kind. The poor in rural areas tend to receive smaller gifts less frequently than better-off households;
- less access to regular employment, pensions, property and medical services;
- less access to nutritious food than better-off households – a key factor in prolonging the lives of infected individuals; and
- having a poorer health and nutrition status.

OBJECTIVES

As a result of commitments made by African National Societies at the 2000 Pan African

Conference, the Baphalali Swaziland Red Cross Society (BSRCS) decided to implement a food security pilot project. This project is implemented through a tripartite agreement between the Finnish Red Cross, the BSRCS and the International Federation of the Red Cross and Red Crescent Societies. The pilot project has a four-year time frame.

ACTIVITIES

The project's main aim is to link food security with disaster mitigation and HIV/AIDS prevention and management. The project was implemented in three areas of Swaziland: Sigombeni, Mahhashinni and Maphungwane. A number of expected outputs were elaborated at the start of the project. These included:

- improving farming methods for households in the Sigombeni clinic catchments area;
- establishing income-generating activities for HIV/AIDS-affected households in Sigombeni;
- establishing communal poultry and cotton growing/gardening projects in Mahhashinni; and
- establishing communal fishery and garden projects in Maphungwane.

The project targets 430 vulnerable households (approximately 3,440 people). The target population is responsible for managing the activities. Groups from the various communities have agreed on constitutions and have set up committees which meet to discuss any issues that may arise. Technical support to the project is provided through a food security specialist recruited by the BSRCS and the Ministry of Agriculture.

ACHIEVEMENTS

A mid-term evaluation stated that it was too early to determine major impact. However, based on feedback from the communities and key personnel, there is evidence of impact on the target population's ability to:

- produce food for their own consumption;
- donate food to other vulnerable people in the community; and
- raise income for other basic necessities such as school fees. Some projects are more advanced than others. For example, members of the poultry project are able to stock chicks

themselves, share dividends and save reserves for expansion. But none of the projects are as yet sustainable, although the evaluation team noted that this was to be expected at this stage of the projects.

CONCLUSION

The BSRCS food security pilot project has already demonstrated a positive impact on targeted communities through improving production, consumption and income levels. It is, however, important that the recommendations of the mid-term evaluation are implemented in order to develop further the project's sustainability.

The project can help other southern African Red Cross Societies by acting as a learning ground. However, to achieve this, better use of the BSRCS's experience must be made by National Societies in the region

LESSONS

■ There is a need to facilitate integrated programming. For example, in order to ensure sustainability, many of the projects require reliable access to sufficient water. A study of how best to provide such access should be undertaken and technical support by the water and sanitation professionals should be provided.

■ Although training of communities has taken place, the mid-term evaluation highlights the importance of continuing to build the capacity of participating communities and beneficiaries by providing relevant and tailor-made training in both professional and management skills.

■ The mid-term evaluation also recommends increasing the professional and management capacity of the BSRCS site officers in agriculture, agro-forestry, fish farming, project management, planning and reporting.

■ One of the major issues faced by the project has been the targeting of beneficiaries. The mid-term evaluation stresses the need to revisit this and suggests that the BSRC develop and introduce clear and transparent selection criteria.

■ Other aspects identified as important in order to improve technical support to the project are further developing the partnership with the Ministry of Agriculture and continuing to work with the University of Swaziland.

■ It is essential to maintain the support of local leaders in the communities by keeping them regularly informed of the project's progress.

■ Finally, the mid-term evaluation emphasizes the need to strengthen the current analysis and recording procedures in order to ensure the utilization and replication of best practices.

11 Monitoring Food Distributions: A Zambia Red Cross Society Experience

BACKGROUND

The countries of southern Africa were severely affected by drought in 2002 and 2003. In addition, the high prevalence of HIV/AIDS in the region, including Zambia, meant the drought had a greater than normal impact. The Zambia Red Cross Society (ZRCS) undertook extensive food distributions in response to the drought. This is a traditional National Society activity, but monitoring impact at the household level has been undertaken less frequently. The International Federation recruited a food security delegate to help National Societies in the region to increase their capacity to monitor the impact of food distributions. With the delegate's help, the ZRCS was able to develop such a system, which meant it could better demonstrate the impact of its work and would be able to refine distributions to improve the quality of programming.

ACTIVITIES

The food distribution monitoring system was developed to:

- ensure that those registered for food distributions receive the correct amount of food;
- record the impact of the food distributions at household level;
- monitor the accuracy of targeting based on the agreed criteria; and
- enable the improvement of the food distribution system.

Two monitoring forms were developed. One was used for monitoring at the distribution point, with 10 per cent of beneficiaries being selected at random by monitors to fill in the questionnaire. The other was used for control at the household level, with monitors interviewing ten households chosen at random every month. Information collected covered:

- who received the ration;
- the benefits of the ration;
- organization of the distribution; and
- targeting.

Beneficiary satisfaction with ZRCS food distributions

ACHIEVEMENTS

In general, the monitoring system enabled a better understanding of the impact of food distributions. More specifically, the results indicated that 57 per cent of men and 43 per cent of women were interviewed by the monitors at the distribution point. As the sample was selected at random, this percentage provides an indication of the proportion of women who are responsible for collecting food rations. This sort of information helps to devise food distributions that better fit the needs of the majority of the recipients - in this case, with women's roles and responsibilities.

The organization of distributions is important in order to reduce the time it takes for people to receive their ration entitlement and prevent disorder. To assess this, beneficiaries were asked at the distribution points about the way food distributions were organized. The graph demonstrates that beneficiaries felt that the distributions were well organized.

The reasons some beneficiaries gave as to why they were not satisfied with the way food distributions were organized included:

- family size was not well registered;
- distribution took too long;
- crowd control was bad;
- queues were not respected; and
- trucks with food were not on time.

With such a high satisfaction rate, perhaps the most crucial criticism of the distributions was that family size was not well registered. Cross-checking against data collected at the household level revealed that family size was not incorrectly registered, leading to the conclusion that beneficiaries were feeding more people than their actual family.

Only 2 per cent of those interviewed at household level reported that they received assistance from other organizations. This indicates that the ZRCS was not duplicating its assistance with other organizations.

The following graph provides an analysis of the targeting. Households were targeted on the basis of socio-economic criteria. That the targeting of beneficiaries by the Zambia Red Cross Society is efficient is demonstrated by the fact that it was consistently able to target poor and very poor households in the communities in which it works.

Vulnerability of beneficiaries monitored at household level
100%

The majority of households reported using the food in a number of ways: 99 per cent of households reported that they consumed the food distributed, while 64 per cent of those interviewed said that the food distributions enabled them to save money, which could be used for other food and household costs. The food distributed was also given to others as a gift, sold or fed to livestock. Thus, the food was used to support both the households' nutrition and their food security. It was also possible to determine whether the ration was shared with more people than those registered for food distribution.

Do more people eat from this ration than those registered?

Statistics indicate that beneficiaries were sharing their food with more people than those registered as being in the family unit. On average, half of the respondents stated that the food was shared with people other than those registered. However, the proportion of those reporting sharing of food with additional people fell in June, most likely as a result of the harvest. When undertaking food distributions it is important to realize that households may have other sources of food that they access during times of hardship. The ZRCS food distribution was not a full ration designed to fulfill the total requirements of households. Some households were able to supplement their rations by purchasing food, eating the produce from their gardens and/or consuming wild foods. However, the monitoring system identified an average of 18 per cent of respondents who claimed they could not supplement the ration with other sources of food. This finding is important as it may suggest that these households need further support or, at the very least, that their situation needed to be reviewed.

LESSONS

- The development of the monitoring system enabled the Zambia Red Cross Society to determine the impact of its food distributions.
- The monitoring system enabled the ZRCS to determine the quality of the service it was providing to its beneficiaries and make alterations to the distribution as necessary.
- Monitoring enabled better reporting to donors on the impact of their donations on the situation.
- The forms were relatively simple to use: they were not too long (one side of the paper used in length) and volunteer data collectors were

trained. Mistakes, therefore, were kept to a minimum. Further training is, however, recommended for future monitoring in order to improve the quality of data collected by volunteers.

■ The forms used could be modified to check the amount of food received per beneficiary. This would help to monitor the accuracy of "scooping" of food portions.

■ It is vital that ZRCS headquarters oversee implementation of the monitoring system in the field and analyze results on a monthly basis. This will ensure that forms are being completed in a uniform and correct fashion.

■ Setting up a monitoring system and analyzing data collected requires time and personnel. The data analysis function was neglected until July when the backlog was quickly addressed.

CONCLUSION

Monitoring of programs is crucial to improve program quality and accountability. Monitoring highlights the impact that programs are having and can also help project managers to adjust the programs in order to improve quality. It is important to consider monitoring as part of normal program activities rather than as a separate activity. Monitoring requires financial and personnel resources.

12 Community And Home-Based Care For People Living With HIV/AIDS In Zimbabwe

BACKGROUND

Across Zimbabwe the level of infections and illness associated with HIV/AIDS is dramatically increasing poverty levels. A recent assessment of people living with and households affected by HIV/AIDS shows an increase in the number of widows, widowers and orphans. It also indicates that households spend more time on caring for the sick; that their medical costs are greater; and that their expenditure on inputs was reduced.

Migration is also increasing, some people are moving from the rural to urban areas in search of treatment, while others, seeking a cheaper life-style, are moving back from the towns to rural districts. At the same time households have a deteriorating dependency ratio with a low number of healthy adults to people living with HIV/AIDS (PLWHA), children and elderly people.

OBJECTIVES

The Zimbabwe Red Cross Society (ZRCS) recognized the increasing vulnerability of households to HIV/AIDS as early as 1988, when it set up the Integrated AIDS Project (IAP). This document describes its home-based care (HBC) program and recent developments resulting from the 2002–2003 drought. It also highlights constraints and areas for further development.

ACTIVITIES

The Integrated AIDS Project started in 1988 with a focus on prevention. As it became evident that the number of HIV-affected households was growing, the ZRCS established a home-based care program in 1992. The IAP now focuses on three main areas:

- Prevention of transmission of sexually-transmitted infections (STIs) and HIV/AIDS
- Care and support for PLWHA and their families

■ Advocacy

The goal of IAP is to “reduce the incidence of HIV/AIDS and its consequences among vulnerable groups in Zimbabwe through information dissemination, access to care and support”

There are currently 22 HBC projects in Zimbabwe’s eight provinces. The Zimbabwe Red Cross Society trains volunteers recruited from the community, often themselves infected with HIV, to become care facilitators. These volunteer care facilitators then support households with PLWHA in various ways, such as providing hygiene training for infection management and disseminating key health and nutrition messages. They also work to reduce the stigma associated with HIV/AIDS. A key weakness of the program, which was identified prior to the current crisis, was that the clients of HBC often lack basic needs such as food, shelter and clothing. In order to meet these needs the ZRCS started to distribute food to the HBC clients. However, due to funding constraints, distribution was erratic and was frequently unable to meet the ever-growing needs.

The ZRCS recently appealed for food to be distributed to HBC clients and their household members in order to reduce the impact of the drought and the country’s political crisis on these particularly vulnerable people. The program reaches some 10,000 chronically sick clients in their homes and has registered over 35,000 orphans and vulnerable children (OVC).

ACHIEVEMENTS

- PLWHA receive appropriate care while remaining in their own homes with their family members.

■ Food has provided a useful nutritional input to households, increasing the health and well-being of beneficiaries

■ Food has also acted as an economic transfer, reducing the economic burden on households caused by increasing expenditure on medical care and the loss of an income-earner.

■ Social networks for psychological support have been set up since many of the care facilitators themselves are people living with HIV and AIDS

LESSONS

■ The HBC project aims at reaching the most vulnerable people, i.e., the poorest households with PLWHA. Although this has proved difficult, it has been more effective in urban areas where HIV testing is available and needs assessments are carried out by social welfare departments. In rural areas, however, testing was not available. Selection was based on clinical symptoms, even though this had to be done in the absence of a clinical case definition in Zimbabwe.

■ The home care program has focused on addressing the immediate needs of PLWHA. However, the Red Cross is aware that it needs to identify strategies that target the medium- to long-term food security of other household members. For example, OVC are often left without the knowledge and skills base to work the land in order to grow food and crops at a time when labor is in increasingly short supply for such work.

■ Less time is available for agricultural production, including animal husbandry, due to the time spent on caring for the ill. Production methods, which are less labor intensive but which produce food that is just as nutritious, therefore need to be developed.

■ Poor households are very often unable to find paid employment, which would enable them to purchase the food they need. In fact, they often deplete their assets in attempting to buy medicines and services to help PLWHA. Increasing access to income could play a key role in improving food security.

■ Although food provision remains an important part of the HBC, the ZRCS are faced with a fundamental challenge, the capacity of the existing volunteer base

Growing needs and an increasingly diverse set of priorities within the HBC mean that volunteers are stretched to their limits

CONCLUSION

Home-based care for people living with HIV/AIDS provides a unique opportunity for the ZRCS to access vulnerable households. The vulnerability of these households is, however, both short and long term. Although current efforts focus on addressing the acute food emergency, which is a result of the drought and political crisis in the country, it will be important to pilot and support the development of programs that address longer-term vulnerability.

The increasing workload of volunteers, coupled with the growing needs of PLWHA and their households, is a fundamental concern. The HBC program will therefore need to consider the possibility of increasing its volunteer base through a recruitment drive or of developing food security programming in an independent, but integrated, way to address the needs of PLWHA and their household members including orphans and vulnerable children.