



**FOOD FOR ASSETS PROGRAMMING
THROUGH AN HIV/AIDS LENS**

MANUAL & CHECKLIST

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This and other Learning Spaces documents can be found on the C-SAFE website: www.c-safe.org.

ACRONYMS

ADMARC	Agricultural Development and Marketing Corporation
ARV	Anti-retroviral (medication)
ASO	AIDS Service Organization
CHS	Community Household Surveillance
CSB	Corn Soy Blend
CRS	Catholic Relief Services
C-SAFE	Consortium for Southern Africa Food Security Emergency
DAPP	Development Aid from People to People
DfID	Department for International Development (UK)
FAO	United Nations Food and Agriculture Organization
FFA	Food for Assets
FFP	USAID's Office of Food for Peace
FFW	Food for Work
FPP	Focal Point Persons
GIPA	Greater Involvement of People with HIV/AIDS
HBC	Home-Based Care
HEPS	High-Energy Protein Supplement
NGO	Non-Government Organization
OVC	Orphans and Vulnerable Children
PLHA	People Living with HIV/AIDS
SADC	Southern African Development Community
TFA	Targeted Food Assistance
USAID	United States Agency for International Development
VAM	Vulnerability Assessment Mapping
WV	World Vision

PREFACE

This Manual and Checklist aim to help programmers adapt Food for Assets projects to an HIV/AIDS context. The Checklist was developed and piloted in southern Africa, a region experiencing the highest HIV/AIDS prevalence rates in the world.

The deliberate adaptation of Food for Assets projects to an HIV/AIDS context - while happening in many cases out of necessity – has not been occurring systematically. This Manual and Checklist is believed to be one of the first of its kind, and is analogous to gender analysis tools. Looking at projects ‘through a gender lens’ has become standard operating procedure and it is likewise hoped that with time, consideration of the particular needs and capabilities of People Living with HIV/AIDS (PLHA) and those affected also becomes natural for donors, relief and development agencies, and communities when designing and implementing projects.

“Mainstreaming HIV/AIDS should be an essential feature of all programming in countries with generalized HIV epidemics. In practical terms, this simply means that while maintaining a primary focus on the program’s core business (for instance Food Security or Livelihoods programming), we actively seek ways to help avoid new infections, prolong the period of healthy life for those with HIV, and minimize the impacts of AIDS-related illness and deaths.”

- Dan Mullins,
HIV/AIDS Technical Advisor, CARE SWARMU

The tool is an important application for a number of reasons, in that it can:

- ✓ **PROMPT** us to be more inclusive in our approach to Food for Assets planning and implementation thus gaining access to the communities’ full potential;
- ✓ **REMINDE** us to invite those most affected by HIV and AIDS to become active players in creating community responses to current and future shocks, enabling them to be part of the solution;
- ✓ **HELP** us to identify the key steps in adapting our projects to this challenging context;
- ✓ **STIMULATE** thinking about ways to actively mitigate the impact of HIV/AIDS;
- ✓ **INSPIRE** proactive approaches to building community resilience to the shocks of HIV/AIDS;
- ✓ **INFORM** our thinking about potential risks and threats of *failing* to adapt FFA programming to a high prevalence of HIV and AIDS;
- ✓ **ADVANCE** the regional goal of a multi-sectoral response to HIV/AIDS (while Food for Assets is just one piece of this, it can help link together various sectors);
- ✓ **ENGENDER** greater support for Food for Assets activities and help agencies to broaden their donor base; and
- ✓ **SIGNAL** our tangible commitment to addressing HIV/AIDS.

No one pretends that integrating HIV/AIDS into Food for Assets will be easy. As one Focus Group participant put it, implementing the Checklist “requires creativity at every turn.” This is the task that C-SAFE agencies and their Food for Assets managers are challenged with, just as southern African communities are challenged by the existence of HIV/AIDS each and every day.

INTRODUCTION: WELCOME TO FFA THROUGH AN HIV/AIDS LENS

Although C-SAFE endeavors to apply HIV/AIDS as a cross-cutting theme to all programming, Food for Assets programming has not been customarily viewed as interacting with HIV/AIDS. This document proposes to change that tradition. This Manual and Checklist are tools to guide staff and stakeholder thinking during the design phase of Food for Assets projects, facilitating a more inclusive process. It asks us to consider how HIV and AIDS is affecting people in our operational areas and how we might provide more tangible assistance to those infected and affected.

- **What Do We Mean By Food for Assets?** The term Food for Assets (FFA), as opposed to Food for Work (FFW), denotes a shift away from emphasis on employment creation and toward community-managed asset creation and human capital development. Food for Assets strategies still involve the exchange of food for labor, but they emphasize the creation of assets that are owned, managed and utilized by targeted households or communities. Participatory planning approaches are used that help mobilize local resources and sharing of benefits.
- **Using the Concept of Food for Assets is Especially Useful in Context of HIV/AIDS.** While still including traditional Food for Work activities such as construction of roads, dams, and other infrastructure, the Food for Assets approach also encompasses human capital development (knowledge and skills development). This allows greater breadth for creative programming. For example, it is a valuable entry point for Food for Training on a variety of thematic areas such as conservation farming, labor-saving technologies, and even home-based care of chronically ill persons – all seen as constructive activities in areas with high prevalence of HIV/AIDS.

Important! Programmers will gain the most from this tool by reading the C-SAFE study “*Food for Assets: Adapting Programming to an HIV/AIDS Context (September 2004)*” before implementing the Checklist.

- **People Living with HIV/AIDS and Affected Households Can Be Part of the Solution.** Involving people and households affected by HIV/AIDS in Food for Assets activities empowers them to become part of the solution, rather than relegating them to the status of ‘beneficiary’. This is an ideal way for NGOs to strengthen programming and allows them to apply in practice the fundamental principles of Greater Involvement of People with HIV/AIDS (GIPA). In operational areas with high rates of infected or affected, failure to actively involve this group risks marginalizing a substantial portion of the community.

Note!

Households caring for Orphans and Vulnerable Children (OVCs) should be included in the category of ‘Affected Households.’ Planners need to think about how they can specifically reach these households, since they are often among the most vulnerable in a community.

One way to be inclusive of PLHA, affected households, and those who are chronically food insecure is to ensure they actively participate in the initiation stages of community-based FFA interventions. They need to be included as planners and decision-makers, and also have a role in food distribution.

- **While Implementing Food for Assets Projects We Can Even Help to Prevent New Infections.** Food for Assets projects can be thoughtfully fashioned to actually reduce the transmission of HIV/AIDS. Even projects not purposefully designed with an HIV/AIDS reduction goal may present new opportunities for prevention and awareness-raising activities, especially in underserved areas of operation. The Case Study below illustrates how prevention of new infections can be a natural (but intentional) outcome of a FFA project.

Case Study

A Malawian Village Hopes to Address Food Needs and Reduce Spread of HIV

Amosi, a village in Malawi, has been displaced by 200 hectares of tea estates, pushing the communities into the margins. Many villagers are extremely poor and landless, while those with land have less than a quarter hectare. To date, the community has coped with poverty by crossing into Mozambique for piece work, called ‘ganyu.’ During critical lean months, there is also frequent migration to urban areas to access ADMARC or hammer mills in search of bran. These cross-border and rural-urban-rural movements hasten the spread of HIV. An irrigation scheme was developed in Amosi, in cooperation with the Government of Malawi, World Vision, and FAO. The project hopes that not only will it address immediate food and income needs of the population, but will also offer alternative livelihoods that can help reduce the spread of HIV.

Ways in which FFA projects can help prevent new infections include:

- 1) targeting food insecure communities, thus reducing risk-taking behaviors;
 - 2) incorporating HIV risk management measures into the design of FFA activities (as explained later in the Manual);
 - 3) devising mechanisms for community learning about HIV/AIDS prevention, care and support within the FFA project design; and
 - 4) building social capital to strengthen HIV/AIDS information exchanges, education, and awareness (for example, village information centers) as part of the FFA project design.
- **While Implementing Food for Assets Projects We Can Actually Help Mitigate the Impact of HIV/AIDS.** Food for Assets has the potential to purposefully mitigate one or more of the impacts of HIV/AIDS on communities and households, as illustrated in the following Case Study. Such interventions would address the need for better nutrition, better health and hygiene conditions, agricultural recovery, restoration of coping strategies, improved income and protection or recovery of productive assets, intergenerational transfer of knowledge, and general economic recovery of communities affected by the pandemic.

Case Study

WFP Zambia Assists Affected Households Through Conservation Farming

In Gwembe and Siavonga (two rural districts near Lake Kariba in Zambia) the United Nations World Food Programme (WFP) established conservation farming units to introduce conservation farming systems, labor-saving techniques, and HIV/AIDS awareness. 3,200 households participated and were allocated food aid for six months based on their involvement in land clearing, contouring, terracing, weeding and training activities. WFP established a partnership with the United Nations Food and Agriculture Organization (FAO) to introduce drought-tolerant crops to the conservation units, such as sorghum and millet.

Some benefits of establishing conservation farming units, which are especially important when including PLHA and affected households, are: 1) crop yield increases for household consumption and sale, 2) reduced time spent on production activities (especially important for people with illness or caregivers), and 3) there is an increased number and quality of village information nodes or social networks addressing HIV/AIDS as a result of the HIV/AIDS awareness training.

BEFORE YOU BEGIN

Some Groundwork Before Starting

You may find it advantageous to gather some basic information on the projects and communities in which you intend to work before embarking on this exercise. Your HIV/AIDS technical staff should be able to help you unearth some of this data. In particular you should find out, if possible:

- HIV/AIDS prevalence rates in your operational areas;
- what projects are being implemented (by your NGO or other organizations) that explicitly address HIV/AIDS;
- whether PLHA and affected households are already being identified in the communities in which you intend to work;
- to what extent stigma is a negative influence in the communities where you will work.

If you haven't already done so, this is a good time to review the institutional structures in your project community. This calls for an examination the rules and regulations that govern the distribution, use, and control of resources, paying close attention to how these rules and regulations affect participation of women, children, and PLHA in project activities. This will guide the project design process, incorporating cultural values and knowledge in order to transform the beliefs and traditions that promote HIV infection, support those that have a positive influence and break down the barriers to broad-based participation, including stigma.

Important! This tool is not just to be applied to Food for Assets projects that specifically target HIV/AIDS constituencies, but to all your Food for Assets activities.

Include Technical Persons in Your Discussions

It is proposed that when undergoing this exercise the composition of the participants should be 80% Food for Assets staff and 20% HIV/AIDS staff. Staffing limitations may not always allow this, but every effort should be made to ensure that at least one person technically conversant with HIV/AIDS issues is present during the exercise. If your organization isn't able to provide an HIV/AIDS technical person to work with you, you may be able to draw someone from an AIDS Service Organization (ASO) or HIV/AIDS project in your operational area.

Things to Look Out For

There are a few things that arose in the Focus Group discussions that are worth bearing in mind:

- Looking at Food for Assets through an HIV/AIDS lens does not mean altering your activities to *only* serve PLHA and affected households. In fact, **it is essential that you keep your primary purpose (i.e. developing/implementing programmatically sound Food for Assets activities that benefit food insecure and vulnerable households) foremost in your mind.** Rather, this process aims to ensure that you routinely consider the needs and aspirations of this constituency during project planning and

implementation, and to help you see this group of people as part of the solution to address food insecurity in communities.

- **Try not to focus your discussion around only those who are visibly sick or have experienced an AIDS-related loss.** Think about those community members who may be HIV-positive and healthy, those who may be HIV-positive but unaware of their status, family members and households of the infected, as well as HIV/AIDS-support structures, service organizations and caregivers.
- **Stigma remains an issue** in many communities although the extent of its influence varies widely. Sensitivity to stigma includes not only taking care not to contribute to stigmatization, but taking care *not to perpetuate* stigma where it is, in fact, diminishing. While this is a very delicate balance, our role is not simply to observe and acknowledge the influence of stigma, but to actively seek to diminish it. Thus it will be beneficial when planning and implementing projects **to ‘normalize’ the existence of HIV/AIDS** in communities. Strategies for normalization range from consistently including those infected and affected by HIV/AIDS in all stages of the project, giving them key roles rather than assigning them ‘beneficiary’ status, and encouraging open dialogue.
- **Some questions in the tool are likely to raise even more questions.** For example, if people who are unaware of being HIV positive engage in heavy labor, is it possible that the work will cause their health to deteriorate? On the other hand, if the same people are already identified as food insecure, isn’t it imperative that their food security status improves? While there may be no concrete answers to these dilemmas, it is useful for programmers to be aware of them, so that they might at least attempt to mitigate negative affects.

The Role of Discussion Leader

It is suggested that one person is chosen to lead the discussion, and that this person thoroughly reviews this Manual before starting. It will be helpful to choose a leader with facilitation skills. It may produce more interesting results if the leader is the only one bearing a copy of the Manual, while participants have just a copy of the Checklist in front of them. This will help avoid having participants rely too heavily on the answers and case studies in the Manual, and should leave room for more imaginative discussions. The Manual will be an important prompt for the leader when the discussion slows or if participants get stuck on a certain question or topic.

And Finally, Other Matters that May Arise

The Checklist may give rise to several generic Food for Assets programming concerns. In particular, donor restrictions and the short life span of Food for Assets projects are likely to emerge as constraints. Don’t be discouraged! It’s important to do what you can, even if it seems a small effort.

- It has been noted that some donors may not be attuned to the integration of HIV/AIDS in Food for Assets projects. If donors do not include HIV/AIDS themes in their own Food for Assets guidelines, it can make it tougher to carry out on the

ground. Nonetheless, creative and sensitive programming should allow space for inclusion. If it becomes important to design extensive HIV/AIDS activities in combination with Food for Assets, it may be necessary to secure parallel funding. And don't hesitate to 'educate' your donor on these issues. Breaking down the barriers to mainstreaming HIV/AIDS is every programmer's responsibility!

- Food for Assets projects can have a duration of as little as one week. Field staff may feel they are unable to integrate HIV/AIDS concerns into short projects, noting that to do this satisfactorily requires time, staff, transport, and other resources. However, even for short projects a minimum standard of HIV/AIDS mainstreaming should be applied. At the very least, FFA projects should be scrutinized to ensure no violation of the first principle of intervention: *Do No Harm*.

Keep in mind also that a well-designed Food for Assets project – as opposed to traditional Food for Work – should generally have a broader, multi-sectoral plan behind all its concrete tasks, such as creating infrastructure. Clustering Food for Assets projects into an overall recovery or development scheme for a catchment area is essential. FFA projects need to pay equal attention to strengthening and building local capacities in planning, community organization, management of earthworks and labor, food distribution, asset maintenance, benefit sharing and conflict resolution. In the context of HIV/AIDS, there is an even greater need for consultative planning, community learning, and shared asset management (including access, use, control, and maintenance of assets).

Other Options for Using this Manual

While it has been suggested here that the manual be used to guide focus group discussions with staff groups at the outset of project planning, there are other possible ways to use this manual. These include:

- If you have not applied the Checklist during the design stage and have inherited a FFA project in progress, it is still useful to go back through the questions to see if critical issues have been addressed and what modifications might still be needed.
- The Checklist can be used during assessment processes - both self-assessments and external ones. Some of the questions can be incorporated into your Scope of Work for mid-term and final reviews.
- Many staff have commented that community members and stakeholder should be involved in the Checklist discussions – that this is not a 'staff only' exercise. In Zimbabwe, C-SAFE has integrated the Checklist questions into the Project Proposal format which is completed by community groups. These groups have been orientated to their role in FFA project design, implementation and management, and have welcomed the additional emphasis on HIV and AIDS. FFA staff receiving completed proposal forms from the community are then charged with a more up-stream role in ensuring appropriate technical input and linkages.

WORKING THROUGH THE CHECKLIST

This section goes through each question on the Checklist, by project stages, providing some illumination on the intent of the questions and offering examples and case studies that may kick start discussion and help fill out conversation.

Note!

The tool is intended to start your HIV/AIDS analysis, not to substitute for it. Your goal is to explore the issues at hand, have open and innovative discussions, rather than just ticking off answers to a checklist.

There really are no right or wrong answers; this is relatively new territory for all involved and it is expected to be an ongoing learning process. The Checklist is provided in Annex 1.

Project Identification and Planning

QUESTION 1: What are the impacts of HIV/AIDS in the communities in which you are planning to work?

Participants are likely to be quite familiar with the answers to this question, but it's important to start your discussion 'on familiar territory'. This is a warm-up question, but it's important, in particular, that they clearly articulate how the pandemic has manifested itself in *this* community, and how this might affect proposed Food for Assets activities.

Brainstorm! You can ask your group to brainstorm on social changes that have come about by the presence of HIV/AIDS in the community. Among these may be:

- rise in the number of orphans and vulnerable children (OVCs)
- many elderly-headed households, child-headed households
- increase in deaths of people in their prime years
- more widowers
- proliferation of tuberculosis or other chronic illnesses
- increase in funerals
- loss of skilled workers, such as teachers and medical professionals

You may also want your group to think about the impacts of HIV/AIDS on the individual. Answers may include:

- loss of physical strength and stamina
- changes in dietary needs
- stigma and fear of disclosure
- despair/hopelessness about the future.

HIV/AIDS: The coping mechanisms and resilience of communities are reduced when there is a high prevalence of HIV/AIDS and consequently the threshold for external stressors to cause a disaster may be lowered, while the amount of time a community needs to recover may be prolonged. This debilitating disease not only affects individuals but also their families and communities, as young people in their most productive years, especially women, are disproportionately affected - physically, psychologically and financially. As the pandemic matures and more people die, the demographic characteristics of communities change to leave a disproportionate number of children, including orphans, and older people. These vulnerable groups require special attention and relief programmes may need to be modified accordingly.

- from a description of the *Sphere Handbook* found at

[Hhttp://www.sphereproject.org/handbook/html/1_what.htm](http://www.sphereproject.org/handbook/html/1_what.htm)

H.

The handbook is designed for use in disaster response planning.

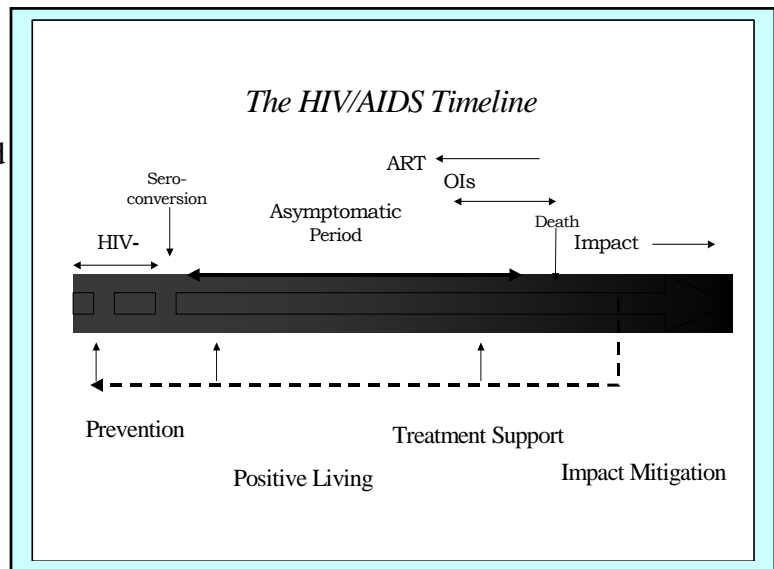
Another affected party is the family. Ask the group how families are being affected by the epidemic. Responses might include economic, social or other impacts, including:

- breadwinners or people growing crops become incapacitated
- income is diverted to medical services, medications or traditional healing
- families are forced to sell off assets
- people fear stigma and are reluctant to disclose their needs
- children are withdrawn from school
- aging grandparents become ‘parents’ to orphaned children
- caregivers are overburdened and isolated by their duties

Adding further to the challenge, we are reminded that HIV is not experienced (like most environmental disasters) as a single event or trigger that affects the members of a population similarly over time. We must be attuned to our target groups as their needs evolve over time, designing and constantly adapting our interventions in order to remain relevant in a fluid, complex reality.

Case Study Using the HIV/AIDS Timeline

C-SAFE uses the HIV/AIDS Timeline¹ to make thinking ‘through an HIV/AIDS lens’ simpler and more accessible to program designers. The HIV/AIDS Timeline is simply a visual representation of the major stages that unfold fairly predictably over time, prompting us to consider the potential interventions relevant not only to individuals, households and crisis due to illness, but to those who are HIV negative (but food insecure and at risk), and those who are HIV positive but asymptomatic, and those who are affected by illness and death of others.



QUESTION 2: What resources are available that could help you integrate HIV/AIDS into your geographical targeting?

Ask your group to make a list of resources. If they need help getting started with their list, you can prompt them with one or two of the possible resources below:

- Ministry of Health, Central Statistics Office, or District Health Surveillance (DHS) data
- Vulnerability Analysis and Mapping (VAM) surveys may help inform your geographical targeting
- Local AIDS service organizations may have more refined data on high prevalence ‘hotspots,’ orphan numbers, etc.
- C-SAFE and WFP Community and Household Surveillance (CHS) reports, and other periodic assessments, collect a large amount of data that might be useful in FFA program design and targeting within an HIV/AIDS context.

An idea! A social mapping project in Zimbabwe -- piloted by CARE, with DfID funding -- provides interesting insights into the current situation of some communities in that country. Has a similar exercise been conducted in your operational area?

Useful Resource

Vulnerability Analysis and Mapping (VAM), WFP

VAM provides support to WFP country offices and partners in the areas of (1) analyzing vulnerability of target populations to food insecurity and their capacities for coping with disaster; and (2) presenting the analysis through digital maps. VAM data and maps contribute to better targeting of areas affected by disaster (for relief activities) or prone to disaster (for development activities) and provide key inputs in designing interventions. WFP aims to have VAM capacity in all countries with relatively large programs. Every WFP regional office also has in-house VAM expertise, with access to country level reports, data, and maps (GIF and MapInfo formats).

Email: vam@wfp.org

Another exercise that your group could undertake is to make an Action Chart. See the sample below.

ACTION CHART – GEOGRAPHICAL TARGETING				
<i>What is Needed?</i>	<i>Source of the Information</i>	<i>Who has access to this source?</i>	<i>Who (from our team) will follow up on this?</i>	<i>By what date?</i>
Location of local VCT centers	Ministry of Health	Health project coordinator	Charity	20 Dec.
List of AIDS Service Organizations in District X	District AIDS Task Force	OVC project field officer	Emmanuel	5 Jan.

Remember!

The entry point for Food for Assets programs remains **food insecurity**. This is not a call for preferential targeting of PLHA and affected households, unless they first qualify for a Food for Assets intervention.



QUESTION 3: *How are you involving community-level and district-level organizations who have experience, knowledge, or resources with HIV/AIDS issues?*

Look for relevant organizations through the Ministry of Health’s District Health Departments, NGOs, churches, HIV/AIDS action committees, and HIV/AIDS support groups. They are likely to have up-to-date information relevant to project identification, risk reduction strategies and participant identification. These groups may be interested in making links with your FFA program, as your projects offer a ‘captive audience’ of workers gathered in one location who could be targeted for sensitization activities.

Involving communities and community organizations in the selection processes and project identification helps them to become more self-reliant and empowers them to care for their own vulnerable members.

QUESTION 4: *How are you intentionally involving PLHA and households affected by HIV/AIDS in the identification and planning of the project?*

Why is this important?

While most FFA guidelines require women’s participation on FFA committees and as project supervisors, there are usually no explicit requirements to add those infected or affected by HIV/AIDS.

A primary reason for including PLHA and affected households in project identification and planning project is that they best understand the needs, constraints, and opportunities faced by PLHA and affected households in the community with regard to food insecurity, assets, and livelihoods.

There are many reasons why Greater Involvement of People with HIV/AIDS (GIPA) is so important to the response to the epidemic. At the social level, publicly acknowledged involvement helps reduce stigma and discrimination, and sends a signal to society regarding acceptance and recognition of the importance of PWHAs... At its most basic, GIPA means two important things:

- ✓ recognizing the important contribution people infected or affected by HIV/AIDS can make in the response to the epidemic;
- ✓ creating space within society for their involvement and active participation in all aspects of that response.

- From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) UNAIDS/99.43E (English original, September 1999)

Another motive for recruiting PLHA and members of affected households as active participants is that it is important to demonstrate our commitment to being inclusive and to use every possible entry point and referral mechanism to demonstrate that PLHA and affected households will *not* be marginalized by programming decisions built on assumptions and misconceptions. **Making this clear is an important first step in ‘normalizing’ HIV/AIDS and creating the expectation that PLHA and those affected will be involved in critical decisions that directly affect them.** This ensures that they are not seen simply as beneficiaries.

How can this be done?

A first step is to identify relevant organizations, such as community-level PLHA and OVC groups, as well as churches and schools. There may also be some existing targeting processes, including community action committees or targeted food assistance programs in the community.

To further this discussion, ask your group:

How are you intentionally involving the same people (PLHA and AIDS-affected households) in management and decision-making, including ownership and benefits (such as products or revenue generated)?

QUESTION 5: *Are there any assets included in your project that will be effective in mitigating the impact of HIV/AIDS? What types of assets could you include that would do this?*

Why is this important?

Already we have seen that reduction in labor force productivity is a problem associated with HIV/AIDS, particularly in the agriculture sector, in sub-Saharan Africa. Assets created will be of limited usefulness if negative impacts of HIV/AIDS in the community overtake progress made.

How can this be done?

One WFP document described ways to address less abundant labor and reduced capacities of laborers in communities, which include:

- dissemination of labor-saving technologies;
- promotion of labor banks, tool banks and similar strategies that pool scarce resources;
- crop diversification with an emphasis on less labor intensive and nutrient rich crops; and
- low input/high output activities such as conservation farming.

Keep in mind the impact of HIV/AIDS is not only experienced by the infected person and their affected households, but by the community at large. Thus, impact mitigation activities could also focus on measures that reduce the impact on a more macro level.

Adapting Programming to HIV/AIDS Impacts

“Awareness of the decline in quantity and quality of labor should be an integral part of the program design in areas with high HIV/AIDS prevalence. Food for Work programs, for example, should be designed such that the type of labor opportunity is consistent with the capacity of the elderly and/or adults that are not at their peak health. Even more appropriate would be the design of Food for Assets programs that are not labor dependent, but are oriented to skill development or awareness campaigns that are accessible and appropriate for the elderly and children. Given the fundamental decline in income and agricultural production experienced by HIV/AIDS affected households, the analysis supports the need for continued consumption-oriented assistance to these households in the form of safety net programs, even after the immediate emergency has passed. HIV/AIDS affected households will take longer to “recover” from a shock, and may never fully do so. Accessing food will continue to be a foremost and formidable challenge of HIV/AIDS affected households long after a crisis subsides.”

- *Towards Identifying Impacts Of HIV/AIDS On Food Security In Southern Africa And Implications For Response: Findings From Malawi, Zambia And Zimbabwe,*

7 May 2003, Harare, SADC/FANR Vulnerability Assessment Committee (VAC)

The full text can be found at <http://www.sarpn.org.za/documents/d0000321/index.php>

Examples of activities that specifically aim to mitigate HIV/AIDS impacts are¹:

Enhance Diets: kitchen gardens, nutrition gardens, community soya seed revolving fund, fish ponds, introduction of alternative foods, livestock stocking (for provision of meat and milk)

Training and Education: on such topics as training on water and sanitation, conservation farming, home based care

Agricultural Recovery: seed distribution, fencing of fields for vulnerable families

Care and Treatment: support home-based care services and other care infrastructures, building/refurbishment of medical infrastructures

Development of Community Infrastructures: building/refurbishing housing for elderly- and chronically ill-headed households, community grain storage facilities, establish community schools

An idea! It is feared that inter-generational transfer of knowledge is being severely compromised in the current high HIV/AIDS environment of southern Africa. One proposal is that traditional knowledge – agricultural methods, in particular – should be documented to help preserve this invaluable community and family asset.

Case Study

World Vision Zimbabwe Builds Homes for Vulnerable Families

One activity of World Vision's C-SAFE team in Zimbabwe was to enhance "Community Infrastructures." Along with rehabilitating schools and constructing teacher housing, latrines and a maternity clinic, they included the construction of over 70 homes for vulnerable families.

Together with the communities involved, the team identified a significant need for appropriate housing for elderly and chronically-ill headed households. Under the program, community members identified beneficiaries and pooled local resources to construct small houses. As a FFA project, the workers received monthly food rations.

QUESTION 6: *What effect will the project have on traditional and existing coping mechanisms and strategies in the context of HIV/AIDS?*

Why is this important?

It is important that community coping strategies are respected and enhanced, and that FFA activities do not undermine existing mechanisms. It is also important to be sure that those coping strategies that are influenced by the FFA projects do not increase risk-taking behavior or the transmission of HIV, or hasten the progression of HIV to AIDS in individuals.

An example of one instance in which traditional coping mechanisms were revived is given in the following Case Study.

¹ From the C-SAFE Study 'Food for Assets: Adapting Programming to an HIV/AIDS Context', produced in October 2005. Found at [Hwww.c-safe.org](http://www.c-safe.org)H

Case Study

Community Granaries (Seed Banks) Restored in Zimbabwe

In years past in Zimbabwe, community granaries were established as a coping mechanism for vulnerable community members, such as the elderly and orphans, who relied on the village chief for support. Unfortunately, this traditional safety net vanished in the early 1980s following Independence.

Responding to the community's request, CARE Zimbabwe facilitated the restoration of this traditional mechanism with the aim of supporting vulnerable community members, including those affected by HIV/AIDS.

In one case, the location of the granary was only decided after long discussions among the community regarding the perceived need to place it in a neutral territory to prevent political affiliation. It was finally decided to place it next to the primary school. The community contributed all construction materials, while CARE supplied food, technical assistance, and helped with activity planning. The Department of Agriculture and Extension provided training and assisted with community mobilization.

Each participating farmer contributes 20% of his produce and seeds for the bank. Excess seed is sold and proceeds used to support seed protection interventions for participating farmers.

Building Staff and Community Capacity

QUESTION 7: *What can be done to enhance the capacity of implementing agency staff to identify, understand, integrate and address HIV-related issues in program planning and implementation?*

FFA staff are by no means expected to be fully conversant on all these issues, and will most likely need to receive some training or be given access to technical assistance. C-SAFE and individual agencies have been making efforts to mainstream HIV/AIDS into programming, through such activities as staff training, workshops, developing workplace policies, the C-SAFE HIV/AIDS and Nutrition newsletter, and cross-learning opportunities. FFA managers should be aware of these initiatives, and can provide the leadership necessary to make learning a priority for their staff and themselves.

Some useful resources: In Annex 2 you will find a chart listing internet-based resources that you may find useful when working on staff and community capacity development and enhancement.

Good Practice

In 2004, CARE Zimbabwe selected 24 staff to be Focal Point Persons (FPPs) who received training in the fundamentals of HIV/AIDS. These persons in turn spent time training their colleagues and began the process of introducing HIV/AIDS integration strategies. The program made sure not to overburden the staff, by shifting their responsibilities to make time for the new duties.

QUESTION 8: *What can be done to enhance the capacity of the community and its leadership to support the inclusion of PLHA and affected households as planners, participants, and managers in FFA projects?*

Answers to this question – in particular the list of resources available – will be similar to the previous question. Keep in mind that an effective local response to HIV/AIDS occurs when every section of a community becomes “AIDS competent”.² This entails:

- acknowledging the threat that HIV exerts on individual, family, and collective opportunities;
- accurately assessing the factors that may put members of the community at risk of infection;
- acting to reduce those risks by building on strengths and addressing weaknesses of individuals and community members to prevent HIV acquisition and transmission; and
- ensuring that all people, irrespective of their HIV status, can live out their full potential.

AIDS competence cannot be taken for granted; the community’s acknowledgement of the pandemic and commitment to dealing with it are essential first steps but do not necessarily translate into appropriate, informed activities.

Case Study:

Good Intentions Gone Wrong

In a community gardening project in Malawi, the particular nutrient requirements of PLHA were *not* taken into due consideration. Community gardens were established with the intention of supporting PLHA but the community planted only maize, failing to plan for more nutritious supplemental food items. The NGO providing technical support did not recognize this shortfall until they had missed one growing season, but were able to rectify the situation for the following year’s planting.

How can AIDS competence be improved?

Examples of some ways that AIDS competence can be improved are:

- integrate HIV/AIDS education and awareness into FFA activities, and any other community activities
- facilitate linkages and information-sharing between communities and the institutions/agencies that aim to serve them (relevant government ministries, AIDS Service Organizations)
- form or strengthen groups or committees focused on various topics (Positive Living, OVC, Care and Support)
- make use of ‘Mark Days’ to disseminate information and hold discussions (World AIDS Day, World TB Day, Youth Day etc.)
- allocate responsibility for relevant discussions, tasks and processes to community leaders and members

Participants may refer to the experience with C-SAFE’s Targeted Food Assistance, in which they incorporated a process of community sensitization on HIV/AIDS before implementation. This is ideal, but might be unrealistic in FFA activities due to their often short time frames.

² *Technical Note On The Greater Involvement Of People Living With HIV/AIDS: Local Responses To AIDS*, [Hwww.unitar.org/acp/documents/AnnexesCMConstellation/TechNoteGIPA.docH](http://www.unitar.org/acp/documents/AnnexesCMConstellation/TechNoteGIPA.docH)

Identification of FFA Beneficiaries

QUESTION 9: *Will PLHA and affected households derive benefits from the assets being created? How could you modify the project to ensure that benefits are shared with the PLHA and affected households?*

Targeting is not an easy process, especially in a high-prevalence area where stigma is still high. If Targeted Food Assistance is being implemented in the same community, some of the legwork in beneficiary targeting will have been done for you. When thinking about ways to ensure that benefits are shared with PLHA and affected households (including those caring for OVCs) it might be helpful to organize your discussion according to:

- type and content of asset or activity
- location of asset or activity
- community and project rules or agreements about use of asset and participation in activities

It should be appreciated that PLHA have an urgent need to build assets to leave behind for their children and other family members.

Examples

In communal garden projects, it is not uncommon for Food for Assets to be used to prepare plots that are then set aside for PLHA and affected households (*type of asset*). These plots will be more practical if they are easily accessible by the vulnerable families, for example by establishing them close to their homes (*location of asset*). Agreement can be made that should the owner of a plot die, the plot will be allocated to his or her designated household member OR if revenue is generated through the asset (i.e. sale of vegetables from a communal garden), PLHA and affected households will be involved in decisions around how the income will be used (*rules and agreements about use of asset*).

If a community center is to be established under Food for Assets, you could introduce HIV/AIDS education activities at the center, day care services, or services to help care for the sick. You might also launch some agricultural training and management of household income and expenditures lessons to counter the loss of inter-generational transfer of knowledge.

Identification of FFA Participants

QUESTION 10: *Which targeting mechanisms have you included that seek to intentionally include PLHA and affected households as participants in the project?*

The use of PLHA as active participants in the project will help overcome stereotypes about PLHA being non-productive members of society. It may, however, be a challenge to identify people with HIV/AIDS, because as one participant said, “We think people with HIV must look sick.” There is also a perception that most people don’t know their HIV status and that they won’t identify themselves as HIV-positive because of stigma. While there is truth to this, there are increasing numbers of people who **do** know their status and are trying to live positively. They know they have specific nutritional needs and they want to make plans for the future of their families and communities. Staff are not always trained to pick up on this, and structures are not always in place to respond.

Note! Being a participant does not necessarily mean engaging in hard physical labor. It is important to look at alternative ways of being involved (see questions 14 and 23).

QUESTION 11: Which organizations, institutions, and referral mechanisms could be approached for assistance in targeting able-bodied HIV-positive participants?

C-SAFE agencies have gained a good deal of experience working with communities to target chronically ill and affected families, because Targeted Food Assistance (TFA) aims primarily at these categories. Where these programs overlap with FFA communities, there may be an opportunity to attract beneficiaries graduating from short-term food assistance (i.e. they may be established on ARVs or have successfully completed TB treatment). Graduates of TFA should look and feel well, and may welcome an opportunity to participate in FFA. On the other hand, households may have been dropped from TFA following the death of the primary beneficiary; the TFA staff may be able to refer other members of those households to FFA.

Brainstorm! There are a wide variety of other places to look for appropriate referrals. The discussion leader may want to brainstorm with the group to list places to look for assistance:

- voluntary counseling and testing (VCT) facilities
- anti-retroviral (ARV) treatment programs
- tuberculosis (TB) treatment programs
- prevention of mother to child transmission (PMTCT) programs
- home-based care programs
- faith-based organizations
- youth associations and clubs; women's groups
- traditional healers and leaders.

Caution: It may be a delicate matter to gain access to the names of beneficiaries and participants in care and treatment programs – releasing names could be seen as a breach of confidentiality. You may want to use mechanisms that are voluntary (i.e. that rely on self-identification), and cross-reference these (with permission) against clinic records.

Case Study

Mashuro Irrigation Project Includes PLHA in the Workforce

A small-scale irrigation project being established by CARE in Gutu, Zimbabwe, at the same time that Targeted Food Assistance (TFA) was phasing out. HIV/AIDS-affected households that had previously received free food under TFA expressed a renewed sense of vulnerability. Following consultations between project committee members and the local chief, these particular households were invited to participate in the Food for Assets irrigation project. PLHA helped with earthworks, nursery management and construction of canals, using light-productivity work norms devised by the project committee.

With 65 participants, including PLHA, the workers constructed a dam, irrigation canals, planted eight vegetable gardens as well as bananas and sugarcane around the irrigation canal, and did

some fencing and livestock management. The PLHA received food aid payments for their labor. Unfortunately, however, they did not get plots in the scheme as they joined the project late, reaffirming that **inclusion of vulnerable groups is most effective when implemented from outset.**

QUESTION 12: *Are there households that qualify yet cannot participate in the project? What are the precise reasons for their inability to participate?*

You may find households with able-bodied members who cannot be away from home for long periods, or others that lack sufficient time because of caring for sick relatives or heavy childcare requirements. These people may miss organizational meetings and be unable to travel to work sites. These households are often overlooked and become further marginalized and isolated from their communities.

What can you do when there are no able-bodied adults in a household?

Can your project allow these households to 'recruit' a non-vulnerable relative or a neighbor to participate in Food for Assets projects on their behalf? This might also be one solution to the challenge presented in the box below.

Challenge!

The requirement that FFA participants must be 18 years of age and older, due to child labor laws, restricts ability to include orphans and orphan-headed households as participants in FFA projects. How can these affected persons be incorporated without violating this restriction? One suggestion is to target them as direct beneficiaries of the assets. Another may be to include them in training activities.

QUESTION 13: *How can the project be modified to accommodate those who are unable to participate for reasons identified above?*

As an example, if you are implementing a gardening scheme for a community, it may be possible to locate the gardens closer to the homes of people who are also working as caregivers or who have to care for orphans. Daycare services could be made available for workers. You may even be able to convince donors to allow food payments to temporary home-based caregivers so that able-bodied workers can be away from duties at home long enough to participate in the project.

As for travel and age limitations, it has been suggested that the elderly or chronically ill could be assisted with transportation to planning meetings, and that orphans choose representatives to attend on their behalf.

QUESTION 14: *How can your work norms be adapted to enhance participation of PLHA and affected households? Are there aspects of the work that are less labor intensive and can be reserved for participants requiring lighter duties?*

Why is this important?

In order to be truly inclusive, we need to bear in mind that some people may have restrictions, such as reduced physical stamina, or childcare/patient care responsibilities. PLHA should avoid

very heavy work especially under challenging conditions (i.e. very hot weather). They often have specific dietary requirements, including the need to eat six smaller meals a day. They also need access to potable water, shade or protection from the sun/rain and sanitation facilities – amenities that should be available to *all* FFA participants but are especially important to PLHA!

How can this be done?

Ask your group this question: Would it be possible to make some work norms more flexible for those with such restrictions?

Good Practice

Some communities already use “soft rules.” An example was given of a satellite committee that decided not to dock laborers pay for certain absences, such as attending a funeral or when ill. This also implies that committees will have discretion to decide when these absences are too burdensome, and when the person must be dropped from the project.

Brainstorm! Ask the group to list some less labor-intensive activities that will be part of your project. Some examples are:

Agricultural projects: light field clearing, watering fields, surfacing or leveling fields, earth removal using small buckets

Conservation farming: management of the tool banks

Any project: food and non-food item management, labor management, accounting, clerical tasks and participant registration, marketing, cooking food at labor sites, child minders, monitoring activities...

This does NOT imply devising two sets of work norms, rather altering existing ones to be more supportive in the HIV/AIDS context. Focus Group discussants cautioned that by dividing tasks into labor-intensive and non-labor intensive you may add to stigma; yet it was recognized that the analysis must be done in order to be inclusive of PLHA as workers. Keep in mind when dividing up tasks and devising work norms that language is important: try to use language that is not stigmatizing and is sensitive to the HIV/AIDS environment. One method of reducing stigma may be to make it clear that tasks requiring education and skills fall into the less-labor intensive column, so that some tasks in that column are seen to also have positive attributes.

Implementation

QUESTION 15: *Are there ways you could organize forms of compensation (food and in-kind) that do not rely on traditional person/hours worked, so as not to discriminate against PLHA or affected households?*

This question asks if payment can be based on a team’s outcome rather than on attendance registers. For instance, food may be distributed upon reaching certain milestones; like 5 kilometers of road constructed, 1000 bricks molded, or a dam being built, rather than paying individual workers based on the number of hours or days worked. Or some combination of this

might be devised. This gives managers more flexibility when distributing compensation to participants. Supervisors and team leaders need to be targeted for sensitization on this point.

QUESTION 16: *How could you adapt the food ration to be more useful and appropriate for the needs of participant individuals and households?*

Why is this important?

FFA participants may be HIV-positive, whether they are aware of their status or not, or may be caring for someone chronically ill at home. Asymptomatic (healthy) PLHA need to increase their daily energy intake by 10%. Someone with symptoms needs 20-30% extra!

How can this be done?

Before adapting rations, the dietary habits and nutrient resources of the community need to be carefully considered, looking at typical staples and components that make up the standard diet. Although extra energy is important, the palatability and nutrient density of the diet is even more important.

Typical food rations in southern Africa consist primarily of maize grain and perhaps some pulses and a can of oil. One could consider providing fortified maize meal (CSB, HEPS or similar fortified blended food) in place of maize grain. Or, one could emphasize the protein-rich (pulses, ground nuts) and fat-rich (oil, ground nuts) ingredients in proportion to the cereal component. These decisions will depend on who the primary beneficiary is (i.e. is the FFA participant HIV-positive, or is s/he caring for someone ill at home?) and what commodities you are able to access through your donor (or multiple donors).

You may want to advocate for inclusion of a supplementary ration (CSB, oil, or a multivitamin, for instance) for identified FFA participants (in addition to their standard household ration), especially where micronutrient deficiencies are endemic, and where standard commodities are not fortified. A supplementary ration may be their only chance to get commodities they would otherwise be unable to afford. Once the ration value has been established, you might then be able to establish a flexible commodities package that allows the FFA participant to identify what s/he needs most. While such a responsive, individualized strategy might be difficult to implement, it is especially important for participants who have been intentionally recruited on the basis of their HIV-positive status, or are representing households with a chronically ill member, where there is no other access to therapeutic commodities.

Is this feasible to consider?

Issues that are likely to arise are availability and donor willingness, as well as expenses involved for example when adding CSB, oil, or vitamins to rations. It was noted that traditional food aid donors may be reluctant to support the inclusion of more costly CSB in food rations for FFA participants especially where it can't be targeted specifically to those who need it. It's possible, however, that this kind of a supplement could be sourced through a complementary donor, as an 'add-on'. Local purchase of add-on food items could be considered. Programmers would need to learn what commodities and products are most suitable for their participants, and search for appropriate targeting mechanisms that identify participants in greatest need.

Sustainability

QUESTION 17: *How can you explicitly include PLHA and affected households in the maintenance of the asset?*

Using Food for Assets as a tool for building social capital can help reinforce local traditions of care and support, coping mechanisms, and labor management for maintenance of assets. Asset maintenance can be linked with the need to build or strengthen social capital for care, support, and HIV/AIDS prevention.

Example

In the example of communal gardens, PLHA have their own sections of garden with exclusive rights to these. Issues of maintenance, land ownership, and inheritance, as well as ownership of other assets, could arise that should be addressed by the community at the outset of a project.

QUESTION 18: *How have you adapted your maintenance plan to enhance sustainability in the context of HIV/AIDS?*

Prior to phasing out food aid in a Food for Assets project, training is required and should generally cover: 1) asset operation and maintenance requirements, 2) organizing maintenance teams, 3) conflict resolution in community assets, 4) accessing technical assistance for maintenance, and 5) work norms for maintenance activities.

In the current circumstances of southern Africa (economic decline, loss of workers due to illness), you may find that government extension workers or technical support from water departments or agricultural ministries are not available to provide long-term support for assets. Ask your group: “*How can we make up for such shortcomings in planning for long-term maintenance?*”

Some ways to do this will include establishing links to those services that are functioning, strengthening community capacity, and building in responsibilities of community groups.

Monitoring and Evaluation

QUESTION 19: *How can existing FFA monitoring and evaluation tools be adapted to capture information measuring the community’s response to HIV/AIDS-related shocks?*

Finding a way to gauge the success of FFA projects in integrating HIV/AIDS concerns is challenging and important. Monitoring and evaluation helps us to understand whether FFA activities are contributing to the stabilization, improvement, or even to the worsening of the HIV/AIDS situation in the community.

Understanding the interactions between FFA programs and HIV/AIDS will be a learning process that your group will begin during the initial analysis exercise. Helping ourselves and others work toward a better understanding is a key output of this process. Partnering with the C-SAFE M&E team will facilitate mutual learning and capacity building during this exercise. In order to capture

changes in HIV-related impacts on food security, livelihoods, and other items, there may be a need for new indicators or refinements to existing indicators.

Revisiting the analysis tool a few months after project implementation begins is a good way to measure progress in mainstreaming HIV/AIDS into FFA activities. In addition, C-SAFE intends to review selected FFA projects in 2005 to see if using this tool has resulted in adaptations to programming.

Good Practice

The C-SAFE Food for Assets working group in Zimbabwe decided at the Focus Group discussion in November 2004 to make ‘Integrating HIV/AIDS’ a standard agenda item for their monthly meetings.

Project Outcomes

QUESTION 20: *Does any aspect of the project have the potential to influence stigma? What can be done to ensure the project does not increase stigma? What can be done to help decrease stigma?*

If the work norms are not managed sensitively, the FFA process could add to stigma. In order to intentionally target and include PLHA and affected households it is necessary to identify them. Identification, or any separation from the mainstream of society, has the potential to create stigma. However, C-SAFE experience has been that stigma may be diminishing in many rural communities in southern Africa, because in fact being infected or having a family member or friend who is infected is unfortunately becoming the norm rather than the exception. Staff training on stigma reduction has also been extremely influential in the more accurate identification of stigma-related constraints (where they exist) and in enabling staff to take advantage of stigma-reduction opportunities.

QUESTION 21: *Does the asset itself have the potential to increase the spread of HIV (or increase risk-taking behavior)? What ways can this be mitigated?*

NGOs have a responsibility to beneficiaries to provide assistance in a respectful manner. This begins with basing actions on the principle of “do no harm.” All parties involved should be made aware of international codes of conduct, and why these are significant. The NGO must safeguard adherence to such codes of conduct and principles.

As to diseases, make a habit of two things—to help, or at least to do no harm.

- Hippocrates. *The Epidemics*. Bk. I. Sect. XI.

Humanitarian Codes of Conduct

One important code of conduct is **The Sphere Humanitarian Charter and Minimum Standards in Disaster Response**, commonly known as the “Sphere Standards”. This document “sets out what people affected by disasters have a right to expect from humanitarian assistance. The cornerstone ... is the Humanitarian Charter, which is based on the principles and provisions of international humanitarian, human rights and refugee law, and on the principles of the Red Cross and NGO Code of Conduct. It

describes the core principles that govern humanitarian action and asserts the right of populations to protection and assistance. The Charter is followed by minimum standards, key indicators and guidance notes in five core sectors - water supply and sanitation, nutrition, food aid, shelter and site planning, and health services.”

<http://www.sphereproject.org>

Other codes of conduct, the principles of which managers should understand and disseminate, are:

Protection from Sexual Exploitation and Abuse in Humanitarian Crises,
Inter-Agency Standing Committee (IASC) Task Force Report, June 2002.

<http://www.reliefweb.int/library/documents/2002/iasc-taskforce-2002.htm>

Code of Good Conduct for NGOs Responding to HIV/AIDS.

www.ifrc.org/docs/pubs/health/hivaid/NGOCode_about.pdf

Brainstorm! Ask the group to brainstorm about ways their project could increase the risk of spreading HIV. Here are a few examples:

- Roads open access to once remote villages, resulting in greater interactions with other communities and rural-urban mobility.
- Community centers and markets may intensify interactions between people; their placement, lighting and secondary uses (i.e. as a night-time shelter) can increase risk.
- Is the project attracting women with young infants? If these women are trying to exclusively breastfeed, are the right supports in place? (Remember, if HIV-positive women are exclusively breastfeeding in an effort to reduce transmission of HIV to their babies, *any* separation of mother and baby must be avoided!)
- A rise in income levels, in some cases, may have the potential to amplify risky behavior. It should be examined who in a household would be the recipient of the income. For example, if a man improves his crop, thereby raising his income levels, might he marry another wife? It has been observed that women with augmented income, on the other hand, tend to spend the money on the household.

Now ask the group to discuss possible mitigating factors and situations. Below are a few examples.

- If women's food security is stabilized, for example through kitchen gardens, will they be less likely to have to trade sex for food? If they produce excess, however, and are now able to sell produce at the market, will this increase likelihood of risky interactions or abuse?
- What if a market is established closer to the villages: will the reduced need for traders to travel long distances and perhaps stay overnight help contain risky behavior?
- The gathering of workers together into a work or food distribution site may create an opportunity for HIV/AIDS awareness-raising activities.

QUESTION 22: Does the process of creating the asset have the potential to increase the spread of HIV? In what ways can this be mitigated?

If construction sites are outside the village and workers are camped overnight away from home, there is obvious potential for increased interactions between men and women. In some youth training projects, boys and girls are placed together in overnight situations with minimal

supervision. Gender should be considered in configuring work teams; those in charge of projects may ask women for sexual favors for participation.

Programmers may deliberately ensure that more women are on project committees and in management positions, but at the same time must take care that they are not expected to unnecessarily spend the night at project sites (for example guarding food at FDPs) or be put in other compromising situations.

The agency must ensure that people associated with the project – project staff, partner NGO staff, food transporters and distributors – do not themselves increase the risk of spreading HIV. Training and orientation for all project personnel is important. NGO staff are obliged to adhere to a Code of Conduct (see box above). Be sure that Food for Assets staff fully understand this code and the implications of not upholding it. Such Codes of Conduct can be extended to others working on the project as well.

It has been posed that an increased focus on HIV/AIDS, with potential benefits going to those infected or affected, might increase stigma or create a perception that we (the programmers) care more about the HIV/AIDS affected than anyone else who is food insecure. It might even send a message that there are unique advantages to being AIDS affected. *Discuss possible solutions to this with the group.*

QUESTION 23: *Will any stages of the project put people's health at greater risk, thereby hastening the progression from HIV to AIDS? Will any stages help to improve people's health status?*

Discuss possible negative outcomes with the group.

Again, remember the principle of “do no harm.” *At the very least, we have a responsibility to ensure that our programming does not make a bad situation worse for the individuals and communities we serve.*

For instance, when HIV-positive people engage in hard physical labor, regardless of whether they know their status, the combination of over-exertion and poor access to food and fluids could have a negative effect on their health.

Greater exposure to hot sun or to other risks, such as water-borne diseases or malaria, could be especially detrimental to those with HIV. Care should be taken that *all* workers stay healthy.

Ask the group some questions, such as:

- Does the process of doing this job expose workers to other sicknesses? For example, if workers must stay together in close quarters is there a risk of contracting malaria or TB?
- Will there be plenty of safe drinking water available at the work site?
- Are sanitation facilities adequate?
- Will workers be encouraged and able to wash their hands after working in gardens (because harmful germs can live in the soil and introduce opportunistic infections)?
- Are there any safety concerns in this type of work?

Discuss positive aspects of the project.

FFA projects inherently aim to improve the food security status or income levels of participants. Better nutritional intake should help slow the progression of HIV to AIDS.

FINAL WORDS

We hope you have found this document helpful in providing structure to your efforts in mainstreaming HIV/AIDS into Food for Assets programming, and that the process of group enquiry has been stimulating and enlightening. More than that, we hope that you have been able to identify appropriate adaptations that will increase the relevance of your programming in this very challenging context. We welcome your feedback and encourage you to send your thoughts and experiences to info@c-safe.org.



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Annex 1: THE CHECKLIST

CHECKLIST

ADAPTING FOOD FOR ASSETS PROGRAMMING TO AN HIV/AIDS CONTEXT

Programming Stages	Key Questions to Ask
Project Identification and Planning	1. What are the impacts of HIV/AIDS in the communities in which you are planning to work?
	2. What resources are available that could help you integrate HIV/AIDS into your geographical targeting?
	3. How are you involving community-level and district-level organizations who have experience, knowledge, or resources with HIV/AIDS issues?
	4. How are you intentionally involving PLHA and households affected by HIV/AIDS in the identification and planning of the project?
	5. Are there any assets included in your project that will be effective in mitigating the impact of HIV/AIDS? What types of assets could you include that would do this?
	6. What effect will the project have on traditional and existing coping mechanisms and strategies in the context of HIV/AIDS?
Building Staff and Community Capacity	7. What can be done to enhance the capacity of implementing agency to identify, understand, integrate and address HIV-related issues in program planning and implementation?
	8. What can be done to enhance the capacity of the community and its leadership to support the inclusion of PLHA and affected households as planners, participants, and managers in FFA projects?
Identification of FFA Beneficiaries	9. Will PLHA and affected households derive benefits from the assets being created? How could you modify the project to ensure that benefits are shared with the PLHA and affected households?
Identification of FFA Participants	10. Which targeting mechanisms have you included that seek to intentionally include PLHA and affected households as participants in the project?
	11. Which organizations, institutions, and referral mechanisms could be approached for assistance in targeting able-bodied HIV-positive participants?
	12. Are there households that qualify yet cannot participate in the project? What are the precise reasons for their inability to participate?
	13. How can the project be modified to accommodate those who are unable to participate for reasons identified above?
	14. How can your work norms be adapted to enhance participation of PLHA and affected households? Are there aspects of the work that are less labor intensive and can be reserved for participants requiring lighter duties?

Implementation	15. Are there ways you could organize forms of compensation (food and in-kind) that do not rely on traditional person/hours worked, so as not to discriminate against PLHA or affected households?
	16. How could you adapt the food ration to be more useful and appropriate for the needs of participant individuals and households?
Sustainability	17. How can you explicitly include PLHA and affected households in maintenance of the asset?
	18. How have you adapted your maintenance plan to enhance sustainability in the context of HIV/AIDS?
Monitoring & Evaluation	19. How can existing FFA monitoring and evaluation tools be adapted to capture information measuring the community's response to HIV/AIDS-related shocks?
Project Outcomes	20. Does any aspect of the project have the potential to influence stigma? What can be done to ensure the project does not increase stigma? What can be done to help decrease stigma?
	21. Does the <i>asset itself</i> have the potential to increase the spread of HIV (or increase risk-taking behavior)? What ways can this be mitigated?
	22. Does the <i>process of creating the asset</i> have the potential to increase the spread of HIV (or increase risk-taking behavior)? What ways can this be mitigated?
	23. Will any stages of the project put people's health at greater risk, thereby hastening the progression from HIV to AIDS? Will any stages help to improve people's health status?

Annex 2: WEB RESOURCES GUIDE

Type of Resource	Start Your Search	Description
Agencies and NGOs working on HIV/AIDS in Southern Africa	www.safaid.org.zw www.msf.org www.aidsalliance.org www.fhi.org http://womenchildrenhiv.org www.eldis.org/hivaids/	A few of the many websites carrying a multitude of documents, toolkits, fact sheets, and news items relevant to the HIV pandemic in Southern Africa
	SAHIMS www.sahims.net	SAHIMS has statistics for the SADC region on numbers of people living with HIV/AIDS, children orphaned and AIDS-related deaths
	Soul Beat Africa www.comminit.com/africa	Soul Beat Africa is a web-based initiative focusing specifically on sharing information about using communication for change and development in Africa, with links to a wide range of HIV/AIDS-related documents.
Positive Living manuals and information	Empowerment Concepts www.empow.co.za	Website containing material relevant to Southern Africa, developed by David Patient and Neil Orr, authors of the very popular handbook 'Positive Health.'
	www.positivelypositive.ca/links/	Website and dozens of useful links to HIV/AIDS-related sites, includes personal stories and positive living information
	<i>Positive Living Series: A Practical Guide for People with HIV</i> www.medicinenet.com/script/main/art.asp?articlekey=15081	There are several Positive Living guides on websites. However, most are geared toward western audiences (i.e. take up exercise, choosing medical providers) and would need local adaptations made before distributing to communities.
	<i>Living Well with HIV/AIDS</i> www.fao.org/documents/show_cdr.asp?url_file=/D/OCREP/005/Y4168E/Y4168E00.HTM	An FAO manual on nutritional care and support of people living with HIV/AIDS, covering useful topics based on field experience including benefits of good nutrition and special eating needs for PLHA, coping with AIDS complications, taking care of PLHA.
	<i>The AIDS Support Organization</i> http://www.tasouganda.org/	Ugandan NGO in existence for 16 years involved in counseling, training, community capacity building, promoting positive living and advocating for the rights of PLHA, has put together lessons learned.
	<i>Positive Words</i> www.positivewords.com	Site with comforting, positive and hopeful words from people affected or infected with HIV/AIDS; documents include capacity building for community-based organizations in providing timely, accurate, and balanced health management information and support to PLHA.
Electronic Exchange with Stakeholders	<i>Procaare-hiv</i> www.procaare.org <i>Pronut-hiv</i> http://list.healthnet.org/mailman/listinfo/pronut-hiv	To communicate with other stakeholders in the area of nutrition, care, treatment and HIV/AIDS you can sign up with an electronic exchange system, via e-mail. These are two fora that provide space for discussion and exchange of interesting information.
Newsletters	<i>C-SAFE HIV/AIDS and Nutrition Newsletter</i> www.c-safe.org	Brings field realities, news and other useful information; be sure you are on the mailing list and disseminate as widely as possible to other relevant parties.
	<i>HOPE Zambia Newsletter</i> www.humana.org email: hopendl@zamtel.zm tel/fax: +260 2 640265	Published by Hope Humana, a project under DAPP in Zambia.
	<i>Treatment Action and Literacy Campaign (Zambia)</i> Email: Robertson@carezam.org	Addressing advocacy and information sharing about issues related to HIV/AIDS treatment and support.
	<i>USAID HIV/AIDS E-Newsletter</i> www.synergyaids.com	Regular updates on activities carried out by USAID Office of HIV/AIDS and partners.
	<i>Global Health Council</i> www.globalhealth.org/news	Contains technical reports, publications and resource materials on nutrition, education, evidence from the field, etc.

Food Security	<i>International Food Policy Research Institute (IFPRI)</i> www.ifpri.org/themes/hiv/hiv.htm	IFPRI has done a lot of work on food security and HIV/AIDS around the world. IFPRI also hosts RENEWAL and ISNAR, two network institutions with publications relevant to HIV and food security.
	<i>The agricultural publication page of UNDP South East Asia and HIV & Development Programme</i> www.hiv-development.org/publications	Useful publications and reports, including: Meeting the HIV/AIDS Challenge to Food Security, Climate and HIV/AIDS, Environment and Agricultural Interactions, Plant Diversity, Sustainable Rural Livelihoods and the HIV/AIDS Crisis, Farmers' Life School Manual.
	<i>Sustainable Agriculture/Rural Development and Vulnerability to the AIDS Epidemic</i> www.fao.org/FOCUS/E/aids/aids2-e.htm	Joint FAO/UNAIDS Study
	<i>The Permaculture Network quarterly newsletter. To register, email</i> nordin@eomw.net .	This practical and readable resource promotes sustainable agriculture, environment and lifestyle.
Project Design and Implementation	<i>Communities Responding to HIV/AIDS Epidemic (CORE)</i> www.coreinitiative.org/core.php	Information on Applied Innovation, Learning, Supporting and Expanding support to HIV/AIDS programs, taking a multi-sectoral approach.
	<i>Family Health International (FHI) website with tools for Impact Mitigation, Prevention, Care, and Treatment</i> www.fhi.org/en/HIVAIDS/index.htm	Topics include behavioral change, capacity development, care & support of PLHA and affected persons ethical issues in data collection for HIV/AIDS programming and evaluation, development of comprehensive STD/HIV/AIDS program for uniformed personnel.
	<i>Documenting Best Practices</i> www.unaids.org/en	Guidance on how to document best practices for HIV/AIDS programs on the UNAIDS website.
	<i>Success Stories</i> www.usaid.gov/our_work/global_health/aids	Success stories collected from around the world by field workers, including personal testimonies, soap operas, presidential statements, partners in business.
	<i>Emergency Situations</i> www.humanitarianinfo.org/iasc www.enonline.net/docs/keyguides.html	Guidelines for HIV/AIDS in emergency settings
	<i>Field-based Experiences</i> www.dec.org www.plan-international.org/action/hivaids/	Experiences in HIV/AIDS project implementation, indicators for monitoring and evaluation
	<i>Understanding Stigma</i> http://www.icrw.org http://www.changeproject.org/technical/hivaids/stigma.html http://www.cominit.com/africa/experiences/pds32003/experiences-2234.html	Reports and toolkits outlining a range of findings and strategies for planning stigma reduction activities.
Mainstreaming HIV and AIDS	http://www.sdc.admin.ch/ressources/deza_product_en_1280.pdf www.oxfam.org.uk/publications	A range of toolkits and articles on mainstreaming HIV/AIDS themes into the design of development projects.
HIV/AIDS and Women	http://womenandaids.unaids.org www.genderandaids.org http://www.icrw.org	Resource materials covering wide range of topics, mainly focusing on women and HIV/AIDS in the African region; includes document on implication of HIV/AIDS on household food security.
	http://www.sarpn.org.za/documents/d0000839/index.php	The Secretary General's Task Force Report on Women, Girls and HIV/AIDS in Southern Africa.
HIV/AIDS and Nutrition	<i>Food and Nutrition Technical Assistance (FANTA)</i> www.fantaproject.org	A broad range of guidance documents on nutrition, care and support, and nutrition issues related to ARV treatment.
	<i>HIV/AIDS and Nutrition: Helping Families and Communities to Cope with HIV/AIDS Pandemic</i> www.fao.org/docrep/X4390t/x4390t04.htm	
HIV and OVCs	<i>OVC and Other Vulnerable Children Toolkit</i> www.fhi.org	Comprehensive toolkit, downloadable in chapters.
	<i>Support for Analysis and Research in Africa (SARA) Project</i> http://sara.aed.org/sara_pubs_list_usaid_4.htm	OVC documents include: Speak for the Child, Community Care for Orphans and AIDS-Affected Children, Policies for OVCs, Understanding the Needs of OVCs, Economic Strengthening for OVCs;

Social Support	<i>The International Community of Women Living with HIV/AIDS</i> www.icw.org/tiki-list_articles.php	Dedicated to control of the HIV/AIDS epidemic by sharing personal
	<i>Regional Psychosocial Support Initiative (REPSI)</i> www.repsii.org	Agency devoted to the psychosocial support of children and their caregivers, based in Southern Africa.
	<i>The Social Aspects of HIV/AIDS and Health Research Alliance (SAHARA)</i> www.sahara.org.za	Conducts policy and socially-relevant research in Sub-Saharan Africa. Documents include: Defining Orphans and Vulnerable Children, Community Response to HIV/AIDS, Knowledge and Attitude, Behavioral Risks, and others
Community-Based Approaches	<i>World Vision International</i> www.wvi.org/wvi/aids/global_aids.htm	Documented evidence of community-based approaches, as well as personal testimonies of how such approaches helped HIV/AIDS-infected and affected families
	<i>International HIV/AIDS Alliance</i> www.aidsalliance.org	A development organization specializing in supporting communities in developing countries to tackle the spread and impact of HIV/AIDS, includes documents on how community-based interventions can help children; expanding community-based support for OVCs, voices from the community
	<i>ProCAARE and Insight Initiative</i> www.procaare.org/newsview.php/95	Online directory of resources related to home and community care
United Nations Agencies	<i>UN Food and Agriculture Organization (FAO)</i> www.fao.org www.fao.org/hivaids	Information on food security, nutrition, vulnerability assessment and mapping, rural development and food security in the context of HIV/AIDS
	<i>The World Food Programme (WFP)</i> www.wfp.org	Information covers Food Aid and HIV/AIDS, project ideas to address HIV/AIDS, case studies on impact of HIV/AIDS, policy issues, HIV/AIDS and nutrition
	<i>UNAIDS</i> www.unaids.org www.unaids.org/en/media/fact+sheets.asp	Global statistics on HIV/AIDS by country and region, information on who is funding global initiatives, access to HIV/AIDS treatment and care, stigma and discrimination, children orphaned by HIV/AIDS; documents on Sub-Saharan Africa include: AIDS and girls' education, microbicides, Women and HIV/AIDS, AIDS and female property/inheritance rights, HIV/AIDS and food security, HIV/AIDS and peacekeeping missions
	<i>The International Labour Organization (ILO)</i> www.ilo.org www.ilo.org/public/english/protection/trav/aids	Information and links to help understand the social and economic impact of HIV/AIDS, advice on policy for governments, employers and workers; program guidelines on prevention, care and measures to combat discrimination, a code of practice that offers a framework for action in the workplace and a training manual to help implement it
	<i>United Nations Development Programme (UNDP)</i> www.undp.org/hiv	UNDP supports national efforts by offering knowledge, resources, and best practices from around the world; information on support partnerships to fight poverty, advocacy and resource mobilization to empower the poor
	<i>The United Nations Population Fund (UNFPA)</i> www.unfpa.org www.unfpa.org/hiv/index.htm	Documents on strategic guidance on prevention of HIV infection and promoting reproductive health, efforts in reduction of stigma and discrimination of PLHA, guidelines on HIV/AIDS counseling and testing
	<i>United Nation's Children Fund (UNICEF)</i> www.unicef.org	Focused information on OVCs, nutrition, PMTCT, infant feeding, and education of children (in particular girls and women) in fight against HIV/AIDS; basic indicators by country, and personal testimonies of PLHA
	<i>The World Health Organization</i> www.who.int www.who.int/3by5/publications/en	Information on coordination of global and national policies and actions against HIV/AIDS and sexually transmitted infections; pregnancy and breastfeeding and HIV/AIDS, 3 by 5 campaign, human rights, ARVs
	<i>The World Bank</i> www.worldbank.org/hiv_aids	Given the primacy of the impact of HIV/AIDS on development, the World Bank has placed HIV/AIDS at the center of its agenda; information includes the AIDS Campaign Team for Africa (ACT Africa)

Note: A substantial amount of the information in this annex was provided courtesy of the United Nations World Food Programme (WFP) from their "Inventory of Web Sites on HIV/AIDS"