

# Reaping the power of partnerships for mainstreaming HIV/AIDS issues in Sub-Saharan Africa Agriculture and Rural Development

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## **Abstract**

Agriculture is the major source of livelihood for more than 80% of rural population in Sub-Saharan Africa (SSA). Typically, most of the rural communities have poor access to information, agricultural inputs, health and education services. Consequently, poverty, and HIV/AIDS are predominant and undermining development. As regards HIV/AIDS, over 2.3 million Africans died as a result of the pandemic or related diseases in 2004. It is estimated that, over 25 million people in SSA are presently living with the virus. Efforts to combat the spread and socio-economic consequences of HIV/AIDS have, until recently been spearheaded mainly by the health sector. For example, most governments in the region responded by improving access to anti-retroviral drugs, without considering the availability of food and nutritional status of beneficiaries. Given the role agriculture plays in rural livelihoods, mainstreaming HIV/AIDS issues in agricultural research and development provides greater opportunities for mitigating the spread and socio-economic effects of the pandemic in SSA. This paper highlights the role, opportunities and challenges for international agricultural research and development institutions for mainstreaming HIV/AIDS issues in agriculture. Also, it illustrates how a network of strategic partners was formed to develop and promote actions to mitigate the effects of HIV/AIDS in SSA.

## **I BACKGROUND**

Sub-Saharan Africa (SSA) is worst hit by the HIV/AIDS pandemic. Recent figures from UNAIDS indicate that over 25 million people are living with HIV/AIDS in the continent. While Africa accounts for only 10% of the world's population, it accounts for over 60% of HIV/AIDS-infected persons globally. Unlike other diseases, the victims of HIV/AIDS are those who belong to the most economically productive segment of the population (age 15 to 49 years). This sub-population is disproportionately represented in the rural and agrarian sector with the highest proportion including farmers and farming families, skilled and trained agricultural labor force. In most of sub-Saharan Africa, the agricultural sector plays an important role in the economy. Given a continent where agriculture is a major engine of development, in a setting with much poverty, malnutrition and an often harsh environment, the HIV/AIDS pandemic spells national disaster for many countries.

An analysis of the determinants of the HIV/AIDS pandemic in Africa must begin with the recognition that poverty is a driving force. The 2001 Strategy Paper on HIV/AIDS prepared by the International Fund for Agricultural Development asserts "all of the factors that predispose people to HIV are aggravated by poverty". It is significant that poverty is not identified as causing the pandemic, but rather it contributes to the severity and perpetuity of it by limiting and influencing the coping strategies employed by those affected by the disease. In addition to worsening the already dire situation of the poor, HIV/AIDS can also push the non-poor into poverty. Moreover, HIV takes years to progress to AIDS, debilitating illness and death. The existence of the very poor people revolves around meeting immediate needs, meaning they are unlikely to take seriously a disease that will not affect them for many years.

Impacts of the pandemic on the livelihoods of smallholder farm households are substantially documented: poverty, food insecurity, poor nutrition, farm labor deficits, losses in household incomes, gender inequalities, rising dependency burdens and

stigmatization of the infected are some of these effects (SADC-FANRE VAC, 2003; Waal and Whiteside, 2002; Yamano and Jayne, 2002; Ngwira et al, 2001)

Studies carried out in East and Southern Africa has empirically linked the spread of HIV/AIDS to poverty. In particular, it was found out that HIV/AIDS is prevalent in rural areas where the level of poverty is high and education/awareness is low. Studies in villages in East and Southern Africa that have long history of HIV/AIDS incidence reveal significant reduction in land use, declining crop yields, changes in cropping patterns, reduction in the range of crops and diminished crop enterprise diversity resulting in a poorer diet, less economic returns, loss of soil fertility and a decline in livestock activities. (Barnett and Blaikie 1992; FAO, 2000).

In SSA HIV/AIDS-affected households lose farm labor and the farming knowledge base, usually causing delays, inadequate execution and cessation of routine farming operations. Such delays, particularly for labor-intensive operations such as tilling, planting, weeding, mulching and harvesting lead to poorer harvests and further worsening of poverty and food security. Farmers' indigenous knowledge usually passed on to grown up children is often lost with death due to HIV/AIDS. Gender roles are readjusted in various ways including surviving family members taking to the cultivation of crops or raising livestock in which they previously had little part (Mutangadura et al 1999).

This paper highlights the role, opportunities and challenges for international agricultural research and development institutions for mainstreaming HIV/AIDS issues in agriculture. Also, it illustrates how a network of strategic partners was formed to develop and promote actions to mitigate the effects of HIV/AIDS in SSA. This is based on review of existing literature and empirical data from two West African countries Benin and Nigeria. The paper is organized as follows: after this introduction, the response of the Consultative Group on International Agricultural Research (CGIAR) to the HIV/AIDS pandemic is presented in section two. In section three partnerships established through the Systemwide Initiative on HIV/AIDS (SWIHA) and outputs are highlighted. Section four presents the conclusions with a proposal on how to apply a similar partnership model to promote HIV/AIDS education and awareness among at-risk populations including secondary school students through distance learning.

## **2. CGIAR RESPONSE TO THE AIDS PANDEMIC**

The CGIAR launched SWIHA to help in mitigating the negative impacts of HIV/AIDS on food security, nutrition and economic development through agricultural research and development. The overall role of SWIHA is to conduct research to identify and explain linkages between HIV/AIDS and agriculture, and to disseminate this research results to stakeholders. Africa Rice Center (WARDA) is designated as a convening institution for SWIHA, giving it the responsibility for organizing and coordinating this research effort among the institutions that comprise the CG System and its partners.

Under the SWIHA banner, interested CGIAR centers and their partners develop and implement projects that are complementary and that make the most effective use of center resources. In West and Central Africa, WARDA collaborates with governmental and non-governmental organizations and other partners. One main challenge is in creating awareness not just on HIV/AIDS itself but on the fact that those institutions involved in the areas of agriculture and rural development, among others, must play an important role in the collective effort to mitigate the further spread of the disease. As a group of agricultural research centers, this type of partnership provides a platform for researchers from the 15 Centers within the CGIAR to research into the relationships between HIV/AIDS within their research focus. This is done in collaboration with the national Research and Extension Systems (NARES) and non-agricultural related institutions.

### **1. SWIHA AND THE CONSULTATIVE GROUP (CG) ADVANTAGES**

SWIHA being a program of the CGIAR brings many agricultural advantages to tackle the challenge of HIV/AIDS. The spread of the CGIAR activities throughout the developing world and extensiveness of its programs implemented by a network of 15

centers, provide an example of an effective partnership with a comparative advantage in providing knowledge and strategies to combat HIV/AIDS and mainstream its effects in agricultural and rural development programs, based on science. Some major advantages of the CGIAR are as follows:

- CG Centers have substantial involvement in participatory research approaches in sub-Saharan Africa and worldwide, and have developed partnership and networks, with a range of government institutions, regional bodies, R&D organizations, public & private, and community based organizations.
- There is no equivalent institution to the CGIAR that covers the agriculture professions, and thus the CGIAR can be uniquely useful in extending a global reach on the HIV-agricultural research, and livelihood questions.
- Through their work, CGIAR have gained a good understanding of global agricultural systems and livelihood support that depend on them.
- For mitigating the immediate effects of HIV/AIDS, the CG Centers are already in the field of labor saving, food producing, income generating and assets saving technologies.
- CG Centers could offer technical interventions and policy recommendations focused on the needs of the rural and urban farmers and agricultural systems that are now being most affected by HIV/AIDS.
- The CG already has talented people on the ground for rapid collaboration on agriculture, food and nutrition intervention against HIV/AIDS in rural and urban areas that are deeply affected by HIV/AIDS. In these areas, valuable baseline information on agricultural systems is available.

## 2.2 ON-GOING HIV/AIDS MAINSTREAMING ACTIVITIES BY CG CENTER

The CG centers are engaged in crop, livestock, fisheries, forest and policy related research and development programs. The table below summarizes the major HIV/AIDS-related activities being undertaken by some of CG centers with activities in Africa.

Table: CG Centers and HIV/AIDS activities

CG Center	HIV/AIDS Research Activities	Region of Focus
Africa Rice Center (WARDA)	-Hosts SWIHA on behalf of CGIAR, Linkages between HIV/AIDS, agriculture and rural development	West and Central Africa
International Food Policy Research Institute (IFPRI)	- HIV/AIDS and Nutrition through RENEWAL	East and Southern Africa
International Crop Research Institute in the Semi-Arid Tropics (ICRISAT)	- Mainstreaming HIV/AIDS in agriculture	East Africa
International Institute of Tropical Agriculture (IITA)	- Impact of HIV/AIDS on livelihoods	West Africa
World Agro-forestry Center (ICRAF)	- Forest Resources, Technologies and HIV/AIDS	East Africa
World Fish Center	- Fishing communities and HIV/AIDS	East Africa

## 3. PARTNERSHIPS AND HIV/AIDS MITIGATION

Rural people lack resilience to HIV/AIDS due to poverty, civil war, gender inequality and lack of information and high illiteracy: women and girls are unable to negotiate safe sex (with rape being common in war zones) fear and prevents both men and women from seeking an AIDS test, malnutrition and poor hygiene exposes them to opportunistic infections, endemic diseases (including TB and malaria) hastens the onset of full-blown AIDS, while poverty and food insecurity forces women to indulge in survival sex. In consequence institutions/organizations that focus on agricultural and rural development have argued that the pandemic is more than just a health-related problem, but also a development problem. Given these facts, it has now been accepted that efforts to prevent and mitigate the effect of the pandemic must adopt a multi-sectoral approach involving health, and non-health related sectors that focus on agricultural and rural development. Thus the need for various forms of partnerships in the fight against the pandemic cannot be overemphasized.

As the *modus operandi* of WARDA - the convening center of SWIHA - partnership is emphasized in the work of SWIHA. This is based on the fact that neither SWIHA nor the CG centers can on their own achieve the objectives set by the CG in mitigating the effects of the pandemic on agriculture. Thus, partnerships are developed with the NARES, Government Institutions and NGOs, involving special working relationships in which these organizations combine their resources in carrying out HIV/AIDS mitigation activities. The approach used by SWIHA in developing partnerships, SWIHA starts with identification of targets, with specific and practical objectives.

### **3.1 ADDRESSING HIV/AIDS PROBLEM THROUGH A MULTI-SECTORAL APPROACH**

In recognition of the complex nature of HIV/AIDS mitigation, SWIHA assessed best practices and approaches that have been used elsewhere in Africa - in particular East and Southern Africa, where the infection rates are higher than in West and Central Africa. The *How to Live positively approach* developed by CABI Bioscience based on experiences in Zimbabwe and Malawi is being introduced to West Africa in partnership with CABI Biosciences. The *How to Live Positively* is a community empowerment tool for building resilience to HIV/AIDS in sub-Saharan Africa. This empowerment process involves methodologies for promoting behavior change at household and community levels, improving food and nutrition security and cleaning up the environment to reduce the incidence of opportunistic infections.

Building community resilience to HIV/AIDS through the process of '*positive living*' requires a multi-sectoral approach, which must involve a range of civil society organizations, including government and non-government partners, community associations and faith-based organizations. The approach is designed such that it integrates as far as possible into activities that are already being promoted by communities, NGOs or the National AIDS Programme. Stakeholders generally include government workers, such as NARS scientists, extension and health workers and community leaders, as well as local NGOs concerned with HIV/AIDS impacts mitigation at community level.

Training in Positive Living is based on lively discussion topics, games, exercises and simple experiments that are contained in the How to Live Positively training manual. Farmers can participate in these activities both individually and in groups in order to examine what makes them vulnerable to disease and how they can reduce their vulnerability through behavior change, improved diet and good hygiene. In order to ensure that the most vulnerable people are included, food will be provided to all participants and their families (including any who may be sick at home) during the 6-day course organized during the training. At the end of the course each participant will be awarded an attendance certificate and encouraged to make a commitment to keep HIV/AIDS, malaria and other diseases out of his/her family and community. An action plan is developed by participants for implementation by the community.

### **3.2 MAINSTREAMING HIV/AIDS IN RURAL DEVELOPMENT**

While some empirical studies and anecdotal documented evidence of the impact of HIV/AIDS exist for East and Southern Africa, there is a major gap in knowledge on the

impact of the pandemic in West and Central Africa (WCA). The few studies that have been conducted and often cited have looked mainly at small populations in areas of very high HIV prevalence in ESA. Conclusions about how HIV/AIDS is affecting agriculture in those countries and across the continent cannot be drawn from those studies.

In the case of the WCA sub-region in particular:

- Information on the impact of HIV/AIDS on agriculture and rural livelihoods is still sparse. Understanding of the contribution that agricultural development and unequal development are making to the spread of HIV infection is limited.
- There is uncertainty over the role that agricultural and rural poverty reduction programs can play and in some cases have already played in mitigating HIV/AIDS effects on food security and poverty reduction.
- There is a lack of appropriate and adapted operational guidelines and strategies to take into account HIV/AIDS issues in agricultural and rural development programs.
- Since agriculture is rural based methodologies for mitigating HIV/AIDS or approaches that are urban based have not been sufficiently adopted for rural areas.
- Little or no rigorous, quantitative and qualitative research and data collection has been done to explain the impacts of AIDS on smallholder farm production.
- Finally, there is limited capacity and professionals dealing with the linkages between HIV/AIDS, agriculture and rural development.

In order to provide improved knowledge and develop workable programs, partnership between three CGIAR centers - WARDA, IITA and IPGRI in Benin has been developed. This partnership provides an opportunity for the three centers to share resources and methodologies in conducting studies to provide the much needed data and information for planning and implementation of HIV/AIDS mitigation programs. In effect this partnership ensures complementarities and efficiency in the work of the centers.

### **3.3 IDENTIFYING SUB-REGIONAL PRIORITY RESEARCH AND ACTION AREAS**

As part of the effort to identify and build formidable and effective partnerships, SWIHA organized a SSA regional workshop that brought together over 75 experts representing national, international, regional, governmental, non-governmental and donor organizations. Participants included health workers involved with HIV prevention, and non-health workers as well as representative of PLWAs in Benin. Through this workshop, the experts reviewed agricultural activities in the sub region and their mitigation effects on HIV/AIDS. At the end, three priority research themes for SWIHA were identified. These are as follows:

1. Diversification of the livelihood systems of farming communities
2. Nutrition and dietary diversification
3. Policy research, advocacy and awareness about HIV/AIDS.

In order to expand the implementation platform to include non-CGIAR partners a new network called African Network on HIV/AIDS and Agriculture (ANEHA) was unanimously demanded by the participants. This form of partnership has created an effective collaborative mechanism for implementing impact-oriented activities within the identified themes bringing health and non-health related professionals together.

### **3.4 COMMUNITY ACTION RESEARCH**

In community action research, SWIHA developed partnership with NGOs in Benin and Nigeria. Partnerships with these NGOs provided SWIHA access to a wider variety of

resources needed for the community action research in these countries. In particular, NGOs working with local communities have the advantage to provide access to local people and confidence of PLWAs to talk about HIV/AIDS. Although the prevalence of HIV in West Africa is almost low compared to East and South Africa, the situation is likely to get worse due to two major reasons:

- Civil wars and political instability in some countries in West Africa are led to massive migrations to neighbouring countries.
- The decrease of agricultural productivity due to degradation and climatic risks.

Partnership with PLWA and their communities is vital in mitigating HIV/AIDS effects in local communities. This is illustrated in Davihoué community located in Klouékanmey area, Benin Republic where IITA, WARDA and an NGO are collaborating. The principal activity of people in Davihoué is agriculture. They produce maize, cowpea, groundnut and cassava. Farmers were trained by IITA project (Projet Niebe pour l'Afrique) (PRONAF) facilitators through the Farmer Welfare School on HIV/AIDS in 2004. The training involved about 18 farmers' facilitators and 100 farmers living in 6 hamlets. Since 2005 under the leadership of the trained farmers, the Davihoué community organized its own action plan in collaboration with the NGO "Groupe d'Action de Recherche d'Initiatives à la Base" (GRAIB NGO). One cassava-grinding machine was provided to the village to generate money for the care of infected and affected families and that of orphans.

## **4 CONCLUSIONS**

### **4.1 WORKING WITH YOUTHS AND DISTANCE LEARNING**

SWIHA proposes that, given its wide network, presence or having focal points in almost all West and Central African countries, that the experience gained be applied to help youths. A particular need that has been identified is to increase awareness among secondary school children about HIV/AIDS. District or municipal Ministry of Education units could be major partners. In the proposed project, SWIHA wishes to support sexual health education in schools. The aim is to improve the overall understanding of HIV/AIDS and its effects and help young people protect themselves from HIV/AIDS.

Here a more viable or robust partnership with the Open Distance Learning (ODL) is envisaged. The idea is to develop curricula and provide access to computer-based learning in pilot schools so students have access to information about HIV/AIDS. ODL as partner in the project will help develop curricula and prepare learning materials for viewing in the schools.

### **4.2 LESSONS LEARNED**

Building partnerships with a broad range of partners by SWIHA changed the face of the network to include non-CGIAR partners. During the past two years, SWIHA has learned many lessons about building partnerships. SWIHA has learned how to interact with various stakeholders in the work of the CGIAR as regards mainstreaming HIV/AIDS and mitigating the effects of the pandemic on agriculture and rural development. The building of targeted and broad-based partnerships enhanced SWIHA capability to conduct research and link up effectively with the development community.

Through partnership with NGOs, SWIHA now has greater access to and the confidence of PLWAs in rural communities. As an international research outfit, funding is a major constraint limiting the scaling-up of good practices as well as participatory HIV/AIDS research methodologies. Also, the lack of adequately trained personnel in national research and the agricultural-oriented NGO partners limits the scope of activities. However, SWIHA has endeavored to overcome the problem of trained personnel through the formation of strategic partnerships with other institutions and leveraging resources for specific activities.

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