

HIV/AIDS AND ITS IMPACTS ON LAND TENURE AND LIVELIHOODS IN LESOTHO

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The following were the objectives of the study:

- To identify the coping strategies of households affected by HIV/AIDS and establish how HIV/AIDS has affected households' coping strategies in the rural areas of Lesotho.
- To assess how the adopted coping strategies are related to land tenure provisions as well as their implications for food security and sustainable livelihoods.
- To find out the extent to which the provision for leases has provided opportunities for households affected by HIV/AIDS.
- To determine [whether there is a] the link between the problem of HIV/AIDS and the increasing land sales and conversions.

METHODOLOGY

The following methodology was adopted:

Literature Review

- On the prevalence and magnitude of HIV/AIDS in Lesotho and existing policies.
- On issues pertaining to land and policy in Lesotho in order to establish linkages between livelihoods and land tenure.

Institutional Surveys

Primary data was collected from the following institutions through interviews with key informants from various institutions dealing with land issues and HIV/AIDS both at the national and local levels:

National Level:

- Lesotho AIDS Programme Coordinating Authority (LAPCA)
- The National Health AIDS programme
- Lesotho AIDS Education and Community counselling Association (LAICA)
- The AIDS Unit of the Ministry of Agriculture.
- Ministry of Local Government
- Agricultural Planning Policy Section in the Ministry of Agriculture

Local level:

- Traditional land management institutions
- Village Development Councils
- Lesotho Highlands Development Authority
- Church authorities
- Hospitals, social workers and health workers

Community Discussions

Table 1

| Tools | Techniques | Targeted Data |
|--------------------------------|--|--|
| Community Discussions | | To gauge the onset of chronic illnesses among the community. |
| | Social Maps | To indicate the distribution and location of the vulnerable groups of the community. |
| | Participatory Land Use Mapping and transects | To locate fallow agricultural lands |
| Focus Group Discussions | Brainstorming | To establish knowledge about HIV/AIDS, its magnitude, contributing factors familiarity with the land legislations. To pursue issues pertaining to widows and orphans land rights. |
| | Ranking and Rating | To rank HIV/AIDS in relation to other community problems. |
| | Impact analysis | To determine aspects of land issues impacted most by the epidemic and to analyse the impact of HIV/AIDS on livelihoods at the community level. |
| Observations | | To cross check responses on fallowness, land sizes, and other services available within the community. |

Household In-depth Interviews

Health workers and counsellors were instrumental in facilitating interviews with the infected and affected individuals. Their role was deemed crucial since they had already established rapport and trust with members of these households. They assisted by introducing us and assuring the household members of the confidentiality of the interviews. As a result our presence was neither seen as invasive nor threatening. Despite the role played by these community agents it was more difficult to conduct interviews in Matsatsaneng than Ha Poli because of their varying degrees of acceptance pertaining to prevalence of HIV/AIDS.

Twenty interviews were conducted with affected household members using the following participatory techniques:

Table 2

| Techniques | Targeted data |
|--|--|
| In-depth discussions | To determine the composition of the households and demographic changes that had occurred in the last five years or so. To pursue questions related to the predicament of widows and orphans. |
| Livelihood Analysis and Impact Analysis | To find out activities undertaken, sources of livelihood and how those have been affected by HIV/AIDS To determine the effects of the diseases on income generation, land use as well as inheritance of family assets such as land. |
| Brainstorming | To cover questions related to stigmatisation. |

FINDINGS

IMPACTS OF HIV/AIDS ON LAND ISSUES AND LIVELIHOODS

Postponement of Land Revocation

In both study areas, Matsatsaneng and Ha Poli, land administration and management is still under the control of the chiefs. The chiefs have not been observing the legislation on deprivation of land left fallow. Instead, to avoid revocation HIV/AIDS affected households have been reporting their problems to the chiefs who grant them an informal concession, indefinitely postponing deprivation.

By invoking compassion to relax the binding force of the law in the face of the prevalence of HIV/AIDS, the chiefs have not only strengthened their authority but also ensured that land management at the community level provides a relatively secure means of livelihood for the HIV/AIDS affected households.

Sharecropping Arrangements

Sharecropping arrangements have a long history. They have enabled households to gain access to land and to ensure food security within communities. For example, households that have no land but have remittances they can use to buy agricultural inputs often sharecrop other peoples' land. By the same token, households with land but no income and/or labour use sharecropping to gain access to farming inputs and labour from those who do not have land.

This study found that infected households are increasingly using sharecropping, as they are often too sick to work in their fields and gardens. Sharecropping allows them to avoid the risk of revocation and assures them of continued access to agricultural land and food. Fortunately in the Katse study area, where some community members have lost land to the Lesotho Highlands Water Project, there are always willing sharecroppers when needed.

Sharecropping has decreased the incidence of land left fallow, especially amongst chronically ill individuals. They explained that the few reported cases of land left fallow were more a result of natural factors such as prolonged rains or drought that delayed farming operations than chronic illness. The men's group in Matsatsaneng expressed similar views.

Women's Land Rights

All the widows interviewed reported that they had been allowed to retain their late husbands' agricultural land. They were also empowered to make arrangements such as sharecropping or hiring people to work on their land when necessary. However, the men's group in Matsatsaneng explained that widows lost title to the land if they remarried, since land could not be transferred from one community to another, and by remarrying a widow gains access to her new husband's land.

Interestingly, interviewed widows were aware of this and were quite clear that they would not consider remarriage since they would lose their social status within the community. Those who had commenced counselling sessions and whose HIV status had been confirmed were also totally against remarriage since they did not want to infect prospective husbands.

Inheritance and Succession

In both study areas AIDS orphans were found to be still very young and therefore could not be interviewed. However, the men's group in Ha Poli explained that orphans are always treated fairly and that if they are still young their uncles use their late parents' land to raise them until they are old enough to inherit the land. The women's group in the same area, however, pointed out that there are cases where orphans are cheated out of their heritage by the uncles. They also showed that in some cases the orphans are forced to seek refuge with their maternal grandparents because relatives on their father's side thought that by caring for them they would be infected by AIDS. In this case they lose their rights to their father's land. Some of the orphans in Ha Poli were being raised by the hospital because their relatives had abandoned them.

Based on this analysis it is clear that it is not only the probable replacement of the chiefs by land boards that is likely to increase insecurity around HIV/AIDS orphans' inheritance of land, but also the stigma attached to people who have died of the virus.

Land Sales/Land Conversions

This study has shown that land is a highly valued commodity that HIV/AIDS infected individuals and households see as the ultimate form of security for children if their parents die. The fact that the land is poor and its productivity is low does not diminish its value. Those without land who are affected by the virus are seen as the most destitute. Thus, despite their depressed financial situation, these affected households reported that they have never considered sale of land as an option.

Labour

Agricultural production is the main source of livelihood in both communities, even for households affected by the epidemic. In-depth interviews with affected households revealed that illness had a substantial impact on agricultural yields because of its negative effect on household labour, the mainstay of extensive subsistence farming.

Due to loss of labour some farming activities have to be postponed or abandoned. This is true for field cropping, vegetable gardening and livestock rearing. For example, agricultural production depends on the division of labour between adult males and females, and children, who participate under the supervision of adults. Informants from affected households revealed how HIV/AIDS affects the labour available for work in the fields.

Farm Operations

Some households indicated that chronic illness and HIV/AIDS had not led to any changes in the management of home gardens and in production. Available household members could effectively manage gardens because they were generally small, or the infected person was not responsible for the home garden.

However, other households reported a decline in production in their home gardens since being afflicted with HIV/AIDS. This was either because they had stopped work on their gardens altogether, or their labour input had declined due to episodes of intense illness that affected the normal activities of household members who were not infected.

Loss of Assets

Household members indicated that from the onset of symptoms families incurred costs for medical treatment and transport to varying degrees. The net impact depends on the diversity of resources that households have, the perceived seriousness of the symptoms experienced, and what members of affected households believed to be the cause of symptoms and therefore the appropriate treatment.

Loss of Cash Income

In households where the infected member was employed, the most immediate impact felt was loss of regular income. In both communities, it was mainly men who had stopped working either because they could not cope and decided on their own to stop working, or they were retrenched because of illness. This happened to people employed in the South African mines and those employed locally, particularly in the construction works on the LHWP. One young male respondent told us how he was retrenched, even though he did not associate his illness with HIV.

Savings and Investments

Households where someone had been employed in the South African mines had substantial savings and some investments from remittances. The investments were in both physical and human capital. In the absence of income, these households resorted to savings to pay for medical expenses and all other expenses such as the education and clothing, ordinarily paid for from income. This pattern of expenditure steadily eroded household savings.

Loss of Livestock

Livestock are among the household assets affected by HIV/AIDS and chronic illnesses. Most affected households have lost other sources of income and are now selling livestock to meet medical expenses. The increased sales of livestock deplete assets and deprive some households of cattle needed for draught power in the fields. Households have also lost livestock through stock theft, said to have reached pandemic levels, particularly in the mountain areas. These losses are a major factor inhibiting effective land use as mutual support in the community is based on people having some resource to offer, even if it is only one draught animal. Helping young people with nothing to contribute towards production is a relatively new phenomenon that communities are still grappling with.

Funeral expenses and other cultural obligations, such as the requirement to slaughter a cow when a household member dies, have also exerted pressure on household resources. In both communities people pointed to instances of more than one person dying in a family within a short period of time. At Ha Poli community leaders mentioned that they often buy coffins on credit for the most destitute households, but even before they can settle these debts they have to buy another coffin, sometimes for the same family.

Loss of Indigenous Knowledge

Apart from the direct impacts that HIV/AIDS has on livelihoods through loss of labour and income, many children will grow up without the guidance of their parents. This is because HIV/AIDS mainly affects young adults who are primarily responsible for socialising children. Their death leaves a wide gap between grandparents and children.

Children will have difficulty learning how to produce effectively in the fields because their parents will not be there to train and supervise them while their grandparents will

be too weak to assist. At Ha Poli the community is already operating under serious constraints due to prolonged drought and massive land losses to the LHWP. As a result harvesting enough food is a struggle in which they have to use tactics learnt over a period of time. For example, they mentioned *molutsoane* the rain making ritual as one tactic.

Household demographic changes due to adult mortality suggest that there will soon be many young orphans who have missed the opportunity to acquire survival skills from their parents. Much indigenous knowledge on food production will disappear with negative impacts on livelihoods. The anticipated demographic changes are a serious challenge for sustainable livelihoods.

Conclusions

The current wave of land policy reforms in Lesotho has been aimed at promoting economic growth and reducing poverty through the commercialisation of agriculture. The continuous review of the land acts in an effort to secure women's rights to land is also commendable. However the design of the land policy measures oriented towards commercialisation does not seem to acknowledge the wide range of stakeholders particularly those affected by HIV/AIDS and the nature of constraints, which may not allow them to pursue the commercialisation goals.

HIV/AIDS affected households face several problems that hinder effective land management. These problems have compelled them to resort to sharecropping in order to sustain their livelihoods even though this arrangement threatens food security. Prevalence of HIV/AIDS has also invoked compassion on land management institutions at the local level that have consistently avoided applying the legislation thereby postponing revocation indefinitely. The stigma attached to HIV/AIDS has negatively impacted on women's and orphan's inheritance to land. For example, some orphans have been forced seek refuge with their maternal grandparents thus denied their patrilineal heritage. The various impacts of the pandemic on land issues have resulted in declined quality of life and unsustainable livelihoods.

RECOMMENDATIONS

- There is a need to develop and support income-generating initiatives for people affected with HIV/AIDS that take into account the limited labour capacity of infected individuals and affected households. Opportunities to earn income will ensure that HIV/AIDS affected households do not always depend on hand outs that hurt their pride and depress them. Such activities will give the victims a sense of purpose and keep them active.
- Policies to address the felt needs of people infected by HIV/AIDS should be developed. These policies should be developed in a participatory manner and should recognise the affected households as stakeholders. They should be formulated with all the stakeholders and designed in a way that will maintain dialogue between affected people and policy makers.
- Home care support programmes and community support structures such as the extended family, are the key to strategies that will ensure care for HIV/AIDS victims without overburdening government and other institutions. However, at

present these support structures are overwhelmed and need support themselves. Research is needed into social policies that are sensitive to the impacts of HIV/AIDS on households coping mechanisms.

- Relevant institutions should be given a clear mandate and all the necessary support to implement their activities. This requires full time personnel otherwise AIDS issues will continue to be perceived as secondary issues. Efforts should also be made to monitor AIDS programmes to ensure that all communities are adequately covered and that problem areas are given special attention.
- The government should acknowledge the impacts that HIV/AIDS is having on its service delivery capacities, especially at the grass roots level, and put in place appropriate safety nets. This will help to avoid the problem of developing sound policies that cannot be implemented due to shortages in personnel.
- The various ministries that are directly involved in community development and welfare need to develop robust HIV/AIDS sensitive policies that are informed by the felt needs of the affected households and infected individuals.
- Integration of existing HIV/AIDS policy with other government and organisational policies to cater for the affected households and infected individuals would be the best framework for supporting the struggle against HIV/AIDS at policy level. This would ensure the protection of widow's and orphans rights at policy level.
- The importance of land to communities calls for concerted efforts to make the public aware of current Land Acts and proposed changes to land policy. Particular attention should be paid to provisions likely to affect households affected by HIV/AIDS. Provisions likely to have negative impacts should be removed or reformulated and those likely to have positive impacts should be strengthened.
- Mechanisms already being used by communities to make land policies suit their present circumstances should be examined and where possible adopted in current or proposed land policy and legislation.
- Counselling sessions should not be limited to infected households but should be extended to other members of the community to avoid stigmatisation. Land administrators should be fully informed about the epidemic and various legislations that govern the rights of the affected households. This will alleviate the problem of subjectivity.
- Research is needed on high yielding, nutritive, fast maturing, water efficient and pest and disease resistant varieties of various crops especially vegetables. By minimising labour and irrigation requirements and decreasing the duration of farm operations these crops would improve the affected households' food security and their ability to generate income.

REFERENCES

- Adams M. Sibanda S. & Turner S. 2000, “ Land Reform and Rural Livelihoods In Southern Africa” in *Evolving Land Rights, Policy and Tenure In Africa*, IIED, Natural Resources Institute
- Benor, D. 1977, *The Training and Visit System*, Washington, DC: World Bank
- Committee on World Food Security, 2001, *The Impact of HIV on Food Security*, Seventh Session, Rome
- Duncan P. 1960, *Sotho Laws and Customs*, Maseru Government Printer
- FAO 2000, *Agricultural Sector Brief For Lesotho*, ECRA consulting
- FAO, 1990, *Rural Households and Resource Allocation for Development: An Ecosystem Perspective*, FAO, Rome.
- Gattinara G. 1984, *Basotho Culture and Lesotho Territory*
- GoL 1987, *The Report on the Land Policy Review 1987*, Maseru Government Printer
- GoL and UNICEF, 1994, *The Situation of Children and Women in Lesotho*
- GoL, 1998, *Lesotho Population Data Sheet*, Department of Population and Manpower Planning, Ministry of Development Planning, Maseru
- GoL, 1999, *Policy Framework on HIV/AIDS Prevention, Control and Management*, Maseru, Lesotho
- GOL, 1998, *AIDS Epidemiology In Lesotho 1998*, Ministry of Health and Social Welfare, Maseru, Lesotho
- GOL, 1999, *National AIDS Strategic Plan 2000 – 2003*
- GoL, 2000, *Land Policy Review Commission Report*, September 2000, Government Printer, Maseru, Lesotho
- GoL, 2000, *National AIDS Strategic Plan 2000-2003*, Maseru, Lesotho
- Hartley D, Kohlbach C, Mphale M, Makoe MG, Rwambali EG, 1999, *Report on a Consultative Workshop for MEGYA/DMMCP/NES*, Maseru, Lesotho
- Mahao, NL, 1991, *The Law and Land Planning: An Overview of Customary, Colonial and Post-Colonial Initiatives*
- Majoro M, Mphale M, Marake M, Makoe M, Rwambali EG, Mokitimi N, 1999, *Social Assessment for the Maloti Drakensberg Transfrontier Conservation and Development Project*, National Environment Secretariat, Maseru, Lesotho

Makoae M, Rwambali EG, Mphale M, Mokitimi N, 2000, *Rural Mountain Livelihood Analysis: Sources, Dependence on Natural Resources and Change overtime*, Paper presented at the Global Change and Subsistence Community Rangelands in Southern Africa, December 2000, Maseru, Lesotho

Mashinini V, 1973, *Land Tenure and Agricultural Development In Lesotho*

Mashinini V, 1998, 'Tenure Reform and Agrarian Change in Lesotho: An Inquiry into the Nature Of The Land Act 1979', in *Review of Southern African Studies*, Vol. 2 No. 2.

Mashinini V, 2000, *The Proposed Land Reform Policy For Lesotho In the 21st Century: Old Wine In A New Bottle*

Matlosa K, *The Dynamics of Land Tenure Regimes in Lesotho: Implications for Food Production and Food Security*

Maxwell TJ, 1991, *Review of Land Use Policies, Strategies and MOA Organisational Structures In Lesotho*, ODA/MOA

Ministry of Agriculture, 1994, *Co-operatives, Marketing and Youth Affairs*, Lesotho Agricultural Situation Report 1976/77 to 1991/92

Ministry of Development Planning, 1998, *Lesotho Population Sheet*, Maseru

Ministry of Economic and Development Planning, 2000, *Lesotho Food Aid Policy*, Maseru, Lesotho

Ministry of Finance and Economic Planning, 1996, *Pathway Out of Poverty: An Action Plan for Lesotho*, Maseru

Ministry of Health and Social Welfare, 1998, *AIDS Epidemiology in Lesotho*, Maseru

Morapeli M, 1990, *Land Management Institutions At The Community Level: The Case of Village Land Allocation Committees In Lesotho*, UBC Planning Papers, Centre For Human Settlements

Morapeli M, 1989, *Land Tenure Reform Experiences In Kenya, Botswana and the Soviet Union*, Unpublished

Mphale M, Makoae MG, Rwambali EG, 1999, *Stakeholder Opinion Analysis in Mokhotlong District for DMMCP*, NES, Maseru.

Mupedziswa R, 1998, 'AIDS in Africa: The Social Work Response', in *Journal of Social Development*, Harare

National Environment Secretariat, 1999, *State of the Environment in Lesotho*, Maseru, Lesotho

Phororo DR, 1979, *Land Tenure In Lesotho: Soil Use and Conservation; Water use and Irrigation*, MOA

Phororo 1986, *Land Policy Issues with Special Reference To Tenure Use System*

Quan J, 2000, 'Land Tenure, Economic Growth and Poverty In Sub-Saharan Africa', in *Evolving Land Rights, Policy and Tenure In Africa*, IIED, Natural Resources Institute Report on a Consultative Workshop, NES, Maseru

Sechaba Consultants, 2000, *Poverty and Livelihoods in Lesotho 2000: More than a Mapping Exercise*, Maseru, Lesotho

Shedick V, 1954, *Land Tenure In Basutoland*, Her Majesty's Stationery Office, Great Britain

Swallows BN, Boris B, 1988, 'Co-operative Agricultural Development and Food Production in Lesotho', in *Food Security Issues in Southern Africa*, Ed KK Prah, ISAS, NUL, Lesotho

The World Bank, 1994, *Lesotho Poverty Assessment*, Southern Africa Regional Office

Tola A, 1988, 'Food Security in Lesotho', in *Food Security Issues in Southern Africa*, Ed KK Prah, ISAS, NUL, Lesotho

Toulmin C, Quan J, 2000 'Evolving Land Rights, Tenure and Policy In Sub-Saharan Africa', IIED, Natural Resources Institute

UNAIDS, 1999, *A Review of households and community Responses to the HIV/AIDS epidemic in the rural areas of Sub-Saharan Africa*, Geneva, Switzerland

UNAIDS, 2000, *Report On The Global HIV/AIDS Epidemic*, Geneva, Switzerland

UNDP, 1993, *A Review and Analysis of Land Tenure In Lesotho With Recommendations For Reform*

UNDP, 2000, *Development Cooperation Assistance*, Maseru, Lesotho

Van Den Ban AW and Hawkins HS, 1988, *Agricultural Extension*, Longman, New York

Williams JC, 1972, 'Lesotho: Land Tenure and Economic Development', in *Communications of the Africa Institute*, No. 19, Pretoria.