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

By

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List of Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
APCBP	Agricultural Policy Capacity Building Programme
FAO	Food and Agriculture Organization
FCSF	Farming Community Support Fund
GDP	Gross Domestic Product
GNP	Gross National product
GoL	Government of Lesotho
HIV	Human Immuno-Deficiency Virus
HSAH	Health service Area Hospital
IEMS	Institute of Extra Mural Studies
IIED	International Institute for Environment and Development
KABP	Knowledge Attitude Beliefs and Practices
LAICA	Lesotho AIDS Education and Community Counselling Association
LAPCA	Lesotho AIDS Programme Coordinating Authority
LHDA	Lesotho Highlands Development Authority
LHWP	Lesotho Highlands Water Project
LSPP	Land Survey and Physical Planning
NAP	National AIDS Programme
NGO	Non Governmental Organization
PHC	Public Health Centre
PRA	Participatory Rural Appraisal
SAA	Selected Agricultural Areas
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations AIDS Programme
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VDC	Village Development Councils

EXECUTIVE SUMMARY

Introduction

Issues such as land tenure are of greatest concern in countries like Lesotho where food security is a priority and where most people rely on agriculture for their livelihoods. Agriculture provides rural households with cash and non-cash incomes that are essential for their survival.

Lately, the spread of HIV/AIDS infection has threatened survival strategies based on agriculture. In 2000 there were an estimated 108 174 HIV/AIDS cases amounting to over 10 per cent of the total population (GoL, 2001). The spread of HIV/AIDS threatens to increase problems of access, use and rights to land among community members as it erodes the human resource base. This has implications for the land tenure system, which at present does not make allowances for the realities of HIV/AIDS facing many agrarian societies. HIV/AIDS has affected various facets of life, however, the experiences of affected households have not been documented. This study makes a contribution to documenting the impacts of HIV/AIDS on land issues and people's livelihoods.

Objectives

The objectives of the study were:

- To identify the coping strategies that households affected by HIV/AIDS adopt in order to survive.
- To assess how these coping strategies are related to land tenure provisions and their implications for food security and sustainable livelihoods.
- To document the experiences of affected families regarding protection of the land rights of widows and orphans.
- To find out the extent to which the provision for leases has provided opportunities for households affected by HIV/AIDS.
- To determine the link between the problem of HIV/AIDS and increasing land sales and conversions.

Findings

The most immediate impact felt by households in which the infected individual was employed was loss of regular income. In both the communities of Ha Poli and Matsatsaneng it was mainly men who had stopped working either because they could not cope and decided on their own to stop working, or because they were retrenched due to illness. This happened with people employed in the South African mines and those employed locally, particularly in construction work on the Lesotho Highlands Water Project (LHWP). In most households the bulk of savings were used to pay for medical expenses as the disease became more serious and for funeral expenses.

In the absence of other options in both communities, agricultural production is the main source of livelihood. In-depth interviews with affected households revealed that illness had a substantial impact on agricultural yields. This was attributed to the fact that most farming activities were directly affected by illness with some activities

having to be postponed or abandoned. Affected households reported declining productivity in their home gardens since contracting HIV/AIDS.

Livestock are among the household assets affected by HIV/AIDS and chronic illnesses. Due to loss of income experienced by most affected households livestock is sold to meet medical expenses, school fees and other recurrent expenditure. This has a negative effect on livelihood sustainability because livestock are sold more frequently and in some cases all the stock are sold off. Livestock sales have deprived some households of cattle needed for draught power in the fields. This is a major factor inhibiting effective land use. It also has an impact on cooperative working arrangements that rely on households contributing at least one form of resource to the production process.

Chronic illnesses including HIV/AIDS have had a direct impact on food security. Illness affects not only agriculture but also all the other ways of producing or accessing food.

The study found that as a result of HIV/AIDS affected households are increasingly using sharecropping arrangements to work their fields and to avoid revocation of land left fallow. This assures them of continued access to agricultural land and to a share of the harvest. Households that have sold their livestock to cover medical expenses use sharecropping to gain access to draught power.

The study revealed that agricultural land was a highly valued asset that HIV/AIDS infected individuals and households see as an ultimate source of security for their children if they die. For this reason it is not sold to meet expenses incurred as a result of the illness.

Widows reported that they had been allowed to retain their late husbands' agricultural land and that they were empowered to decide on sharecropping arrangements and to hire people to work on their land when necessary. Despite this, women's land rights, though clearly stipulated in law, are not always protected. Practices vary depending on the manner in which land rights are interpreted, the circumstances, the level of understanding about AIDS and the fairness and compassion of the local authority. The situation of widows is worsened by perceptions in the community about the factors contributing to HIV/AIDS and by the stigma attached to the disease, with the blame usually placed entirely on women.

In both study areas AIDS orphans were found to be very young. Views on their treatment vary. Men's groups generally maintain that the orphans are treated fairly and that if they are still young their uncles use their late parents' land to raise them until they old enough to inherit the land. The women's groups pointed out that there were cases where orphans were cheated out of their heritage by their uncles. Traditionally the extended family has taken care of orphans, however under the impact of growing poverty and the fear and stigma attached to HIV/AIDS this practice is breaking down and orphans are being abandoned or left unclaimed in hospital. AIDS orphans lose their land benefits and rights when raised in hospitals or by the maternal side of the family.

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

In response to the effects of HIV/AIDS the affected households and infected individuals have adopted a number of strategies such as sharecropping, livestock sales and *mafisa* to ensure that assets such as land remain in their custody and to foster food security. Sometimes children are withdrawn from school as a coping strategy to cut down on the household expenses.

The escalating morbidity and the growing death rate are depleting the human resources of institutions providing services to communities. They are also limiting the number of local entrepreneurs able to take over these services and the capacity to generate income through the commercialisation of agriculture.

The spread of HIV/AIDS is exerting overwhelming pressure on the health services to diagnose the disease in order to provide proper treatment. However, many institutions lack finances and equipment to conduct proper testing procedures and rely on circumstantial evidence for diagnosis. In some cases has led to loss of integrity for the institutions concerned. Given the public stigma attached to the disease people have objected to being labelled HIV positive on the basis of circumstantial evidence and this has contributed to people with ailments avoiding the health services.

As a result of HIV/AIDS the survival of the extended family and social fabric of the community support systems are threatened. These kinds of support systems are gradually eroding due to poverty, the magnitude of HIV/AIDS pandemic and stigmatisation of the disease. This is a serious issue as the government strategy relies on using traditional and community support systems to limit expenditure.

Recommendations

On the basis of these findings the study recommends:

- 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. This should include research into social policies that are sensitive to the impacts of HIV/AIDS on the coping mechanisms that households employ.

- 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. The range of support structures needs to be clearly identified and researched to establish how they can be assisted to ensure that they can continue to provide support. Community burial societies need support to ensure that those who default on their payments do not lose all accumulated benefits.

- 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.

- The rights of widows and orphans need to be protected by policy, legislation and administrative action. 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.

- Measures should be taken to ensure that children in affected households and aids orphans are able to complete their schooling to equip them to be self sufficient and productive members of society.

- Hospitals should be equipped to make rapid and positive diagnosis of HIV infection to minimise the time and expense that individuals and households incur in establishing whether someone is infected. Hospital staff and other medical and para-medical personnel need to be trained and monitored to ensure that they understand and respect professional practice relating to patient confidentiality and the treatment of people with HIV/AIDS.

- Public awareness and information campaigns and 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 help to ensure uniform implementation of measures to support affected households.

- 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. This should include a review of the likely impacts of the present trend towards concentration and commercialisation of land holding and agriculture on HIV/AIDS affected households and suitable action to secure their livelihoods.

- 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. This should include mechanisms to ensure that sharecropping can continue to support the food security of affected households.

- 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. Once identified measures should be taken to make these techniques available to HIV/AIDS affected households.

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1.0 INTRODUCTION

Issues such as land tenure are of great concern in countries like Lesotho where food security is a priority and most people rely on agriculture for their livelihoods. Agriculture provides rural households with cash and non-cash incomes that are essential for their survival. Rural urban linkages mean that some urban households also depend on rural agriculture. In theory because land in Lesotho is obtained free it is accessible to almost every household. However, landlessness has increased in the last two decades exacerbating inequalities and vulnerability.

Basotho Customary Law is largely unwritten. The Laws of Lerotholi, first documented by the Basutoland Council in 1903, are the principle written source. They have been amended on several occasions, the most recent edition dating from 1959. These laws contain provisions dealing with land tenure and rulings on land use. However, customary law administered by the chiefs remained the paramount legal basis for land tenure throughout the seventies. From 1959 onwards, legislation introduced wide-ranging changes to traditional land tenure.

The current legislation governing land allocations, acquisitions, transfers and use is embodied in the Land Husbandry Act of 1969 and the Land Act of 1979 and subsequent amendments (Phororo, 1986). Under these laws land belongs to the nation as a whole with land rights vested in the King as guardian and trustee (Morapeli, 1990). These rights are delegated directly to chiefs and Village Development Councils (VDCs) for allocating, opening up and closing arable and grazing lands and withdrawing land to sanction defaulters (Mashinini, 2000). Principal and ward chiefs control the opening and closing of mountain grazing lands. Rights to arable land are allocated to individual farmers while grazing rights are communal.

Under this system relatives inherit a deceased persons allotment of arable land in the absence of a will stating otherwise (Land Review Commission, 2000). The system provides for allotment holders to apply for a lease on land allocated to them. This lease can be transferred, sub-leased, rented or used as collateral to obtain a loan. The system gives women land rights, implying that they are entitled to inherit land. However, allotment holders lose their rights to land if it lies fallow for more than two years (Mashinini, 2000, Land Policy Reform Commission, 1987, 2000). Based on these provisions many authors have complimented the Lesotho land tenure system for its equity, flexibility and ability to respond to socio-economic and environmental changes (Phororo, 1986; WCARRD, 1982; Mahao, 1991;Maxwell, 1991;Land Policy Review commission, 1987).

Lately, the spread of HIV/AIDS, with 73 179 reported cases in 1998 (9.8 per cent of the total population), is threatening agriculture based survival strategies (GoL, 1998). It is eroding the human resource base and threatening to increase problems of access, use and rights to land for community members. In particular, the epidemic threatens to increase the number of orphaned children at risk of losing rights and access to family agricultural land, thus decreasing food security. These trends point towards a bleak future unless major changes are made.

1.1 Statement Of The Problem

Despite its equitable nature, Lesotho's land tenure system does not make allowances for the AIDS pandemic facing many agrarian communities today. The morbidity and mortality resulting from HIV/AIDS impact negatively on coping strategies, affecting the ability of households to use their assets, including land and labour, effectively. Affected households also lose their savings and investments to medical and funeral costs.

In an attempt to ensure survival many households resort to strategies with negative long-term implications for sustainable livelihoods, which include land use conversions clearly motivated by economic pressures. HIV/AIDS is likely to have aggravated these transactions, which have seriously affected access to land, land use and agricultural productivity. Most importantly they imply that land holdings will eventually be concentrated in the hands of a few rich people.

This pessimism is due to the provision in the 1979 Land Act for the reallocation of land left fallow for more than two successive years. Meant to ensure equity, this provision risks creating greater disparity in a socio-economic situation that may motivate vulnerable landholders to sell their land before they can be dispossessed. The experiences of households that have been affected by HIV/AIDS regarding this issue have not been documented. It is also not clear how the provisions on fallow land, and the erratic and illegal land sales relatives may pursue due to economic pressures will affect orphans. This lack of information makes it useful to document the extent to which families and other custodians such as traditional authorities and development committees protect orphans' and widows' rights to land.

Since most people in rural areas depend on agriculture, land laws affect their livelihood strategies. The provision for leasing land gives those who cannot use the land productively, including the poor, women, the elderly, and those with Aids or other illnesses, the opportunity to earn cash to offset their financial burdens. This opportunity has not been tapped.

These possibilities and realities may have serious implications for sustainable livelihoods and food security in Lesotho, particularly as what the law stipulates often differs from what happens in practice.

1.2 OBJECTIVES

The Objectives of the Study Were:

- To identify the coping strategies that households affected by HIV/AIDS adopt in order to survive.
- To assess how these coping strategies are related to land tenure provisions and their implications for food security and sustainable livelihoods.
- To document the experiences of affected families regarding protection of the land rights of widows and orphans.
- To find out the extent to which the provision for leases has provided opportunities for households affected by HIV/AIDS.

1.3 METHODOLOGY

The methodology adopted for this study was meant to obtain qualitative data and to address the historical and the current situation. This called for a variety of methods and techniques.

1.3.1 Literature Review

To contextualise the study existing literature on the prevalence and magnitude of HIV/AIDS in Lesotho was reviewed. This included examining documentation of government and NGO responses to the problem. The strengths and limitations of HIV/AIDS policy in Lesotho were analysed in order to gain an understanding of the epidemic at the national level.

Literature on land policy and issues in Lesotho was examined to establish linkages between sustainable livelihoods and land tenure. This contributed to analysis of the implications of

HIV/AIDS for land tenure. The implications and questions raised in the literature review were followed up with households, communities and institutions at grassroots level using participatory approaches.

1.3.2 Institutional Surveys

Issues raised in the literature review were pursued at grass roots and national levels to find out if opportunities embodied in the National HIV/AIDS policy and the land laws bore fruit on the ground. Another aim was to find out how affected and infected households coped with the limitations and weaknesses of policy and legislation.

Primary data was collected through interviews with key informants from the following institutions dealing with land issues and HIV/AIDS.

1.3.2.1 HIV/AIDS Related Institutions

These interviews focused on activities meant to alleviate the impact of HIV/AIDS, organisational policies, how such policies are reflected at grass roots level and their relationship with national HIV/AIDS policy. Informants were asked to identify weaknesses and limitations in their programmes and how they planned to deal with them in future.

The institutions were:
- Lesotho AIDS Programme Coordinating Authority (LAPCA) under the Prime Minister's Office.
- The National Health AIDS programme - under the Ministry of Health.
- Lesotho AIDS Education and Community counselling Association (LAICA)
- The AIDS Unit of the Ministry of Agriculture.

1.3.2.2 Institutions Dealing with Land Issues

Interviews focused on how current policies cater for HIV/AIDS affected households, experiences with the administration and implementation of land legislation, the challenges presented by HIV/AIDS, major strategies adopted to combat the problem, and whether current policies were integrated with the National HIV/AIDS policy.

Institutions covered were:
- Ministry of Local Government
- Ministry of Agriculture
- Agricultural Planning Policy Section in the Ministry of Agriculture

1.3.2.3 Local institutional surveys

Local level surveys entailed interviews with traditional and modern land management institutions in the form of the chieftainship and Village Development Councils. These surveys explored the opportunities these institutions afforded HIV/AIDS affected people, how the land law provisions are being used and how they affect the livelihoods of HIV/AIDS affected households. The aim was to identify how these laws improved or worsened the situation of affected households, their limitations, and how HIV/AIDS impacts on land issues at community level.

Other local level institutions interviewed included the Lesotho Highlands Development Authority (LHDP), church authorities and hospitals. Social workers and health workers were interviewed on their current programmes and perceptions of the impacts of HIV/AIDS on land issues and livelihoods.

1.3.3 Community and Group Discussions

Consultations in the two communities of Ha Poli and Matsatsaneng were conducted through their respective chiefs. Data was collected using different participatory methods. The discussion covered questions on land issues, community health problems and livelihoods of the people.

Since HIV/AIDS carries a stigma, researchers avoided using these words or any other local or Sesotho terms related to HIV/AIDS to ensure rapport with participants. The term chronic illness was used and informants were asked to specify the symptoms they experience, their frequency and prevalence to identify links with the clinical symptoms of HIV/AIDS. The term HIV/AIDS was only used in discussions and interviews after the participants had mentioned it and shown willingness to discuss the issue. Researchers adopted this strategy to protect people who were willing to share their knowledge and experiences from stigmatisation by the community.

The specific methods used in these discussions included the following:

In community gatherings *(pitsos)*
- Timelines were used to gauge the onset of chronic illnesses among community members.
- Social Maps were used to indicate the distribution and location of vulnerable groups in the community.
- Participatory Land Use Mapping and transects were aimed at locating agricultural lands that had been left fallow.

Focus group discussions were held with men's, women's and youth groups; chiefs, community leaders and elderly men; and health workers, AIDS counsellors and hospital authorities. The following techniques were used:
- Brainstorming exercises were used to assess their knowledge about HIV/AIDS, its magnitude and contributing factors, and their familiarity with land legislation.
- Ranking and Rating techniques were used to rank HIV/AIDS in relation to other community problems.
- Impact Analysis was used to determine aspects of land issues impacted most by the epidemic. This technique was also used to analyse the impact of HIV/AIDS on livelihoods at community level.
- Group discussions were used to pursue issues concerning widows and orphans land rights.

Observations were also used to cross check on responses given by groups on fallow land, land size and services available in the community.

1.3.4 Household In-depth Interviews

Household in-depth interviews were conducted with households that health workers said were affected by HIV/AIDS, or where a household member was willing to be interviewed and either admitted being infected with HIV/AIDS or stated that the household was affected by chronic illness. Health workers and counsellors played a crucial part in this part of the study since they had worked with affected households and infected individuals for some time. The relationships of confidentiality and trust they had established enabled the affected households and infected individuals to open up to the researchers.

Twenty in-depth interviews were conducted in the two communities. Where possible interviews were conducted with the infected individuals. Failing this with an adult household member – in most cases the spouse of an ailing member.

The techniques and issues covered included:

- In depth discussion to determine the composition of the households and demographic changes over the last five years or so,
- Livelihood Analysis and Impact Analysis to find out activities, sources of livelihood and how these had been affected by HIV/AIDS.
- Brainstorming to elicit suggestions on services needed for their survival and to cover the question of stigmatisation.
- Impact Analysis to determine how the disease affected income generation, land use and the inheritance of family assets such as land.
- Discussion to find out about the predicament of widows and orphans.

1.3.5 Analysis

The analytic framework adopted linked the literature review and empirical evidence. First, the analysis contextualised the HIV/AIDS problem by describing the socio-economic setting of the country and the magnitude of the epidemic. A historical analysis of land tenure and an examination of the Lesotho AIDS policy were made. These exercises identified questions on, and implications for, the probable impacts of HIV/AIDS on land issues and livelihoods. These were investigated at national and grass roots levels through interviews and participatory approaches.

The investigation identified the impacts of HIV/AIDS on land issues by linking land tenure to livelihoods and coping strategies. It also examined the role of people's perceptions on HIV/AIDS and how they influenced the adoption and avoidance of certain actions. In particular, it examined the links between perceptions and stigmatisation and how these links have moulded the impacts of HIV/AIDS.

On this basis, conclusions were drawn on the impacts of HIV/AIDS on land issues and livelihoods and these conclusions were related to the objectives of the study.

1.3.6 Location of the Study Areas

The researchers identified two locations for the study based on different considerations dictated by the terms of reference and the study objectives.

Ha Poli in the Katse Catchment Area was selected because:

- The area represents the highlands regions of Lesotho. Study objectives and methodology made a deliberate effort to separate the lowlands from the highlands due to varied access to arable land and the connection between land and agricultural activities that sustain livelihoods in the rural areas;
- It is one of the areas in the country with a high prevalence of HIV/AIDS due to inward migration during the Lesotho Highlands Water Project (LHWP);
- The area has also experienced land loses due to LHWP activities.

Matsatsaneng in Botha Bothe Area was selected because:

- It represents the lowlands and the foothills;
- Households have relatively large arable lands (fields) compared to the mountain regions;
- It is closer to urban areas where conversions and urban sprawl are more prevalent;

- It was assumed that the community will have information on and be experiencing the problem of HIV/AIDS as Botha Bothe has also experienced an influx of migrants due to the LHWP construction work;
- Due to its proximity to the urban area, it was expected that communities would have information on HIV/AIDS, land laws and policies.

2.0 LITERATURE REVIEW

2.1 BACKGROUND

2.1.1 Geographical Setting

Lesotho is a land locked country covering approximately 30 344 km^2 between 27^0 and 30^0 East and about 28^0 to 32^0 South in the southern part of Africa. Most of the country lies within the Drakensberg or Maloti Mountains, which range from about 1 500 to 3 500 metres above sea level. The climate is temperate, characterised by warm moist summers and cold dry winters. Snow is common in the mountains for several months during winter and it occasionally snows in the lowlands. The daily temperature variation is high, ranging from 15^{0}C in summer to 18^{0}C in winter (FAO, 2000; Majoro et. al., 1999; GoL and UNICEF, 1994)

The country is subdivided into four major physiographic and agro-ecological zones. The 'lowlands' form a narrow strip on the western side, ranging between 1 500 and 1 800 metres above sea level. Most of the crop production and major urban centres are found in this region. The lowlands also accommodate about 80 per cent of the total population (FAO, 2000).

The foothills range between 1 800 and 2 000 metres above sea level and cover about 8 per cent of the total area. The mountains, starting at about 2000 metres above sea level, constitute the sub-alpine and alpine ecological zones mainly used as summer grazing. The valley along the Senqu (Orange) River is mainly a grassland area with shallow soils.

Mean annual rainfall increases with altitude, with the lowlands averaging from 600 to 900 mm and the mountains between 1000 and 1300mm.

According to projections the population density in Lesotho for 2000 is 61 people per km^2 compared to 53 in 1986. Latest estimates are that 9 per cent of land is arable compared to 13 per cent in 1976 due to increased soil erosion and encroachment of settlements on arable land as a result of population pressure (GoL, 2000). This has also contributed to landlessness as indicated in table 1.1

Table 1.1: Lesotho's National Rural Households and Landlessness

	Total Number of Households		
Year	With Land	Without Land	Landless %
1970	212,866	26,919	13
1980	239,216	52,443	22
1990	229,292	126,947	55

Source: NES, 1999; Ministry of Agriculture, 1994

Current figures from the census and government reports indicate that landlessness stood at 32.9 per cent in 1996 (GoL, 2000).

2.1.2 Structure of the Economy

For most of its post independence history, Lesotho's gross domestic product (GDP) has never exceeded 54 per cent of its gross national product (GNP) and it has relied on a limited number of sectors (Table 1.2).

Table 1.2: Lesotho Economy 1994-1999 (per cent share of GDP)

Sector	1994	1995	1996	1997	1998	1999
Construction	18.9	19.8	19.0	18.2	15.8	17.9
Agriculture	17.4	17.2	18.2	16.0	17.4	16.9
Manufacturing	15.7	15.4	16.1	15.9	17.2	16.4
Public Administration	6.8	7.6	7.4	7.6	9.0	9.2
Education	8.4	9.0	8.8	8.4	9.4	9.0
Wholesale, Retail and Repairs	9.0	9.0	8.9	9.2	9.0	8.2
Other	23.7	21.9	21.7	24.7	22.2	22.4

Source: FAO, 2000.

Construction (which comprises government supported infrastructure projects and construction on the Lesotho Highlands Development Project) agriculture, and manufacturing are the main sectors of the domestic economy accounting for more than half of GDP. The balance constitutes a variety of private and public sector services ranging from business to education services.

The unemployment rate is high and probably exceeds the 40-45 per cent usually quoted in official documents. Sechaba Consultants (2000) for example, reported an increase in unemployment from 45.6 per cent in 1993 to 50.8 per cent in 1999. A possible explanation could be the decline in migrant labour and retrenchments on the South African mines.

Lesotho normally operates on a relatively huge trade deficit that rose from 2.1 billion Loti in 1991 to about 3.6 billion in 2000. To offset this burden government has relied on revenue generated from migrant labour. This has been declining following retrenchments on the mines. The situation deteriorated further following the 1998 political crisis when a number of businesses were completely destroyed. This not only deprived the government of revenue but also increased unemployment. For example, growth in real GDP in 1996 and 1997 was recorded at 10.0 and 8.1 per cent respectively, while growth in real GNP came to 9.4 and 5.4 percent respectively. In 1998 the economy, measured through real GDP, contracted by 4.6 per cent, followed by 2 per cent growth from this smaller base in 1999. Real GNP on the other hand remained depressed having declined by 9.7 per cent in 1998 and a further 1.7 per cent in 1999 due to that crisis (FAO, 2000).

Sechaba Consultants (2000) show that migrant labour employment declined by about 11 per cent between 1993 and 1999 while real gross earnings fell by 1.4 per cent per annum. A phenomenon such as the AIDS pandemic that demands significant resources compounds this situation. Studies indicate that since resource allocation is skewed towards urban people, rural people suffer most. For example, the Human Development Profile Survey revealed that although mountain communities constitute 22 per cent of Lesotho's households they receive only 11 per cent of total cash income (FAO, 2000). The survey estimated that 54 per cent of these rural people live below the poverty threshold and rely on food aid (Ministry of Economic and Development Planning, 2000). In 1995 for example, food aid amounted to US$9.05 million while emergency and relief assistance reached about US$0.5 million (UNDP, 2000). Current estimates are that 33 per cent of children under the age of five are stunted and 15.8 per cent are undernourished as a result of quantitative and qualitative food shortages (Ministry of Economic and Development Planning, 2000). Unemployment is considered a direct cause of rural poverty and female-headed households constitute about 40 per cent of total poverty in the country (FAO, 2000).

2.1.3 Demographic Information

Lesotho's population is estimated at 2.1 million, with 51 per cent females. It is growing at the rate of 2.1 percent per annum. Although the life expectancy rate for females increased from 53 years in 1986 to 58 years in 1998, while the rate for men remained almost constant at 57 years during the same period, HIV/AIDS and related diseases will soon lower these figures. During the same period infant mortality rates increased from 60 per 1 000 to 74 per 1 000, while maternal mortality rates stagnated at 282 per 100 000 people despite increased government efforts to improve the health services and immunisation (GoL, 1998; FAO, 2000).

The FAO reported in 2000 that the HIV/AIDS situation is inflating adult mortality and morbidity rates in the country (FAO 2000). The report points out that labour force participation rates have decreased from 47.6 per cent in 1976 to 40.7 per cent in 1996. The total number of economically active people aged ten years and above was 573 064 in 1996. The majority of them (445 840) were in the rural areas. In 1996 there were 743 811 economically inactive people.

2.1.4 Health Services

Health services in Lesotho are organised through the Health Service Area concept. These are designated geographical areas with populations ranging between about 38 000 and 225 000 people per Health Service Area Hospital (HSAH). The HSAH is responsible for supervising all training at health centres and implementing primary health care in its area of jurisdiction. By 1994 there were 19 Health Service Areas, the 19th being the Lesotho Flying Doctor Service that serves 12 very remote and inaccessible clinics. Government hospitals have a ratio of 5 000 to 13 000 patient days per doctor and between 11 000 to 28 000 outpatient attendances per doctor (GoL and UNICEF, 1994). Due to increased morbidity as a result of HIV/ADS related diseases this picture is expected to worsen. Currently there are 160 health centres with 52 per cent government owned the rest managed by NGOs (GoL, 2000).

The full immunisation rate had reached 67 per cent by 1996. In 1998 the doctor population ratio was 1 to 16 548; the hospital bed population ratio stood at 1 to 846; the nurse population ratio at 1 to 2 340 and the doctor nurse ratio at 1 to 7 (GoL, 1998). Clearly the HIV/AIDS crisis will stretch resources even further.

2.2 HIV/AIDS IN LESOTHO

The evidence shows that sub-Saharan countries are most heavily affected by the HIV/AIDS pandemic and Lesotho is no exception. Since the identification of the first HIV/AIDS case in the late 1980s the infection and death statistics have risen at an alarming rate. Various factors have contributed to this picture and the consequences affect different sectors and groups in society in different ways. The link between HIV/AIDS and land issues in Lesotho is particularly important as Lesotho is an agrarian society and the majority of people (80 per cent) depend on the land for their livelihoods.

2.2.1 Prevalence, Magnitude and Trends

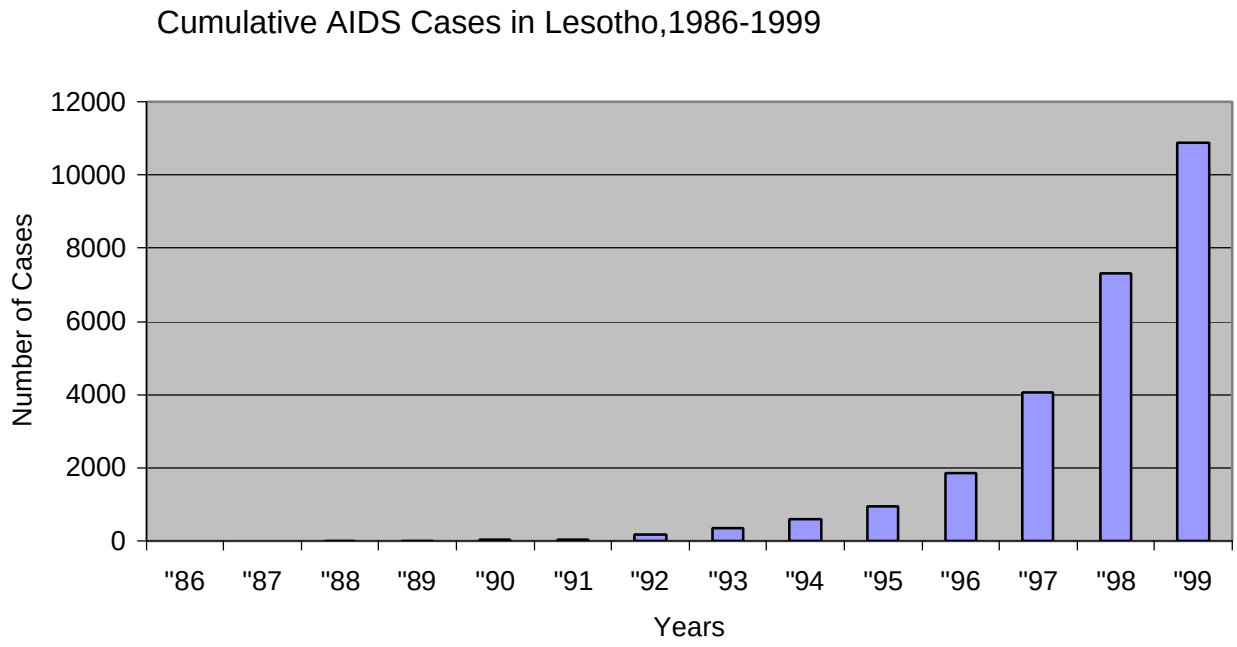
The first HIV/AIDS case in Lesotho was identified in 1985. By the end of the decade the number of adults living with HIV had risen to 5 585 (Ministry of Health and Social Welfare, 1998; 1999). In 2000 there were 108 174 people living with HIV/AIDS. These statistics point to the uncontained spread of the virus and its devastating impacts. This is particularly so because the statistics refer to

people aged between 15 and 49 and do not include younger people, especially children who are born infected.

Table 3.1 Estimated Course of HIV/AIDS in Lesotho

Year	New HIV infections among adults	Estimated number of adults living with HIV (exclude AIDS)	New AIDS cases among Adults	Cumulative number of AIDS cases among adults
1985	2	2		
1986	32	34		
1987	188	222		
1988	646	868	3	3
1989	1 606	2 455	15	18
1990	3 185	5 585	55	73
1991	5 357	10 786	157	230
1992	7, 943	18 362	367	597
1993	10 665	28 286	740	1 337
1994	13 212	40 176	1323	2 660
1995	15 316	53 346	2 145	4 805
1996	16 793	66 926	3 213	4 805
1997	17 559	79 982	4 503	8 018
1998	17 623	91 644	5 961	12 521
1999	17 068	101 204	7 509	18 521
2000	16 022	108 174	9 052	25 991

The number of new cases of HIV infection identified among adults each year has escalated from 2 in 1986 to 16 022 in 1999. Full-blown AIDS cases have risen from 1 person in 1986 to 7 317 in 1998 (Ministry of Health and Social Welfare, 1998).



The majority of people in Lesotho live in the rural areas. At present AIDS is more prevalent in the more urbanised lowland areas than the mountain areas, but the gap between urban and rural areas is narrowing.

Available evidence shows that more than 50 per cent of all reported AIDS cases are in the 20-39 year age group. The majority of cases in this age category are female, although amongst people aged 40 to 59 there are more male cases. In the younger age group (15-19) there are also more females than males infected with HIV. Overall the virus affects men and women equally although the factors that contribute to their rates of infection vary.

2.2.2 Driving Forces

There are biological, behavioural, socio-cultural and economic explanations for both age and sex differentials among those infected with the virus (UNDP, 1998; Government of Lesotho, 2000). The fact that there are more females than males is partly explained by biological characteristics that make females more vulnerable to infection than men where safer sex is not practised (Ministry of Health and Social Welfare, 1999; Committee on World Food Security, 2001). These include the fact that in heterosexual activities they receive male semen, which may remain in their bodies for some time, thus increasing their chances of infection. The hormonal changes that affect the uterine wall during menstruation also increase women's susceptibility to infection.

At the social level it is argued that females generally experience sexual relationships earlier than males and, most importantly, they sometimes have sex with much older men who are more sexually experienced and have a number of past or current sex partners. This is the case both in and outside marriage. Sometimes, because of economic hardships and poverty, women engage in sex for economic favours. In African societies young women and girls dominate commercial sex. Patriarchy and the feminisation of poverty have therefore been blamed for the skewed distribution of AIDS cases between males and females.

The myth of monogamous relationships and false trust between regular sex partners and married couples are also responsible for high infections among women in general and married women in particular. For example, of the 2401 AIDS cases reported in Lesotho in 1998 about 62 per cent were married. Housewives accounted for 29 per cent of these cases, making up the majority of all occupational categories. It is argued that the cultural and socio-economic status of women in society make them vulnerable to infection by the virus because power relations in the social structure limit their choices and decisions regarding sex partners and safer-sex practices.

Population mobility is considered to be one of the contributing factors to the spread of HIV. For example, evidence points to high prevalence of the disease (23 per cent) amongst current mineworkers and people with a history of mine work. In South Africa truckers have also been found to be at high risk associated with prolonged absence from home. Rural-urban, urban-rural and international migration by men to South African mines are all important factors explaining the similarities between prevalence in rural and urban areas. The resulting linkages have narrowed the gap between the two sectors, increasingly defying the rural/urban dichotomy emphasised in classical literature, which was a premise of most research in the past. However, with more than 58 per cent of the population in the lowlands these districts have high HIV/AIDS statistics. Maseru, the capital, has the highest number of reported cases while Mafeteng has the highest rate of AIDS in the country at 348.6 per 100 000 people, more than double the national average of 158.7 per 100 000 people.

There are marked differences between the ten districts of Lesotho. The lowland districts show the highest prevalence rate with Maseru, Mafeteng, Leribe and Botha Bothe in descending order of

magnitude. These districts tend to have higher numbers of mineworkers and are more urbanised. Among the mountain districts, Thaba Tseka has the highest number of new AIDS cases registered annually due to its proximity to the Lesotho Highlands Water Project where there is a high influx of people and an increased rate of urbanisation.

2.2.3 Government and NGO Awareness Efforts

There is vibrant collaboration between government and local and international NGOs in Lesotho on development matters, especially health. These agencies have made efforts to combat HIV/AIDS, though admittedly they have come too late, and there has been little effort to ameliorate the impacts of the disease.

Awareness campaigns by various NGOs coordinated by the Ministry of Health were one of the earliest responses to HIV/AIDS. The Disease Control and Environmental Health Division in the Ministry of Health has used educational documents and radio programmes to reach people. During the 1990s when these campaigns peaked there were also Knowledge, Attitude, Beliefs and Practices (KABP) studies of adolescents and adults. These efforts are believed to have informed people about AIDS, However, they have not translated into behaviour change as evidenced by the continuously increasing infection rates among the sexually active categories. The campaigns target various groups, including stakeholders and the "most vulnerable groups", for example traditional healers and youth including herd boys (GoL, 2000).

National efforts include AIDS commemoration days and, recently, campaigns by the Prime Minister and the First Lady. Civil society has participated formally and informally in these campaigns through the use of drama, songs and fun walks. Generally these efforts have been ad hoc and disjointed and have not been sustained.

2.2.4 Impacts of HIV/AIDS

The impacts of the pandemic are visible at various levels of society. Contrary to the view when it first emerged that it was a medical problem, HIV/AIDS is today considered the major developmental challenge for Africa (Mupedziswa, 1998). Its impacts are economic, social and psychological in nature. It affects individuals, households, communities and nations in varying degrees.

2.2.4.1 Economic Impacts

There are no studies that have addressed the impact of HIV/AIDS on the economy of Lesotho, but demographic trends suggest that the pandemic has changed the population structure in southern African countries. They suggest low population growth rates and increases in the younger and older age groups that are not economically active, while those in the economically active middle age groups are decreasing. The economy needs labour, basically the product of population growth, to operate efficiently.

The likely impacts of the epidemic on the economy can be inferred by looking at the groups mainly infected. Globally, "AIDS affects mostly the economically productive age groups since they are the most sexually active…." (Mupedziswa, 1998:22). Clearly labour is at serious risk because it has been found that apart from loss due to high mortality, AIDS also affects the productivity of available manpower through absenteeism (Mupedziswa, 1998). Thus, death and long-term illness incapacitate the labour force (Barnett. 1999).

Savings and investments are also affected by medical and funeral costs and losses made by medical aid and insurance companies and employers. This means that institutional capacity is lost due to AIDS. In 1998, 9.4 per cent of university and college blood donors were found to be HIV positive (Ministry of Health, 1998).

2.2.4.2 Social Impacts

The literature shows that women in general are the most affected group (UNDP, 1999). There are also major affects on female youths. The impacts of AIDS on young people can be understood in the context of the family, which is considered to be the primary agent of socialisation and source of support. More and more children are deprived of development within the conventional family setting and some are forced to grow up in care-providing institutions or with foster parents.

In the sub-Saharan countries this poses a serious problem because the state is seriously handicapped as a provider of social welfare due to the economic crisis facing most African countries, especially as a result of structural adjustment policies. Economic constraints at household level compel young people to migrate to places where they are vulnerable and where sexual exploitation becomes a survival strategy (UNDP, 1999).

In Lesotho the family structure is already undermined by the migrant labour system and urbanisation. Because it leads to chronic illnesses and ultimately death, HIV/AIDS has added a new dimension to this phenomenon, negatively affecting household assets and incomes, reducing labour and increasing poverty.

2.2.4.3 Household Impacts

The UNAIDS Review of household and community responses to the HIV/AIDS epidemic in the rural areas of sub-Saharan Africa analyses its impacts in terms of the mechanisms adopted by the affected households. It identifies various studies showing that households invariably shift from levels of endowment and capacity to levels of deprivation and destitution due to the disease. For example, Danahue (1998) is cited as indicating that households go through three stages of loss management strategies namely: reversible mechanisms and disposal of self-insuring assets; disposal of productive assets; and destitution (UNAIDS, 1999:18). AIDS has led affected families to adopt different coping strategies that include disposal of productive assets such as land, equipment and tools, reduction of the amount of land farmed, and changes in the types of crops farmed. These responses are detrimental to the welfare of households and have serious negative implications for sustainable livelihoods.

2.2.5 Migration and HIV/AIDS in Lesotho

Historically Lesotho's economy has depended on remittances from migrant labourers in the South African mining industry. This involved long-term absence of men from their family homes. It promoted temporary marriages and sexual relationships away from home. Access to cash income, through wages that normally remained the prerogative of men, enabled them to pay for sex while they were away. Today many of these migrants have been retrenched, some of them due to their AIDS status. When they first arrive home their status may be unknown and they have relatively large amounts of cash, which they use to obtain sexual favours. The result is that migration has contributed to the spread of the virus through the breakdown of cultural and religious values such as fidelity and no-sex-before-marriage (Government of Lesotho, 2000).

The economic crisis in Lesotho due to massive retrenchments in the 1990s has led to high levels of school dropouts and a boom in commercial sex by youth who migrate from the rural areas to places

where they can find clients. These include urban and tourism centres such as the Lesotho Highlands Water Project area. There has also been an increasing trend of young women migrating to South Africa following the retrenchment of miners – to a place notoriously known as Bekestaal – to "work" and then return home to die. These developments are some of the indicators of the historical dependence of Lesotho's economy on remittances and the spectrum of social problems triggered by the collapse of this source of earnings. Despite their contribution to GNP over the years, the situation is exacerbated by lack of a coherent social policy targeting miners, and poor welfare services in the country.

2.3 LAND TENURE AND LAND POLICY REFORMS AND IMPLICATIONS FOR LIVELIHOODS IN LESOTHO

The institutional arrangements through which people access land and secure land rights are a primary concern for poverty eradication in rural areas where land is a basic livelihood asset, and the principal form of natural capital people use to produce food and earn a living (Quan, 2000). Land tenure arrangements become even more crucial for vulnerable groups in the society, such as people affected by HIV/AIDS. Their access to land presents them with opportunities to rent out or even sell land in times of hardship, thereby providing them with the needed financial security. By the same token this group and other rural poor can use land, which is a heritable asset, as a basis for livelihood security for future generations and orphans.

This notion of sustainable livelihoods refers to "an approach to maintain or enhance natural resource productivity, secure ownership of and access to assets and income earning activities, as well as to secure adequate stocks and flows of food and cash to meet basic needs (www.undp.org/sl/Overview/an-overview.html). Livelihood refers to both economic and non-economic activities that households and members engage in to increase income, reduce vulnerability and improve the quality of life. It entails how people exploit resources and use assets and capacities. In this context livelihoods are regarded as assets, activities and entitlements that people use to make a living. Assets include natural or biological, social, political, human and physical resources. Table3.1 below summarises the forms of assets according to the UNDP schema.

Table 4.1 A summary of the asset components of livelihoods

Asset type	Forms
Natural or biological	Land, water, common property resources, fauna, flora
Social	Community, family, social networks
Political	Participation, empowerment
Human	Education, labour, health, nutrition
Physical	Roads, clinics, markets, schools, bridges
Economic	Jobs, savings, credit

This approach recognises the link that exists between the means for living and the broader economic, political and institutional environment within which households constitute their coping and adaptive strategies under the impact of AIDS.

Traditionally in most sub-Saharan countries access to land was guaranteed by customary tenure systems governed by kinship and managed by individuals or families. Recently many African governments and international donors have attributed the problems of rural poverty, poor agricultural output and food insecurity to these farming systems based on customary tenure. Consequently a variety of approaches to land reform have been suggested. According to Adams, land reforms refer to a planned change in the terms and conditions on which land is held and transacted (Adams et al, 2000).

Approaches to land reform often vary from country to country depending on the problems that a particular country is trying to solve. The following are examples of tenure approaches that have been used in different countries in Africa:

- Land nationalisation, whose primary objective has been to assert the power of the state over traditional chiefs with the belief that they would act impartially in management and distribution of land (Quan, 2000).
- Tenure reform has entailed the introduction of formal titles, through granting of leases and freehold with the objective of promoting farm investment and land markets as a basis for agricultural development (Morapeli, 1990).
- According to Morapeli (1989), one of the most popular approaches to land reform has been land redistribution of private holdings to small producers under different forms of tenure and management.
- The more radical approach, according to Quan, (2000) has been collectivisation, which tried to promote cooperative associations of small producers by converting private to state farms. In most cases this entailed relocating people and dissolving customary rights to land.
- Lastly, the more recent approach to land reform has attempted to reaffirm customary rights by codifying customary law and registering customary rights on a kinship basis.

The justification for land reform is strongly supported by the economists (Williams, 1997), who argue that the contribution of land to economic growth depends on the security, duration and enforceability of property rights since these provide an incentive for agricultural investment and help develop markets to rent and sell land. This analysis has, however proved to be complex and has raised questions on the ability of economic growth to improve livelihoods strategies based on land rights, and to eradicate poverty and enhance food security. The complexity has been further compounded by the HIV/AIDS pandemic, which is likely to have far reaching implications for many countries.

This section examines the origins of land tenure and the debates on reform as a framework for identifying and evaluating the implications of proposed land policy reforms in Lesotho on the livelihoods of the people affected by HIV/AIDS.

2.3.1 The Evolution/Origins of the Current Land Tenure System in Lesotho

Lesotho's customary law was first recorded as the Laws of Lerotholi at the turn of the last century. Land ownership was communal with land belonging to the King and administered by the chiefs on his behalf. Individuals or families held use rights for residential and arable land.

The law focused on giving rural households relatively equitable access to land based on the recognition that farming was the main source of livelihood for most rural communities (Phororo, 1979). Households used family labour to derive income and subsistence from the land.

Based on these characteristics many authors have argued that the customary tenure system provided security and enabled communities to engage in productive agriculture (Hoohlo, 1983, Mashinini, 1984; UNDP, 1993, Gattinara, 1984). Proponents applauded the system for its flexibility in allowing landholders to use informal transactions such as land loans and sharecropping to improve their livelihoods.

One of the provisions of the Laws of Lerotholi was that access to land was the birthright of the Basotho and allocating land to foreigners was prohibited. This provision, according to UNDP, (1993) helped Basotho to resist pressure from South Africa and the British to colonise and alienate land in Lesotho.

Though customary tenure was defended for its embedded guarantee of access to land for all Basotho, population pressure has left many individuals landless, thus increasing inequalities. For instance Maxwell (1991) estimated that the top 20 per cent of households own 53 per cent of land while the poorest own only 6 per cent of land.

The system was also thought to limit management efficiency since it depended on the personal qualities of hereditary office holders. Naturally some have been good managers while others were inefficient. Williams (1972) argued that farmers did not feel secure enough to make long-term investments on the land under this law, since the chiefs retained the right to revoke land and it could not be inherited. Defendants of the system dismissed the issue of insecurity on the grounds that land was rarely revoked, (Gattinara, 1984) and remained with the same families for a long time (Mashinini, 1984; Phororo, 1979; Mahao, 1991).

Ongoing controversy over the customary land tenure system eventually led many analysts, notably expatriates, to conclude that substantial reforms were necessary preconditions for progress in agriculture.

2.3.2 Provisions of the Current Land Tenure System

The major objective of the Land Act of 1979 was to change the customary tenure system with its communal orientation and introduce a more individualised form of tenure (WCARRD, 1982; Hoohlo, 1983). It attempted to formulate a more development oriented land policy that would increase investment in land and farming through the following:

2.3.2.1 Security of Tenure

Landholders could apply for a lease on the land allocated to them. These leases are registered and are difficult to revoke unless the land is needed for public purposes. In this case compensation must be paid. It was argued that this increased security of tenure as holders could transfer their leases or obtain credit using the land as collateral.

Inheritance provisions introduced a system of succession to arable land. In the absence of a will the relatives of a deceased landholder inherit the land. This removes one of the limitations of customary tenure and enables progressive farmers to invest in land to increase productivity with the assurance that the returns will be theirs (WCARRD 1982).

2.3.2.2 Equity

The act upholds the equity principle embedded in customary law since individuals are free to apply for any vacant land and sub-leasing enables the poor to receive rents for land (UNDP, 1993). It also allows for progressive farmers to enlarge their holdings and for more formalised contractual arrangements such as partnerships and cooperatives (WCRRAD, 1982).

2.3.2.3 Inheritance

The act recognises widows as legal heirs to the land provided they do not remarry (Mashinini, 1998).

2.3.2.4 Democratisation of Land Management

The act ensures power sharing in land allocation matters between the chief, the Village Land Committee and Village Development Councils. However, Morapeli questions the willingness of the chiefs to relinquish their power and the ability of the committees to assert their authority (Morapeli, 1990).

2.3.3 Livelihoods/Survival Strategies

The rural mountain communities of Lesotho are generally more inclined towards pastoral farming while the rural lowlands communities primarily practise rain-fed crop farming. These economic activities take into account the climatic and ecological characteristics of the two regions.

2.3.4 Sources of Livelihood

Analysis of livelihood sources reveals that there is a spectrum of options, opportunities and constraints affecting the survival of rural households and communities. Traditionally rural communities depended on agriculture as the main source of livelihood. This consists of livestock farming and crop production mainly for subsistence. Farmers graze their livestock on communal rangelands and produce crops in open fields allocated to individual families under the Laws of Lerotholi.

The livestock they rear include cattle, sheep, goats, horses and donkeys. Different kinds of livestock have diverse economic and socio-cultural utility to households. Subsistence crop farming entails dry-land production of maize, sorghum, wheat, beans and peas. Yields in both sub-sectors are low. Cereal grains are affected by erratic climatic conditions, declines in arable land and consequent landlessness. Households also produce vegetables on a small scale in home gardens. Production is seasonal and is for household consumption. The decline in migrant remittances has had a negative effect on the agricultural sector. Loss of income from remittances has made it difficult for many rural households to invest in agriculture. Mining employment declined by 40 per cent from 127 300 in 1990 to 76 053 in 1998 (Ministry of Development Planning, 1998).

Agriculture faces serious constraints that are likely to intensify as a result of HIV/AIDS unless effective policy measures are adopted. The government has adopted crop and livestock diversification strategies to address food insecurity but these strategies have not considered the impacts of AIDS on labour in this sector. For example, labour intensive crop production strategies will be less effective given the debilitating effects of AIDS.

Apart from agriculture and remittances, livelihoods are also supported through wage employment in the urban areas, mainly in public services and manufacturing. Other informal activities include street vending and sale of traditional beer, which are mainly done by women (Sechaba Consultants, 2000). Returns from these activities are extremely low. Beer brewing is a strenuous activity because women have to get water and fire wood from a distance. Firewood is scarce due to high levels of resource degradation in the country and its links to the low yielding agricultural sector (Makoae et al, 2000).

2.3.5 Links Between Land Tenure and Livelihoods

As indicated earlier, about 80 per cent of Lesotho's population lives in the rural areas and subsistence livestock and crop farming are the main economic activities (FAO, 2000). This suggests that land tenure is an important aspect of livelihoods. Fields are allocated according to customary law and provide the basis for household food production.

Over time peasant farmers have developed management strategies to provide adequate security over this essential source of livelihood. For example, the use of remittances and social capital to secure sharecropping arrangements between resource endowed and resource poor households has restrained application of the condition that land left fallow for two successive years can be reallocated. Vulnerable groups such as widows and the aged have benefited from these arrangements.

Rangelands and grazing rights are communal. Through the *mafisa* system households that do not have labour to herd livestock, or good pastures in their area lend their livestock to others who use the livestock and the products such as milk, while raising the progeny for the owner (Majoro, et al, 1999). This arrangement reflects how the land tenure system allowed households to adjust to changing conditions and respond to shocks by using social capital. The philosophy behind this form of tenure, although described as anti-development by some (Williams, 1972) assured sustainable livelihoods and household food security because ideally, land allocated to households remained in the same lineage for a long time.

2.3.6 Impact of HIV/AIDS on Rural Livelihood Strategies

The advent of HIV/AIDS has placed pressure on households in rural sub-Saharan Africa. The most apparent impacts are the various forms of capital that households lose as a result of the epidemic. These losses lead to responses that are adopted to cope with the disease and survive. Some of these responses, which may include land sales, are negative and have serious repercussions for food security and sustainable livelihoods.

2.3.7 Food Security

According to the FAO (1990), food security means that every individual has a sustainable food supply of adequate quality and quantity, so that nutrient requirements are satisfied and a healthy active life can be maintained. At household level food security refers to the ability of households to meet target levels of dietary needs for their members from their own production or through purchases (FAO, 1990; Tola, 1988; Swallow and Boris, 1988).

With more than 80 per cent of the population living in rural areas and 72 per cent of the labour force engaged in agriculture, AIDS is likely to pose a serious threat to the agricultural sector in Lesotho. Food production is labour intensive and still depends on rudimentary hand held implements. Two major realities dictate this situation: poverty in the form of low incomes, and terrain. Both morbidity and mortality decrease the labour force, (Committee on World Food Security, 2001) and affect agricultural activities through time lost to taking care of the ill and through illness and death. As Mupedziswa (1998:23) indicates, “In many African countries AIDS triggered funerals have already begun to drain household resources”. Money used to purchase inputs goes on medical expenses and food from the market in order to survive. Loss of labour reduces yields and the amount of food available.

2.3.8 Poverty

The HIV/AIDS epidemic coincides with a serious economic crisis on the African continent in general and sub-Saharan Africa in particular. In Lesotho more that 50 per cent of people living below the poverty line are in the rural areas, with the worst poverty in the mountain areas (Ministry of Finance and Economic Planning, 1996). Poverty stricken households and communities will suffer most from AIDS because responses to the disease will lead to the rapid loss of resources needed for survival, deepening poverty in the affected household.

2.3.9 Land Sales/Land Conversions

Land is the essential resource in an agrarian economy. However, with poverty diminishing choices and increasing vulnerability, HIV/AIDS can trigger anti-development behaviours and shortsighted actions that lead to loss of access to land. While everybody is at risk of contracting HIV, not all people will be infected at the same time. Faced with crisis families may surrender their title to land to those with money in order to secure short-term survival. One sees a bleak future full of calamities, diseases, incapacitated labour, greed, hunger and food insecurity.

2.4 LAND TENURE REVIEW DEBATES

Since the enactment of the 1979 Land Act two Land Review Commissions have investigated and reviewed land tenure arrangements and their administration under the existing land policy. These commissions were also required to suggest and advise the government on changes in the legislation to improve the management, use control and conservation of Lesotho's land.

2.4.1 The 1987 Land Policy Review

The commission highlighted a number of deficiencies ranging from mismanagement of arable and grazing lands to inability of households to invest in land improvement and soil conservation (Land Review Commission, 1987). It made the following recommendations to improve agricultural production, security of tenure, equality and inheritance:

- Formal and legalised sub-leasing by people who, through lack of resources, are unable to achieve potential production.
- Strict enforcement of sanctions to revoke allocations where farmers ignore good land use and refuse to remove noxious weeds.
- Introduction of taxes on agricultural lands.
- Introduction of grazing fees with the proceeds invested in funds to increase rangeland productivity.

Some of the deficiencies the Commission highlighted were rectified, but the legal, policy and institutional frameworks were not modified resulting in insignificant impact on the livelihoods of the rural poor (IIED, 2000).

2.4.2 The 2000 Land Policy Review

The review proposes a number of reforms to current land policy (Mashinini 2000). Under the 1979 Land Act, land belongs to the Basotho nation and is held in trust by the King. The review recommends that the state hold land in trust through the National Land Council operating through District Land Boards and Local Land Boards.

It further proposes abolishing all laws that discriminate against women accessing land. This would entitle women to own land registered in their own names. The proposed land policy reform would also repeal all laws giving male heirs preference over women in access to land. The new policy also contrasts with the current land tenure system on inheritance and succession provision. For instance, under the 1979 Land Act land reverts to the family for reallocation after the death of the heir. The proposed land policy reform stipulates that on the death of the heir, a person nominated by the family has to be considered on merit by the Land Board for reallocation.

In an attempt to enhance agricultural productivity, the land policy reform proposes that land left fallow for two successive years automatically reverts back to the allocating authority. This is meant

to ensure that all cropland is used productively. The reform also proposes the identification of prime agricultural areas to be declared Selected Agricultural Areas (SAA). This land will be consolidated into block farms and will revert to the state, which will reallocate it for intensive commercial farming with a limit of one hectare per person.

The review proposes replacing customary tenure with transferable leasehold with a limit of three hectares of arable land per person. The basis for this proposal is that customary tenure is not conducive to efficient administration, security of tenure, high productivity and development.

To enable allotment holders to rent and sub-lease land and use it as collateral for credit the review commission proposes the development of land markets under leasehold tenure.

Lastly, the proposed land policy reform advocates a tax on all livestock grazing on communal lands and the establishment of Grazing Associations to manage rangelands. These associations would be given lease rights over the grazing areas (Land Review Commission, 2000).

While the issue of grazing fees has been very unpopular and a source of controversy, if the fees are ploughed back into improving rangelands they signify hope for the regeneration of Lesotho's disappearing rangelands. However, for the programme to succeed proper consultations with the stakeholders are needed.

The proposed lease rights over grazing areas would instil a sense of ownership, reducing the problems often associated with the tragedy of the commons.

2.5 THE IMPLICATIONS OF THE PROPOSED LAND POLICY REFORM ON PEOPLE AFFECTED BY HIV/AIDS

Many authors have used sustainable livelihoods frameworks (Adams, Sibanda and Turner, 2000; Mashinini 1998; Phororo, 1979; Morapeli, 1990) to analyse the strength of particular systems of land tenure and land policy reforms and their impacts on agricultural production and the livelihood strategies of rural communities. However, few research efforts have attempted to redesign the frameworks to include the impacts of land tenure and land policy reforms on people and households affected by HIV/AIDS pandemic. This section will therefore examine the basic features of the proposed land policy reform in Lesotho and evaluate its implications on the livelihoods of the people affected by the pandemic.

2.5.1 Replacement of Traditional Authorities by the Land Boards

One of the major departures of the land policy reform from the current land tenure system is the replacement of traditional institutions governing land with land boards to ensure more economically efficient land management and fair distribution and allocation of land. The potential of the land boards to bring about a more accountable pattern of land management is undeniable. For instance in Botswana the land boards have been noted as good examples of how traditional powers can be reined in by local structures resulting in a more efficient and fair distribution of land (Toulmin & Quan, 2000).

Nevertheless Morapeli (1990) questions the feasibility of such centralised bodies that often lack the on-site knowledge to make informed decisions at the local level. In contrast the chiefs' network of headmen, though in most cases unable to cope with land allocation problems under increasing population pressure, are in close contact with the day to day activities of the communities and relate with them on a more personal basis. This makes them more knowledgeable about problems of access to land faced by poor households and vulnerable groups such as those affected by

HIV/AIDS. This awareness might compel them to find solutions that would ensure efficient use of land without necessarily jeopardising the rights of landholders and worsening their situation, something that a de facto land board might not be able to effect.

The Committee On World Food Security (2001), however, cautions that these customary institutions can crumble under the pressure of high proportions of household affected by HIV/AIDS. The resulting situation may overwhelm the ability of traditional safety mechanisms to care for vulnerable groups. They also cannot replace the role of land boards in major land use decisions such as urban developments, and the setting up of irrigation schemes and Selected Agricultural Areas (SAA).

2.5.2 Women's Land Rights

Protecting women's land rights is a commendable move that might present widows and orphans of HIV/AIDS victims with a more secure source of livelihood. Secure titles for women, who are more vulnerable in HIV/AIDS affected households, would make a big difference. This is because they are the ones who often care for the sick and dying, in addition to maintaining heavy workloads related to providing and feeding the households. For them secure title to land could mean access to money from renting and sub-leasing land.

However, the assumption that land rights will solve all the land-related problems women face is a gross simplification since in Lesotho women's rights of access are highly dependant on social ties that link them to land. Initially the changes brought about by the proposed land policy reform might upset the patrilineal customary norms and values by alienating them from their husbands' family and the community. This would deny them the social security often derived from the community. For women affected by the pandemic, isolation from the community might aggravate even further the stigmatisation associated with HIV/AIDS affected people.

2.5.3 Land Markets

Converting customary rights to leasehold is likely to exacerbate the problem land markets represent for people forced by the pandemic into distress sales to meet increased spending on health care. While money from land sales will give these households some measure of financial security, it is likely to be temporary. The situation might also be open to exploitation by local elites with better access to legal information. The temptation to obtain advances in rent might be hard to avoid because of the impoverishment that often accompanies the disease. As a result HIV/AIDS affected households might end up indebted to the more progressive community members.

On the other hand, the development of the land markets might not enhance agricultural productivity as envisaged, since people who obtain land from the vulnerable groups might not necessarily be interested in agriculture. Instead they may either re-sell the land at a profit, or convert it to more profitable non-agricultural uses. As a result agricultural production might decline negatively affecting the livelihood strategies of rural communities, particularly members of poor and vulnerable groups whose nutritional status is crucial for effective treatment of HIV/AIDS. Sale of productive assets such as land might also aggravate inequalities, but even more devastating, AIDS orphans might be left destitute with no means of survival. This would have serious implications for sustainable livelihoods. Traditional systems on the other hand have, embedded within them, social security principles that could provide alternatives to land sales as a way of coping with the shocks characterising HIV/AIDS.

2.5.4 Conditions Against Fallow Land

The proposal that land left fallow for two successive years be reallocated might have far-reaching implications for households affected by HIV/AIDS. In most cases these people cannot work on the land because of their failing health and inability to reach the remote fields.

Prolonged illness of members is likely to deprive such families of the capital needed for agricultural activities thus increasing their chances of being dispossessed. Additionally the delays in farming operations and abandonment of soil conservation measures because of the need to give priority to immediate survival needs might also worsen their situation.

2.5.5 Selected Agricultural Areas

Economic arguments in favour of Selected Agricultural Areas (SAAs) and consolidation of smallholdings into large, possibly irrigated ones would admittedly eliminate the problem associated with small fragmented landholdings. However, such schemes often depend heavily on the government for finance, research and extension support. They also often require financial capital in the form of credit from lending institutions. For most HIV/AIDS victims, who are often considered credit unworthy by lending institutions, this move might mean automatic marginalisation and complete denial of land rights.

However even in cases where they obtain credit for agricultural purposes, they might easily divert it for medical care of sick relatives, funeral expenses and food, resulting in decline in income and defaults on loan repayments (Committee On World Food Security, 2001).

An examination of a scenario where HIV/AIDS affected people are incorporated in such schemes suggests that they might not have the physical strength to effectively participate in such intensive agricultural productions. Consequently SAAs might only benefit those not affected while depriving people affected by HIV/AIDS of the means of survival.

Argued from another angle one can say that small farms have a potential to provide a better spread of income and assets among the various groups. For example with small holdings it is easier to make arrangements through which affected people can gain access to land and its products even though they might not be able to work on it themselves. These include informal sharecropping (since the legalised one might have conditions that the vulnerable groups might not be able to meet), lending out land and gaining access to crop residues for their livestock. Moreover, increased agricultural productivity does not necessarily mean large holdings but can be attained by less labour demanding cash crops, in which the country has a comparative advantage, and by using improved production practises.

Participation by HIV/AIDS affected households in such schemes would assure them of income for food and medical expenses. Nevertheless switching from labour intensive approaches to less demanding ones might also lead to decline in a variety of crops and a change in cropping patterns resulting in decreased agricultural productivity.

2.5.6 Inheritance/Succession

Entrusting the land boards with decision making powers to approve or reject heirs to land might have both advantages and disadvantages for the vulnerable group. For instance, it is highly likely that the health status of such groups might not meet the criteria laid down by the land boards. On the other hand, if the heirs are assessed objectively, the interests of the orphans are likely to be protected from opportunists who want to exploit them and cheat them of their inheritance. The families might also decline to nominate heirs to avoid rejection and continue operating under the

rights of the deceased. However, the prerequisite for success would be local based land boards with first hand information about the plight of HIV/AIDS affected people.

2.5.7 Grazing Associations

The land boards represent models of successful economic agricultural enterprises used to replace the traditional subsistence systems. Therefore they are unlikely to be drawn from the traditional institutions. However, the Grazing Associations are community based and cost effective reform structures with minimum social dislocation. They are more likely to be sensitive to the problems of rights and access to land of the HIV/AIDS affected households. Also, their non-discriminatory nature would ensure that the HIV/AIDS affected households remain part of them. Nonetheless, the proposed grazing fees, though low, might be unaffordable to the vulnerable groups.

The foregoing analysis suggests that changing the tenure system to meet the needs of the modern economy, while ensuring that the changes do not marginalize more vulnerable groups, will be challenging. Customary tenure systems may not be able to cope with changing socio-economic and environmental conditions, but at the same time it might not be feasible to adopt foreign models wholesale. More research is needed in order to make informed recommendations that will result in land policy reforms sensitive to the serious challenges posed for social policy by HIV/AIDS.

Government needs to adopt a land policy as a matter of urgency instead of relying on acts and laws that are often contradictory, ambiguous and silent on important issues.

2.6 LAND AND HIV/AIDS POLICIES IN LESOTHO

2.6.1 HIV/AIDS Policy

The Lesotho 1999 policy framework on HIV/AIDS Prevention, Control and Management currently provides direction on how to deal with the pandemic.

The policy has the following positive aspects or strengths:

- It is progressive and clearly recognizes the importance and contributions that can be made by scientific research and participation by the various sectors of society and human groupings.
- Its objectives include empowering women, youth and all vulnerable and disadvantaged groups. It also stipulates the need to protect such groups against HIV/AIDS and other sexually transmitted diseases (STDs) (Section 2.2).
- It tackles HIV/AIDS within a wider context by making other STDs part of this struggle (Section 2.2).
- It ensures government's commitment by making all Ministers, together with representatives of selected NGOs part of the National Co-ordinating Committee chaired by the Deputy Prime Minister. This committee is expected to meet quarterly.
- It stipulates the formation of the AIDS Task Force to advise the co-ordinating committee. The task force is supposed to be a multi-sectoral and multi-disciplinary group comprising technical staff from the fields of health, education, communications, social sciences, religion, law, human rights, economic development and social welfare. The chairperson and secretary of the AIDS Task Force will automatically be members of the National AIDS Committee (Section 3.3).

The policy embodies the following opportunities:

- It gives people living with HIV/AIDS the opportunity to actively and openly participate in information, education and communication forums to counteract complacency and denial about the magnitude of the country's HIV/AIDS problem. It also gives them the opportunity to become active participants, influencing decisions and directions taken (Section 3.4). Whether this opportunity will be used remains to be seen.
- It makes HIV testing mandatory for rapists and suspected rapists (Section 3.5). This should help to make informed decisions and implement effective measures for sentencing and isolating such elements. However, for the rest of the population testing remains voluntary and confidential.
- It provides for appropriate health facility based care for people with HIV related conditions and AIDS, including counselling (Section 3.6). Although this is a positive move it is doubtful whether there are sufficient trained counsellors at present or whether enough can be trained in time to address this issue, especially considering the escalating numbers of sufferers.
- It declares that HIV/AIDS and STD education will be integrated into school curricula at all levels (Section 4.3). Though positive, effective implementation will take time since it requires the retraining of teachers to deliver the message effectively. However, once it gains momentum it will be a useful strategy to combat the problem right from the early stages where young people are extremely active by assisting them to make informed decisions.

The policy has the following weaknesses:

- It is progressive in suggesting that efforts will be increased to improve women's access to accurate and comprehensive information and counselling on HIV transmission. Also that the government is going to review religious, legal and cultural traditions that impact negatively on women (Section 4.5). However, it doesn't stipulate how and when these things will be done.
- It points out that commercial sex workers will be targeted with appropriate information and education to empower them to use condoms at all times to protect themselves and their clients (Section 4.7). However, unless this type of work is legalised these efforts are unlikely to take root.
- It points out that if someone dies of an HIV/AIDS related illness, his or her surviving family members should not be denied full insurance benefits (section 4.12). This is positive but mainly affects urban middle class and rich people who have insurance policies. It does not mention other assets such as land, which affects the livelihoods of most rural people
- It advocates the protection of prison inmates from rape, sexual violence and coercion (Section 4.13). Though positive, it does not say how! It should mention that the laws will be enacted or regulations passed, to protect such prisoners, or that existing laws will be revised to accommodate the new dispensation.
- It talks about treating orphans of the HIV/AIDS pandemic the same as other orphans and encouraging and assisting extended families to care for orphans (Section 4.15) However, it does not specify how this will be done. With social welfare services already under strain this will require a clear commitment, probably from the government, to provide assistance rather than leaving the issue open-ended.
- Section 4.18 mentions the need to increase awareness among men of the dangers of HIV/AIDS. Though positive, one questions why particularly men? A possible reason could be that men have greater negotiating power over sex. If that is the reason, it needs to be spelt out.

2.6.2 An Analysis of The Land Laws and Acts

Without a working land policy in Lesotho, land issues are managed by various acts or laws enacted by parliament from time to time. Unfortunately, according to the Land Policy Review Commission findings, some of these acts contradict each other. Similarly, some of these laws conflict with Lesotho's constitution (GoL, 2000). This section will focus on the strengths and weaknesses of

these acts and laws, particularly those regarding inheritance and succession. These provisions are particularly important in ensuring sustainable livelihoods for HIV/AIDS affected households.

2.6.3 Strengths and Opportunities

The strength of various land laws and acts in Lesotho has been the concerted effort to democratise land administration, improve agricultural land, and promote farm investments as a basis for agricultural development. For instance the Land Act of 1973 introduced development committees to advise chiefs on matters of land allocation, a responsibility they used to carry out themselves. This power sharing innovation was seen as threatening the chiefs' power base (Mphale et al, 1999). The Land Act of 1979 further delegated the chiefs' powers over development and resource management issues to the Village Development Councils.

The Land Act of 1973 introduced major shifts in the customary tenure system by introducing lease, land revenue and negotiable land rights. These were later codified by the Land act of 1979 thus enabling land users to transfer land rights and use them as collateral for credit.

The Land Husbandry Act of 1969 on the other hand gave the state powers to control and improve agricultural land through proper planning of land use, soil conservation and water resources, and to introduce agricultural practices deemed necessary to preserve the land.

These strengths are meant to improve the livelihoods of the rural poor. They can operate effectively in a business-as-usual scenario but lack the flexibility to deal with crisis situations such as the one brought on by the spread of HIV/AIDS.

2.6.4 Weaknesses and Limitations

One of the perceived weaknesses of the Lesotho land acts and laws has been the discrimination against women, female children, and other children who are not first born.

For instance Section 11 of the Laws of Lerotholi recognises the first male child of the first wife as the rightful heir to land. The discrimination extends to women since the law stipulates that only where there is no male heir is the widow considered as an heir. However, she is expected to consult the relatives of her deceased husband before allocation (GoL, 2000; GoL, 1987; Laws of Lerotholi).

Despite these weaknesses the Constitution recognises the customary Laws of Lerotholi making them legitimate. Even after the enactment of the Land Act of 1979 these laws continue to be recognised by government bodies and machinery such as parliament. In fact at grassroots level it is the only law that people recognise and identify with (Mphale et al, 1999; Hartley et al, 1999). The Land Review Commission of 2000 made a similar finding (GoL, 2000).

There is a contradiction between the Laws of Lerotholi and the constitution. The commission notes that section 18 of the constitution stipulates that:

(i) "Subject to the provision of subsection (4) and (5) no law shall make any provision that is discriminatory either of itself or in its effect

(ii) Subject to the provision of subsection (6), no person shall be treated in a discriminatory manner by any person acting by virtue of any written law or in the performance of the function of any public office or any public authority.

(iii) In this section, the expression "discriminatory" means affording different treatment to different persons attributable wholly or mainly to their respective descriptions by

> race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status whereby persons of one such description are subjected to disabilities or restrictions to which persons of another such description are not made subject or are accorded privileges or advantages which are not accorded to persons of another such description."

Based on this it is clear that, from a constitutional point of view, the discrimination embedded in the laws of Lerotholi and the Land Act of 1979 should not occur, especially since they are likely to aggravate the problems experienced by HIV/AIDS affected households.

The laws also fail to integrate women's rights on inheritance and land ownership. However, the Land Act of 1979 touched on the predicament of widows by giving them title to land as long as they did not remarry (GoL 1987; GoL 2000).

2.6.5 Opportunities Afforded by the Land Policy Review of 2000

The report of the Land Policy Review of 2000 suggested the following fundamental changes:

- Without delay repeal or abolish all laws concerning land in Lesotho that discriminate against women.
- Without delay repeal all laws concerning land, whether customary or legislative, that prefer male heirs over women.
- Base access to land or landed property and inheritance on merit regardless of sex.
- Without delay amend or delete all laws in the constitution that justify discrimination.

However, despite its strengths, the report and its recommendations did not put the HIV/AIDS pandemic and its implications for land issues into the picture.

Timely implementation of its recommendations is, however, crucial to avoid continued suffering of women and children.

2.7 CONCLUSION

The literature review clearly shows that the HIV/AIDS problem in Lesotho, as in other sub-Saharan countries, has reached pandemic levels. This is illustrated by the high prevalence and trends since the first case was identified in 1986. The current magnitude of the problem is of particular concern given the lack of diversification in Lesotho's economy and the fact that agriculture has been the second largest contributor to GDP for the period between 1994 and 1999.

It is also clear that the nature of HIV/AIDS makes it a developmental problem that affects various facets of society including the economy, different levels of social life including the family and family assets, and that it is linked to poverty and livelihoods. With about 80 per cent of the population living in the rural areas and depending on agriculture for their livelihood, the advent of HIV/AIDS negatively affects the pillars of survival for the majority of people.

Although Lesotho's policy on HIV/AIDS is commended for being progressive and inclusive, and the legal framework around land issues is being continuously reviewed, both policies are likely to be ineffective because they do not address the predicament of HIV patients. The debilitating effects of long-term illness associated with HIV/AIDS are likely to have direct impacts on security of tenure and land management ability. Even the Land Policy Review of 2000, although its recommendations represent a milestone in land management, ignores HIV/AIDS issues.

3.0 FINDINGS

The literature review raised issues of land legislation and AIDS policy and the extent to which those are likely to impact on households affected by HIV/AIDS. This section pursues those issues through an analysis of findings from interviews with institutions, communities and affected households. It also examines the relationship between land tenure and livelihoods. Peoples' perceptions of HIV/AIDS are used as a framework to analyse why certain actions are adopted and others avoided.

3.1 PERCEPTIONS OF HIV/AIDS IN THE STUDY AREA

Perceptions are important for understanding why people take certain actions and avoid others. People's perceptions of HIV/AIDS partly explain why there is stigmatisation, how the disease affects institutional and community support systems and why the laws are sometimes sympathetic or indifferent to the plight of widows and orphans. The same perceptions also determine why some provisions of the land tenure system may represent opportunities or limitations for people affected by HIV/AIDS.

In the study areas perceptions have contributed to shaping responses to the disease and the impacts that were observed. For example, the fact that the community of Ha Poli has acknowledged HIV/AIDS as a major problem and recognised it as a killer disease has helped greatly in taking certain measures. These include reporting unusual diseases and sexually transmitted diseases, registering HIV/AIDS orphans, and getting some of the victims to attend counselling sessions. For example, women at Ha Poli reported body rashes to health officers, allowing them to take the necessary steps to alleviate the problem and provide advice.

In contrast, people in Matsatsaneng do not consider HIV/AIDS a problem and as a result they are reluctant to take the steps necessary to curb the problem. They are defensive and as a result they are ignorant about the disease. Ultimately this impacts negatively on efforts to curb the spread of the disease, take care of the sick, and make the necessary institutional arrangements to address land issues and other social needs.

Likewise, perceptions on the factors that contribute to HIV/AIDS will determine whether certain programmes to alleviate the problem and minimise its impact can be implemented. For example, even in Ha Poli, where awareness was relatively high, the health workers reported that they could not successfully implement community support groups since infected people would not willingly come forward and identify themselves as HIV positive. This was because HIV/AIDS was associated with prostitution and promiscuity. Thus the success of the rural support system will largely depend on what people consider to be the causes of the disease, and whether victims are deemed to deserve sympathy or stigmatisation.

Therefore, to some extent the impacts observed reflect people's perceptions of the disease. For example, taking care of orphans has traditionally been the duty of the extended family. Although it can be argued that the extended family cannot cope with the increasing number of orphans, there were reports of orphans being rejected due to the stigma attached to HIV/AIDS. At Ha Poli one extended family would not accept an HIV/AIDS orphan for fear of infection and because they considered that her mother had inflicted the disease upon herself through her behaviour.

It can be argued that where perceptions are correct and positive, progressive preventive measures against the disease can be implemented minimising negative impacts. Also with the correct positive perceptions new institutional arrangements in communities to take care of the victims and devise new livelihood strategies can be realised. The analytical framework adopted by this study therefore

examined the impacts of HIV/AIDS on land issues while linking land tenure with livelihoods and the way they are shaped by perceptions of HIV/AIDS.

3.2 IMPACTS OF HIV/AIDS

3.2.1 Land Issues

This section examines the impacts of HIV/AIDS on land issues in order to determine the extent to which the 1979 Land Act provides for HIV/AIDS affected households.

3.2.1.1. Postponement of Land Revocation

One of the major challenges likely to face people affected by HIV/AIDS in Lesotho is deprivation of agricultural land left fallow for an extended period due to continued illness. This situation is likely to be aggravated by the impending replacement of traditional land administration authorities by land boards that are likely to lack on-site knowledge of the status of people affected by the epidemic.

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 informal concessions, 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.

> One widow in Ha Poli reported that before her husband was diagnosed HIV positive, they went from one traditional doctor to another since they believed that her husband was bewitched. Later when her husband was seriously ill, the woman had to abandon both her field and garden and devote all her time to nursing him. Legally, that meant their land could be revoked and reallocated to other people able to use it more efficiently. However, the neighbours reported her situation to the chief who reassured the widow that her land would not be taken.
>
> *…this incident has made me recognise and appreciate the role of our chiefs in our lives. HIV/AIDS has given the land administration a human face*

Admittedly, the manner in which traditional land administrators have responded to this crisis might be partly due to general ignorance of present and proposed land acts. This raises the question of whether knowledge of the land law would bring about compliance resulting in transfer of land from HIV positive people to healthier members of the community.

In Matsatsaneng it is difficult to discern the impacts of HIV/AIDS on land issues since the general community is adamant that AIDS is not a problem. They even go to the extent of claiming that, apart from the elderly, there are no chronically ill people in their community.

The foregoing analysis raises the question of how long the chiefs can realistically postpone the inevitable. Another issue to be addressed is whether legislation is needed to assure the nation of food security and sustainable livelihoods while at the same time considering the plight of affected households.

3.2.1.2 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.

A 27-year-old man from Ha 'Mikia had no land until 2001 when he inherited his parents' fields. However, by then he and his wife were too ill to farm. To cope with the lack of labour and avoid revocation they entered a sharecropping arrangement with a nephew who had no fields. That way, they were able to keep their land and share part of the produce with the nephew.

Other incidences were reported where infected households have used sharecropping to gain access to draught power after they had sold their livestock to cover medical expenses.

A widow in Vuka Mosotho narrated how she entered into sharecropping arrangements due to lack of draught power after her husband's death.

> *After we discovered that my husband was HIV positive we used all the savings earned from the mines and money earned from the livestock sales on medical bills and hospitalisation. When he died we had only two cattle left. I slaughtered one for his funeral and another one was sold and part of the money was used to buy a sheep to perform a cleansing ritual and cut the black mourning cloth. Then for the first time I faced the problem of lack of draught power during the ploughing season. My greatest fear was that my children would starve and my fields would be taken away. Therefore I arranged to sharecrop with one of my late husband's friends.*

The chief and the elderly group in Ha Poli confirmed these incidences by stating that 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.

3.2.1.3 Women's Land Rights

The customary land tenure system entitled a widow to retain two out of three fields following her husband's death. These fields became available for reallocation after her death. Similarly the Land Act of 1979 recognises widows as legal heirs to land provided they do not remarry. The proposed land policy on the other hand suggests more secure, unconditional titles for women. During the study questions on women's land rights were raised in this context to determine the impacts of HIV/AIDS on these 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.

At Ha Poli the women's group strongly contradicted the view that widows are always guaranteed their husband's land.

Women in Ha Poli narrated a case where a man died and shortly thereafter the woman fell sick. It became known in the village that she was HIV positive and her in-laws accused her of having infected and killed their son. They claimed that she had had an affair with an LHWP construction worker. The woman was then expelled and sent back to her parents' village with her children – thus serving her a double blow of losing a beloved husband and breadwinner as well as his land – the principal means of livelihood for the widow and her children.

These contrasting views on women's land rights make it clear that what is stipulated in law is not always practised and that the manner in which land rights are interpreted varies with circumstances, the level of understanding of HIV/AIDS, and the fairness and strength of the chief's authority.

Community perceptions of factors contributing to HIV/AIDS, most of which place the entire blame on women, worsen the situation of widows. For instance in Ha Poli, the elderly women blamed younger women for having introduced and spread AIDS in the community as a result of affairs with LHWP construction workers. At Matsatsaneng the women's group argued that there was no way AIDS would infect their community because women were doing handicrafts in the community and did not loiter in town. Health workers, on the other hand, reported that lack of employment opportunities in the study area compelled women to engage in sexual transactions.

3.2.1.4 Inheritance and Succession

It has always been common practice in Lesotho to give mature elder sons preference when reallocating their parents' land. At the same time provisions were made for minor children, thus enabling orphans to retain possession of their late parents' land. Recently there have been proposals to entrust the land boards with the power to approve or reject heirs to land nominated by families. This proposal has been questioned on the basis of its fairness to both families and land boards in nominating and approving or rejecting land heirs and the risk of added insecurity for orphans on issues related to inheritance of land.

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.

Health workers reported a case where parents had died leaving behind a very young child. The hospital continued to nurse the child hoping that after the funeral the relatives would come and claim it or make other arrangements with the hospital. However they never came forward and questions of the child's right to the parents' land have remained a closed subject.

It is unusual to abandon children in the rural areas and this might have stemmed from AIDS stigmatisation.

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.

3.2.1.5 Land Sales/Land Conversions

Lack of land resulting in food shortage has been quoted as a possible factor that worsens the situation of households affected by the epidemic. Lack of land could result from sale of agricultural land or conversion of agricultural land to other uses. Leasehold makes this possible by allowing for the sale and transfer of land. Viewed positively leasehold can give HIV/AIDS affected households access to income from the sale of land, thus improving their means of livelihood. Also, during the terminal stage of illness, households might be able to sell their land to raise money for medication and hospitalisation.

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, affected households reported that they have never considered sale of land as an option.

A 35-year-old man from Ha Poli pointed out that nobody in Lesotho would be eager to sell land, especially in the absence of other alternative means of income. He further explained that for people like him, who are already infected with the deadly virus, selling land was out of the question since it is the only precious thing that they can leave for their children to live on when they die.

This man reported a case in a neighbouring village where a man died of the virus leaving a sick wife and three children. A rich man, who owned a shop, offered to sharecrop with the widow and in return took care of her medical bills, fed the children and paid their school fees. When the woman died, the shop-owner paid for the coffin and continued to support the children.

A chronically ill woman in Matsatsaneng argued that part of the reason why she was reluctant to sell land was because she did not have other sources of income. She also said that unlike livestock, which follows you when you die, land always remain behind, even for your grandchildren.

It might be true that part of the reason why HIV/AIDS infected households are not selling their agricultural land is ignorance of the provisions of the current land act. This legislation allows them to obtain leases that they can sell and transfer. However, it is also clear that the security offered by the land is considered to be more valuable than satisfaction of other needs.

3.2.2 Livelihoods

This analysis takes a holistic look at the livelihoods of communities and tries to compare them with the livelihoods of households affected by the HIV/AIDS pandemic. The analysis of the sources of livelihoods and coping strategies of the households affected by the epidemic is based on interviews conducted at household level. This analysis paid attention to the apparent changes that have

occurred as a result of chronic illnesses and HIV/AIDS in order to establish how households cope and at what stage they become more vulnerable.

3.2.2.1 Changes in Household Structure

The households studied varied in structure, size and composition. Twelve were headed by males while the rest were headed by females. Household heads were aged between 24 years and 60 years. While most household heads (14) were married, four – all women, mostly in their late twenties and early thirties – were widowed. A couple of young household heads had been deserted by their spouses.

To a large extent the households resembled the traditional African household, which still predominates in rural settings, in size and composition. Most of the households consisted of both parents and their children while some consisted of a widowed adult female and her children. Some households included other members of the extended family such as nieces, nephews, younger siblings and herd boys. Households tended to be large with the majority having not less than seven members and an average household size of six. The majority of households studied had very young dependent children, many of them still of school-going age. Increased numbers of births was one of the factors that led to change in the household demographics after 1995. The few children aged above 15 years were still dependent on their parents as they lived with them and had no income of their own. In the African context therefore they are regarded as children despite their age. Four of the households studied had children aged above 15 years.

The above description of households indicates that most the households affected by the HIV/AIDS problem are young. Those who are infected are in their productive years and are breadwinners and decision makers in their households.

3.2.2.2 Community Sources of Livelihoods

In both study areas crop production and livestock husbandry are considered the most important sources of livelihood. Extensive subsistence farming on individual fields is the basis of household livelihoods. The production process is highly labour intensive, especially in highland areas such as Ha Poli, where the sloping terrain makes use of farm implements such as ploughs and animals for draught power imperative. In Matsatsaneng the fields are relatively large because it is in the lowlands but other farming activities are dependent on labour. Crops produced include maize, sorghum, wheat, potatoes and beans.

Livestock production is the pillar of household livelihoods in the mountains, given the constraints on crop production. They provide draught power, wool, mohair and foodstuffs such as milk and meat. Livestock can be sold to provide for children's education and to buy clothing and other food at the market. However stock theft has made this a risky enterprise. Producing vegetables for home consumption was also identified as a useful source of livelihood. Labour comes mainly from the household, although wealthier households hire labour for crop production and animal husbandry.

In both Ha Poli and Matsatsaneng people said that remittances from the migrant workers had ceased to be an important source of income because of the high level of retrenchments. For example, at Matsatsaneng retrenchments have heightened competition between men and women in the production of handicrafts, which used to be mainly a women's activity. At Ha Poli many households have lost income as a result of the phasing out of construction activities on the Lesotho Highlands Water Project (LHWP). These changes have created a variety of hardships for different households, especially lack of cash. Both communities lack economic opportunities and this is particularly important in analysing the livelihoods of households affected by HIV/AIDS.

3.2.2.3 Impact of HIV/AIDS on the livelihoods

3.2.2.3.1 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 affect 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.

> *Normally we would work on the field with my wife, I did my part – ploughing and planting – and she did hoeing. But when she is too sick she cannot work and this started in 2000 when she was expecting a baby (the baby died). When she is sick I have to work on the fields alone or if possible hire labour, which I pay with harvest….*

Another respondent mentioned:

> *My husband can no more cope with work in the fields. He has left me to manage the field alone but my children occasionally help… I'm not used to it because he used to do almost everything and I'm also sick but I still feel better most of the time. So you see we don't have enough harvest as we used to.*

Another infected informant mentioned that before her illness she was sharecropping a field belonging to a friend. Her household contributed labour, draught power and other farm inputs. After her husband's death she has only been able to contribute her own labour, which has increasingly become irregular due to her illness. Two other women indicated that currently only their husbands were involved in farming. In one case the household does not have a field and is involved in co-production. However, since the husband has a full time job he can only work on the fields during the weekend. This was described as a very inefficient arrangement because it leads to delays in important farming operations such as planting. The owners of the field would not provide labour as they were contributing other inputs including draught power.

One respondent reported that their field remained fallow when the husband was sick because household resources had been used to pay for medication and she could not continue with the dual role of caring for her husband, who was terminally ill, and working in the fields. Since her husband's death she has resumed farming activities even though she sometimes feels too weak and has to depend on hired labour, which she pays with farm produce after harvesting. Labour is an important resource for farming households, especially those that are involved in sharecropping because they do not have fields of their own. These tend to be resource poor households that can only contribute labour to the process. One of the widows indicated that her sharecropping arrangement collapsed following her illness.

In some households respondents did not report any impacts on labour. This could be attributed to a number of factors. First, the adult household member infected with HIV was still at the early stages of illness and could still cope with most activities and responsibilities, including farming. Second, the member who was ill had never been actively involved in farming activities. Third, such households had other resources such as cash income, which could be translated into farm labour, and this meant that farming could continue despite the household being affected by HIV/AIDS.

3.2.2.3.2 *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. Apart from reasons mentioned above, available household members could effectively manage gardens because they were generally small, or the infected person was not responsible for the home garden. This was usually the case where the adult male was sick. This suggests that in the context of HIV/AIDS home gardens are relatively easier to manage than fields.

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. In cases where both adults were too ill and children were too young to work, the gardens were abandoned. In other cases there had been a decline in production because some activities could not be performed on time. For instance, one respondent indicated that output from his garden had declined because he did not weed at the right time, or because bouts of illness coincided with harvesting. This had led to him losing most of his tomatoes to frost the previous winter. His widowed mother was too old and in poor health so she could not harvest the crop. In most households children were too young to take over.

Factors determining impacts

The experiences of households affected by HIV/AIDS and chronic illnesses show that a number of factors determine the magnitude of impacts on the availability of labour and management of arable land, and therefore on livelihoods. These include:

- The stage of the disease or illness and its symptoms;
- Whether all economically active adults were infected;
- Whether the household could afford paid labour to augment or substitute for household labour; and
- Whether the infected individual was the one initially involved in providing labour or other resources for a particular type of production.

Also, given the traditional gender roles of women as care givers, some had to withdraw labour from farming activities to take care of their ill husbands. Clearly, where symptoms were advanced, or death had occurred as a result of chronic illness or HIV/AIDS, there were discernible impacts on livelihoods.

The insecurity expressed by the respondents involved in sharecropping because they did not have land indicated that the loss of labour due to HIV/AIDS infection intensified the vulnerability of resource poor households. Sharecropping is about pooling and complementing resources, and households enter these arrangements on the basis of the contribution they can make to the production process. It is not surprising, therefore, that loss of capacity can also mean foregoing participation in these activities, which could have a direct impact on livelihoods.

Some testimonies indicated that caring for those with long-term illnesses could have an affect on productive labour. Information from group discussions and from household interviews reiterated this concern. The home-based care strategy adopted by the Ministry of Health and Social Welfare and supported by the Ministry of Agriculture will compound this problem. In addition, as deaths from HIV/AIDS and chronic illnesses mount, agricultural production is likely to be adversely affected by time lost due to mourning. The prevalence of HIV/AIDS has not changed customs related to mourning and bereavement in Lesotho. They will reduce labour available for agricultural production in many ways, thus impacting on the affected households' livelihoods.

3.2.2.3.3 Loss of Assets

In order to understand the impact of HIV/AIDS on affected households, our research included a comparative analysis of the stocks of assets and resources that households held prior to and after the illness. This included an analysis of processes through which assets, apart from labour, were lost.

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.

3.2.2.3.4 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.

> *I fell sick in 1993, I had a cough and chest pains, which would become worse when working. I was hospitalised by the mine authorities where I was diagnosed with TB. Between 1994 and 1999 I was very sick and I was eventually laid off even though I thought my situation was improving….*

Another male interviewee mentioned how he lost his income due to illness:

> *In 2000 I felt sick again after having been better for sometime and I was hospitalised at Hlotse where they diagnosed TB. I was released after being in hospital for three months. I was feeling better so I continued working at the construction sites until I felt that the problem was back again, and they released me around winter last year… I later went to Mamohau hospital where I was told I have AIDS.*

An infected woman indicated:

> *We used to depend on two incomes, my husband's and mine, and then life was much better because he brought something home and I also brought something…. I cannot continue working anymore so the whole family depends on him, I depend on his wages – but it is better because he is supportive.*

Loss of income has impacted on the living standards of the affected households, forcing them to make difficult choices. Food shortages and starvation, lack of clothing, lack of basic groceries such as soap, and lack of money to pay for basic services such as grinding maize and sorghum and for medical services were some of the daily experiences of household members interviewed. Households in which the breadwinner is affected and has stopped work experience poverty. As one respondent indicated:

> *I was employed by the LHWP and the job was paying me well… because of this disease I had to stop working and my younger sister was also taken out of school, I don't think that she will ever go back to school since I cannot ever work again, you can also see me, I will never be strong again. All the family money is spent to save my life and the small-time business that I do cannot take us out of poverty.*

The effects of HIV/AIDS were even more serious in households that were already struggling for survival before they were afflicted by HIV/AIDS. Community health workers and counsellors at Ha Poli said that their efforts to mitigate the effects of HIV/AIDS were undermined by poverty. For example, patients were unable to implement dietary advice provided by the health centre.

Those involved in farming indicated that some inputs were left out because of lack of cash income. For those involved in sharecropping, failure to contribute agreed inputs would eventually lead to termination of the 'contract' and loss of their share of the crop. For people with land it means ineffective farming practices and reduced yields. Both have serious implications for food security.

3.2.2.3.5 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. One woman indicated:

> *When he (husband) worked in the mines, we were comfortable, he bought a planter, scotch-cart and cattle which we still have, and the horse… he also had a savings account at the bank, but not anymore. All the money was used when he fell ill. Because we did not know what was the cause of his illness we consulted so many doctors including traditional doctors. It was only very late when we were advised to come to this hospital.*

Most households used the bulk of savings to pay for medical expenses as the disease progressed. Where death had already occurred, they used money to pay for funeral expenses. None of the infected individuals interviewed were diagnosed within the first six months of the onset of symptoms even though most had immediately sought medical attention from different health care providers. One woman mentioned that she was only diagnosed in August 2000 after she had consulted several doctors, including traditional healers.

> *In the process a lot of money was wasted. I had to use all the money that my husband had left behind when he died in late 1999. I went everywhere including traditional doctors, and I did not just go once and all the time I was paying with money. Even here at the hospital they only diagnosed after I had come several times…. I still don't understand why it takes them so long before they can tell us…. I wish it could be sooner.*

Delays in diagnosing the disease were costly for households. Once HIV/AIDS was diagnosed, almost all those interviewed stopped drifting from one doctor to another and settled on free or cheap medical care obtainable from the hospital supported by the Lesotho Highlands Development Authority at Ha Poli, or the hospital at Leribe. Some respondents regretted the long route to diagnosis as it led them to suspect witchcraft and consult traditional doctors.

Most households belong to community based burial associations. These associations are seen as important networks assisting households to cope with poverty, though their role is limited by

poverty. This results in members who fail to pay their dues forfeiting assistance when they die. Although this is meant to ensure the sustainability of these associations, the current situation of poverty affects the ability of members to pay subscriptions. In both communities some of the interviewed households had not paid their dues for some time. The result is that those who continue to pay benefit from the savings of those who cannot continue to pay and forfeit their benefits.

3.2.2.4 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.

3.2.2.5 Food Insecurity

Both communities faced over-arching constraints on food security. Matsatsaneng indicated that agricultural inputs were not available and Ha Poli pointed to lack of sufficient arable land and lack of relevant extension support. Against this background chronic illnesses, including HIV/AIDS, have directly impacted on food security. The impact of illness on various sources of livelihood and survival strategies goes beyond agriculture to affect all ways of producing or securing food.

The affected households studied consisted mainly of young people in their productive years: young spouses and other adults. Various discussion groups, including the elderly women at Ha Poli confirmed this. At Matsatsaneng, where people do not acknowledge HIV/AIDS infections, they argued that the pattern of chronic illness had not changed, though they also mentioned that persistent coughs and diarrhoea, believed to be caused by the “wind from the west”, were common in the community, and mainly affected men with a history of employment on the mines and other young people. In both situations, however, cash and non-cash income sources have been affected through loss of labour and increased demands on household resources.

Some households experience almost daily food shortages. In other cases there is no money to process available food grains. But, most importantly, some members of households affected by HIV/AIDS mentioned that yields from their fields were not sufficient to take them to the next harvest season. They mentioned a number of reasons. For example, that yields had declined due to loss of fields to the LHDA. Households that lost fields due to the project receive annual compensation in the form of food grain. However, some respondents indicated that they occasionally have to sell the food they receive in compensation to meet other needs including payment for health services. One of them said he was no longer able to do odd jobs such as thatching and cutting wood for other people because of illness. When his wife was seriously ill they

opted to sell maize and beans from their compensation food packages. As a result the household had to go for three full months without maize.

Food insecurity is also the result of failure to effectively manage fields. Sharecropping, while it ensures access to food in the situation households face, results in lower net yields For example, in one household both parents were infected by AIDS and were already too weak to work in the fields. To avoid leaving their land fallow they entered a sharecropping arrangement. This reduced their net yield since the participating households shared the output. This illustrates how HIV/AIDS increases the vulnerability of those who are infected and affected in a situation where circumstances are already unfavourable.

3.2.2.6 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.

3.2.3 Institutional Impacts

3.2.3.1 Loss of Trained Staff and Decline in Agricultural Services

Like other sectors, government and non-government organisations at grassroots and national levels have lost employees to the disease. For instance, the AIDS section of the Ministry of Agriculture reported that some members of its extension staff have died of the disease. This is deemed very serious since they were an important link between the communities and government, which relied on them for information on the real agricultural needs and aspirations of rural people. Ironically, they were the same people the Ministry of Agriculture was training to act as caregivers to HIV/AIDS infected households. Without extension services communities will not be able to improve their agriculture. This will affect their nutritional status and worsen the situation of individuals already affected by the virus.

The loss of potential caregivers at grassroots level will be even more devastating for infected households. Apart from the hospital and LHWP, there are no institutions offering HIV/AIDS support at grassroots. The caregiver programme, a promise that had not yet materialised in areas such as Ha Poli and Matsatsaneng, nevertheless offered something for infected households.

3.2.3.2 Loss of Capacity

In Lesotho, 80 per cent of rural people depend mainly on agriculture for their survival. Over the years the Ministry of Agriculture has embarked on strategies to improve agriculture and achieve food security. This has meant a total reorientation of the agricultural sector and the adoption of policies such as crop diversification and privatisation to generate income and employment for rural people. However, the Ministry expressed fears that the escalating death rate would severely limit the human resources needed to carry through its plan and there would be a shortage of local entrepreneurs to take over the services provided by the Ministry. In this way HIV/AIDS would have a negative affect on the capacity to generate income through agriculture.

The LHWP initially trained a lot of villagers to do jobs on the project. Over the past years they have lost many of their trained staff members and contract workers due to the virus. This also represents a loss of income to people in Lesotho.

3.2.3.3 Overburdened Personnel

In response to the HIV/AIDS situation, the Ministry of Agriculture has given grassroots staff such as extension officers additional duties to cater for HIV/AIDS victims. One extension officer complained that in addition to her usual responsibilities as an Assistant Livestock Officer, she had been burdened with HIV/AIDS activities.

Though this approach saves the government the expense of hiring additional staff, lack of time and the fatigue experienced by existing staff mean that HIV activities become a secondary duty.

3.2.3.4 Lack of Control Over Staff

It has been argued that the magnitude of the HIV/AIDS pandemic requires the involvement of all the people since it is impossible for governments to hire special AIDS personnel given their budgetary limitations. This would also not give the problem the national recognition that it requires but would limit activities to one section of government. With these arguments in mind, the National AIDS Programme (NAP) of the Ministry of Health trained and used health workers and public health centre staff as counsellors for HIV/AIDS infected individuals. However, the strategy brought many problems. The head of NAP reported that since the programme lacked control over the health workers, they only did counselling when other duties were finished, if they were ever finished. In some cases NAP questioned the kind of counselling service provided since most of the staff were not trained counsellors.

3.2.3.5 Financial Burden

Due to the increase in patients with HIV/AIDS related diseases there is overwhelming pressure on institutions to identify the causes of ailments so that they can provide proper treatment. However, institutions generally lack the finances to do this effectively, leading in some cases to loss of integrity. For instance, the Mamohau hospital relies on clinical case identification and cannot conduct HIV tests. Community members have questioned this practice, arguing that without conclusive evidence they should not be recorded as HIV positive. As a result they are reluctant to consult the hospital when they have infections. Lack of reliable technology, and the stigma attached to HIV/AIDS are having a negative impact because even infected people are avoiding counselling sessions for fear of prejudice and rejection.

Most of the AIDS related activities including the counselling programme by the Mamohau hospital are supported by the LHDA. This support is useful but its sustainability is questionable, as it seems that after 2003 most of the activities of LHDA will be withdrawn.

3.2.4 Impacts on Community Support Systems

Various impacts resulting from HIV/AIDS threaten the survival and cohesion of community solidarity and support systems. Actions and behaviour that were once unthinkable have become common due to the HIV/AIDS pandemic. In the past for example, where children lost one or both of their parents through an accident the extended family would provide unconditional support until they were independent. In cases where a widow was not able to care for children they would be distributed among the extended family members to lessen the burden on her. Unfortunately, this kind of support was already starting to erode due to poverty, but the magnitude of HIV/AIDS pandemic and the accompanying stigmatisation of victims are accelerating the process.

3.2.4.1 Overwhelmed Community Support Systems

The pandemic has overwhelmed community support systems to such an extent that they can no longer cope with its consequences such as the need to take care of orphans. Though extended families are taking in some orphans, other institutions have had to intervene to take care of the growing number of abandoned orphans. For example, the health workers' group at Ha Poli stated that traditional institutions lacked the capacity to look after the orphans, and the hospital had to take care of those who were abandoned. The Counsellors' and Health Workers' groups at Ha Poli mentioned that they were establishing village based support groups in the community to take care of abandoned orphans. However, if the stability of a long established institution like the extended family is crumbling in the face of poverty and AIDS one wonders what needs to happen to ensure that these village based groups survive, especially as they will rely on the same poor people. It is unlikely that unless government and NGOs make deliberate efforts to give the system technical and financial support it has little chance of thriving.

At present a few identified infected individuals attend counselling sessions once a month through an initiative supported and funded by the Lesotho Highlands Water Project, which also provides transport and food during the sessions. Mamohau Hospital assists with free medication such as vitamins and pain killers, provides health education to the general community and gives demonstrations of the nutritional requirements of HIV infected people. Although these sessions only reach a few people they consume a significant amount of resources. Replicating them on a larger scale would require a lot more resources.

Extension workers attached to the Ministry of Agriculture's HIV unit are promoting Home Care Support Groups to assist communities in establishing vegetable gardens and support networks to look after the sick. This is an extra mandate over and above their normal duties. Extension workers said that the HIV/AIDS pandemic has overstretched their responsibilities to an extent that they feel there is no longer a breathing space. As a result they feel tired and demoralised. It was therefore not surprising when community members in both study areas claimed that they had never heard of such programmes in their areas since the extension workers are so overburdened that it is impossible to reach all the communities.

3.2.4.2 Weakened Kinship System

The Basotho people have always had a deep-rooted kinship system consisting of the extended family of brothers, sisters, uncles, aunts, cousins and grandparents that functioned as a safety net, supporting more vulnerable groups in the society. These safety nets are themselves increasingly vulnerable and unreliable. For example, in both study areas, the women's groups explained that it was the responsibility of the extended family to look after the sick and take care of orphans. However there were reports of orphans being cheated out of their parents' property by uncles who

wanted to enrich themselves. By the same token some widows had been expelled or dispossessed of their late husbands' land and assets.

The prevalence of the HIV virus has further weakened kinship ties resulting in some people neglecting their duties of looking after members of the extended family when disaster strikes. Respondents said that in the past people would travel hundreds of miles to reclaim a distant relative rather than let their own blood disappear. Currently, due to HIV/AIDS the opposite is true, people are abandoning very close relatives on their doorsteps and sometimes even denying them what is rightfully theirs.

3.2.4.3 Stigmatisation

Stigmatisation has hampered efforts to take care of orphans, treat sexually transmitted infections (STIs) and establish village based support groups.

We have seen that sometimes people do not co-operate with hospital staff because of the stigma attached to infection. Hospital staff label patients with HIV/AIDS type symptoms as immoral and HIV positive, and blame them for being promiscuous. To avoid being labelled prostitutes or AIDS victims members of the women's group at Ha Poli said that sometimes they do not report STIs to hospitals. This has led to an increase in the incidence of STIs and sometimes allows STIs to progress to a stage where they are incurable. For example an elderly women at Ha Poli reported:

> *These young girls hide the diseases until they rot and smell… and as a result they do not get cured and some die.*

Similarly, due to stigmatisation, some orphans do not get the care they deserve from the extended family according to traditional custom. Some orphans are neglected and abandoned due to the stigma attached to AIDS. People say that fear of infection and contamination is the reason for not taking in orphans.

The depth of poverty has led to social disintegration that is exacerbated by the impacts of HIV/AIDS. This has led to the collapse of support systems that would normally take care of orphans like the extended family or local institutions such as the church.

3.2.5 Responses to HIV/AIDS

In response to the effects of HIV/AIDS the affected households and infected individuals have adopted a number of strategies such as sharecropping, livestock sales and *mafisa* to hold onto assets like land and to foster food security. This section examines these strategies and their relation to land tenure provisions.

3.2.5.1 Sharecropping and Food Security

Under normal circumstances households with no fields or too little for their needs, would engage in sharecropping. The co-producers involved in sharecropping were either relatives or friends who pooled resources such as labour and draught power to produce crops for subsistence. Some households sharecropped when they did not have the resources to work their land. Poor households and widows were the common actors in this arrangement. There were also households that sharecropped because the breadwinner(s) or household head was chronically ill. In most cases this was a male adult or a widow.

Households and individuals infected by the pandemic stated that sharecropping has become increasingly important to them, especially where both husband and wife are infected and cannot cope with agricultural activities, since it assures them part of the harvest. One infected respondent explained that before she and her husband became infected they never sharecropped, since her husbands' remittances were enough to purchase agricultural inputs and pay for extra labour if it was needed.

> *Presently without sharecropping my family would have no food at all, I would also lack necessities such as soap, Vaseline and candles, which I buy after, I have sold part of the harvest.*

Sharecropping arrangements are more common in Ha Poli than Matsatsaneng. This is logical since most of the households in Ha Poli lost their land to the LHWP compelling them to enter into such arrangements.

Infected households point out that sharecropping not only fosters food security but also ensures that their fields do not lie fallow when they are too ill to farm them. This avoids the danger under the present land tenure system of fallow agricultural land being reallocated to other households who can use it efficiently.

However, households also mentioned that sharecropping meant smaller yields for them since they had to share the harvest with another household. The problem of reduced yields was reported by one of the infected respondent as follows:

> *Sharecropping is useful to a lesser degree to my family since the yields that I used to get even before I got sick were already low and did not last me until the next harvest. Therefore if I have to share those with another family it means I will practically starve. Nevertheless sharecropping is better than nothing because nobody would give me part of the harvest for free if I did not engage in this arrangement.*

Similarly, respondents who could not look after their livestock due to chronic illness entered contractual arrangements such as *mafisa* with other households. Under this system a household lends livestock to another household, usually that of a relative, which tends the stock and benefits from the services or products it provides. Services include draught power, while products include milk, wool, and mohair. Respondents said that, unless the partner is very far away, they still have access to livestock services and products.

The HIV/AIDS virus infected a farmer who relied mainly on livestock and crop production for livelihood. Within two years he was too sick to even go to the open range where he used to graze his livestock. Initially his wife helped him and looked after the animals. When his condition worsened his wife had to devote most of her time to nursing him. On some days the livestock remained in the yard for the whole day. In the end the ailing man's brother took the animals under the *mafisa* arrangement. Since he lives in a nearby village the woman goes every evening to get some milk for the ailing husband. The brother has also promised to help them during the ploughing season.

The woman commented that the arrangement has taken a load off her shoulders and she is now able to spend more time with her husband while still enjoying the benefits of their livestock.

Nevertheless not all farmers benefit from this arrangement. One woman explained that after entering into an arrangement with her husbands' brother, who lived in the highlands, she never heard from him and at the time of the interview did not know whether the animals were alive or not.

It should be pointed out that very few affected households possess livestock since most of them have been sold to cover medical expenses.

3.2.5.2 Livestock Sales

Livestock sales are one way in which affected households respond to the epidemic. The following is the case of one family that sold its livestock to cover expenses incurred because of the virus.

> We used to lead a very comfortable life when my husband was working for the LHWP. When he got sick and was retrenched, and within a year I also became sick, we suspected witchcraft. A traditional healer who diagnosed food poisoning –*sejeso* – as the cause confirmed our suspicions. However, he could not cure my husband. By the time we had changed to other traditional healers we had cleaned out my husband's retrenchment package and were already selling livestock to meet the medical bills and perform the required rituals. By the time he was told that he was sick with AIDS we had already sold all our livestock.

Another man indicated that he sold his livestock to pay for school fees after he lost the income that he used to get from the South African mines.

Livestock sales have taken on new dimensions with the advent of HIV/AIDS. In the past Basotho sold their livestock to meet household needs but it was very rare for them to clean out the kraals. Medical costs, funeral expenses and cultural obligations such as the requirement to slaughter a cow when someone dies have changed that pattern with negative effects on livelihoods.

3.2.5.3 School Dropouts

Respondents related that the virus has negatively affected their children's education. One couple lamented that because the disease has weakened them both, their eldest son who is only ten years old has had to drop out of school to take over his fathers' responsibilities of looking after the livestock. The situation is worse for the girls. Although they are older (fifteen and thirteen), they not only have to perform the household chores such as gathering fuel wood, cooking and taking care of younger siblings, but also have to nurse their ailing parents.

Sometimes children are withdrawn from school simply to cut down on household expenses as a coping strategy.

> One woman reported that although her husband never had a steady job he used to do odd jobs such as collecting building stones for other households and thatching houses. However, when he became too weak to do this and could not fully participate in agricultural activities, the household was left without income. They therefore withdrew their children from school because they could no longer afford school fees and other school requirements.

Withdrawing children from school obviously has far reaching implications for sustainable livelihoods and development. Such children are likely to be trapped in a vicious cycle of poverty because they will be unable to use new production technologies due to lack of education. Also due to their limited capacity as a result of poor education they will contribute less to the country's development.

3.2.5.4 Coping with Household Chores

Although a lot of villages in the study areas have piped water and sick women do not have to walk long distance to get water, children were still allocated tasks when parents were not coping.

> *I am glad that I trained my children to do household work when they were still very young because I am now relying on them to do household tasks such as the collection of firewood, maintaining the homestead and looking after the children and myself. A lot of times that means they have to miss school. Our boys also hardly ever have time to play since they have to do some of the agricultural activities.*

Friends and relatives were also reported to have assisted such homesteads, though to a limited extent. The high prevalence of HIV/AIDS and other illnesses in the community has undermined this kind of humane assistance.

4.0 CONCLUSIONS AND RECOMMENDATIONS

HIV/AIDS has negatively impacted on livelihoods of the affected and infected communities in several ways.

- It has lowered agricultural productivity (both livestock and crop production) and affected income sourced from agricultural activities since the infected households cannot fully participate in agricultural activities because of the impending labour shortages resulting from prolonged illness. The problem of labour shortage is also aggravated by the length of the mourning period during which affected households cannot work on their fields.

- The ability to generate income has also been hampered by the epidemic. Again because of illness most of the infected individuals have been retrenched while medical bills are exhausting their savings and investments. They are also selling some of their assets such as livestock to meet the high medical expenses, particularly during the pre-diagnosis stage and during the time when victims are seriously ill. The loss of income has in turn impacted on the living standards of the affected household resulting in food insecurity, lack of agricultural inputs, poor education levels and lack of basic necessities.

- Reduced labour input, lack of agricultural inputs, loss of income and sale of livestock have all combined to increase the incidence of land left fallow. According to the land tenure provisions this land is liable to revocation. This has far reaching implications for food security and livelihoods of the affected households. However, some households have found it relatively easier to manage home gardens despite their illness because of the size of the gardens and their proximity to the homesteads.

- HIV/AIDS pandemic has also reduced the effectiveness of institutions such as the Departments of Agriculture and Health, and Lesotho Highlands Water Project, which have experienced loss of trained personnel resulting in a decline in services offered by them and their ability to generate income.

- The magnitude of HIV/AIDS prevalence combined with poverty and stigmatisation of AIDS victims has overwhelmed community support structures and weakened the kinship system consisting of the extended family that used to function as a safety net in disaster situations.

- HIV/AIDS has altered land administration practices at grass roots level. For compassionate reasons local level land managers such as chiefs have not applied the provision for reallocating land left fallow for more than two years. This leads to the conclusion that this provision, though economically viable and likely to result in increased returns to agricultural production cannot be viewed as an opportunity but rather as an impediment to households and individuals affected by the virus. Its implementation is likely to result in increasing inequality with land concentrated in the hands of the healthy individuals. Hence land administrators have ignored the law and postponed revocation.

- In the context of the widespread prevalence of HIV/AIDS households have not seen the lease provisions that allow for sale of land as an opportunity for securing income. This is because the affected households see land as a form of security and the only valuable asset that infected individuals can leave for their children. They hold this view despite the fact that in practice orphans' land rights are not secure. This evidence nullifies the hypothesis that linked HIV/AIDS to increasing land sales.

- The stigma associated with AIDS has contributed to the insecurity of widows' land rights. This despite numerous reviews of land laws and legislation giving women the legal right to inherit land. Although this is partly due to ignorance of legislation resulting in non-implementation, community perceptions of the causes of AIDS and stigmatisation, particularly of women infected by the virus, have resulted in reluctance to protect women's land rights.

- Reasons for the insecurity of orphans' land rights include lack of knowledge and non-implementation of land laws, relatives (uncles) who take advantage of the situation to usurp land, and stigmatisation fed by the perceptions relatives have of the factors contributing to AIDS and the death of orphans' parents (especially their mothers). Therefore, HIV/AIDS has detracted from the rights afforded to orphans by the inheritance and succession provisions of land tenure legislation.

- In response to the epidemic, households have adopted strategies such as sharecropping and *mafisa* that increase livelihood security through co-operation between households. These strategies have improved food security to some extent and presented households with an opportunity to use land that might have been reallocated if it had been left fallow. In a few cases where fallow land has been reallocated this has aggravated food insecurity and had a negative impact on the livelihoods of households involved.

- Selling livestock is another coping strategy used by infected individuals and affected households to pay for medical costs and other expenses such as education. When households sell off all or most of their livestock to meet recurrent expenses this has a negative impact on livelihoods. Other coping strategies include withdrawing children from school to avoid school fees and so children can do household chores that the parents can no longer cope with. Begging from relatives also seems to have increased with the magnitude of the epidemic. Children who drop out of school are likely to experience future livelihood problems because without education they are unlikely to secure better jobs and incomes. Their prospects of becoming successful farmers are also poor as their parents cannot pass on their knowledge and they must deal with the loss of agricultural resources such as livestock experienced by affected household.

- The land tenure system has been effective in attempting to accelerate development through commercialisation. The continuous review of the Land Act in an effort to secure women's and orphans' rights is also commendable. However, commercialisation may not be feasible given the economic and health impacts of HIV/AIDS and the loss of labour capacity in affected households. The situation calls for research into less labour intensive agricultural methods that would also improve the livelihoods of the chronically ill people.

- The compassion displayed by the chiefs has brought short-term relief but has not concealed the inefficiencies of land administrators in administering the Land Acts. By the same token, revocation and reallocation of fallow land cannot be postponed indefinitely, making it imperative to review present land tenure provisions and ensure that land administrators implement the land acts in the future.

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. This should include research into social policies that are sensitive to the impacts of HIV/AIDS on the coping mechanisms that households employ.

- 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. The range of support structures needs to be clearly identified and researched to establish how they can be assisted to ensure that they can continue to provide support. Community burial societies need support to ensure that those who default on their payments do not lose all accumulated benefits.

- 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.

- The rights of widows and orphans need to be protected by policy, legislation and administrative action. 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.

- Measures should be taken to ensure that children in affected households and aids orphans are able to complete their schooling so that they are equipped to become self sufficient and productive members of society.

- Hospitals should be equipped to make rapid and positive diagnosis of HIV infection to minimise the time and expense that individuals and households incur in establishing whether someone is infected. Hospital staff and other medical personnel need to be trained and monitored to ensure that they understand and respect professional practice relating to patient confidentiality and the treatment of people with HIV/AIDS.

- Public awareness and information campaigns and 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 help to ensure uniform implementation of measures to support affected households.

- 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. This should include a review of the likely impacts of the present trend towards concentration and commercialisation of land holding and agriculture on HIV/AIDS affected households and suitable action to secure their livelihoods.

- 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. This should include mechanisms to ensure that sharecropping can continue to support the food security of affected households.

- 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. Once identified measures should be taken to make these techniques available to HIV/AIDS affected households.

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APPENDICES

APPENDIX I INTERVIEW GUIDES

APPENDIX IA COMMUNITY INTERVIEW GUIDE

ISSUES TO PURSUE IN COMMUNITY MEETINGS

Explain the purpose of the meeting (contextualise in Sesotho)

- **The study is about the issues pertaining to land, land acts and laws that govern land.**
- **We want to understand your problems as a community such as agriculture, livelihoods, poverty and illnesses and these issues are related to your problems.**
- **We also want to determine how these laws affect the livelihoods of the community members.**

- What do you consider to be the **most serious problems facing this community** at present?
- What do you consider to be the **most serious problems facing most households** in this community these days?
- Is **chronic illnesses or long-term illnesses** a serious problem among the community members? Which diseases are more common?
- If yes, which categories are mostly **afflicted** by illness? E.g. elderly, young people, men, women, children, the poor, widows?
- Check their understanding of the Land Act 1979.
- Check awareness /understanding of the proposed land policy.

APPENDIX IB INTERVIEW GUIDE FOR WOMEN'S GROUPS

EFFECTS OF CHRONIC ILLNESSES ON LAND ISSUES AND LIVELIHOODS

Summarise issues raised on common illnesses and problems, then focus.

- What do you think are the **contributing factors** to these problems?
- In some places people indicate that these days people don't get cured even when they seek medical assistance. Would you say it is also the case in this community?

- Which categories are mostly **affected by chronic illness**? E.g. the elderly, young people, men, women, children, the poor, widows?
- Explain how they are affected by the chronic illnesses.
- Looking at say 5 years ago, would you say households in this village are better off or worse off?

  (Indicators: sufficient food or yields, livestock numbers, employment and cash income, labour force participation in agriculture, education of children, number of deaths, diseases….)
- How do you account for the observed changes?
- Let's suppose a man dies and leaves his wife and children do you think the widow and orphans will be treated fairly by the members of the family/community?

e.g. are widowed women allowed to keep their husbands' property such as fields, livestock, farm equipment, etc?

What happens to the arable land?

- When both parents die and leave young children (say under 18 years) what happens with them?
- What are the rights of the orphans to the land?
- Can women hold titles to land regardless of their marital status?
- What happens with their parents' property?
- If it is a farming household, do you think the household will be able to maintain the previous production levels:
  - When there is a member who is chronically ill?
  - When one of the adult members dies?
  - When any member dies?

Are there any efforts by the community/ extended family members to assist families affected by chronic illness? How do they help?

VENN DIAGRAMS on organisations: How active they are? Where they are based? Frequency of visits? Assistance offered? Perceptions?

To what extent is AIDS/HIV a problem in this community? (PROBE for signs and symptoms that they identify with HIV)

APPENDIX IC INTERVIEW GUIDE FOR MEN'S GROUPS

MEN'S FOCUS GROUP

LAND ISSUES

1. Find out their awareness of the Land Act of 1979 and the proposed Land Policy.
2. Do people ever apply for leases? (If yes, are leases ever transferred or used as collateral for credit?).
3. Problems associated with acquiring leases or using them at the bank?
4. Are there incidences of land sales and land conversions in the village (are these promoted by leaseholds?
5. Who is buying land? (Locals or outsiders?) For what purpose?
6. Looking at 5 years or so ago, would you say land sales are increasing, decreasing or the same?
7. If there are increases, how do you account for these? Would you say these have anything to do with chronic illnesses, poverty affecting households, etc **(PROBE)**

INHERITANCE

8. What happens to the land if the titleholder dies leaving a widow behind?
9. **When both parents die and leave young children (say under 18 years) what happens with them?**
10. What are the rights of the orphans to the land if both parents die?
11. Can women hold titles regardless of marital status?
12. Let's suppose a man dies and leaves his wife and children, will the widow and orphans be treated fairly by the members of the family regarding land inheritance?

e.g. are widowed women allowed to keep their husbands' property such as fields, livestock, farm equipment, etc?

13. What happens to the arable land?

VENN DIAGRAMS on organisations: How active they are? Where they are based? Frequency of visits? Assistance offered? Perceptions?

To what extent is AIDS/HIV a problem in this community? (PROBE for signs and symptoms that they identify with HIV)

APPENDIX ID INTERVIEW GUIDE FOR COMMUNITY BASED INSTITUTIONS FOCUS GROUPS

(Village Health Workers, Traditional Healers, Community Care-takers, Social Workers, AIDS Counsellors, Extension workers, LHDA Health Workers)

HIV/AIDS PREVALENCE AND LEVEL OF SUPPORT

1. The extent of HIV/AIDS in the community, which groups of people are affected most, what are the perceived causes?

2. In what ways does the problem of HIV/AIDS affect people's livelihoods?

3. The most active Govt. Departments/NGO's? Where are these based? How often do they visit? Which are their target groups? (**VENN DIAGRAM**)

4. What kind of assistance do community members get? Feelings, perceptions about the assistance (adequacy, approach, whether or not it is geared towards the right groups, problems?)

5. What is the extent of stigma and how do you deal with it?

APPENDIX IE INTERVIEW GUIDE FOR COMMUNITY LEADERS

(Chiefs/Headmen, Former VDC Members, Land Allocation committees, Elderly).

FALLOW LAND

1. Are there incidences of fallow land in the area?
2. Is there a noticeable increase due to poverty/chronic illnesses?
3. What do **households** affected by chronic illnesses do to avoid their land being fallow?
4. What action is taken on fallow land **by authorities**? Does the same **rule** apply even for households that are affected by chronic illnesses?
5. Perceptions on fairness
6. What happens to the land if the titleholder dies leaving a widow behind?
7. **When both parents die and leave young children (say under 18 years) what happens with them?**
8. What are the rights of the orphans to the land if both parents die?
9. Can women hold titles regardless of marital status?

Selected Agricultural Areas (SAAs)

1. What do you see as **advantages/disadvantages** of the proposed consolidation of small plots into large, possibly irrigated ones?

2. To what extent is HIV/AIDS a problem in this community? **(PROBE for signs and symptoms that they identify with HIV).**

3. Which groups of people are affected most, what are the perceived causes?

4. How would this proposal affect the households affected by HIV/AIDS?