

HIV/AIDS AND FOOD INSECURITY IN LESOTHO

By

M.M. Mphale¹

¹ Department of Geography.
Faculty of Science.
National University of Lesotho

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1.0 FOOD SECURITY OVERVIEW

Food insecurity in Lesotho like the rest of Southern Africa is considered as severe due to a number of factors. Persistent drought, hail storms, tornados, excessive rains and other unfavourable natural forces have resulted in continued food deficits. The low exchange rate of Loti to Dollar has also resulted in price increases of imported food commodities, thus aggravating the situation.

The crisis is confirmed by the Emergency Food Security Assessments of 2002 which in May projected that 160,000 (9%) of the rural populations would be in need of food assistance from September to November 2002. However, as cereal stocks depleted, conditions worsened and the number of people in need escalated to 649,483 (36%) in July. As conditions deteriorated even further, in less than three months, (November/December) the numbers of people in need increased by 108,797 to 760,000(425) see Table 1.

Table 1 Changes in National and Sub-National Food Security From August to December

District	Rural Population	August Assessment		December Assessment		Food Need Change	
		% Need	# People in Need	% Need	# People in Need	% Need	Population
Mafeteng	208,454	9%	18,761	46%	94,847	37%	76,086
Maseru	293,122	30%	87,937	47%	138,060	17%	50,123
Butha Buthe	118,495	23%	27,254	37%	43,547	14%	16,293
Berea	234,451	23%	53,924	32%	74,555	9%	20,631
Mohale's Hoek	205,210	28%	57,459	30%	61,891	2%	4,432
Quthing	143,988	68%	97,912	64%	91,576	-4%	-6,336
Leribe	296,510	28%	83,023	23%	66,952	-5%	-16,071
Qacha's Nek	73,793	64%	47,228	56%	41,509	-8%	-5,719
Thaba Tseka	132,076	75%	99,057	65%	85,849	-10%	-13,208
Mokhotlong	102,573	75%	76,930	58%	59,492	-17%	-17,438
<i>Total</i>	<i>1,808,672</i>	<i>36%</i>	<i>649,483</i>	<i>42%</i>	<i>758,278</i>	<i>6%</i>	<i>108,795</i>

Source: LVAC 2002

Food insecurity has resulted in hardships on many different sectors of the economy particularly on the households infected and affected by HIV/AIDS, who, even without the food crisis, utilise most of their resources towards meeting medical and

funeral expenses. Crisis such as this, therefore, renders them even more vulnerable and limit their ability to cope with the food shortage problems.

This paper describes the food insecurity situation in Lesotho, analyses its effects on the rural communities and on the chronically ill individuals and their families. It further examines the coping strategies that are available to the households to enable them to cope with food shortages as well as limitations faced by the HIV/AIDS affected and infected households in accessing the same strategies. Lastly the paper considers the interventions geared towards ameliorating some of the problems brought about by the crisis and analyses the extent to which they cater for the chronically ill as well.

1.1 Source of Data:

This paper draws heavily on the Lesotho Emergency Food Security Assessment Report December 2002 and the study on HIV/AIDS and its Impacts On Land Tenure and Livelihoods in Lesotho by Mphale M., Makoae M,G. and Rwambali EG (2002). Both studies utilized both Quantitative, Qualitative and Participatory methodologies.

1.2 Reasons for the current food insecurity situation

The following are the reasons advanced by the communities for the prevailing food insecurity situation. These are largely circumstances that have negatively affected the ability of households to obtain sufficient food from own production.

One of the major factors identified as responsible the current food situation is drought. Long dry spells have affected production from last summer crops and current winter harvest. Dry spells experienced during the summer cropping season in 2001 reduced cereal yields substantially. It was indicated that green peas normally available in November/December failed due to dry spells. In all the ten districts early frost was also mentioned as responsible for crop failure. Both drought and frost were responsible for unavailability of non-cereal crops especially vegetables in the backyard gardens, thus leading to unusual dependence by households on wild vegetables which were also scarce.

It was indicated in all the districts that both cereal and non-cereal food, especially staple maize meal were always available in various urban centres though very expensive.

Moreover, though some of the cereal and non-cereal food were reported to be always available on market, there were factors that limited household access to them thus undermining food security at household level. It was consistently reported that market prices for food cereals had increased. This phenomenon is illustrated by the quantities commonly purchased by households, namely 5 (*babaton*), 12.5 and 50 kilogrammes of maize meal; larger packages were not popular among the communities despite the needs. Clearly, access to food through market, especially for cereal food, brings into the picture the issue of inequalities that to a large extent are levelled off in subsistence agriculture through such mechanisms as sharecropping.

Agriculture is also considered one of the major sources of livelihood for the majority of rural households in Lesotho. Although many community members hardly meet their food requirements through crop production it contributes significantly to food security at household and community levels. Therefore factors that adversely affect this economic activity threaten food security.

Invariably, members of the studied communities described the food insecurity situation in their communities as severe. Comparisons of their experiences with the current famine situation and the last drought episodes, especially in 1992, generate different perceptions about the current food insecurity. They agree that the prevailing food insecurity is more severe than what was experience in 1992 or any other bad year.

Various reasons are advanced and these are considered as primary factors/causes of food shortages. Communities also stated the circumstances that have made households more vulnerable to famine than they were in the previous drought episodes.

1.3 Reasons and Primary Causes For Food Insecurity

Climatic conditions such as drought, early frost and uneven rainfall distribution; too much rain resulting in water logging have negatively affected availability of food in the communities. In some areas there were multiple attacks of frost which destroyed early maize crop and vegetables in the gardens.

The communities also attributed this situation to the larger environment which consists of factors that have made households vulnerable. The following were identified:

- The 2001 harvest levels in various households were much lower than the 1991 harvests. They ascribed this to drought that set on, prior to planting and during the growing season.
- The prevailing economic environment at national level has caused households to be food insecure. It was indicated that in 1992 most households still had access to migrant labourers' remittances and could access the needed food through the market.

Low household incomes and high level of unemployment have reduced the capacity of households to purchase cereal food such that even though food cereals are available in all the food economy zones of the different districts, communities indicated that the food commodities were unaffordable.

These economic factors are also perceived as responsible for low or declined agricultural production at household level since it has become extremely expensive to purchase seeds and fertilizers. In addition, because of reduced livestock numbers per household, many do not have draught power. Clearly, lack of livestock has always led to a serious resource deficiency in some farming households hence sharecropping in some cases is adopted.

Livestock theft and retrenchment were cited as having reduced the capacity of households to access food cereal through own production and they have led to chronic deficiencies in household resources thus, negatively affecting other production

strategies such as sharecropping. Another option that many households used to have was tractor hire, which was made possible by remittances. Following retrenchments fewer families can now afford. Currently, these are constraints that limit subsistence farming activities and households that do not have the necessary assets. Normally such households have less produce because they either fail to plant on time or are compelled to engage in sharecropping, both of which may reduce net household production

2.0 ACCESS AND AVAILABILITY OF KEY COMMODITIES

2.1 Food Access And Availability

Food insecurity often results in hardships on many different sectors of the area's economy. This is because, in Lesotho like most national communities in Southern Africa derives a livelihood from agriculture. Income sources that are dependent on agriculture are at more risk when a food crisis prevails. An analysis of food availability thus becomes crucial in this context in determining the level of food insecurity.

In the last assessment Lesotho food situation did not seem to have improved since the July/August 2002 assessment. All the ten districts of Lesotho were described as acutely food insecure while some were already in a famine situation. For instance, it was indicated that during the July/August 2002 assessment, it was possible, at district level, to identify some localities that were mostly affected by food shortages. However, presently serious food crisis is perceived to have spread throughout the districts thus worsening food availability situation

2.2 Income Sources and Coping Strategies Available to the Communities

This part examines perspectives on income sources and coping strategies that community members have adopted in order to cope with the current food shortage situation. It also discusses changes that are perceived to have occurred in income sources and how they affect food security.

2.2.1 Income Sources

Unemployment is reported to be high as such formal employment as source of livelihood was rarely mentioned and those with formal employment were generally classified as well off in different communities. In fact it was indicated that retrenchment of most men from the South African mines during the 1990s has significantly undermined one of the key sources of income for rural households and an indirect source of rural communities' income. This is because mineworkers' remittances translated into food security through agricultural production and purchasing power. A link has been established between the presence of a migrant in the household and not being poor (Lesotho National Early Warning Unit and others, 1997).

The effects of food insecurity related to unemployment emanating from retrenchments, was even more serious for households infected by HIV/AIDS. This is because according to Mphale et al. (2002), this vulnerable group, mainly men, even before the current food crisis, were reported to have stopped working either because they could not cope with work and decided on their own to stop working or were retrenched because of illness. This happened with both people who were employed in South African mines and locally, particularly in the construction works under the LHWP.

Loss of income had already impacted on the living standards of the HIV/AIDS 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 as well as medical fees were some of the daily experiences even before the impending crisis. Thus, for them things have move from bad to worse.

Communities indicated that there are changes that have affected availability of piecework and its nature in general. In all the communities studied it was indicated that availability of piecework was very poor in that, where it used to be available it had declined. Local piece jobs include weeding for pay, which is usually available

during the growing season of the year but because of drought and delay in planting in most communities, crops were not yet ready. This has negatively affected both cash and non-cash income normally accessed by those who do not have fields or cereal food at the cropping time of the year. Availability of piecework is also affected by retrenchment because some of the households, which used to provide piecework, do not have such income to pay others in the communities. It was indicated that more and more people prefer to do things for themselves. Drought is also responsible for lack of agriculture related piece jobs such as cultivating in the backyard gardens. In regard to HIV/AIDS affected households the situation is even grim because their health conditions do not allow them to engage in piecework. In the same token their families, who are in most cases caretakers cannot participate either, since most of their time is dedicated to caring for the sick.

There were some indications of changes regarding how people are paid for piecework in that payment in cash was currently less common. Increasingly, those who offer piece jobs paid in kind whereas those who pay in cash pay less for the same jobs than it was the case last year. For example, women reported that they used to be paid M15.00 for laundry but that has now been reduced to M10.00 per day. Again, payment in kind is reported to be lower for the same jobs compared with last year. For example, communities' members indicated in different villages that they used to be paid 18 kilograms of grains for one load of laundry but this year it has been reduced to 12.5 kilograms. Men in the mountain areas also showed reductions in payment for shearing of sheep. This shows that those who have the needed resources control payment rates at the expense of those who provide labour. Given the labour limitations of the HIV/AIDS people, reduction in payments would translate into lower income or grains. This is more devastating given their health and nutritional requirements.

2.2.2 Coping Strategies

This section analyses various coping strategies that were used in the context of the prevailing food insecurity situation. It also examines the extent to which problems associated with HIV/AIDS limit the ability of the affected households in accessing

these strategies. Some of the options are available to people in different districts because of varying economic endowments that include livestock, craft grasses and vicinity to urban areas. In the mountain areas livestock related coping strategies were identified. These included livestock theft and increased sales of livestock. It was however indicated that although there was increased willingness on the part of livestock owners to sell livestock, buyers compelled them to sell on lower prices and since they desperately need food they are ultimately forced to sell.

Livestock related coping strategies are unfortunately inaccessible to most of the people affected by HIV/AIDS. Mphale et al (2002) observed that due to income loss experienced by most of the affected households, even before the current food crisis livestock was already being sold to meet medical expenses. Sale of livestock for meeting medical expenses has deprived these households of their cattle that are needed for draught power and food security.

It was also indicated that battering for household needs such as paraffin, maize meal and groceries was on the increase. Another important strategy mentioned was purchasing of food commodities especially maize meal in smaller quantities, which was seen as an indication that households had begun to limit food portions and reduced meal frequencies. In some districts, for example Qacha's Nek catering on the Free Primary Education Programme was identified as another useful strategy. The health condition of the infected does not allow them to engage in catering activities. While limiting food portions and reducing meal frequencies would be detrimental to their nutritional requirements.

In the lowlands, internal and cross-border migration as strategies adopted in response to food shortages were reported to have increased. It was indicated that residents migrated to South Africa illegally (Mafeteng and Leribe districts) in search of piecework while others migrate to urban areas in the country, which have better job prospects. These included Maseru and Maputsoe where both men and women temporarily migrated to in order to work in the informal sector as street vendors selling fruit and vegetables, or to seek employment in the vibrant textile industries. There are also women who migrated to seek domestic employment. They indicated that other activities such as home brewing were on the increase. Clearly some of the

adopted strategies are illegal, for instance, livestock theft, stealing food aid and illegal migration to RSA. Obviously, migration let alone illegal migration as well as livestock theft are considered off limit strategies for the HIV/AIDS affected people.

2.2.3 Other Coping Strategies By Gender

The table below summarises differences in coping strategies by gender and highlights those that might not be fully accessible to the infected and affected households.

Food Economy Zone	Men	Women
Mountains	<ul style="list-style-type: none"> • Collecting water for other people • Gifts (Might overwhelm the community support system/weakened kinship system) 	<ul style="list-style-type: none"> • Laundry • Baby-sitting • Receive gifts from friends, neighbours and relatives (Might overwhelm the community support system/weakened kinship system) • Weaving brooms and traditional mats (depends on availability and proximity of resources) • Exchange of firewood for maize meal • Smearing walls in exchange for maize meal • Food for work • Barter own clothes for food • Barter chicken for maize meal
Foothills	<ul style="list-style-type: none"> • Herding other people's livestock • Collecting water for other people 	<ul style="list-style-type: none"> • Accessing food aid through the elderly (Chronically ill people also qualify for food aid) • Sale of dagga • Eat wild vegetables • Laundry • Smear walls • Handouts • Handicrafts in exchange for food • Gifts from relatives
Lowlands	<ul style="list-style-type: none"> • Brewing • Attending funerals and feasts • Loading and unloading trucks • Relying on relatives • Selling wild vegetables • Using animals to plough and plant for others • Eat wild vegetables 	<ul style="list-style-type: none"> • Borrow food • Laundry • Eat more wild vegetables • Collecting water for others • Relying on relatives • Buying food on credit

Senqu River Valley	<ul style="list-style-type: none"> • Sale of food items (<i>makoenya</i>) (stigmatisation) 	<ul style="list-style-type: none"> • Hair Braiding • Sell food items (<i>liphaphatha</i>) (stigmatisation)
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It is clear from the table that except in the lowlands, women identified a variety of coping strategy than men. This could be attributed to the fact that women see their male counterparts as having neglected their households while expectations about women’s responsibilities in the household have not changed even in the prevailing crisis.

3.0 ASSISTANCE

These unfavourable conditions compelled the Government to intervene and provide assistance to farmers. For instance, seeds and fertilizers were purchased and distributed to the farmers at reduced prices. Government also paid 50% of the cost of cultivation and ploughing while various organisations and the government provided food assistance to the elderly, orphans, the sick, and the disabled. Lastly, a subsidy of 30% of the market price of unsifted maize meal was provided to the rest of the population.

3.1 Problems Related to Food Aid

Incidences of nepotism and cheating (in order to qualify) during the distribution food aid were reported. As a result some of the people who qualified, including those who were chronically ill were sidelined. Food for work component was not implemented. However, even if it was, it would have marginalized households with chronically ill members.

Although food assistance is an important ingredient to the livelihoods of the people especially the sick, the current food basket composed of maize meal, beans and cooking oil does not cater for the nutritional requirements of the HIV/AIDS infected people.

The fact that people are stealing food aid, cheating and even having to share it, is a clear indication of insufficiency. Additionally, if food aid is shared amongst other villagers it means that it can only last for a few days and the rest of the month the qualifying households will be starving.

3.2 Problems Related to Agricultural Inputs

Because of the current famine situation most people had consumed all their food stocks including seeds. Therefore the Government had to distribute seed and fertilizers throughout the country. Unfortunately distribution was reported to be very slow and it was not everybody that received inputs. That also negatively affected future production prospects. More importantly, the intervention marginalized the HIV/AIDS infected and affected households who because of their health status cannot engage in crop production. The intervention also neglected all other people engaged in other agricultural activities such as poultry, livestock, and others that were equally affected by the crisis.

Additionally some of the distributed seed ended up being eaten thus showing the level of desperation.

4.0 EFFECTS OF FOOD CRISIS ON HIV/AIDS AFFECTED AND INFECTED HOUSEHOLDS

Invariably, households with sick members are perceived as more affected than other households. The food crisis affects households and individuals who are ill in different but related ways. They are concerned with both availability of food and they incur additional costs on medication. Sick people require nutritious food to complement medication and in the current food crisis situation, whereby food commodities are found to be expensive and incomes very low, the two needs compete. Households face difficult decisions on whether to compromise food for the whole household members or medication of those who are ill. Some men's groups indicated that such households may spent more money on medication than food. The compassion and altruistic tendencies that usually characterise family relationships may compel people to forgo part of the food needed in order to access medical care. It was indicated that

medical care was expensive and it affected food budgets. It was also mentioned that illness worsens with food shortages.

The impact of food crisis on households with sick members is also analysed in terms of caregivers. It was pointed out that people who provide care for the sick at home expend energy, which they should replenish with food. Moreover, those who provide care are constrained in that they are not as mobile as those who are not looking after the sick. Both men and women agreed that caretakers are always confined at home because patients are dependent; they cannot freely leave the household in search of food and piecework. In some instances, caretakers were reported to have stopped working while the need for money remains.

In addition, just as with children, food is reserved for sick members thus causing shortages for some household members who are not ill. Those who nurse the sick, mostly women may have to reserve the already scarce food for the sick person whereas other households may not have to face this dilemma. This may suggest that in households where there are both children and sick people, women and caregivers are likely to get the least food rations in a household.

5.0 CONCLUSION

The foregoing analysis clearly shows that the food insecurity problem seems to have worsened since the July/August vulnerability assessment. This is evidenced by the reported widespread incidences of food unavailability as well as escalating prices of food commodities which, in most cases do not correspond with the people's purchasing powers. Unsustainable coping strategies portraying desperation also portray a vivid picture of the crisis. Additionally, summer crops are predicted to be lower than expected due to climatic complexities and delays in distribution of inputs. More importantly the prevalence of diseases, particularly HIV/AIDS has also compounded the problem. HIV/AIDS infected and affected households cannot access some of the coping strategies because of their health conditions while some of the interventions do not seem to address their needs. The problem is further exacerbated by the fact that the designs of the vulnerability assessments in countries such as

Lesotho do not allow for in-depth analysis of HIV/AIDS and its effects, thus, the recommendations made by such studies are mostly superficial and not based on well researched findings. Lastly, most of the policies in Lesotho, particularly land policies do not cater for the needs of the infected individuals instead outdated policies, seemingly cut on stone, are still operational despite the prevalence of the pandemic.