

Incorporating
HIV/AIDS
considerations
into
food security
and
livelihood projects



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Introduction



Over the last decade, HIV/AIDS has become increasingly associated with malnutrition and household food insecurity in many countries around the world. Life-prolonging medication exists for HIV/AIDS, but access to such medicines and accompanying care is beyond the reach of most people living with the disease. This is especially the case in countries where the rapid increase in HIV-positive individuals and those affected by HIV/AIDS, such as orphans, is creating additional pressures for communities with already scarce resources. Within this context, a new imperative has emerged: rethinking development strategies and redirecting projects and resources to address the impact of HIV/AIDS on food and livelihood security.

While the need to mitigate the effects of HIV/AIDS is increasingly acknowledged, it is equally important to recognize that food and livelihood security is a key element of prevention. Prevention is usually considered to be the health sector's responsibility and most commonly involves education and the promotion of safer sexual practices. However, food and livelihood insecurity often leads people into behaviours and strategies that increase their risk of infection, such as migration and prostitution. Improving livelihoods, especially among the most vulnerable groups in society, can provide a concrete way to tackle one of the most fundamental issues behind the spread of HIV.

This guide details how to incorporate HIV/AIDS considerations into food security and livelihood projects with a focus on protecting and promoting nutritional well-being among people living with HIV/AIDS and those affected by the disease. It is intended to be used by people involved in related policy formulation, project management and technical support. The first section outlines the relationship between HIV/AIDS and food, nutrition and livelihood security. The second section discusses how the issues can play a role in the project cycle, and the third section provides a series of key HIV/AIDS-related questions and tools to use during each cycle stage.

SECTION ONE: HIV/AIDS, nutrition and livelihoods



HIV/AIDS affects the nutrition and livelihoods of individuals, households and communities, and the viability of institutions in a variety of ways. It commonly undermines the ability of individuals and households to feed and care for themselves, while eroding the capacity of communities and institutions to provide basic services and support for people in need.

Groups generally requiring special attention include:

- people living with HIV/AIDS;
- people caring for people living with HIV/AIDS;
- orphans and households fostering orphans (in particular, orphan-headed households and single-parent households, especially those headed by women).

The impact of HIV/AIDS on nutrition and household food security

HIV/AIDS and nutrition are intimately linked. Poor nutrition can damage the immune system and contribute to the acceleration of full-blown AIDS. In turn, HIV/AIDS itself may lead to malnutrition. HIV weakens the immune system, thus compromising the body's ability to fight infections. As a result, an HIV-positive person may become prone to repeated periods of prolonged illness, which can reduce their appetite and interfere with the body's absorption of nutrients. Infections also increase the body's need for essential nutrients. Many HIV-infected people are unable to meet these additional nutritional requirements and become weak and malnourished.

An adequate, well-balanced diet is therefore an essential component of basic care for people living with HIV/AIDS. Given the lack of medical care and drug treatment in most AIDS-affected developing countries, it is imperative that vigorous efforts to achieve and maintain good nutrition among HIV-infected people are undertaken as a matter of priority.

HIV/AIDS-related illness and death are major causes of and contributors to household food insecurity. This is understandable given that the disease typically strikes the most productive household members. When a breadwinner becomes sick, the household not only has to manage without their labour and income, but also with the loss of labour from those who have to care for the sick. AIDS is commonly characterized by repeated periods of illness, and results in recurrent loss of labour and income, as well as increasing health care costs.

A study conducted by the Zimbabwe Farmers Union (ZFU) showed that the death of a breadwinner due to AIDS cut the marketed output of maize in the small-scale farming and communal areas by approximately 60 percent.¹ A study in Ethiopia demonstrated that labour losses reduced the time spent on agriculture from 34 hours per week for non AIDS-affected households to between 12 and 16 hours for those affected by AIDS.²

In rural areas, agricultural production tends to be highly labour dependent and labour demands are often concentrated during specific periods of the year. Sickness or funeral attendance during these times may mean that all or part of a planting, growing or harvesting season is missed — as is all or part of a crop. The ability to participate in community activities is also greatly reduced.

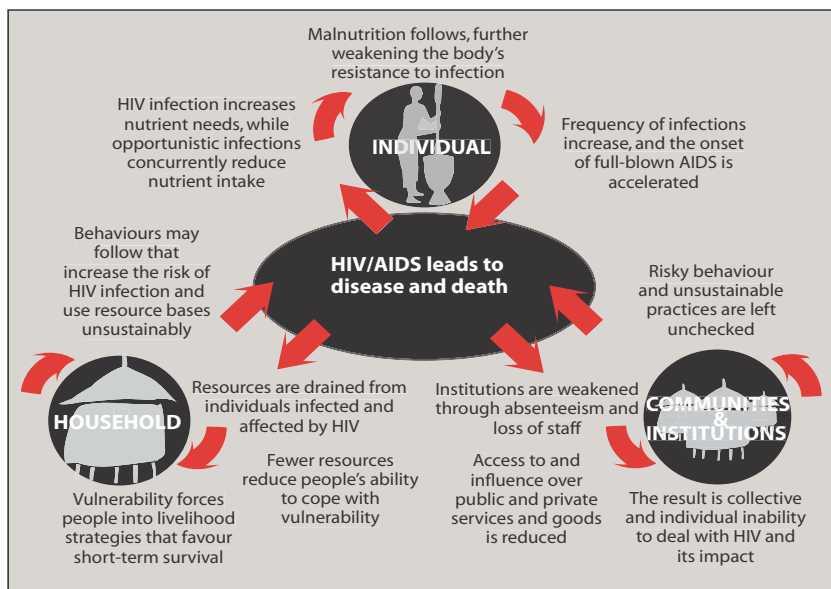


Figure 1 - Summary of impact of HIV/AIDS epidemic on nutrition, food security and resources at individual, household, community and institutional levels.

¹ Stover, J. and Bollinger, L. *The Economic Impact of AIDS*. Washington, DC: The Futures Group, 1999, p. 5.

² Loewenson, R. and Whiteside, A. *HIV/AIDS: Implications for Poverty Reduction*. New York: United Nations Development Programme for the UN General Assembly Special Session on HIV/AIDS, 25-27 June 2001, p. 10.

When an adult household member dies, the surviving parent, grandparents, relatives and even children themselves have to help meet the household's food, income and child care needs — a task which is often far too much for them to handle. Desperate to survive, some household members are driven to exchange sex for money, food, goods or services, or to leave home in search of work. This exposes them to greater risk of HIV infection.

Currently, most AIDS orphans are cared for through extended family networks. But as AIDS continues to ravage communities, leaving fewer and fewer unaffected households, increasing numbers of children are likely to end up living on the streets without adequate care or support.

When a person dies from an AIDS-related illness, hardships often intensify for the family members they leave behind, particularly women and children. For example, in some societies, women may lose access to land and other assets when their husband passes away, thereby losing the ability to feed their families.

The progressive depletion of household assets makes it more difficult for people to manage during natural disasters, like drought and flooding, and economic hardship. Under such conditions of severe stress, short-term survival is a priority over sustainable management of natural and other resources.

Proper care for people living with HIV/AIDS — including medication, regular treatment (particularly for major opportunistic infections), good nutrition and palliative care — is essential. However, the needs of people living with HIV/AIDS extend far beyond drugs and health care. Individuals who suspect or know they are infected with the virus need support and protection. At the same time, individuals living with HIV-infected people need social and economic support.

The impact of HIV/AIDS on communities and institutions

HIV/AIDS is destroying the institutional fabric serving rural communities. Formal and informal institutions suffer when staff and members fall sick and die from HIV/AIDS-related illnesses. Repeated periods of illness lead to recurrent absences from work, which ultimately deprive organizations of experienced people. Loss of institutional capacity and the expenses involved in coping with staff loss and death can undermine public and private sector service delivery. It is therefore important to anticipate that, in areas with high HIV prevalence, the delivery and sustainability of projects may be seriously compromised.

The AIDS epidemic has killed about 7 million agricultural workers since 1985 in the 25 hardest-hit African countries — and could kill 16 million more before 2020.³

HIV/AIDS also claims the lives of volunteers and members of community-based organizations. As households contend with increasing expenditures (e.g. health care, funerals, fostering orphans) while earning less income, it becomes more and more difficult to mobilize local resources for communal or group-based initiatives. Groups may eventually disintegrate as members die, or can no longer afford to pay their dues or contribute time.

Likewise, private-sector organizations are affected by the epidemic on various fronts. Not only does HIV/AIDS rob them of staff and institutional knowledge, but profitability is further reduced when the demand for goods and services falls with the purchasing capacity of HIV-affected households and businesses. Financial service providers may suffer increased losses when HIV/AIDS-affected clients resort to defaulting on loan repayments.

³ FAO. *HIV/AIDS, food security and rural livelihoods*. Rome, 2001. (Fact sheet)

As a result of HIV/AIDS, sub-Saharan Africa will have 71 million fewer people by 2010, with higher rates of dependency.⁴ With fewer people and more dependants, HIV/AIDS will have a major adverse impact on the gross domestic product of various countries. It is estimated that by 2010, the South African economy will be 22 percent smaller than it would have been without HIV/AIDS, amounting to a total of about US\$17 billion.⁵

The result of this institutional breakdown may lead to a collective and individual inability to deal adequately with HIV/AIDS. In other words, it may not be possible to prevent its transmission, provide adequate care to people affected by the disease or mitigate its wide-ranging impacts. Therefore, projects have to address the institutional aspects of the epidemic in order to be effective in the context of HIV/AIDS.

Examples of interventions

The epidemic's impact on individuals, communities and institutions is related primarily to their capacity to cope. The stage and pattern of a country's HIV/AIDS epidemic is also important in assessing coping abilities. In the initial stages, for example, when HIV prevalence is low, there is little impact on households and communities. As HIV prevalence rises, however, the virus starts to spread beyond mobile and high-risk groups. The impact is most acutely felt when large numbers of people have been infected and AIDS deaths start to rise.

The combination of interventions and how they are implemented will differ depending on the stage of the epidemic. The response to an existing HIV/AIDS crisis will be fundamentally different from preparing for a crisis which may arise. This has important implications when considering HIV/AIDS in the project cycle.

Below are concrete examples of interventions that aim to protect and improve nutrition and food security among HIV/AIDS-affected households. The list is by no means exhaustive but merely aims to provide an overview of tried-and-tested methods that may be used to illustrate to stakeholders what can feasibly be done through the food and agricultural sector.

⁴ Drimie, S. *The Impact of HIV/AIDS on Rural Households and Land Issues in Southern and Eastern Africa*. Rome, Italy: FAO, 2002, p.6.

⁵ de Waal A. *AIDS-Related National Crises: An Agenda for Governance, Early-Warning and Development Partnership*. Justice Africa, 2001.

Awareness raising

Awareness needs to be raised about the links between HIV/AIDS, food insecurity and malnutrition among people involved in policy and programme formulation, planning and project development in order to:

- review and incorporate HIV/AIDS considerations into existing development policies, programmes and projects;
- review and incorporate nutrition and food security objectives and considerations into HIV/AIDS policies, programmes and projects.

Nutritional care for people living with HIV/AIDS

- Given the impact of good nutrition on life quality and expectancy in people living with HIV/AIDS, programmes that enhance physical access to nutritionally adequate food — in both quantity and quality — are required. These include home and community gardening programmes and other agricultural interventions that can produce the required variety and amount of food in a cost-effective way.
- Since households are often drained of productive resources after full-blown AIDS develops, local food banks and external food aid may be required when families can no longer cater to their own needs.
- Nutritional care also involves major nutrition education and communication efforts through existing community and home-based care organizations, as well as through the media — particularly rural radio. Such communication and education programmes and related training need to be developed and maintained.

Livelihoods and food security support for HIV/AIDS affected households

- A mix of interventions (combined, when needed, with food aid) is required to assist households affected by HIV/AIDS. This mix may include supporting food production and diversification, introducing labour- and time-saving approaches, promoting income generation and protecting productive assets.
- The mix may depend on the household type: Orphan- and elderly-headed households, for instance, often need more direct support and aid; female-headed households often need protected or increased access to means of production; while households fostering orphans may benefit from enhanced access to microfinance, etc.

Community-based livelihoods support and care systems

- Since HIV/AIDS-affected households depend largely upon community-based organizations for care and support, the capacity of these organizations needs to be strengthened — and their establishment needs to be promoted in communities where they do not exist.
- The physical capacity of local care organizations (such as mutual-help groups and orphanages in urban areas) providing nutritional care and food assistance also needs to be strengthened.
- Given the high turnover of community volunteers, locally adapted training programmes on nutritional care and food assistance to people living with or otherwise affected by HIV/AIDS need to be established.

Access to education, life skills and vocational training

- The goal is that orphans and other vulnerable children will attend school and receive a basic education in order to obtain skills that will help them achieve long-term food and livelihood security. Access to education may be enhanced through school feeding and other incentive programmes.
- In reality, however, many orphans and vulnerable children are unable to attend school, even when incentive programmes exist, and few receive an education beyond primary levels. Their long-term needs include life skills and vocational education, especially related to nutrition, food and agriculture. It is therefore essential to provide such education and training through both formal and informal channels.

SECTION TWO: Incorporating HIV/AIDS considerations into the project cycle



The impact that HIV/AIDS is having on livelihoods deserves the full attention of project managers. It is not unusual for projects to not anticipate — or to ignore altogether — the specific needs and constraints generated by the epidemic. Development projects are thus rendered ineffective or even become irrelevant when the full impact of the epidemic surfaces. It is therefore crucial that HIV/AIDS considerations are systematically incorporated into project cycle management.

The process of project development and implementation more or less follows a standard sequence of steps called the project cycle. While there may be important differences between projects in terms of content and implementation, the recommendations for incorporating HIV/AIDS considerations into food security and livelihood projects are structured along a simplified version of the cycle, as illustrated below in Figure 2.

It is most effective to consider HIV/AIDS-related issues at the start of the project cycle. The identification of HIV/AIDS as an existing and/or future constraint to achieving nutrition and food security during Step 1 ensures that HIV/AIDS will be incorporated in project interventions.

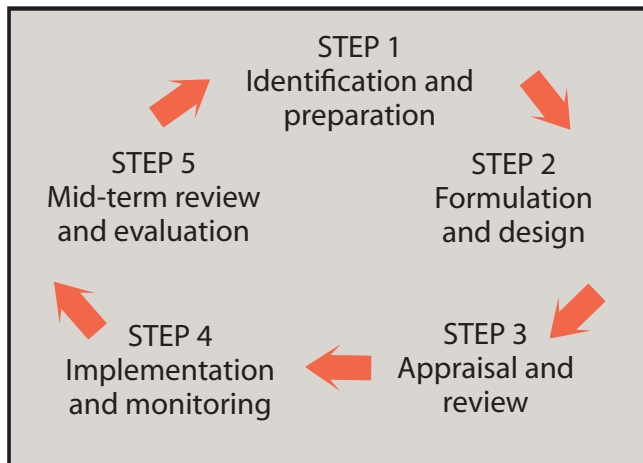


Figure 2 - *The project cycle.*

In practice, however, the impacts of the epidemic are not usually considered until Step 3. Here, the sustainability of interventions is assessed, and it is often found — particularly in areas where prevalence rates are already high or rising — that HIV/AIDS-related sickness and death will play a major role in reducing human resource capacity and the ability to implement future activities.

A four-year project in southern Africa was designed to improve nutrition and food security. The vulnerability analysis failed to identify HIV/AIDS-affected households as a specific target group. The project review highlighted this gap and recommended a redesign. The project then carried out an in-depth appraisal and identified orphan-headed households and people living with HIV/AIDS as extremely vulnerable groups. The project designed specific interventions to assist them. Local volunteer organizations are now actively supporting affected households and communities in growing food and caring for those living with HIV/AIDS.⁶

Regardless of whether a project has been designed to address the impacts of the epidemic, a mid-term review can provide an opportunity to evaluate whether the consequences of HIV/AIDS are inhibiting the project from achieving its objectives. In turn, an assessment can be made of how successful the project was in supporting HIV/AIDS-affected households.

⁶ Karel Callens, Nutrition Officer, FAO Nutrition Programmes Service.

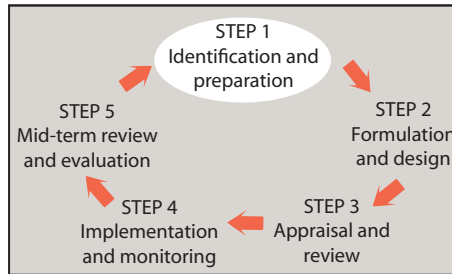
SECTION THREE: Tool sheets



The following tool sheets are designed to help managers and their staff reflect upon HIV/AIDS issues within the context of their project. They provide a list of key questions to ask during each stage of the project cycle, and practical suggestions and tools for incorporating HIV/AIDS-related concerns.

The purpose is not to add a new set of management tools, but rather to modify the existing project cycle methods so HIV/AIDS-related issues may be addressed. Some of the key questions may also be adapted for use as simple indicators during monitoring and evaluation.

IDENTIFICATION & PREPARATION



Key questions

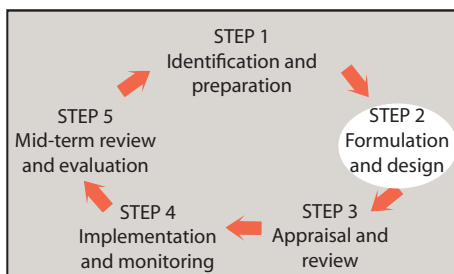
- How is HIV/AIDS an issue in the area? *(Consider HIV prevalence, number of orphans, prevalence of opportunistic infections, number of affected households, etc.)*
- How is HIV/AIDS recognized as an issue by local people and institutions? *(Consider general awareness, as well as policy, programme and project context.)*
- What local HIV/AIDS-related knowledge exists and who transmits it? *(Consider information related to the recognition of symptoms, home care, local treatment, taboos, myths, etc.)*
- Who are the important institutional stakeholders in relation to HIV/AIDS? *(List those involved in prevention, care and mitigation of impact. Indicate the level they are operating at; their coverage; their activities relating to nutrition and household food security; their constraints; and their collaborators.)*
- Who are the important community stakeholders in relation to HIV/AIDS? *(List those involved in prevention, care and mitigation of impact. Indicate who participates in terms of gender, socio-economic status, age, etc.)*
- Who is affected by HIV/AIDS, in what ways and why? Consider:
 - people *(e.g. orphans, the elderly, chronically ill adults, adolescents);*
 - households *(e.g. sex and age of household head, households fostering orphans, socio-economic status, access to assets);*
 - communities *(e.g. urban, peri-urban, rural, access to resources, farming systems, market opportunities);*
 - institutions *(e.g. schools, extension services, health care, orphanages, extended family, community organizations, financial service providers).*
- How does HIV/AIDS contribute to poverty, food insecurity and malnutrition?
- How do poverty, food insecurity and malnutrition affect the development of AIDS in people who are HIV-positive?
- How do poverty and food insecurity affect the spread of HIV/AIDS within the community?

IDENTIFICATION & PREPARATION

How to get answers

- Contact the national and local AIDS committees and meet with informed people in local institutions.
- Make an inventory of organizations, programmes and projects related to HIV/AIDS.
- Review area-specific studies, reports and data using a general and sector-specific checklist for HIV/AIDS-related issues to be considered.
- Organize a workshop with local stakeholders to discuss local food and livelihood security needs. Feature a session on HIV/AIDS and ensure that:
 - local organizations working with HIV/AIDS-affected households are involved;
 - if possible, organizations of people living with HIV/AIDS are involved;
 - all workshop participants are encouraged to participate in the session.
- When carrying out field appraisals, make sure to identify who is affected by HIV/AIDS, how and why. Ensure that:
 - appraisal tools are adapted to capture HIV/AIDS-related issues;
 - local HIV/AIDS-related knowledge, attitudes and practices are considered;
 - community-based stakeholders and others reflect on how HIV/AIDS affects them directly and indirectly;
 - constraints and opportunities of HIV/AIDS-affected households in achieving nutrition and food security are assessed.
- Design the institutional analysis in such a way as to capture present and future human resource constraints of local institutions and service providers due to HIV/AIDS-related sickness and death.
- When analysing the information from the field appraisal, prepare problem trees showing how different types of people, households, communities and institutions are affected by HIV/AIDS. From these problem trees, develop objective trees and outline intervention strategies that address HIV/AIDS-related problems and opportunities. This approach will also help in developing a set of HIV/AIDS-related process and impact indicators.

FORMULATION & DESIGN



Key questions

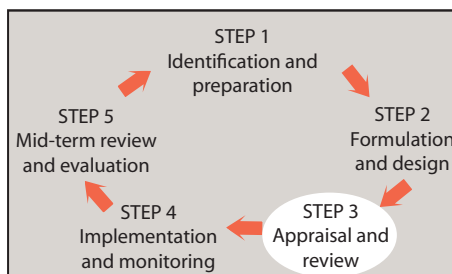
- How do intervention strategies address the specific problems faced by HIV/AIDS affected groups? Do they build upon existing opportunities? If so, how?
- What synergies, linkages and partnerships are envisaged with stakeholders working on HIV/AIDS from other sectors (health, education, communication, etc.)?
- How can the impact of the epidemic undermine the assumptions of the proposed interventions? *(For example, in a highly HIV/AIDS-affected area, the assumption that training will lead to increased institutional capacity may not be valid, since institutions could suffer from increasing staff attrition due to HIV-related sickness and death. HIV/AIDS may therefore be a risk factor that could jeopardize the success of the project.)*
- What is the likelihood that intervention strategies will directly or indirectly aggravate the HIV/AIDS situation? *(For instance, will interventions contribute to the spread of HIV/AIDS or stigmatize people living with HIV/AIDS? Consider whether project staff are being posted without their families, the effects of increased mobility, decreased access to HIV/AIDS-related information and services, inclusion or exclusion of HIV/AIDS-affected people, etc.)*
- Have any activities been proposed by the project or in partnership with local organizations which could assist in counteracting these negative effects?
- How does the institutional framework for project implementation account for the potential impact of HIV/AIDS on institutions? *(Consider the loss of staff due to illness, funeral attendance and death, in addition to the loss of institutional memory, increasing costs, etc.)*
- What will be the impact of HIV/AIDS on the sustainability of the project? *(Consider the impacts on people's vulnerability and resource base, including natural, physical, financial, human, social, infrastructure and policies.)*

FORMULATION & DESIGN

How to get answers

- Review the intervention planning methodology and/or the “logical framework planning” approach to ensure that the particular food security and nutrition needs of HIV/AIDS-affected households and communities are being addressed.
- Review the project’s targeting strategy for possible negative impacts on HIV/AIDS-affected people and households, as well as for measures that will ensure their participation and improve their benefits.
- Review the project’s institutional framework to ensure that HIV/AIDS-related human resource constraints are considered, including those affecting local partners and implementing organizations.
- Prepare a scenario to show how proposed interventions may affect the spread of HIV/AIDS, stigmatization and households’ ability to cope with consequences of the epidemic. This will also help to reflect on how HIV/AIDS poses a risk to the success of the project.

APPRAISAL & REVIEW



Key questions

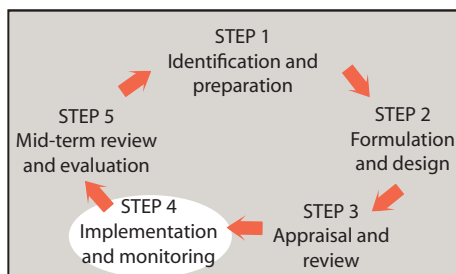
- Have the HIV/AIDS-related issues that were identified during the project's formulation and design been adequately addressed? (*HIV/AIDS should be considered in various project document sections, including: description of the sector; country strategies; prior and ongoing assistance; problems to be addressed; target beneficiaries; institutional framework and support capacity; logical framework; risks; and sustainability.*)
- What changes in the HIV/AIDS context will affect the ongoing project activities? (*Consider negative and positive changes, such as staff attrition, increasing numbers of support groups and local committees and new policies.*)
- Have partnerships been established with other organizations that carry out complementary work on HIV/AIDS? If so, at what level?
- How are field activities of different organizations and sectors coordinated?
- To what extent does the project build on and strengthen the capacity of existing formal and informal local institutions?

APPRAISAL & REVIEW

How to get answers

- Once formulation is near completion, it is common for the proposal to be reviewed by a special project and programme committee within the organization in charge. Check the terms of reference for the review committee and ensure that they explicitly include an appraisal of the project's relevance and responsiveness to the HIV/AIDS context of the country or region.
- To help the review committee with this task, you may have to prepare a standard and/or sector-specific checklist on HIV/AIDS-related issues that should be considered in the proposal.
- Review the institutional framework for linkages with other organizations that carry out complementary HIV/AIDS work.

IMPLEMENTATION & MONITORING



Key questions

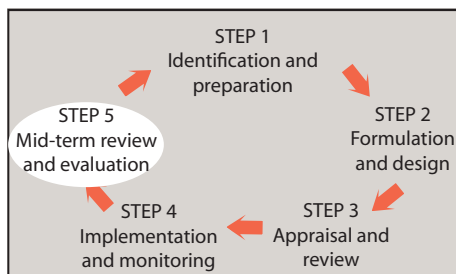
- What HIV/AIDS-related activities have been included in the plan of operations and how will affected households and people participate?
- What process and impact indicators have been included in the monitoring framework in order to adequately capture the changes in nutrition and food security among HIV/AIDS-affected households and people? How will these indicators be verified and by whom?
- What indicators have been included to capture the impact of the project's interventions on the HIV/AIDS epidemic?

IMPLEMENTATION & MONITORING

How to get answers

Review the plan of operations and monitoring framework and make sure that they include specific HIV/AIDS-related activities and indicators. The indicators should include measurements for changes in nutrition and food security as key livelihood outcomes.

MID-TERM REVIEW & EVALUATION



Key questions

- What effects has the HIV/AIDS epidemic had on people, households and institutions? *(Consider this question independently of whether the project was designed to address HIV/AIDS-related issues.)*
- How has the epidemic affected the project's ability to achieve its objectives and outputs, and how has the project addressed such issues?
- How has the project contributed to mitigating the impact of HIV/AIDS on nutrition and household food security and to the prevention of the disease?
- In what ways and to what extent has the project targeted HIV/AIDS-affected households and people?
- What has been the epidemic's impact on the participation of the project's beneficiaries? In what ways did HIV/AIDS lead to an inclusion or exclusion of specific groups?
- How may the project have encouraged the spread of the epidemic, increased the stigma of people living with HIV/AIDS or aggravated the impact of HIV/AIDS on nutrition and household food security?
- How sustainable are the outcomes of the project in view of the HIV/AIDS epidemic? *(Consider the outcomes at all levels — people, households, communities, local and national institutions.)*
- How can the project extend support to HIV/AIDS-affected households in a cost-effective way? *(Consider costs in the short, medium and long term.)*
- What is the potential for replicating or scaling-up the project's interventions?
- What lessons have been learned about mitigating the impact of HIV/AIDS on nutrition, household food security and livelihoods?

MID-TERM REVIEW & EVALUATION

How to get answers

- Review the terms of reference for the mid-term review and evaluation team and ensure that they explicitly assess HIV/AIDS concerns.
- If you are conducting a participatory beneficiary assessment prior to the evaluation, review the methodology and ensure that the assessment considers the role of HIV/AIDS in the participation of beneficiaries (e.g. active, average, poor participation).
- Building on the findings of the evaluation, review the project design and reformulate or adjust it to adequately reflect the HIV/AIDS context.

Notes

Useful references

FAO Socio-Economic and Gender (SEAGA) Programme. 2001. *Project Cycle Management Technical Guide*. Rome, Italy.

(<http://www.fao.org/sd/seaga/downloads/En/projecten.pdf>)

This guide looks at socio-economic and gender issues in project management practices. It provides a good overview of the project management cycle.

FAO/World Health Organization (WHO). 2002. *Living well with HIV/AIDS: A manual on nutritional care and support for people living with HIV/AIDS*. Rome, Italy.

(<http://www.fao.org/DOCREP/005/Y4168E/Y4168E00.HTM>)

This manual provides practical recommendations for a healthy and balanced diet for people living with HIV/AIDS in countries with a low resource base.

Fransen, L. & Whiteside, A. *Considering HIV/AIDS in Development Assistance: A Toolkit*. World Bank AIDS Economics.

(<http://www.worldbank.org/aids-econ/toolkit/index.htm>)

This toolkit was prepared to assist European Commission staff in taking HIV/AIDS implications into account in development assistance.

International Fund for Agricultural Development (IFAD). 2001. *Participatory Approaches for an Impact-Oriented Project Cycle*. Rome, Italy.

(http://www.ifad.org/events/past/impact/impact_e.pdf)

This publication reports on the findings of a workshop, which analysed project management methods and approaches in supporting the planning, monitoring and achievement of impact.