



Linking Research and Action

STRENGTHENING FOOD ASSISTANCE AND FOOD POLICY RESEARCH

Rethinking Food Aid to Fight AIDS

To fully realize the potential of food aid to reduce risk and to mitigate the impacts of HIV/AIDS, existing strategies and interventions need to be re-viewed using an HIV/AIDS lens.

HIV/AIDS is a long-wave global crisis with impacts that will be felt for decades to come. Nearly 30 million people in Sub-Saharan Africa—over 70 percent of the global total—are infected with the virus. Whatever the impact of the planned roll-out of antiretroviral therapy, AIDS-related morbidity and mortality will continue to increase for years to come—and with it, the risks of chronic or acute food insecurity for millions.

Insights from IFPRI Research

HIV/AIDS, nutrition, and food insecurity are becoming increasingly entwined in a vicious cycle—HIV/AIDS is heightening vulnerability to food insecurity, which in turn may heighten susceptibility to HIV infection. The interaction between nutrition and HIV/AIDS is driven by complex physiological dynamics that are mutually reinforcing and destructive.

Food aid has significant potential for breaking this cycle—not only through mitigating AIDS impacts on food security, but also through

reducing the susceptibility of people to the HIV virus. The latter may be achieved where food aid prevents people from adopting risky livelihood strategies to feed themselves. Transactional sex is one extreme example of this; migration is another. Food aid can also contribute to improving the dietary intake of persons living with HIV/AIDS (PLWHA) and those most affected by the disease facilitating a greater productive and caring capacity.

In order to highlight and ultimately realize this potential, an “HIV/AIDS lens” is proposed as one tool to facilitate the rethinking of current programmes in the context of HIV/AIDS (see reference cited at bottom of brief). The lens is bifocal in revealing both HIV-related susceptibility and AIDS-related vulnerabilities. It is dynamic, evolving, and will be refined as knowledge of what is happening is updated. Using and refining the lens is an iterative learning-by-doing process.

Implications for Food Assistance Programming

In order to ensure that food assistance of all types remains relevant and appropriate in the context of high HIV-prevalence rates, food aid organizations must review their mission, vision, objectives, timelines, and capacities, taking into account these new realities. HIV/AIDS needs to be mainstreamed into strategic planning and day-to-day operations. Applying an HIV/AIDS lens to existing food assistance programmes in eastern

and southern Africa points to the need to rethink both strategy and modality of intervention. Some examples of possible modifications are given in the table below.

New design features include those aimed at sensitizing current activities to the high prevalence environment and its impact on communities, and those that are specifically focused at addressing the impact of the disease on infected and affected individuals. It is increasingly recognized that operational modalities may have serious implications for the inclusion and exclusion of PLWHA and affected households. Key issues include the distance and frequency of food distribution (and/or the services to which food is attached), weight and packaging of food rations, and sensitivities around enrolment and “discharge” criteria. The role of food aid in the identified programmatic modalities, as well as the size and composition of the food basket, need to be carefully considered in terms of strengthening a variety of services and their attendance/compliance versus improved food security and nutritional well-being.

What difference does HIV/AIDS make to food aid programming

Type	Modality	Design features in non-HIV context	Design features in heavy HIV/AIDS context
Livelihood support	Income generation and microcredit	Mostly targeted to women's groups Difficult in reaching ultra poor	Could be targeted to PLWHA associations, orphans and vulnerable children (OVCs), and other vulnerable groups such as elderly-headed households and households taking in foster children. Lack of trust regarding repayment in group-based lending in high HIV-prevalent regions; greater stigma and social exclusion.
	Food-for-assets/work	Based on the premise of labour availability and self targeting Labour-intensive works	Labour may not be abundant and self-targeting may not work for PLWHAs or child- and elderly-headed, labour-short households who are often least able to undertake manual work. The participant/beneficiary dynamics requires rethinking. Dissemination of labour-saving technologies, promotion of labour and tool banks. Crop diversification with an emphasis on labour-extensive and nutrient rich crops. High input/output ratio activities such as conservation farming.
Human capital development	Food-for-training	Often focused on volunteer training, mostly health and extension workers, and vocational/agricultural skills training	Should be continued, but expanded to traditional birth attendants, home-based care (HBC), and community-based child-care centre volunteers; volunteer teachers in informal schools and for teachers to be trained in HIV/AIDS-related issues. Activities should also consider alternative, realistic livelihood opportunities for youth.
	Food-for-education	One of the most popular food aid interventions, targeting mostly schools in chronically food-insecure regions Take-home ration given to girls	Targeting of schools to take into consideration food-insecure communities in high HIV/AIDS prevalence areas. Take-home ration to be provided based on vulnerability criteria, including OVC status. Involvement of the community is crucial to prevent stigma of OVCs.
	Food-for-health	Supplementary feeding of young children (<5) and pregnant and lactating women No attention paid to adult illness	Programmes to consider malnutrition risk factors related to HIV/AIDS-affected care environment as well as HIV infection (i.e., criteria for prevention of mother-to-child transmission [PMTCT] admission, or supplementary feeding). Identification and design of nutrition support activities for chronically ill through home-based care, TB and ARV treatment, etc.
Emergency relief	Food-for-life (emergency response)	Often limited to distribution of relief food Characterized by quantitative food response No special attention to youth Little attention paid to lives and livelihoods of refugee host communities	Need for structural response to build capacity and livelihoods to prevent survival sex and exploitative power relations. Need to strengthen the nutritional validity of the response with special care for vulnerable groups. Crucial to contain the epidemic. Strategies to be devised to assist youth in negotiating safe sexual practices and livelihood approaches. Exploitation of refugees by host population and vice versa. Investments in improving livelihoods and HIV-related education to include refugees and host communities.

Source: Adapted from Kadiyala and Gillespie 2003.

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