



Discussion Paper BRIEFS

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Discussion Paper 159

Rethinking Food Aid to Fight HIV/AIDS

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HIV/AIDS is changing the entire development landscape in Sub-Saharan Africa. Can and should food assistance be used to combat HIV/AIDS? The answer to both questions is an unequivocal “yes.” As people struggle to cope with HIV/AIDS, food usually becomes their main concern. As evidence mounts of the ways in which food and nutrition insecurity may increase both susceptibility to HIV and vulnerability to AIDS’ impacts, and how HIV/AIDS in turn exacerbates food and nutrition insecurity, the involvement of food assistance organizations becomes a moral imperative.

Purpose of This Report

This paper, which draws upon the findings of a World Food Programme (WFP) mission to eastern and southern Africa in March 2002 and a review of relevant literature, highlights the implications of the HIV/AIDS pandemic for food assistance strategy and programming. The authors argue that for food assistance programs to reduce both HIV susceptibility and AIDS-related vulnerability, a new strategic perspective must be adopted—one that places communities and people’s livelihoods at the center of analysis and uses an “HIV/AIDS lens” to refocus current programs.

Rethinking Strategy, Targeting, and Interventions

In order to ensure that food assistance of all types remains relevant and appropriate in the context of high HIV prevalence rates, 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 monitoring and evaluation systems and undertaking operational research to improve programming is vital.

The authors discuss the need for reviewing current geographic- and community-based targeting mechanisms. They recommend incorporating HIV/AIDS-relevant indicators as critical determinants of food insecurity in vulnerability assessment tools. Most food assistance is targeted to chronically food-insecure regions. As high prevalence of HIV can determine future vulnerability, targeting vulnerable groups in high HIV/AIDS-prevalent regions, regardless of current regional food security status, should be considered. Community-based targeting in which communities identify the vulnerable groups is preferred. Explicit targeting of HIV/AIDS-affected households could cause fractionalization of communities through stigmatization and should be avoided.

The choice of intervention, its design, and implementation can enable or hinder the participation of HIV/AIDS-

affected populations. The application of an HIV/AIDS lens highlights some of the crosscutting issues that should be considered in all food aid interventions, including doing no harm, revising the size and nutritional quality of the food basket to reflect the changes in household composition, size and the increased nutrient requirement of persons living with HIV/AIDS (PLWHAs); paying particular attention to women and reducing susceptibility to HIV by integrating food assistance with effective prevention activities.

Enabling Vulnerable Groups to Meet Nutritional Needs
Prevention of mother-to-child transmission (PMTCT) of HIV. Research shows that maternal malnutrition may increase the risk of MTCT and micronutrient supplementation may increase the survival of infants born to HIV-positive mothers. To maintain adequate nutritional status of pregnant and lactating women and minimize the risk of MTCT, the authors recommend expansion of supplementary feeding through usual mother-and-child-type activities combined with HIV testing, information, counseling, and anti-retroviral drug provision. In addition, infants born to HIV-positive mothers that terminate breastfeeding before six months could be supported with take-home, micronutrient-fortified blended foods until the infant is 30 months old.

Food supplementation in home-based care (HBC). Research shows that adequate nutrition has multiple positive effects for PLWHAs, including delaying the progression of HIV to AIDS, prolonging and improving the general quality of life and thus delaying orphanhood. A family food basket should include fortified blended food for PLWHAs as part of holistic HBC interventions that also address care and health-related determinants of malnutrition.

Supplementary feeding of orphans and vulnerable children (OVC). On-site feeding of children attending community-based childcare centers may ease household food security and caregiving constraints and supplement the diets of preschool children. Food assistance to orphanages and other community-based institutions for orphans is justifiable where community caring capacity has been

weakened. Such interventions should, where relevant, be conditional on orphans’ attendance at school or vocational training.

Strengthening Human Capital

Food for education (FFE) and Food for training (FFT). Food assistance could play a vital role in assisting the poor (and HIV-affected) in investing in their children’s future. FFE and FFT can expand households’ future economic

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opportunities and empower children (especially girls) so that they may be much more likely to internalize information on HIV prevention, especially if education for behavior change is a part of the curriculum. By expanding FFE to formal and informal schools in high prevalence areas, food has a role to play in making education more accessible to OVCs. Take-home rations to vulnerable children in food-secure but high prevalence communities should be considered to avoid stigma. FFT could be used to train youth in livelihood skills, to offset the intergenerational loss of knowledge due to premature adult death. Volunteers such as teachers in informal schools, traditional birth attendants (in safe delivery practices), and HBC volunteers could also be supported.

Preserving Assets

Food-for-work (FFW). By reducing distress migration and generating employment opportunities in the lean season, FFW programs may reduce susceptibility to HIV and increase the community capacity to care. Self-targeting for labor-intensive programs, however, may exclude the most affected such as the chronically ill and those who are busy taking care of the sick. There may well be skilled-labor shortages as a result of HIV/AIDS. Anticipating and addressing such challenges in the project design is vital. The authors highlight the need to think creatively about how labor-scarce households can be assisted at times of the agricultural year when labor is especially important.

Income-generating activities and microcredit. Research shows that microcredit interventions often do not reach the ultra poor and repayment is often constrained by the sickness and death of the participant or their family members. These conditions are undoubtedly exacerbated in an HIV/AIDS context, with a potential risk of driving the affected into further indebtedness. Innovative approaches, such as flexible repayment schedules, are needed to make microcredit interventions AIDS responsive. An understanding of how women and children allocate their time and whether they can make time for additional activities should drive these interventions. It may take longer to motivate the risk-averse

poor to participate in microcredit activities. Budgets should reflect this with increased administrative costs in the initiation phase of the project. This may also mean that food aid needs to be provided for a longer period.

Emergencies. Given that emergencies can fuel the epidemic by exploiting power relationships, there is a critical need for a more structural response that goes beyond food aid relief, based on capacity development and improving livelihoods of populations in acute and post-acute emergency situations. There is a need for a shift from a food response to a nutrition response, with special attention to the chronically ill, unaccompanied children, youth, and pregnant and lactating women. Although inadequate and unreliable food supplies plague the emergency relief response, a ration that falls short of minimum basic requirements can prove fatal for PLWHAs, sharply increasing overall adult mortality. It may also have implications for PMTCT in emergency situations. Food assistance strategies to support livelihoods are critical for addressing food and nutrition security.

Conclusions

Given the strong linkages between food insecurity, malnutrition, and HIV/AIDS, this paper has highlighted particular opportunities that food assistance presents—not only for care and mitigation, but also for prevention in a broad sense. But challenges exist, including how to target the vulnerable, how to use food aid to leverage longer-term livelihood options, to ensure complementary resources through appropriate partnerships, to strengthen local capacity, and to mobilize communities as well as required resources. The authors stress the need for a well-documented learning-by-doing approach that permits building-up, evaluation, and dissemination of experiences and lessons learned.

Keywords: HIV/AIDS, food assistance, food security, HIV/AIDS lens

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