

A woman in a patterned dress and headwrap carries two orange pots on a dirt path in a rural African village. Other people are visible in the background among lush greenery and palm trees.

Roots and leaves

case studies on food sovereignty
and HIV in Africa

A quick introduction

ACORD is an Africa-led international NGO working for social peace and development in 17 countries in Africa

Strong grassroots presence – works closely with marginalised communities

Advocates on:

- food sovereignty
- HIV and AIDS
- gender
- conflict

Background

Africa

- more than 25 million people living with HIV
- one in three people living with constant hunger (chronically food insecure)
- despite the MDG promises, hunger is increasing

UNGASS 2006, Article 28

- recognises the need to integrate food support as a part of a comprehensive response to HIV & AIDS

“...all people at all times will have access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life, as part of a comprehensive response to HIV and AIDS”

HIV and hunger

HIV increases hunger because...

medical

- HIV damages the body's ability to absorb nutrition

Hunger increases risk of HIV because...

medical

- Hunger and malnutrition weaken the immune system and increase vulnerability to infection
- Adequate nutrition can mitigate and slow the progression of HIV
- Adequate nutrition is needed to get the full benefits of ARVs and also to avoid some side effects

HIV and hunger

HIV increases hunger because...

social and economic

- Symptomatic HIV and AIDS may limit a person's capacity to work
- Medical costs deplete resources
- Carers, usually women, often abandon or delay farming and other livelihoods to care or to engage in wage labour to cover medical expenses
- Households may shift from multi-cropping systems to less labour intensive farming

Hunger increases risk of HIV because...

social and economic

- Hunger can drive high risk behaviour, including transactional sex
- Hunger can drive mobility and migration leading to families spending time apart

HIV and hunger

Other interactions

- When food is limited, women are often the ones in the household women who go without
- Food insecure, poor households are generally likely to have less access to, and ability to use, information around HIV prevention
- Households affected by HIV are more likely to take children out of school to work

Food sovereignty

Food sovereignty is an approach to the political, social and economic questions of how to achieve food security, emphasising:

- the Right to Food
- production of food for people rather than the market
- local and democratic shaping of agriculture and food security policies
- care for the environment

Case studies

Burundi, Ethiopia, Mozambique and Uganda

Aim: to explore and establish the status and extent of vulnerability to HIV and AIDS in food insecure settings (in post conflict, pastoralist, and small-holder agricultural communities)

Objectives:

- Current situation with regard to access to sufficient, safe, nutritious food to meet the needs of people living with HIV and AIDS
- Factors causing vulnerability
- Progress made since MDGs & UNGASS declaration
- Coping mechanisms and strategies
- Gaps, challenges and lessons

Methodology

- Desk review of key documents & literature in national context
- Key informant interviews with stakeholders
 - civil society institutions addressing HIV
 - national government authorities
 - provincial government authorities;
- Focus group discussions with members of associations of people living with HIV and AIDS
- Participant observations

Findings - overview

- All countries have a national plan on HIV and AIDS. However there is insufficient focus on long term food sovereignty
- Destabilisation of livelihoods patterns
 - changing dependency patterns
 - losses of assets and skills
 - burden of care
 - vicious interaction between malnutrition and infection
- Stigma continues to be cited as one of the most challenging problems for livelihoods and access to services

Findings

- Gender inequality
- Insufficient political will – minimal resource allocation
- HIV and food security programmes not integrated
- Food assistance programmes exist and are critical in maintaining good nutritional status of people living with HIV but also create dependency

Findings - Burundi

Communities in five different regions

- post-conflict context with latent conflict
- displaced people and resettlement issues
- national HIV prevalence is 2.97%

Coping strategies

- reduction of quality and quantity of food intake
- community solidarity

Gender inequality

- lack of access to land
- violence against women

Expectations of support from WFP and others that is not consistent

Findings - Uganda

We at times have one meal depending on what is available; on the days when we go to sell firewood we have only one meal because we buy the food from the money from the sale of firewood. At times we eat twice but that depends on what is available. We cannot dig much because we are weak, we really need food but we cannot produce all that we need

(PLHA focus group, Kitgum Town)

Before the war life was different we had enough food, the weather has also changed and crops do not do well these days. We used to eat sorghum, sim-sim and groundnut paste, which made us strong, now we eat cassava, moo [oils] that have made us even weaker

(Community Members focus group, Lagoro, Kitgum)

We are suffering because of last year's long drought, we did not harvest anything...the initiation of food for work is not even helping us...we are excluded, people claim that we cannot do productive work

(PLHA focus group, Kitgum)



Findings - Uganda

Northern Uganda – Gulu and Kitgum

- HIV prevalence – 9 - 11%

Post-conflict context

- delay return from refugee camps because of access to medical care
- land disputes
- shift from ox ploughs to hand hoes

Before the war we used to have a lot of food, we were healthy because we were using oxen to dig but all this has changed, we now use hand hoes that require one to be strong and energetic, which energy we don't have

(PLHA focus group, Layibi, Gulu)

Findings - Ethiopia

“I was working for 26 years as a cashier in a public institution when I became ill and people knew about my HIV status they started stigmatising and discriminating me. They would not sit beside me and they refuse to touch any utensils I used... It was unbearable and I abandon my job after such long service without pension or benefits.”

“I was living with my relatives, when I told them my HIV status they told me to leave their house...”

“I gave blood test during PMTCT session and when they told me I am positive I went to my house and told my husband about the test... He battered me, insulted me and relegated me. I stayed with these problems as I had no other place to go...”

Findings - Ethiopia

“when the food support terminated, as I do not have any other source of income, my only fate is starvation. Thus my BMI got low again, and then I was accepted and became eligible again to get the food support. I think this is a vicious cycle. Instead I would suggest that the food support continue until I become self reliant.”

Findings - Ethiopia

Five sub-cities of Addis Ababa

- high levels of poverty, unemployment, rural/urban migration
- big sex work industry

Food security policy in place but no urban focus and no focus on people living with HIV

Stigma still very prevalent

Depletion of assets as a main coping strategy

Changing household structures

- female headed, child headed, grandparent headed, dissolved

Recommendations

Integrate food security into the HIV response

- Interim food provision as a stop gap measure – but ensuring to link this with long term sustainable support measures
- labour saving agricultural techniques matching needs of people living with HIV
- tools, agricultural inputs, extension services

Mainstream HIV in food security policies and programmes

- training in awareness of particular needs and sensitivity to stigma
- recruit and train people living with HIV to focal roles in national food security related programmes

Recommendations

Implementation – putting policies into practice

- Government monitoring mechanisms
- Civil society monitoring

African governments must fulfill **both** Maputo promises on funds

- 15% of national budgets to provide health care
- 10% of national budgets invested in agriculture

Strengthening of social security, particularly for people living with HIV

Recommendations

Women's rights

- Promote rights and access to land and other productive resources
- Extension services

Awareness raising on food sovereignty within networks of people living with HIV

- advocating for governments to support smallholder farmers and to protect their livelihoods and markets
- claiming a voice in decision making on policies related to food security

The power of action – together we can!!

Thank you

Merci

Asante

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