

HIV/AIDS, Food Security, and Gender Equality

Report on Conference Sessions
XVI International AIDS Conference
Toronto, Canada
August 13-18, 2006



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Table of contents

Executive Summary: Common Themes	1
1: HIV/AIDS, Food and Nutrition Security: The RENEWAL Initiative in Eastern and Southern Africa	3
2 : Breaking the Vicious Cycle of Food Insecurity and HIV and AIDS	7
3 : Food and Nutrition in Care and Treatment Programmes in Developing Countries ...	9
4 : HIV, Gender, and Development: The Poverty, Malnutrition, Food Security Cycle (from Evidence to Action)	11
Conclusion.....	14



Executive Summary: Common Themes

The XVI International AIDS Conference, held in Toronto, Canada in August 2006, provided a forum for broader exploration of the complexities of the AIDS epidemic. Importantly, food and nutrition security have been identified as issues that are critically interlinked with HIV/AIDS and that need to be addressed along a continuum of prevention, treatment, care, and positive living. While the conference held many related sessions on gender, poverty, aboriginal peoples, and human rights, there were four sessions that focused specifically on the particular relationships between food security and HIV/AIDS:

1. HIV/AIDS, Food and Nutrition Security: The RENEWAL Initiative in Eastern and Southern Africa - Sunday, August 13, 2006;
2. Breaking the Vicious Cycle of Food Insecurity and HIV and AIDS - Monday, August 14, 2006;
3. Food and Nutrition in Care and Treatment Programmes in Developing Countries - Tuesday, August 15, 2006; and
4. HIV, Gender, and Development: The Poverty, Malnutrition, Food Security Cycle (from Evidence to Action) - Thursday, August 17, 2006.

This report synthesises the key issues raised in each of these four sessions. The common themes arising out of these sessions are outlined below:

- There is a bi-directional relationship between food and nutrition security and HIV/AIDS;
- Food security (access and availability) is critical for diminishing vulnerability and susceptibility and for improving prevention, treatment and care, and positive living interventions and thus, there is the need for undertaking integrated food security and HIV/AIDS planning to better address the AIDS pandemic;
- To this end, there is a need for a continuum of interventions. One tool to help identify appropriate interventions is that put forward as the “timeline” tool presented by the Consortium for Southern Africa Food Security Emergency (C-SAFE) and CARE;
- It is important for policy-makers, planners, researchers, and front-line workers to avoid focusing exclusively on HIV/AIDS (“AIDS exceptionalism”). Rather, it is more useful to think with an “HIV/AIDS lens¹” and thereby integrate an HIV/AIDS approach from the inception stage of programming and policy development;

For more information on all sessions presented, please see the XVI International AIDS Conference website, Programme-at-a-Glance at:

<http://www.aids2006.org/PAG/PAG.aspx>

¹ ICAD has produced a useful document that promotes the use of an HIV/AIDS lens. For more information on the document, “HIV/AIDS, Gender Inequality and the Agricultural Sector”, see http://www.icad-cisd.com/pdf/publications/Gender_Inequality_Agriculture_FINAL.pdf

The U.N.'s Member States "resolve to integrate food and nutritional support, with the goal that 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/AIDS".

The Political Declaration on HIV/AIDS, Article 28, was adopted unanimously by UN Member States on 2 June at the close of the United Nations General Assembly 2006 High Level Meeting on AIDS in New York (31 May – 2 June)

For more information, see:

http://www.odi.org.uk/Publications/briefing/bp_aug06_hiv_nutrition.pdf

- It is crucial to build on partnerships from the beginning of interventions in order to support greater sustainability and scaling up strategies (i.e. government, research, community based organisations, etc.).
- Many ideas were put forward in terms of advocating for, and influencing, policy. The recent *Political Declaration on HIV/AIDS, Article 28* was referenced throughout the sessions and stimulated lively debate over the efficacy of such declarations. Critically, all agreed that it is important to advocate for a more comprehensive prevention, treatment and care, and positive living package that includes food and nutrition security in the continuum of policies and interventions needed. Panellists argued that it is essential that *Article 28* be incorporated into national government targets to fight HIV and AIDS.



1: HIV/AIDS, Food and Nutrition Security: The RENEWAL Initiative in Eastern and Southern Africa

Session held: Sunday, August 13, 2006

The session focused on the work of the Regional Network on HIV/AIDS, Livelihoods and Food Security² (RENEWAL), a research network that addresses the interaction between HIV/AIDS and food security, nutrition, and livelihoods in sub-Saharan Africa. Panellists indicated that until 1999, there was little research on the interactions between HIV/AIDS and food security. While it was clear that HIV/AIDS had a role in precipitating food and nutritional insecurity, RENEWAL set out to demonstrate “the ways in which extreme poverty and food insecurity place people at greater risk of being exposed to the virus.” Clearly, community responses to HIV/AIDS are often driven by the vulnerability of many groups including, women, orphans, woman-and youth-headed households, and elders. These groups are often those that are in most distress. The session also mentioned the challenges of AIDS-related discrimination and stigma, which often paralyzes households and communities and negatively impacts food security and livelihoods.

Lessons learned in the first phase of research suggest it is important to avoid “AIDS exceptionalism.” Researchers and others need to consider an HIV/AIDS lens, not a filter, and they need to broaden their thinking from agriculture to livelihoods. The next few years of RENEWAL’s work will focus on developing a policy response that emphasizes three pillars: action research, local capacity building, and communication among community-based researchers. There is also the need for: a comprehensive research focus that is grounded in local realities; effective monitoring, evaluation, and communications; and a straight line from research to action.³

The program’s third phase (2007 to 2010) will explore the links between sustainable livelihoods and HIV/AIDS in the following areas: HIV/AIDS, agriculture, and livelihood security; HIV/AIDS, community resilience, and social protection; and AIDS and nutrition security. By the end of that phase, RENEWAL will have developed a context-specific understanding of the links between the epidemic and food security. While international declarations fulfil the important function of grounding front-line work in a global agenda, the effort to scale up the response to HIV/AIDS depends on a better understanding of what works at the local level.

The session also addressed the issues of food, nutrition and child vulnerability in South Africa and looked at how local research was based on the knowledge that

Link to audiocast of the session:
<http://www.aids2006.org/PAG/PSession.aspx?s=849>

Link to PowerPoint the presentations:
http://www.idrc.ca/en/ev-100194-201-1-DO_TOPIC.html

² RENEWAL is based at the International Food Policy Research Institute (IFPRI) www.ifpri.org

³ For more information, see Gillespie, S. AIDS, Poverty, and Hunger: An Overview,” in AIDS, Poverty and Hunger: Challenges and Responses. Ed. S. Gillespie. IFPRI, 2006. <http://www.ifpri.org/pubs/books/oc50/oc50ch01.pdf>

HIV- positive parents or caregivers and their children face challenges in morbidity, mortality, and orphanhood that are different from those in the general population. The research looked at their experiences to identify appropriate interventions to support them. The presentation concluded that:

- Children need support to help them adapt;
- There is a need for broad-based programming which targets orphans and vulnerable children without stigmatising them;
- School-based programming needs to include HIV/ AIDS education, life-skills training, and counselling;
- Mothers need counselling and legal assistance to obtain child support;
- Parents and caregivers need to be able to shape their children's future security;
- We can't assume that current family structures can absorb AIDS orphans as households face severe economic constraints. This also requires effective monitoring and response;
- Child-headed households need special forms of assistance to meet the special needs and risks that go with their heightened vulnerability; and
- Government policies are required to support interventions currently undertaken by nongovernmental and community-based organizations.

The session also elaborated the themes of resilience and resistance in the *Zambian* context. *Resilience* was defined as the extent to which households and communities can maintain their well-being over time despite shocks that affect them, and *resistance* as the ability to avoid exposure to HIV at the individual and household levels while averting high infection rates at the community level. A study was undertaken in four rural communities in Zambia's Southern Province that i.) addressed the response of households and communities to the HIV/ AIDS crisis and other shocks to their livelihood; and ii.) assessed the factors related to nutrition and food security that help to shape responses to the epidemic.

Factors of household resilience indicated in the study include:

- Relative wealth ranking and socio-economic status of a household;
- Presence or absence of community support; and
- Presence or absence of illness or death.

Among other findings, the study also revealed that community resilience faces challenges including climatic variability, migration (migrant workers and traders), and socio-economic status. It also showed the need for the strengthening of local safety nets to support those affected.

The study indicated some of the factors affecting resistance to HIV infection in households and communities. These include:

- Livelihood activities and rural-urban movements and linked risky sexual behaviour (migrant workers, traders);
- Alcohol abuse and its association with extra-marital sex and lower condom usage;
- Poverty and transactional sex (linked with lower socio-economic status); and
- Disparities between women and men in resources and economic opportunities (economic opportunities are more limited for women).

Resources must be invested using effective, culturally appropriate, and sustainable approaches that are based on a clear understanding of the context in which risky

behaviours take place. Programming needs to move beyond individuals to address the lack of alternatives for income generation, particularly for women. All four of the study communities tended to link high-risk behaviours to women, and disregarded the roles that men play. There is clearly a great need to address peer pressure and gender equity to improve resilience. In all these efforts, there is a need to coordinate with relevant community organisations.

The results of another study on the linkages between nutritional support with antiretroviral (ARV) treatment in Western Kenya, were elaborated. The research project used the Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH)⁴ to examine methods of improving nutritional status and household resilience for individuals receiving ARV treatment in Kenya. The study included more than 20,000 HIV-positive participants (almost 10,000 of whom were using ARVs) in western Kenya. Study participants were mostly women, many of them widows. A large proportion was markedly undernourished and had many children and dependents to feed. In 2002, AMPATH introduced the highly active antiretroviral therapy (HAART) and Harvest Initiative (HHI)⁵, which supports four local fruit and vegetable farms and a poultry and dairy unit, and which makes supplementary local food purchases. In addition to food supplementation, HHI provides nutrition education and counselling for people living with HIV/AIDS and also an income security program. In 2005, the World Food Program (WFP) agreed to supplement the HHI, committing to meet 50% of daily nutritional requirements for 2200 individuals, (i.e. 450 ARV clients and their dependents).

The study showed that supplementation programs alleviated food insecurity to some extent. Food was often shared among households, and with people living with HIV/AIDS. ARV treatments combined with food supplementation led to weight gain, strength recovery, and renewed ability to work. Clients were able to follow ARV regimens and satisfy the increased caloric and protein needs that accompany treatment. The impact of food supplementation also had a great impact on emotional well-being, particularly reducing women's stress. The improvement in diet quality and quantity also spilled over to other household members, particularly children. Clients also reported that resources previously directed to food were reallocated to rent, clothing, education, transport, and activities that reduced demand on informal support networks. Two opportunity costs included i.) stigma for those who hadn't disclosed (due, in part, to the presence of red-ribbons marking farms and distribution sites) and, ii.) limited access to transport for some clients. Among other findings, the research recommended the need for:

- A gradual transition from food supplementation to independent food security to ensure that health and nutrition needs are met;
- Long-term monitoring and evaluation of clients' clinical and nutritional status to consider a second round of supplementation;
- Greater program flexibility to meet seasonal changes in demand;
- A change in food labelling practices to address AIDS-related stigma;
- Building broader linkages with local and national partners to promote rural livelihoods;
- Studies to determine the best time to introduce food supplementation before ARV treatment begins; and
- Economic sustainability (i.e. evaluation of the economic costs of the program).

⁴ For more on the AMPATH model, see <http://medicine.iupui.edu/kenya/ampath.html>

⁵ For more information, see Siika, M. et al. AMPATH's HAART and Harvest Initiative: Addressing the Nutritional Needs of HIV Infected Patients on Anti-Retroviral Therapy, n.d. <http://www.ifpri.org/events/conferences/2005/durban/papers/siikaWP.pdf>

Questions and Answers:

The main points raised during the question and answer period are noted below:

- There was a call for both the government and community level responses to address the challenges and it was suggested that the efficacy of food or cash handouts is best determined at the community level;
- The definition of “nutrition” needs to move beyond a “maize and beans” concept to a more complete nutritional package that takes into account the caloric and protein needs of people on treatment;
- There was an expressed need for ramping up advocacy for, and looking at the policy implications of, food and nutrition security within the HIV/AIDS context; and
- There was a clearly defined need for moving from research to operation and indeed a need for “operational research.”



2: Breaking the Vicious Cycle of Food Insecurity and HIV and AIDS

Session held: Monday, August 14, 2006

This session highlighted some of the experiences of programmes of CARE International, as well as those of RENEWAL, C-SAFE and others, in addressing food, nutrition and income security in ways that help achieve the objectives of HIV prevention, positive living, access and adherence to treatment, and mitigation of social and economic impacts. It looked at the synergies between food security and HIV and AIDS programming and the opportunities and challenges at the policy and operational level. It also laid out a conceptual framework (timeline tool⁶), which demonstrated the interaction between the impacts of food and nutrition insecurity at each stage of the epidemic's progression and highlighted the need for linking food security programmes to actions.

The session echoed the views of other sessions and called for a consideration of the two-way relationship between HIV/AIDS and food security and noted that food security needs a broader definition that includes food access and availability. The session reiterated what many others⁷ have stated in recent years – that food insecurity makes the epidemic worse. If people have poor health, there is a rapid progression to AIDS without adequate good quality food. There is also a need for adequate good quality food for treatment to be undertaken properly. The session drew attention to the fact that food security specialists have a very limited understanding of HIV/AIDS. Conversely, public health and HIV/AIDS specialists have a limited knowledge and understanding of agriculture and food security.

The session introduced a simple timeline tool that can bring together food security and public health specialists and provide a starting place from which they can talk about their proposed objectives or projects (in terms of prevention, positive living, care and treatment). The tool has been found useful in designing food and nutrition interventions with different groups, e.g. women and youth. The timeline is not meant to be *sequential* in its use; rather, it is intended for use in looking at the different stages of HIV/AIDS progression and the different objectives required therein.

Panellists drew attention to the evidence of what works in the field and the relationship between food security and HIV/AIDS. They referenced a compendium of 150 studies that have been reviewed as well as the outcomes of the Durban

Link to audiocast of the full session:
<http://www.aids2006.org/PAG/PSession.aspx?s=911>

⁶ For more information on the timeline tool, see "The HIV/AIDS Timeline as a Program Tool: Experiences from CARE and C-SAFE" available at <http://www.c-safe.org/downloads/HIV%20AIDS%20Timeline%20Tool.pdf>

⁷ The HIV/AIDS and food and nutrition security conference held in Durban, South Africa from 14 - 16 April 2005 highlighted this issue. Further, the Food and Agriculture Organization of the United Nations (FAO) among other organisations has drawn attention to this issue.

conference⁸. To more strongly influence programmes and policies, the importance of scaling up and moving beyond “boutique interventions” was highlighted⁹.

Experiences from Malawi and Zambia were introduced. Both experiences showed the need to integrate HIV/AIDS and food security programmes. During the presentation, the issues of sustainability and the need for partnerships were raised. The panellists noted that integrated, sustainable approaches require partnerships with other ministries, agencies, organisations, and sectors. They noted that successful “exit” or “transition” strategies depend on identifying and working with appropriate partners right from the beginning of an intervention.

Questions and Answers:

The main points raised during the question and answer period are noted below:

- It is important to look at “transition strategies” rather than “exit strategies.” There is also the need to generate longitudinal data to better separate out causal links. Clearly, there is the need to engage with partners working directly in the field on these efforts;
- Programmes need to be designed from the beginning in a way that they integrate HIV/AIDS and food security issues. At the moment, programming is mostly “piece-meal” and “after the fact.” The integration needs to come at the inception stage of programming;
- There is a great need to work more effectively with other sectors (i.e. health, agriculture, education, etc.). This needs to happen from the lowest level to the highest; and
- There is the need for broader impact through policy (e.g. Article 28 of the *Political Declaration on HIV/AIDS*, the *Africa Forum Declaration*, etc.) and a need to address the urgency of target setting by December 2006.

⁸ For more information on the outcomes of the *HIV/AIDS and Food and Nutrition Security Conference*, 14 – 16 April 2005 (also referred to as the “Durban Conference”), see <http://www.ifpri.org/events/conferences/2005/20050414HIVAIDS.htm>

⁹ Together with the Overseas Development Institute, CARE International prepared a briefing paper on the Political Declaration on HIV/AIDS, Article 26 as an advocacy tool for participants and others. See Samuels, Fiona, and Sara Simon, *Food, nutrition and HIV: What next?* ODI Briefing paper, August 2006 http://www.odi.org.uk/Publications/briefing/bp_aug06_hiv_nutrition.pdf



3 : Food and Nutrition in Care and Treatment Programmes in Developing Countries

Session held: Tuesday, August 15, 2006

As elsewhere, this session highlighted the need for food and nutrition security and noted that, to date, these have not been seen as critical to HIV responses (particularly in terms of ART response). Voices for treatment and prevention should be strengthened by new voices advocating for food and nutritional security. The session aimed to share pragmatic experiences from pilot initiatives and to look at how these can be scaled up. In terms of advocacy, the session suggested that Article 28 of the *Political Declaration on HIV/AIDS* is a milestone and now needs to be translated into time-targeted action with adequate resources. The session also suggested that the key issues that need to be addressed are poverty and gender inequality.

With examples from Partners in Health's research in Haiti and Rwanda, the session looked at the need to bring the same urgency to food security that anti-retroviral therapy (ART) received three years ago. Research showed that most people in the research areas live in situations of extreme food insecurity and tend to use household money to meet their food security needs. On top of this, they also need ART which requires resources.

The session indicated that the Global Fund to Fight AIDS TB and Malaria (GFATM), the President's Emergency Plan for AIDS Relief (PEPFAR), NGOs, and other agencies cannot deliver ARTs without "wraparound" services such as food and primary school fees, clean water, etc. Through examples from other organisations working in Africa (Uganda, Malawi, etc.) the session highlighted the need to include nutritional status as part of ART. Some examples of where this has been introduced are Mozambique, Malawi, and Uganda. Further, the session raised the issue of the need for nutritional education. Overall, the session promoted the need for services that give stability and that can lead towards peoples' autonomy and independence (e.g. cooperative farms in Malawi).

The session raised the importance of advocating for combining food with ARTs and put forward an example from Uganda. The AIDS Support Organisation (TASO) in Uganda provides a basic care package for those coming to it for assistance. Target clients include orphans and vulnerable children. TASO provides a food package for the client and his or her all immediate family members as they know the client is not only responsible for their own health and well-being, but also their families. TASO sees food as an entry point but uses a sustainable livelihoods programming framework now. They have observed that it is not enough to have ARV treatment, but that there is a greater need to address the issues of poverty and economic

Link to audio footage:
<http://www.aids2006.org/PAG/PSession.aspx?s=890>

empowerment. They added that without food, there is declining treatment adherence.

Questions and Answers:

The main points raised during the question and answer period are noted below:

- It was suggested that voluntary counselling and testing (VCT) centres are an imported idea and grafted onto African realities. It was felt that they should be adapted to meet the needs of those using them. For instance, in order to avoid stigma and discrimination, they should be integrated into primary services, women's health services, public health, and hospital care services. This was based on observations of empty VCT services in many rural communities; and
- There was an overwhelming expression of the need for addressing global justice issues, including fair trade policy and debt relief policies.

Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, wrapped up the session with six key messages:

1. In southern Africa, everyone is hungry. Even when the crops improve, people are hungry. Most of these countries are in near famine situations much of the time. Even when there is a bumper crop, there are still hungry people.
2. Obviously, food and nutrition are desperately important when ARVs are introduced. Food, health, and care are key (and there have to be nutritional elements of significance). Mr. Lewis stated that ARV treatment is severely compromised without food. He stressed James Morris' findings that treating malnourished people with ARVs can be deadly. In fact, they are six times more likely to die than those who are well-nourished.
3. A major concern is the willingness of some African governments to be dismissive and contemptive of people living with HIV/AIDS. Governments won't be persuaded that those living with HIV and AIDS require nutritious food.
4. School-feeding programmes are good, but are put in place only in fragments. The World Food Programme (WFP) doesn't have enough food to take on all the challenges and there is never enough food to roll out these programmes to the extent that they are required. This is particularly important in terms of orphans and vulnerable children.
5. In reference to the *Political Declaration on HIV/AIDS*, he noted that we need to bring honesty to Article 28. We need to advocate together for resources, and we need to integrate programmes and continue operational research on food security.
6. Mr. Lewis added that one of the ways that we might be able to turn the tide is to use the Global Fund to Fight AIDS TB and Malaria (GFATM) to demand the insertion of food issues into proposals in a significant fashion. The Global Fund is expanding and can now access money for the needs and support of orphans. It is important to advocate for money for food so that people on treatment can better sustain that treatment. Finally, advocacy interventions must work at all levels. Mr. Lewis suggested that in terms of the G-8 commitment, the whole thing is unravelling; the doubling of assistance is not happening. He also noted that the collapse of the Doha Round means that African agriculture will continue to suffer. In the absence of fair trade, economic growth is still not possible.



4 : HIV, Gender, and Development: The Poverty, Malnutrition, Food Security Cycle (from Evidence to Action)

Session held: Thursday, August 17, 2006

Following a short introduction by moderator Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, the session opened by focusing on the interaction between HIV/AIDS and food and nutrition; and on the need to look at tools for translating information into action. The session highlighted the need to strengthen resistance to the virus at the micro and macro levels alike, noting that the downstream impact of AIDS is determined by the vulnerability of the existing political, economic, and social systems.

The session reaffirmed that food insecurity leads to HIV exposure. To address the problem, panellists suggested thinking in terms of tools, processes, and principles, and offered four response requirements that need to be addressed simultaneously:

- Strengthen the household and community;
- Preserve and enhance livelihood options and strategies;
- Protect vulnerable groups; and
- Strengthen governance and capacity.

With examples from eastern and southern Africa, the session suggested that conducting research on food security and HIV has been challenging. Methodological issues on vulnerability assessments are difficult as are various measurements because many people surveyed do not know their HIV status. Researchers need to rely on proxy information, such as chronic illness at the household level, household food consumption, and indices of coping strategies. Obtaining large enough samples sizes and sufficient cross-sectional representation to generate definitive answers is also difficult.

Certain kinds of households are more vulnerable to food insecurity than others, and these vulnerable households should therefore be targeted for food support. The most vulnerable households are those that are affected by HIV/AIDS and are headed by a woman. The session added that direct food delivery makes a difference for HIV-affected populations.

The session highlighted several examples from research and programmes undertaken in the field. The Food and Agriculture Organization (FAO) of the United Nations tries to meet the immediate need of food security while building the capacity for a self-reliant future over the long term. The FAO's response is based on an

Link to video footage (full video or clips of different presenters):

http://www.kaisernetw.ork.org/health_cast/hcast_index.cfm?display=detail&hc=1806

Link to transcript:

http://www.kaisernetw.ork.org/health_cast/uploaded_files/081706_ias_development_transcript.pdf

Link to PowerPoint presentations:

http://www.idrc.ca/en/ev-100193-201-1-DO_TOPIC.html

analysis of the impact of such work over time. It focuses on the capacity of both communities and government. Three of FAO's activities highlight the variety of interventions:

- Junior Farmer Field and Life Schools (JFFLS)¹⁰ respond to the increasing vulnerability of boys and girls, particularly those orphaned by AIDS. They are intended to provide a safe place for children to play, learn, and share, while filling their skills and knowledge gaps created by their parents' death. They help students to gain agricultural knowledge and the life skills necessary to improve self esteem and build confidence. They provide an entry point for education on gender, AIDS, and other social issues that can lead to social change;
- The Rights of Widows and Orphans Program addresses the property and inheritance rights of widows and children by providing technical assistance and protection of property rights. This includes policy formulation and paralegal training of nongovernmental organizations in order to provide legal support to women; and
- Strengthening institutional capacity at the government level. This initiative brings HIV/AIDS and food and nutrition security to the government's agenda. This is supported through analysing the impact of AIDS on production systems and livelihoods. The work is supported by research grants and is strengthened by training researchers in such analysis.

Field-based experiences were provided from Kenya and Swaziland. Grass Roots Organizations Operating Together in Sisterhood (GROOTS) is a community-based organization of women aged 40+ years working to help women and children living with HIV. It began in Western Kenya. GROOTS began working with motivated community members to acquire land, to provide food in schools, and to support teaching about AIDS and agricultural skills to children. With training and support from CARE, GROOTS has set up 87 groups for very poor women, mostly widows. GROOTS also provides its clients with home-based care (nursing, cleaning, fetching water, cooking, social care, and support). A key initiative for GROOTS is addressing the issue of property rights so as to help women feel more empowered. To achieve this end, GROOTS has engaged in a number of initiatives:

- Educating women and children about property issues so that they acquire the knowledge to intervene when the law tries to take their property away;
- Partnering with paralegals who will step in when negotiations with local chiefs fail; and
- Setting up roundtables with savings-and-loans groups and local leaders (religious leaders, chiefs, and culture custodians) to discuss matters affecting women.

Five HIV- positive women founded Swaziland Positive Living (SWAPOL) in 2001 after they had experienced stigma and discrimination from their in-laws' families. With 1250 members in 30 communities, its mission is to provide support to improve the quality of life for people living with HIV/AIDS and to ensure the availability of food at the household level. Food security and nutrition have emerged as important dimensions in the prevention, care, treatment, and mitigation of HIV/AIDS. A focus on nutrition is important to the efficacy of medical treatment. SWAPOL meets this challenge by conducting activities related to food production, vegetable growing, backyard gardens, seedling production, and neighbourhood care points where

¹⁰ Farmer Field and Life Schools (both adult and junior) are active in several countries including: Mozambique, Namibia, Zambia, Malawi, Kenya, Tanzania, Swaziland, and Zimbabwe.

orphans and vulnerable children can obtain food and informal education and play games.

Lessons from the field show that resources can empower people living with HIV/AIDS. Good nutrition can also prolong lives because it supports the immune system. People living with HIV/AIDS can maintain these projects if given the capacity to do so. Adults and children can be happy if they have food at the household level.

Questions and Answers:

Attendees asked a variety of questions concerning outreach to orphans and the use of networks for providing education and opportunities for youth. These were the key points of the discussion:

- SWAPOL indicated that it is not involved in providing sex education to orphans, because such education is not included in the Swaziland Ministry of Education curriculum;
- Countries that are emerging from armed conflicts are particularly at risk in terms of food shortages. HIV/AIDS is a very low priority on the agendas of relief workers in conflict zones. Unemployment rates are extremely high, and large families are forced to live on a single person's rations. Finding ways to advocate on the behalf of those people is important;
- Concerns were expressed over trade issues and the cost of food. Stephen Lewis agreed that Western governments must address trade issues, saying, "It strikes me [that] we have a better chance of sexual change than [of change] in the Western world's response to trade";
- Part of FAO's quest is to put AIDS on government agendas, because existing policies don't work to the advantage of communities affected by HIV/AIDS. One positive note is that the Malawi government's Ministries of Natural Resources and Agriculture are currently being asked by FAO to provide a single sectoral strategy that can be supported through policy;
- On the issue of how programmes can be brought to more regions, it is important to convince sceptics about the importance of nutrition and food security. Without their support, resources are insufficient to roll out enough programs. Open sessions, such as the current one, can play a role in advocacy and in raising more funds;
- The gap between resolutions for example, the Political Declaration on HIV/AIDS, and their execution remains a challenge. When crafting a resolution, people don't look to the strategies and resources required to monitor performance. If resources are not applied, the resolutions remain just rhetoric;
- When the role of grandmothers was questioned, it was pointed out that they are among the poorest and most vulnerable. Their status is one reason that developing programs to allow HIV-positive people to work and produce food is important; and
- Child-headed households are a particularly challenging issue. The children living in these households lack the resources and experience to look after themselves. Their communities try to assist them in obtaining food and direction, but helping is difficult. And the situation is exacerbated by the problem of relatives abusing young girls who are trying to put food on the table.



Conclusion

This report has tried to synthesise the engaging and timely presentations and discussions related to HIV/AIDS and food security at the recent XVI International AIDS Conference. The sessions engaged participants by shedding a new, or slightly different, light on the interlinked challenges of the “dual epidemics” of HIV/AIDS and food security¹¹. They were timely in that they coincided with the momentum gained from processes leading up to, and following the U.N. *Political Declaration on HIV/AIDS* and the *Africa Forum Declaration*.

Some key themes threaded the sessions together and pointed to the need for an integration of food security and HIV/AIDS planning to better address the AIDS pandemic. Key themes included: the recognition of a bi-directional relationship between food and nutrition security and HIV/AIDS; the critical need for access and availability of food to diminish vulnerability and susceptibility, and improve prevention, treatment and care, and positive living interventions; the need for a continuum of interventions to meet the needs of various groups; the importance of understanding HIV/AIDS as one of the many factors impacting food insecure communities; and the need for building on a multitude of partnerships to ensure sustainability and facilitate scaling-up strategies.

Finally, many ideas were put forward in terms of advocacy and influencing policy and programmes. The *Political Declaration on HIV/AIDS*, Article 28 was referenced throughout the sessions as a potential advocacy tool in promoting the integration of food security and HIV/AIDS initiatives. All told, panellists agreed it is important to advocate for a more comprehensive prevention, treatment and care, and positive living package that includes food and nutrition security in the continuum of policies and interventions needed.

¹¹ Africa Forum 2006. “Declaration on the Dual Epidemics of HIV/AIDS and Food Insecurity.”



Key References

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