

## Hunger, Nutrition and HIV/AIDS

**H**IV/AIDS is a global crisis with nearly 40 million people affected – 95% are in countries where malnutrition is high. African AIDS is decreasing health, economic, and social progress. It is also reducing life expectancy, deepening poverty, and increasing food insecurity.

### Why is HIV/AIDS important to consider in food programming?

It is necessary to understand how HIV/AIDS relates with food aid, food security and nutrition, in order to identify appropriate policy and program changes to better cope with these realities. Thoughtful programming can restore hope to communities overwhelmed by multiple losses.

HIV/AIDS has significantly reduced the ability of people to cope with hunger and is contributing to hunger, making communities more vulnerable to shocks. HIV/AIDS worsens food crises in the following ways:

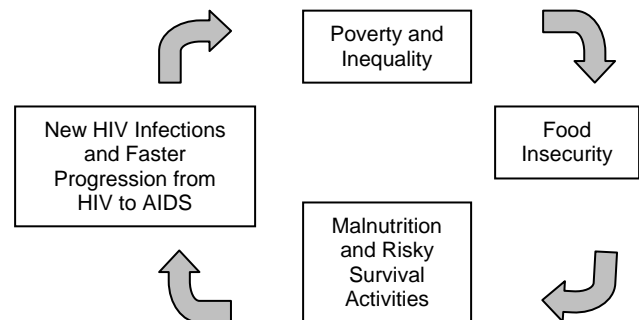
1. HIV/AIDS reduces food security, as it kills and sickens more and more young adults who are in their productive years, including agricultural workers.
2. HIV/AIDS reduces access to food by diverting household income to medical and funeral expenses.
3. Women are biologically, economically, socially, and culturally more vulnerable to HIV/AIDS than men, and it is women who are traditionally more knowledgeable and skilful at gathering foods and at nurturing social networks that are required during food shortages.
4. HIV/AIDS places an increasingly heavier burden of care on rural women as more HIV+ people are leaving urban areas and returning to their villages to die.
5. Life expectancy reductions due to AIDS will have a major impact on the transmission of both assets and skills to the next generation.
6. The common hunger-mitigation strategy of reducing food consumption has serious consequences for HIV+ individuals who have higher nutritional needs, contributing to the earlier onset of AIDS and death.
7. Many hungry women and adolescent girls resort to selling their bodies for food, dramatically increasing their risk of HIV infection.

### The Interrelationship between HIV/AIDS, Hunger and Nutrition

Food and nutrition are fundamentally intertwined with HIV transmission and the impacts of AIDS. Food insecurity and malnutrition increase vulnerability to the impacts of HIV/AIDS and HIV/AIDS in turn worsens these conditions.

Malnutrition increases the progression of HIV infection. This contributes to the earlier onset of AIDS due to an increased susceptibility to opportunistic infections such as TB, thrush and herpes. In turn, HIV infection accelerates

the cycle of inadequate dietary intake, nutrient utilization and disease that leads to malnutrition. This increases the importance of nutritional considerations when designing rations for populations with a high prevalence of HIV/AIDS.



Nutrient requirements are different for the two phases of HIV infection, which are defined by the absence or presence of illness symptoms: asymptomatic and symptomatic. During the asymptomatic phase, energy requirements increase by 10% and during the symptomatic phase energy requirements increase by 20-30% and by 50-100% for children with weight loss.

It is women who are primarily responsible for household food production and caring for the sick and the children. This means that the labour impact of HIV/AIDS falls more on women. Women's nutritional status will affect their work productivity, which in turn affects household food security.

Improving maternal nutrition during pregnancy and lactation enhances birth outcomes and the mother's ability to breastfeed and provide adequate care for her children and may reduce mother-to-child-transmission of HIV. Mother-to-child-transmission is the main source of HIV infection in children.

Good nutritional health increases the effectiveness of antiretroviral therapy. Antiretroviral drugs can interact negatively with food and nutrients. Therefore, improved attention to drug-food interactions and nutritional health can increase drug effectiveness, food consumption, nutrient usage and nutritional status.

Improving nutrition can replace the body's stores of micronutrients, stabilize weight loss, preserve muscle mass, prevent diarrhea, speed recuperation from HIV-related infections, and prepare for and manage AIDS-related symptoms that compromise food consumption and dietary intake.

### Targeting HIV/AIDS Affected People

Targeting must be sensitive to HIV/AIDS related stigma. Talk to the community to understand the level of stigma and norms and practices surrounding HIV/AIDS.

Where few people know their HIV status, use the following criteria to assist targeting:

- constant diarrhea
- STDs
- persistent coughing /recurring TB
- swollen lymph nodes
- thrush
- "permed hair"

The presence or absence of HIV/AIDS need not be a specific criterion for targeting assistance. Existing targeting methods that identify the poorest and most vulnerable should also be able to identify vulnerability relating to HIV/AIDS.

When targeting the vulnerable in areas of high HIV/AIDS prevalence, include the following groups to ensure HIV/AIDS-affected are not missed:

- orphans and vulnerable children and youth
- pregnant and lactating women
- malnourished
- people undergoing TB treatment
- terminally and/or chronically ill
- elderly

To make certain that HIV/AIDS-affected individuals, households and groups are included in food projects, conduct community meetings prior to food distributions to discuss the objectives and basic procedures of the project.

Do not assume that community leaders (usually male) speak for the interests of the whole community. Always involve women in identifying beneficiaries and in representing the community's interests and the needs and opinions of women. Due to the increased burden of care borne by women because of HIV/AIDS, women are more aware of the HIV/AIDS-related needs of the community. It is especially important to do gender analysis in HIV/AIDS-affected communities. Refer to Gender Analysis TIPS sheet.

## Project Design

Project considerations when responding to HIV/AIDS:

**Partnering** - HIV/AIDS is a complex, multi-sectoral issue. No one agency can hope to do everything, therefore attempt to work with local and national groups. Examples of groups to partner with include Home Based Care projects, health clinics, community health workers, other NGOs, and government health workers.

**Integration into Pre-existing Programming** – Food projects can add to existing relief and development efforts, and can strengthen relationships with communities and local structures. This can also help build new relationships.

**Food Distribution** – Consider whether changes are needed for the following distribution issues to meet the needs of people affected with HIV/AIDS: nutritional adequacy and quality of food basket; supplementary rations; fortification; palatability; ease of preparation; weight of ration packages; and distance, delivery and

distribution mechanisms.

**Nutrition and Health Activities** – Think about including the following activities to meet HIV/AIDS-related issues: nutrition education, hygiene training, clean water access, sanitation, food safety interventions, and HIV prevention. Refer to Nutrition Activities TIPS sheet.

**HIV Prevention Education** - Due to the large numbers of people drawn to food distribution sites, this can be a chance to distribute information regarding HIV prevention. This can be an opportunity to partner with an organization with this educational capacity. HIV prevention information should also target the truck drivers delivering the food as it has been proven that they are involved in the transmission of HIV.

**Reduction of Mother-to-Child-Transmission** - Improved maternal nutrition combined with HIV testing, information, counselling, and antiretroviral drug provision is essential in reducing the probability of mother-to-child-transmission. Supplementary feeding to support the additional energy requirements of pregnancy and lactation can benefit not only HIV+ women but all women who are pregnant and lactating.

**Supplementary Rations** – Food for orphans and for their caregivers may permit better integration of orphans into the community, increase school attendance, prevent risky sexual behaviour and reduce stress on the community.

**Food for Work** - Demographic changes due to HIV/AIDS affect who is available to work in food-for-work projects. As a result, these projects need to be suitable for young and elderly workers. Food-for-work may need to be combined with free food distribution. Food-for-work projects may not be an appropriate response for HIV/AIDS-affected households.

**Livelihood Diversification Training** - Older orphans and child-headed households are good candidates for training to increase livelihood diversification to deal with the labour constraints of affected households.

Examples of agriculture and livelihood projects that can address HIV/AIDS-related vulnerabilities include:

- Promote low-input, low-labour crops, agricultural practices and technologies,
- Provide seeds for home and community gardens that support the nutritional needs of the most vulnerable members of the community.

### Resources

FANTA - *HIV/AIDS: A Guide for Nutritional Care and Support*. Available:

[http://www.fantaproject.org/downloads/pdfs/HIVAIDS\\_Guide02.pdf](http://www.fantaproject.org/downloads/pdfs/HIVAIDS_Guide02.pdf)

For more information on the impact of HIV/AIDS on food aid and food security projects, or other issues related to planning, monitoring, and evaluation, contact the Canadian Foodgrains Bank ([cfgb@foodgrainsbank.ca](mailto:cfgb@foodgrainsbank.ca)).