

# Inter-Agency Task Team on Children and HIV and AIDS Working Group on Food Security and Nutrition

January 2008

## A Consensus Statement

By December 2006, an estimated 15 million children worldwide had lost one or both parents to AIDS, and millions more have been made vulnerable as the spread of HIV continues to erode the health, education and development gains of recent decades. With global infection rates still rising, HIV continues to cause unprecedented suffering among children. The increasing availability of anti-retroviral therapy (ART) has the potential to reverse this trend by prolonging parents' lives; however, treatment coverage is still low, especially in the countries most severely affected by the pandemic. And for HIV-positive children, access to paediatric ART also remains a challenge.

The current phase of the response to HIV is marked by unprecedented international momentum and political will, with many governments endorsing and enacting commitments towards achieving universal access to HIV prevention, treatment, care and support by 2010. However, initiatives for the protection, care and support of children affected by (and/or infected with) HIV generally lack a systematic and coherent approach. In particular, food security and nutrition have not been given adequate attention despite broad

agreement on their significance as an essential component of a comprehensive social protection package.<sup>1</sup> The 2004 Global Partners' Forum on Children Affected by HIV and AIDS highlighted the need to address food security as an integral part of treatment and support programmes in response to HIV<sup>2</sup> and reaffirmed the need to focus on food security and nutrition in 2006 (UNAIDS, UNICEF, DFID 2006).<sup>3</sup>

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Food security and nutrition programmes to support children in the context of HIV and AIDS generally fall into two categories:

- a) those that provide food and nutritional support to children as a therapeutic adjunct to medical treatment;<sup>4</sup> and/or
- b) those that prevent and/or mitigate food insecurity and impaired nutrition of children, households and communities affected by HIV and AIDS.

The Inter-agency Task Team (IATT) on Prevention of Mother to Children Transmission and Pediatric HIV has already established a working group to tackle the needs of HIV-positive children, with a mandate that includes informing programming in category

a), above. The Working Group on Food Security, Nutrition, Children and HIV and AIDS intends to provide guidance and information to programmes in category b).

This Consensus Statement has been derived through a lengthy consultation process (commissioned by WFP and UNICEF) that produced a Review Paper<sup>5</sup> and culminated in an Informal Expert Consultation (held in Rome on 19-20 July, 2007).<sup>6,7</sup> It acknowledges the bi-directional, mutually reinforcing relationship between HIV and food and/or nutrition insecurity and responds to an expressed need for a document that articulates current expert thinking. The statements below are a summary of the key 'knows' about this complex programming area, and of related gaps in knowledge that require further investigation.<sup>8</sup> Not surprisingly, some of the statements apply to *all* programmes that deal with children and HIV and AIDS, not only to food security and nutrition programmes, but it is still useful to restate and clarify their specific application to food security and nutrition programming.

This Consensus Statement represents the first product of the Working Group on Food Security, Nutrition, Children and HIV and AIDS. The organizations and agencies participating in the Working Group have pledged to work towards closing the knowledge gaps by generating more evidence, documenting their experience, and working towards an international consensus on priority actions to be taken in order to address the food security and nutrition needs of children in the context of HIV epidemics.

**This Consensus Statement acknowledges the bi-directional, mutually reinforcing relationship between HIV and food/nutrition insecurity and responds to an expressed need for a document that articulates current expert thinking.**

The document has not gone through an endorsement process by each IATT member agency and therefore does not necessarily reflect the views of individual agencies.





## 1. What we know

**There is no 'one size fits all' answer to guide targeting or programme design.** Some households and communities have greater capacity and resources to respond to HIV and AIDS than others, some have more resilience to the effects of HIV than others. We therefore should expect different findings related to the impact of HIV on nutrition and food security in different communities. **Accepting global ambiguity and improving our ability to characterize the situation locally will contribute to better programming.**

### Gaps and Debates

- Inadequate funding, lack of technical expertise and the need for a rapid response often constrain our ability to conduct a culturally specific situation analysis and to provide ongoing contextual monitoring;
- More experience is required in the use of monitoring and evaluation tools that assess child wellbeing and vulnerability in a holistic manner.<sup>9</sup>

## 2. What we know

**Effective support of children in the context of HIV and AIDS demands a comprehensive package** that relies on inputs from several sectors. Food and nutrition programming should not be delivered in isolation but rather as part of an integrated social protection package that ensures seamless referral and maximum coverage. Equally, comprehensive social support programmes should ensure that food security and nutrition needs are met in the most sustainable manner possible.

### Gaps and Debates

- Models of integrated child growth monitoring, health promotion and care programming that have been adapted for greater relevance in high HIV prevalence settings should be widely replicated. There is a need for further adaptation for use in communities with low HIV prevalence;
- Models of alternative primary education for out-of-school children should be documented and compared, to understand targeting, implementation processes and challenges, graduation and exit strategies, and post-project impact.

## 3. What we know

**Targeting food and nutrition support on the basis of an assessment of vulnerability to food insecurity and impaired nutrition is more likely to reach the children most in need, rather than targeting on the basis of HIV infection in the household.** Targeting solely on HIV status does not have the necessary level of sensitivity and specificity and should be discouraged. While there are indications that orphaned children, as well as households caring for multiple orphans, demonstrate greater levels of food insecurity than their non-affected peers, it is now clear that 'orphanhood', 'household caring for orphans' and 'dependency ratio', *when taken alone*, are inappropriate proxies for food insecurity or child vulnerability.

### Gaps and Debates

- There is emerging evidence that households with sick adults (those caring for 'children not yet orphaned'), elderly-headed households, and households that have lost a breadwinning adult in the preceding year are more vulnerable to food insecurity. Further study is required.

## 4. What we know

**Supporting families and communities to care for children affected by HIV and AIDS is essential.** Food security and nutrition programmes must focus on vulnerable children while simultaneously strengthening the families, households and communities that support these children. The identification of vulnerable children and households is most successful when **communities themselves participate in establishing the selection criteria and identifying children/households** for inclusion in the programmes.

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## Gaps and Debates

- We need to understand and document successful models of comprehensive, community-led programmes that include food security and nutrition support for children affected by HIV and AIDS, in particular the methods behind their successful replication and/or scale-up;
- There is a lack of understanding of and guidance on caring for children outside of their extended families (transition shelters, street kids' projects, respite care, group homes, etc.);
- We need to gather evidence about the impact (both positive and negative) of food aid as an incentive to encourage guardianship/fostering of vulnerable children.

## 5. What we know

**Nutrition education should be a core component of any food-based programme.**

These programmes must reach beyond traditional information sharing to include context-specific nutrition counselling and behaviour change management, illness management, positive living, etc. Relatively inexpensive nutritional education programmes are successful in preventing morbidity and mortality among infants and children, regardless of HIV status.

## Gaps and Debates

- We need to remove the barriers (funding, technical) to ensure that food assistance programming goes beyond simply improving *access* to food; it must also influence food *utilization*, through supporting better hygiene practices, facilitating access to de-worming and sharing information about infant/young child feeding and care practices (both during health and periodic illness), good nutrition, and food preparation and storage.

## 6. What we know

**Short-term food assistance must be supported by longer-term food security and nutrition programming,** which must include access to adequate amounts of good-quality, nutritious food. Improving access in the longer term often requires a **livelihood security approach.**

## Gaps and Debates

- We need to unpack the methodologies behind successful adaptation and scaling up of various models of agriculture, livelihoods and life skills training for children and youth;
- There is a lack of guidance on the design, implementation and monitoring of transition, graduation and exit strategies;
- Programming is hampered by the limited access to Ready-to-Use-Food products.

## 7. What we know

**Language matters. In targeting children for food/nutrition interventions,** the term 'orphan', and especially 'AIDS orphan', can do more harm than good by contributing to the stigma, abuse and exploitation experienced by these children. It is not appropriate to link 'orphans' directly to material resources that are not generally accessible to other children on the basis of their 'orphan' status.

## Gaps and Debates

- Guidance is needed on how to apply the most appropriate terminology to different programming activities or processes. For instance, language used in the project proposal or the monitoring and evaluation framework may (necessarily) differ from the language used in community sensitization or data collection tools.

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#### (Footnotes)

- 1 UNICEF, (2004) "The Framework: For the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS": [http://www.unicef.org/aids/files/Framework\\_English.pdf](http://www.unicef.org/aids/files/Framework_English.pdf)
- 2 UNICEF, (2004) "Orphans and Vulnerable Children Living in a World with HIV and AIDS, Second Global Partners' Forum": [http://www.unicef.org/aids/files/Report\\_from\\_the\\_Washington\\_GPF\\_2004.pdf](http://www.unicef.org/aids/files/Report_from_the_Washington_GPF_2004.pdf)
- 3 UNAIDS, UNICEF, DFID (2006). Report on the Global Partners' Forum 2006 (soon to be available on the UNICEF website).
- 4 Such as ART, Tuberculosis and other Opportunistic Infections, and Prevention of Mother to Child Transmission (PMTCT)
- 5 Greenblott, Kara and Greenaway, Kate (2007), "Food Security and Nutrition: Meeting the Needs of Orphans and Other Vulnerable Children Affected by HIV and AIDS in Africa": [http://www.wfp.org/food\\_aid/doc/Food\\_Security\\_and\\_Nutrition\\_Meeting.pdf](http://www.wfp.org/food_aid/doc/Food_Security_and_Nutrition_Meeting.pdf)
- 6 On behalf of the Inter-Agency Task Team on Children and HIV and AIDS.
- 7 Agencies represented included Catholic Relief Services, CARE US, Constella Futures, World Vision US, Family Health International, Project Concern International, Plan International, US Mission to the UN Agencies for Food and Agriculture, FAO, WHO, WFP and UNICEF.
- 8 As there is already an IATT Working Group dedicated to the theme of PMTCT and Paediatric HIV, this Working Group will focus its efforts on the larger context of Food Security and Nutrition for Children Affected by AIDS.
- 9 Examples of monitoring and evaluation tools for assessing child wellbeing include the Child Status Index (Constella Futures) and the Children's Wellbeing Tool (Catholic Relief Services).

## 8. What we know

**Working through partnerships and existing mechanisms improves reach and sustainability.** It is crucial to **invest in building the capacity of community-based organizations, faith-based organizations and non-governmental organizations** to manage resources, conduct required monitoring and scale up programming. Through a partnership approach, many effective entry points exist to reach vulnerable children, including those in need of treatment for HIV, including home-based care networks and community self-help groups of people living with HIV. Existing on-site feeding programmes for school-going children continue to be the most straightforward mechanism for targeting vulnerable children on a large scale.

### Gaps and Debates

- The use of food as an payment for teachers, home-based care providers and others who volunteer time to work with children is not well understood; experiences to date should be collected and shared, and specific knowledge gaps identified and prioritized;
- Controversy remains around the attachment of conditionality to take-home rations in school feeding programmes;
- We need to understand the *methodologies* behind effective adaptation and scaling up of existing successful programmes.

## 9. What we know

**A long-term (10-15 years) outlook and planning cycle is required** in order to integrate new patterns of growing, harvesting, preparing, eating, storing and preserving food that would meet the food security and nutrition needs for this generation and the next. A developmental approach to child nutrition may include short-term emergency relief to vulnerable children/households but must ensure that sustainability mechanisms (allowing individual children/households to transition or graduate) are built in from inception.

### Gaps and Debates

- Opportunities for prolonged follow-up are urgently needed to understand how programmes influence (or fail to influence) young people to become healthy, productive adults and parents.

## 10. What we know

**A fundamental purpose of food and nutrition programming is to create a protective environment for the child or young person,** hence the need to emphasize indicators that reflect this goal.

### Gaps and Debates

- We need to listen more carefully to what children and caregivers are saying about their situation. Triangulation of multiple methods (rather than using quantitative methods alone) will provide a more accurate basis for assessment, monitoring and evaluation of impact;
- Monitoring and evaluation systems need to place greater emphasis on higher-level (outcome) indicators;
- A challenge remains around selecting and funding appropriate dissemination methods to ensure that what we do know is used to guide work in the field, to encourage donors and to inform policy makers;
- It would be helpful to identify and agree on a set of minimum standards in food security and nutrition programming for children affected by HIV and AIDS.