

# FACTS & FIGURES

*Up to 80% of the people in the most affected countries depend on agriculture for their survival.*

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*By 2000, the agricultural workforces in 12 high-prevalence African countries were between 3% and 10% smaller than they would have been in the absence of AIDS.*

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*The worst affected African countries are expected to lose up to one-fifth of their agricultural labor force by 2020.*

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*Research in Kenya showed that the death of the household head causes a decline in crop production and non-farm incomes for at least three years.*

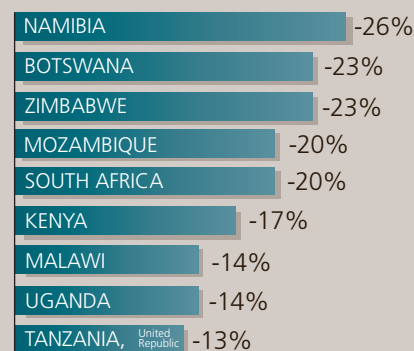
# HIV/AIDS, Livelihoods & Food Security

## FOOD IN THE GLOBAL AIDS RESPONSE

### Soaring food prices

The high food price crisis has renewed global interest in issues related to food insecurity among those affected by the AIDS pandemic. High food prices result in dietary changes that severely affect the health and nutritional status of hundreds of millions of people. The population groups most affected by decreases in the quality of diet are those with the highest nutritional requirements, including young children, pregnant and lactating women, and the chronically ill. Urban populations are not only disproportionately affected by HIV and AIDS in many countries, but are also particularly vulnerable to high food prices given that they often have fewer strategies they can employ to cope with high prices.

Projected loss in agricultural labour force through AIDS in the nine hardest-hit African countries, 1985-2020



### A Vicious Cycle

AIDS and food security are entwined in a vicious cycle. Food insecurity accelerates the spread of HIV by increasing people's exposure to the virus and the risk of the infection following the exposure. AIDS strikes the most productive members of society, killing them slowly, drawing others from the workforce to care for them. It erodes expenditures, limits household access to credit and

undermines productive and non-productive assets. As a result, the spread of HIV has a dramatic impact on food production, food security and income.

### AIDS threatens agricultural production

When farming households are affected by the disease, they tend to plant fewer hectares and less labor-intensive crops which are not always as nutritious. Many studies showed the negative impact of adult deaths on rural livelihoods. For instance, a study in Rwanda showed that 60 to 80 percent of rural households suffering from illness or death have reduced farm labor while 50 percent have a deteriorated diet. A study from Kenya found the death of a prime-age male household head to be associated with 68 percent of reduction in per capita household crop production value. FAO estimates that seven million agricultural workers died as a result of AIDS globally between 1985 and 2000. FAO projects that by the year 2020, the epidemic will have claimed at least one-fifth of the agricultural work force in most southern African countries. This has obvious implications on those countries' ability to feed their populations.

#### SOURCES :

Statements and statistics reflect the most reliable information currently available from the United Nations family of agencies, academic sources and partners in the international aid community.

## Slow-burning nature of AIDS

AIDS exerts its effects over a long period of time while rendering other shocks both more severe and more likely to occur. Research in Malawi showed that households affected by HIV and AIDS took up to 18 months to stabilize, with a new equilibrium income that was about half of the pre-shock income levels. Similar findings were found in Kenya where poor households living in rural areas showed a decline in crop production and non-farm incomes for at least three years after the death of the household head.

## The cost of care

When family members from a farming household fall sick, they work less. At the same time, those who are healthy and would normally work must stay home to care for sick relatives, a double blow to the family's ability to tend to their fields. Family income naturally declines at the same moment when more money is needed to pay for health care. With their income stretched to the limit items like food, education, and other basics suffer. The entire family can be affected by malnutrition as a result.

## Short-term solutions

Hunger, persistent ill health and the death of productive adults can lead poor families to sell their land and possessions and to use their savings to meet short term needs. Children, and especially girls, are withdrawn from school because their parents can no longer afford even the most minimal educational expenses and need their help at home. While the sale of assets, the use of savings, and the elimination of education-related expenses may help the family meet immediate needs, it is at the expense of longer-term food security, especially for children.

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## WFP in the Field

In **Mozambique**, WFP and FAO established an innovative response to the growing orphan problem. The Junior Farmer Field and Life Schools train orphans and vulnerable children from 12-17 years of age for 12 months using a combination of traditional and modern agricultural techniques, adapted to children. The children learn agricultural techniques, life skills and explore sensitive issues such as health and psycho-social problems. The nutritious meals provided by WFP enable the children to learn and participate enthusiastically. The JFFLS are being expanded to other countries including Kenya, Namibia, Swaziland, Zambia and Zimbabwe.

In **Rwanda**, WFP's training in food-insecure areas emphasizes income-generating activities and vocational skills. Classes are available in food processing, retail and trade, metal forging and woodworking. Food assistance is provided to people living with HIV and AIDS to allow them to save money or buy medicine.

In **Tanzania**, in coordination with the Academy for Educational Development and the World Health Organization, WFP is providing food assistance to over 115,000 food-insecure households affected by HIV/AIDS.

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WFP/A. VICK

## Case Study: Promoting Good Nutrition and Early Diagnosis in Uganda

Through an Italian NGO, the Association for Voluntary International Service or AVSI (*Associazione Volontari per il Servizio Internazionale*) and a project called *Reach Out*, WFP delivers food and essential services to people living with HIV and AIDS in the slums of Mbuya Parish in Kampala.

Most of the project beneficiaries are widows who have lost their husbands to AIDS. With little or no education and no job skills, these women lack the income to buy food, pay school fees or meet other basic family needs. WFP food assistance is critical to their survival. Each beneficiary receives a ration of maize, pulses, corn-soya blend and vegetable oil sufficient to feed a family of five. The demand for assistance is so great that it has been necessary for *Reach Out* to prioritise applicants who wish to receive food. There is a waiting list for the programme.

*Reach Out* gives priority to individuals who suffer from both HIV/AIDS and tuberculosis. The organization reports that people are willing to undergo testing knowing they will be eligible for food assistance if they test positive. Of those who have come forward, almost 64% have tested positive for both HIV and TB and are benefiting from counselling, medical services and food assistance.



For more information about WFP programmes and services or to make a donation:

visit our Web site  
[www.wfp.org](http://www.wfp.org)

or contact  
The HIV/AIDS Service  
World Food Programme  
Via Cesare Giulio Viola 68/70  
00148, Rome, Italy  
E-mail: [wfpinfo@wfp.org](mailto:wfpinfo@wfp.org)