

## Addressing HIV & Gender Inequities through Agriculture

### Regional Response to Food Insecurity in Eastern and Central Africa

The HIV epidemic is “an emergency within the emergency”.

The overwhelming majority of **people living with HIV and dying of AIDS** are the rural poor of developing countries, and among them women figure disproportionately. This is particularly true in Eastern and Central Africa where the cumulative impact of many years of political crises, conflicts and displacements have disrupted the livelihoods of local populations. Breaking the inter-generational transfer of indigenous knowledge and life skills, causing individual and social trauma, the loss of productive assets and triggering the destruction of already scarce rural infrastructures, the long-standing protracted humanitarian emergencies are further aggravated by the HIV epidemic. The intensity with which HIV impacts vulnerable populations is striking: through stigmatization and loss of labour force, families fall into a downward spiral of impoverishment, loss of assets and adopting risky coping strategies.

**Gender inequities** increase the potential for transmission of HIV. In emergency situations, gender inequities often translate into Gender Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) of women and children. This is not only triggered by a situation of surrounding physical insecurity and collapse of law and order, but also by the vulnerability of the victims to food insecurity. Exploitation and violence often occur in a situation of unbalanced power relations, of low status of women, of impunity for the perpetrators, or in a situation of unbalanced wealth between perpetrators and victims (possession of food/ money/ other goods). Women victims of abuse and violence are often unable to negotiate safer sex or to refuse unwanted sex and to provide appropriate food and care to their children. Victims of SEA and GBV are often stigmatized within their families and communities, even more so if they are HIV positive as a consequence. Not only the victims are often deprived of traditional solidarity nets, but gender inequities bare an impact on the household division of resources and access to food, care, assets and land.

Rapid interventions integrated into a long term development strategy are needed, for the combination of emergency and development approaches ensures that immediate life-threatening issues are addressed while working on sustainable solutions for the long term.

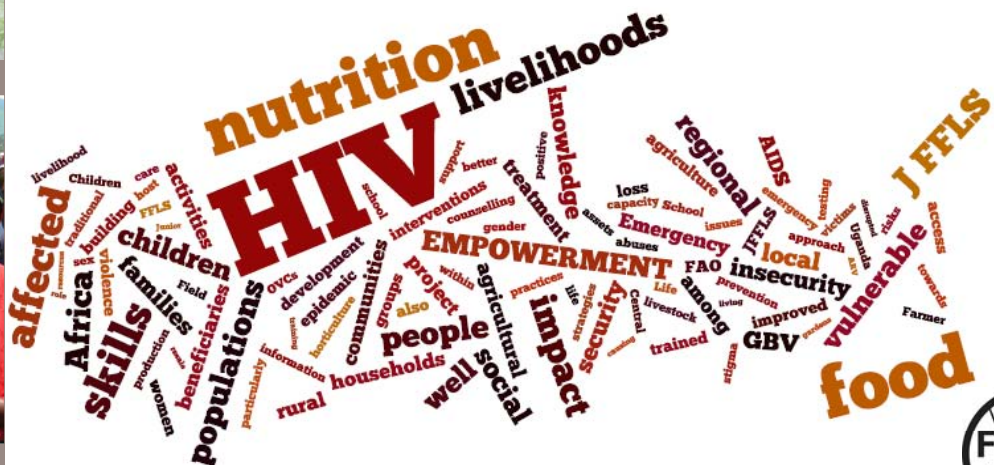
Effective measures lie with the **agricultural sector** and its capacity to assist in both the prevention and mitigation of the HIV consequences: HIV can lead to food insecurity and food insecurity increases the risks of exposure to HIV infection as well as the likelihood of HIV to progress into AIDS. Safe livelihoods (as opposed to coping strategies that include risky activities such as transactional sex) and food security are essential in diminishing these risks. Adequate nutrition is a condition for antiretroviral treatment and prevention of the development of full-blown AIDS.



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# Empowered over their fields...

**FAO's mission** is for *"a world free of hunger and malnutrition, where food and agriculture contribute to improving the living standards of all, specially the poorest, in an economically, socially and environmentally sustainable manner"* .

FAO therefore has a responsibility to populations who depend on agriculture, livestock, fishery and forestry for their survival by promoting sustainable agriculture, rural development, nutrition and food security. Specifically, under the **new FAO Strategic Framework composed of 11 Strategic Objectives (SO)** , FAO supports countries and partners to prepare for and respond to food and agricultural threats and emergencies ( SOI ), promotes gender equity in access to resources, goods, services and decision-making in the rural areas (SOK) ; and works to improve food security and nutrition (SOH) .

In the context of the HIV epidemic and recurrent natural or man-made disasters in Eastern and Central Africa, FAO has a major role to play in agricultural and livelihood knowledge transfer for communities whose traditional livelihoods are disrupted and whose adult population is dying prematurely, leaving elderly and children to cope with extremely fragile and vulnerable situations. Livelihoods support is a first step towards food and nutrition security and the return to a normal life. Working towards nutrition security is vital for HIV affected people as good nutrition slows the progression from HIV to AIDS and is also a condition for ARV treatment. Acceptance of HIV affected people by local communities and reduction of stigma encourages people to go for HIV testing and to seek counseling and treatment when found positive. In addressing gender inequities, ensuring that the most vulnerable can provide for themselves serves as a protective mechanism. The victims of SEA and GBV also often experience stigmatization and rejection from their families and communities. As in the case of HIV affected households, the rebuilding of livelihoods is a means for violence-survivors to re-gain acceptance in their respective communities as productive members of the society and to reduced stigma. Gender inequities and HIV effects in the region have also resulted in a weakening of women and children 's property rights and women 's empowerment in economic, social and political spheres is therefore key to a successful food security response.

The regional dimension of the HIV epidemic, of gender inequities and of food insecurity in eastern Africa calls for a regional approach and for the mainstreaming of interventions into regional policies and strategies, in collaboration with national and regional institutions.

## Regional Approach

With the support of the **Swedish International Development Cooperation Agency (Sida)** FAO is implementing HIV and Gender projects in the Great Lakes Region since 2004 first in Burundi, Uganda, Congo DRC, and then expanded to Rwanda and Kenya. These projects have helped reducing HIV-related stigma, increasing sensitization on gender issues and improving the levels of nutrition, food security and the livelihoods of HIV affected populations. In particular they have assisted the most vulnerable groups at risk of exposure to the epidemic such as among mobile and extremely poor populations with limited access to information on HIV.

The regional project (OSRO/RAF/808/SWE) funded by Sida is building upon lessons learned from interventions to improve the food security and nutrition of HIV affected households and victims of GBV. The assistance was delivered through the well proven Junior and adult Farmer Field and Life School (J/FFLS) approach.

Between late 2008 and mid 2010, FAO 's regional project targeted about 75 000 vulnerable people affected by HIV or GBV who received a combination of trainings on *life* and *farming* topics and necessary productive equipments. The training on life aspects included nutrition, HIV prevention, care and support, gender equity, property and inheritance rights. Depending on the beneficiaries ' preferences, the farming trainings included key production sectors such as horticulture and animal husbandry complemented with the necessary vegetable and staple seeds, farm animals and gardening tools.

**In Northern Uganda**, within the displaced and resettling population of Kitgum and Adjumani district, 600 vulnerable adults and 600 OVCs have enrolled in the J/FFLS. They have developed solidarity networks and have become very active in peer-teaching, transferring knowledge to others members of their communities. In particular, through replication of kitchen gardens at home and the resale of surplus production, the youth are able to pay school fees, buy books and clothes for themselves and their siblings, thereby improving their social status within their host families. Trained in general nutrition as well as on proper complementary feeding practices they can take better care for their younger siblings, which is particularly important in HIV affected households where one or both parents are missing. Their school attendance has improved as their families and themselves are starting to associate schooling with improved living conditions.

**In Eastern DRC**, families were selected among rural populations including victims of sexual violence and abuses, demobilised child soldiers and orphan-headed households. More than 13 000 people have been assisted through the JFFLS and FFLS setup and traditional support and have received technical training on horticulture, nutrition, GBV and HIV. As a result the victims of Sexual and GBV assisted by the project are able to reintegrate their house and their communities.



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# ...Empowered over their lives.

The Farmer Field and Life School ( FFLS ) is a form of adult education based on the concept that people learn best from field observation and hands-on experimentation. Groups composed of men and women observe, test and discuss the dynamics of crop ecosystems from the phase of planting to that of harvesting following the crop calendar. The project uses the Human Ecosystem Analysis ( HESA ) in combination with the Agro Ecosystem Analysis ( AESA ): trained facilitators use these methods to explain and analyse human health and social problems through analogies with plant and animal problems. Special group activities encourage learning from peers, thereby strengthening the communicative skills of the participants and encouraging group building.

## In Junior Farmer Field and Life Schools ( JFFLS )

orphans and vulnerable children ( OVCs ) aged 12 to 24 years are trained on traditional and modern agriculture as well as on life skills by inter-disciplinary teams of extension workers, school teachers and social animators. Children work in groups and learn through experimentation, drama, singing and dancing, or other participatory methodologies. They acquire skills adapted to their livelihood context that aim at diminishing their vulnerability to food insecurity and malnutrition, as well as at building their knowledge, social skills and self-confidence. The main objective of JFFLS is to empower vulnerable children to direct their own futures, whether in the agricultural sector or not.



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**In Kenya**, through the 18 JFFLS and 32 FFLS set up, people affected by the post election violence from the different ethnic tribes in conflict, are able to work together towards a common goal of improving the food security and nutrition situation of their families, and therefore to build peace between themselves and within their own homes. The increased knowledge on HIV and GBV acquired has helped to reduce stigma and improve prevention within the groups.

**In Rwanda**, the project supported the *Rwandophones* returning from Tanzania resettled in the Eastern province. All the beneficiaries have been trained on how to set up a kitchen garden and have received the necessary seeds and tools for the practical set up of 2150 gardens. The members of the JFFLS are recognized by the local authorities as examples for the surrounding communities, which has assisted them in their integration process. As a result of the trainings, about 630 beneficiaries decided to know their status and have attended the VCT mobile facilities organized in the sites and were supported accordingly.

**In Burundi**, within vulnerable populations in peri-urban areas of Bujumbura, Gitega and Ngozi and peace villages in Rumonge 5 350 households affected by HIV and GBV have strengthened their capacity on vegetable gardening in particular. Trainings on "Living well with HIV" and farming have boosted vegetable production, lead to better nutritional status of their households and have also improved their incomes. The vulnerable youth out of schools found in the JFFLS structures not only knowledge in agriculture and life skills but also new hopes for the future.

## Impact

**Livelihoods:** The horticulture and small livestock activities have improved the nutrition and health status of beneficiary households affected by HIV and GBV, while the resale of surplus production has provided them with additional income. The most vulnerable are rebuilding their livelihoods and regaining a greater degree of autonomy.

**Awareness:** Members of the communities receiving HIV sensitization are increasingly going for voluntary testing. Those testing positive are assisted with counseling and have access to antiretroviral treatment, better nutrition and hygiene. These services not only mitigate the impact of HIV on their livelihoods but also contribute to HIV prevention in the community at large.

**Social cohesion & peace building:** The grouping effect of the JFFLS approach has helped to reduce stigma, strengthen social re-integration, and empower individuals affected by HIV and/or GBV and their families. It has also proved to be a powerful tool for peace building, reconciliation and reconstruction of social cohesion between different ethnic groups as well as between returnees, refugees and host communities.

**Institutionalization:** Local authorities, NGOs and associations have greatly benefited from technical capacity building to jointly address issues of HIV and Gender inequities linked to food insecurity and malnutrition which guarantees sustainability of the activities initiated. They also built capacity on JFFLS approach and fully took it on board.

**Empowerment:** Capacity-building and promotion of peer training and assistance, combined with the popularity of the JFFLS activities among local populations, have created a spill-over effect: the impact observed extends far outside the boundaries of the project sites, as beneficiaries trained in the JFFLS have become role models and can in turn facilitate JFFLS for other members of their community.



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# This is what they say...

“ With the FFLS we have acquired agricultural knowledge and skills to adapt to our new living conditions, we built our kitchen gardens, improved our nutrition and hygiene practices and started making money from our surplus production and from teaching other communities. With the support of the local government, we are organising ourselves to form a farming cooperative. ”

*John Mugisha, leader of the Ndama FFLS group, Gatsibo Distric, Rwanda*

“ We have organized participatory cooking demonstrations for JFFLS members and their guardians and parents. I also taught my JFFLS groups to dry vegetables in order to preserve harvested vegetables for longer periods. This allowed them to significantly reduce post-harvest waste and to have the time to reach markets to sale surpluses and increase their families ' incomes. ”

*Regina, teacher and JFFLS facilitator, Boroli Primary School, Uganda*

“ I have learned how to face HIV, what to do if I am tested positive, how to protect myself and other people. I have learned how human beings and the environment interact, how many things come together to influence the way we live. I have also learned how to animate groups, and I became a trainer myself: I am paid by other villages to teach them what I have learnt at the FFLS. ”

*Nadia Uwimana, FFLS member, Ndama site, Rwanda*



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MaryAnn, Sema, Alexander, Sam, Janet, Juliana, Andersen and the other orphans of the Twiga JFFLS group have successfully carried out their first agricultural cycle. They are now looking for opportunities to continue the JFFLS activities and to expand them with new crops and small livestock. They hope to go to secondary school, to travel to meet other JFFLS groups from other areas and ethnic groups and to visit AIDS affected family members.

*Twiga JFFLS, Niakyo Primary School, Kenya*



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“ Members of the two main population groups, Kikuyu and Kalenjin, have been mixed on purpose to allow them to start the reconciliation process by working together, both in the fields and in the classroom. This approach has been a great success. The FFLS members themselves are surprised how quickly they forgot their reserves. They have started acting as brothers. ”

*Fridah Ongayo, FFLS facilitator, Uasin Gishu, Kenya*



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“ The training we received has brought us skills in planning and organisation and it has improved our agricultural techniques. Our food production has increased, in particular for cassava, which is our main staple food and secures us from hunger. We have also learned about HIV, how to protect ourselves, how to live with it and where to go to receive counseling. Now we don 't think about the past anymore, we think about the future. We are starting a new FFLS group to answer to the demand of other village people who want to be trained. I will head the group but we need support, with tools, seeds and training!”

*Philemon Nyandwi, Village Chairman and Muzuburimi FFLS member, Rumonge, Burundi*

***“ The project has provided an innovative and ground breaking step on the way towards more participatory and beneficiary driven support system that addresses the specific needs of vulnerable populations affected by HIV/AIDS and GBV ”.***

*FFS –Foundation*



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