UGANDA: AIDS and Food Security

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Background: AIDS and Policy

- First AIDS case diagnosed in 1981 in Rakai
- 1992 saw peak of HIV infections 30% in some areas
- Current HIV Prevalence level: 6.4%
- First National policy guidelines developed in 1993 and revised in 1996
- Policy guidelines spearheaded by UAC
- In 2003 - National AIDS Policy developed
- In 2005- final draft of the policy submitted to Cabinet for approval.
- In 2006 – Revision of the NSP for HIV/AIDS
Food Insecurity: Causes

• Inadequate rainfall, pests and diseases and excessive rain (*El niño*)
• Feeding practices
• Over-dependence on ill-equipped women for agricultural labour
• Low incomes
• Limited access to markets
• Diseases especially HIV/AIDS
• Civil strife or insurgency (links to AIDS)
AIDS and Food Security Links

• High HIV prevalence are also food insecure
• AIDS and food security central to realisation of the Five Pillars of PEAP
  – Pillar 1: Economic Management: High risk families and family members affect effective wealth creation process through labour losses in time and costs of treatment & care for the sick
  – Pillar 2: Production, competitiveness and incomes: HIV&AIDS erodes the little family resources hence reducing competitiveness in the production process to generate income for both individual and family needs
AIDS and Food Security Links

- Pillar 3: Security, conflict-resolution and disaster-management: HIV/AIDS has four waves and Pillar three is related to the fourth wave of the possibility of causing mass socio-economic and political unrest that ultimately affects national and regional security (see Gillespie, 2006)
- Pillar 4: Good Governance: Effects on Pillar 3 affect democratization, justice, law and order
- Pillar 5: Human Development. HIV/AIDS and other epidemics directly impact on the development process and developing quality of human resource/life.
AIDS and Food Security Links

• Food and nutrition security is central to PEAP and other HIV/AIDS-related policies
  – ABC, ABC+ (with VCT), PMTCT, ART and Positive living, HIV/AIDS Care and Support Services,
  – Sector Specific policies (HIV/AIDS and the workplace, education sector and HIV/AIDS policy as well as the Fisheries AIDS policy).
  – HIV/AIDS also strongly relates to Food and Nutrition Policy, PMA, Boona Bagagawale

• Need to mainstream AIDS into food and Nutrition policy and vice versa
RENEWAL Uganda

- RENEWAL Uganda started in 2001
- Has since worked closely with UAC and other Stakeholders
- First projects: 2 projects being implemented (since April 2006) under RENEWAL 2
  - Study one: Land ownership, control and use among HIV affected female households
  - Study two: Gender dimensions in Food/nutrition & HIV/AIDS among IDPs in Northern Uganda
- Stakeholder mapping led to the present constitution of RENEWAL Uganda NAP
RENEWAL Ug. NAP - Constitution

1. Faculty of Social Sciences, Makerere University (Host)
2. Uganda National AIDS Commission (UAC)
3. Ministry of Agriculture, Animal Husbandry and Fisheries (MAAIF)
4. Ministry of Health (MoH)
5. PLWHA group or Network – NAFOPHANU
6. UN theme group on HIV/AIDS – Represented by WFP
7. Private Sector Foundation of Uganda (PSFU)
8. Uganda Network of AIDS Support Organisations (UNASO)
9. National Agricultural Advisory Services (NAADS)
10. National Council of Science and Technology (UNCST)
12. National Coordinator and Regional Coordinator
Current RENEWAL Activities

- Stakeholder mapping and Engagement
  – Coordinating and supporting two studies
  – Policy mapping (see slide 7)
  – Identifying Policy Research priorities
  – Dissemination of Information (coming from and to RENEWAL to potential users, and forum dissemination of study findings)
  – Engaging policy makers e.g. getting Parliament to be represented on NAP
Future RENEWAL Activities

• Action Research:
  – More policy relevant studies in relation to HIV/AIDS and Food security e.g. with TASO and also other areas e.g. Food and implementation of UPE and USE (local, demand-driven research priorities)
  – Support the NSP implementation with research evidence
  – Operational research (M&E) needed to inform scale up best practices

• Capacity Building
  – Capacity Building for Effective Research and information dissemination
  – Information sharing
  – Participation in regional courses on offer (professionals/researchers)

• Policy Communications
  – More engagement of critical policy-making organs
  – Creation of Public dialogues with stakeholders on AIDS and Food security
  – Participation in regional fora