A Status Analysis on Community Vulnerability to HIV&AIDS in Food Insecure Settings:

A Case of Post-Conflict Areas in Uganda

A·C·O·R·D

Acronyms

ACORD	Agency for Cooperation in Research and Development
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-natal Care
ART	Anti-retroviral Therapy
CSOs	Civil Society Organizations
EVIs	Extremely Vulnerable Individuals
FANTA	Food and Nutritional Technical Assistance
FAO	Food and Agricultural Organisation of the United Nations
FEWSNET	Famine and Early Warning Systems Network
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GoU	Government of Uganda
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plan
IDPs	Internally Displaced Persons
KI	Key Informant
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MoGLSD	Ministry of Gender, Labour and Social Development
MoH	Ministry of Health
MoU	Memorandum of Understanding
NAADS	National Agricultural Advisory Services
NAFOPHANU	National Forum of PLHA Networks in Uganda
NARO	National Agricultural Research Organisation
NASOs	Networks of AIDS Service Organisations
NGO	Non Governmental Organisations
NRS	National Resettlement Policy
NSP	National Strategic Plan
NUSAF	Northern Uganda Social Action Fund
OPM	Office of the Prime Minister
PEAP	Poverty Eradication Action Plan
PEs	Peer Educators
PLHA	Persons Living With HIV&AIDS
PMTCT	Prevention of Mother to Child Transmission
PRDP	Peace, Recovery and Development Plan
TASO	The AIDS Support Organisation
UAC	Uganda AIDS Commission
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UHSBS	Uganda HIV Sero-Behavioral Survey
UNGASS	United Nations General Assembly Special Session on HIV&AIDS
UNHS	Uganda National Household Survey
WFP	World Food Programm
WHO	World Health Organisation

Definition of Key Terms

Food access: Household's ability to obtain food in gardens, the marketplace or from other sources (transfers, gifts, etc.). In the context of HIV, affected households and infected individuals may be too ill or overburdened to earn money to buy food, or produce their own food

Food security: A situation whereby "all people, at all times, have physical and economic access to sufficient,safe and nutritious food to meet their dietary needs and food preference for an active and healthy life

Food insecurity: This is distinguished in two ways, namely chronic and transitory; chronic food insecurity is a long-term or persistent inability to meet minimum food consumption requirements, while transitory food insecurity is a short-term or temporary food deficit

Food utilization: This is determined by food safety and quality, how much a person eats and how well a person converts food to energy, all of which affect proper biological use of food, nutritional status and growth

Livelihood security: Adequate and sustainable access to income and resources to meet basic needs (including adequate access to food, potable water, health facilities, educational opportunities, housing and time for community participation and social integration

Vulnerability: This can be defined as the exposure and sensitivity to livelihood shocks, a concept that begins with the notion of risk. The degree of vulnerability depends on the nature of the risk and a household's resilience, or "ability to bounce back or recover after adversity or hard times, to be capable of building positively on these adversities

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Executive Summary

Introduction and Methodology

This study was commissioned by the Agency for Cooperation and Research in Development (ACORD) with the overall objective of collecting information on the status and extent of community vulnerability to HIV&AIDS in food insecure post-conflict communities in Uganda. Specifically, the study among others, aimed at finding out the status of food security in the selected communities; explore the linkage between HIV&AIDS and food insecurity; determine the status of the vulnerability of people living with HIV&AIDS (PLHA) to food and nutrition insecurity and also to identify the gaps, challenges and lessons in policy implementation and development with regard to HIV&AIDS and food & security for PLHA at local and national levels. A largely qualitative technique in selection of study participants and data collection was employed. The study population comprised of community members in the two districts and key stakeholders both at district and national level. Data were collected through focus group discussions, key informant interviews and a desk review of key documents.

Key Findings

HIV&AIDS and Food Security in Post-conflict Communities

With HIV prevalence of 6.4% in adults and 0.7% in children, Uganda continues to have a generalized and severe epidemic. Regional variations indicate that HIV prevalence stands at 8.2% for the post-conflict northern Uganda, higher than the national average and Gulu and Kitgum districts in particular posting the highest HIV prevalence estimated at 16% and 10% respectively. There is evidence that sentinel surveillance sites from the post-conflict mid-north generally record higher overall prevalence among all ANC sites in the country. The epidemic accounts for the low life expectancy in the country and also accounts for the reduced labour supply to the agricultural sector. It is estimated that out of 30.7 million people, over 4.4 million are considered food insecure, this according to the FAO State of Food Insecurity in the World Report. Although many other communities in the country suffer intermittent food shortages, northern Uganda faces the problem of acute food insecurity. Overall, the country is registering slow progress towards meeting the Millennium Development Goals (MDGs) targets in relation to HIV&AIDS as well as the set United Nations General Assembly Special Session on HIV&AIDS (UNGASS) targets on HIV&AIDS.

Out of the estimated 1.1 million people in Uganda facing acute food insecurity, 81% are in the Karamoja region, while the remaining 19% is found in the post-conflict communities of the north. Amongst these, the most food insecure populations include the internally displaced persons (IDPs), and returnees; who constitute about 80% of the population in Northern Uganda. Despite the increased access to land, almost all households in the region are barely able to meet their basic food requirements. With external assistance from World Food Programme (WFP) and other agencies coming to an end, there are fears of more widespread hunger in the region.

Several drivers of vulnerability to food insecurity were identified in this study raging from climatic hazards, changes in gender roles, changes in farming technologies, availability of arable farming land, and the attendant land wrangles that limit accessibility to land, and HIV&AIDS. Although the proportion of the poor in Uganda reduced from 39% down to 31%, the population of people below the poverty line (31%) is still below the Millennium Development Goal (MDG) target of 28%.

Community Vulnerability to HIV&AIDS in Food Insecure Post-conflict Communities

With limited access to land for cultivation, almost all IDPs survived on the monthly food rations provided by WFP through its Food Assistance Programme. Due to food shortages and scarcity, cases of displaced young daughters and wives engaging in transactional sex with soldiers, traders and relatively affluent persons in exchange for food or money exacerbated community vulnerability to HIV infection. Almost all initial interventions in the IDPs camps were focused on ensuring immediate basic survival—food, clean water etc. As such, HIV&AIDS interventions were not primarily focused on, which inadvertently affected levels of awareness about basic facts of, and response to HIV&AIDS. Even with more than 70% of former IDPs estimated to have returned to their original homes, there are concerns about challenges of access to social service provisions including HIV&AIDS interventions that should help to translate into reduced vulnerability to infection with HIV.

The Linkage between Community Vulnerability to HIV&AIDS and Food Insecurity

The strong link between community vulnerability to HIV&AIDS and food insecurity has long been demonstrated. The effects of HIV&AIDS cause food insecurity, and food insecurity potentially causes vulnerability to HIV infection. This cyclical nature of the relationship between food insecurity and HIV depends on a number of factors such as household demographic structure, gender of household head, number of people infected in the household, level of community reciprocity and nature of social networks. A number of factors have been identified in this study, which compromise community resilience to HIV&AIDS. These include erosion of safety nets both formal and informal, the non-involving nature of life in the camps, low levels of use of HIV prevention approaches such as condom use, breakdown in the health service delivery and high levels of stigma and discrimination.

Vulnerability of People Living with HIV&AIDS to Food and Nutrition Insecurity

Nearly all PLHA in post-conflict northern Uganda do not have access to sufficient amounts of nutritious foods. In the past organizations such as WFP had a specific programme targeting extremely vulnerable individuals (EVIs) who included PLHA, but such programmes have since closed. Currently, only ACDI/VOCA provides food to PLHA who are registered with TASO in Gulu, Amuru and Lira. In all this, women are disproportionately affected by the epidemic; they face double discrimination because of their HIV&AIDS status and their social status. Women are severely and unequally affected by malnutrition, hunger and poverty, which make them more vulnerable to the disease. Lack of rights and lack of physical access to adequate food and productive resources increase women's vulnerability to HIV&AIDS.

The main causes of vulnerability of PLHA to food insecurity actors identified in this study include episodes of morbidity and poverty, lack of labor in the PLHA households, low agricultural productivity due to a shift in the responsibility of production of food to children, large family size, weakening of extended family system and non-specific targeting of PLHA in government programs. Despite the high levels of vulnerability, study participants observed that during the times of war, food insecure households would survive on external assistance from organizations such as WFP, FAO, World Vision, TASO etc, and relatives but currently, this kind of support is inaccessible for the majority of PLHA. Consequently, to cope with food insecurity, PLHA have resorted to reduced food intake, providing casual labour in exchange of food or to earn money to enable them access food on market, collecting firewood and burning charcoal and some petty trade to raise money for buying food and other necessities of life.

Integration of food security into the HIV&AIDS Response and Gaps

Organisations engaged in promotion of livelihood and HIV&AIDS activities draw their mandate and guidance from the country's National Strategic Plan (NSP) on HIV&AIDS—2007/08-2011/12. The NSP recognizes that food insecurity and low nutritional status can be a causal factor for HIV infection as well as a consequence. In the post-conflict districts, organizations such as ACORD, Health Alert, Caritas, World Vision and ACDI/VOCA have attempted to integrate food security and HIV&AIDS in their programmes as guided by the NSP. Also in line with NSP, the country has developed and disseminated national food and nutrition guidelines for PLHA. To-date, various AIDS care and support agencies have integrated nutrition counselling and education, into their care programmes. Although not seriously considered, the NSP provides platform for enacting and enforcing appropriate food and nutrition security by-laws at local government level to mitigate the impact of HIV&AIDS on households.

Study findings point to glaring gaps in the HIV&AIDS response with regard to food security and agricultural production. From the strategic point of view, gaps in food and agricultural response amidst HIV&AIDS have been caused by the strong emphasis put on prevention in the national response and lately to treatment of PLHA with anti-retroviral drugs (ARVs) at the expense of interventions aimed at mitigation of the socio-economic impact where issues of food security and agriculture would be handled.

Challenges in Promoting Agricultural Production and Food Security

Several challenges were identified with regard to promotion of agricultural production and food security in post-conflict Uganda. Notable among these challenges include; limited access to land due to evolving dynamics in the communal tenure system, inadequate labour force, high morbidity among PLHA, lack of planting seedlings and materials, and lack of farming implements. Other challenges include transition from IDPs to villages, climate change, high demand for food from neighbouring Southern Sudan that creates an urge to sell the little that is available, using labour demanding technology, small acreage of land cultivated and limited access to improved seeds.

Policy and Advocacy Engagement for Food Sovereignty

Although the Government of Uganda (GOU) provides the national policy and planning framework to guide all actors involved in promotion of interventions and programmes aimed at restoring food production and security in the country, the current national policy and planning environment is equivocal on issues of community vulnerability to HIV&AIDS and food insecurity in post-conflict areas. Government policies, programs and plans such as the Plan for Modernisation of Agriculture (PMA), the Peace, Recovery and Development Plan (PRDP), Northern Uganda Social Action Fund (NUSAF) and the Rural Development Strategy (RDS) are equivocal on household food production and security in the context of community vulnerability to HIV&AIDS in food insecure settings. The recently launched National Development Plan (NDP) 2010/11-2014/2015, although categorising agriculture as a primary sector, and HIV&AIDS under social sector, it is silent on food security and nutrition needs of PLHA or improved agricultural production among vulnerable communities and households ravaged by HIV&AIDS, and particularly, those in post-conflict area.

The above notwithstanding, the relative peace in the region, existing government policies and plans, existing modest expertise at national and sub-national levels in the agricultural sector and departments as well as the good will of development partners presents an opportunities for advocacy and policy engagement. In particular, the involvement and presence of numerous stakeholders involved in agricultural production and food security can propel the advocacy agenda.

Recommendations

Immediate-Term

1. **Strengthen capacity of national and sub-national governments to implement enabling policies and programs addressing food sovereignty and HIV&AIDS**

   During the ongoing processes of resettling IDPs, there is need to strengthen the capacity of national and sub-national governments with expertise and resources to link downstream interventions with upstream policies.
   It involves identification and training HIV&AIDS Focal Persons at national and sub-national levels in relevant sectors and equipping them with technical and organizational skills to design, ensure and monitor implementation of policies and interventions aimed at lowering community vulnerability to HIV&AIDS in food insecure settings.

2. **Work closely with local leadership and clan leaders to address land wrangles and encouraging households to store food**

   To enhance food security and agricultural production in the recovery and transition period, Government and civil society agencies should work closely with community-based structures including local leadership, clan and opinion leaders to address land wrangles, which are increasingly becoming a barrier to land access. Similarly, all stakeholders including the general community should be sensitised on post-harvest storage practices and pass appropriate bye-laws compelling households to maintain granaries with food at most times.

3. **Promote and support labour saving agricultural technologies**

   Communities should be supported with labor-saving techniques such as animal traction especially to save the women who currently shoulder the burden of food provision for their households. Women in particular (and receptive men) can best be supported within their farming groups and each group is given an oxen and a plough.
   Apart from ploughing, they can be hired out to enable beneficiary groups earn income i.e., as an income-generating activity (IGA).

4. **Provide seeds, farming implements and livestock support**

   To enhance food self-reliance in the short run, communities should be supplied with high-yielding planting materials and seeds, accompanied with provision of simple farming tools such as hand hoes; pangas and animal traction at least per organized farming group.

5. **Food provisions to weaker members including PLHA in the interim**

   Although camps for IDPs have been decongested, there are still sections of the populations still significantly constrained to return to their natal villages. These are mostly the elderly, PLHA, unaccompanied children and other extremely vulnerable individuals (EVIs). For some time, food provisions in the immediate-run are recommended for all EVIs.

Medium-Term

1. **Build capacity of PLHA for self-reliance in food and nutrition**

   Deliberate programmes for capacity building and empowerment of PLHA (in terms of skills building for better agricultural practices) are urgent for self-reliance and advocacy for their food and nutrition and treatment rights.

Medium-Term cont'd

2. Link treatment programs to food security and nutrition

Government, development partners and civil society actors in most food insecure communities of post-conflict north should undertake efforts for enhancing integrated and comprehensive programmes which link treatment programmes such as ART more strongly to food security and nutrition for PLHA.

3. Formation of Strategic Partnerships

Government and civil society actors in the area of health and food sovereignty have a clear window of opportunity to realize better results through the formation of strategic partnerships for greater synergies to enhance sustainable livelihoods. Opportunities exist through partnerships with Microfinance institutions for technical and financial support for PLHA, private sector, FAO and other players; with research and development institutions in the public and private sector, NARO, NAADS, and others.

Long-Term

1. Mainstreaming HIV&AIDS

In the long run, there is need to intensify advocacy activities to raise awareness among policy-makers, programme-planners and practitioners both at national and local levels in order to effectively mainstream issues about HIV&AIDS in agricultural related programmes.

2. Sustainable access to social services

Further, the need to address longer-term needs, such as sustainable access to adequate social services and livelihoods is critical. Government needs to deliberately improve the livelihoods of the community through sustained establishment and maintenance of infrastructure including road networks that can link farmers to markets, provide extension services and promote vocational skills among youths.

3. Linking the households to veterinary and crop husbandry services

Farmers with sizeable pieces of land and livestock should be deliberately targeted for support with appropriate veterinary and other technical services to scale up production, serve as models of best practice to the wider communities in general and HIV&AIDS affected households in particular. Ultimately, enhanced farm productivity of PLHA should improve their income levels and nutritional status.

4. Hold Government accountable

A concerted advocacy agenda is required to hold Government accountable and responsive towards Regional and Global Commitments (Declarations and Protocols) to which it is signatory (Abuja, UNGASS, UA, Maputo). In particular, Government commitment and allocation of sufficient resources for integrated programmes on food and nutrition security for PLHA should be emphasized.

1.0 INTRODUCTION AND METHODOLOGY

1.1 Background and Overview

This study on "The Status Analysis on Community Vulnerability to HIV&AIDS in Food Insecure Settings" was commissioned by the Agency for Cooperation and Research in Development (ACORD), a pan African organization working for social justice and development in Africa, with its headquarters in Nairobi (Kenya). ACORD programming activities are based on 4 thematic priorities of Livelihoods, Gender, Conflict, and HIV&AIDS, delivered in 17 countries across Africa with country and field offices. Africa is the continent with more than 25 million people living with HIV&AIDS (PLHA). At the same time, it is the region of the world with the highest rates of poverty, and, despite being an agricultural continent; it also has the highest levels of people living with constant hunger. These issues are both cause and consequence of each other and the interaction between them is multiple and vicious, operating at the individual, household, community, national, regional and global levels.

To date over 33.4 million people in the world are estimated to be living with HIV&AIDS, with about 70% of these being in Sub-Saharan Africa[1]. Specifically, it is estimated that close to 2m people in Uganda are living with HIV and 6.4% having AIDS. The majority of PLHA are in their prime productive years of age 15 -49, with women and girls being disproportionately affected. Most of them are extremely poor and this increases their level of vulnerability. Although once viewed as solely a health concern, the epidemic has increasingly manifested itself equally as an economic, social and political threat, and with a growing recognition that HIV increases vulnerability to hunger and poverty.

It is estimated that one in three people in sub-Saharan Africa is chronically hungry and the goal of food security is receding rather than getting closer. Food sovereignty is an approach to the political, economic and social aspects of how to achieve food security that emphasises the production of food for people rather than the market, local and democratic shaping of policies, and care for the natural environment. At the start of the twenty-first century it was suggested that Africa is experiencing 'new variant famine' as a result of the interactions of HIV and hunger. In 'traditional' famines most deaths are among the very young and very old and societies have developed mechanisms that enable them, grimly, to cope. These might include such strategies as cutting down food intake, using up and selling assets, calling on kinship support, and turning to knowledge of alternative sources of food. With HIV in the mix in a new variant, famine mortality is increased among the economically active and coping mechanisms may not work. For instance, people living with HIV cannot physically survive on less food, assets and kinship support may already have been drained, and with adult deaths, knowledge of alternative foods may have been lost. The concept of new variant famine is still novel and continues to be subjected to testing and revision.

It is against the above background that ACORD sought to undertake a research on the "Food Insecurity and HIV&AIDS Nexus" in five selected countries including Uganda. The Uganda research was conducted in the food insecure settings of post-conflict Uganda covering the districts of Gulu and Kitgum.

1.2 Objectives of the Study

The overall objective of this study was to collect information on the status and extent of community vulnerability to HIV&AIDS in food insecure communities (post conflict communities). The specific objectives included:

1. To document the prevalence rate of HIV infection in the selected communities
2. To establish the status of food security in the selected communities
3. To explore the linkage between HIV&AIDS and food insecurity
4. To find out the past and current level of community vulnerability to HIV&AIDS in food insecure communities
5. To determine status of the vulnerability of PLHA to food and nutrition insecurity. i.e.;
   - The current situation with regard to access to sufficient, safe, nutritious food to meet PLHA needs
   - The prevailing factors that cause vulnerability of PLHA
   - The progress made since the MDGs and UNGASS declaration with regards to Food and nutrition Security and HIV &AIDS
   - The gaps, challenges and lessons in policy implementation and development with regard to HIV&AIDS and Food & nutrition security for PLHA at local and national levels
   - The coping strategies (at household/community level) and / or policies (at national / regional/global) level that work
6. To discern key issues from the findings to produce a policy brief that will inform advocacy engagement on the question of Food Sovereignty and treatment needs and rights of PLHA

1.3 Study Rationale

Food and nutrition security is intimately linked to an HIV&AIDS free environment and vice-versa. The Millennium Development Goal 1 (MDG1) seeks to halve hunger and extreme poverty for the vast population in Sub-Saharan Africa, while Goal 6 is aimed at reversing the spread of HIV&AIDS and achieving Universal Access to treatment for HIV&AIDS for all those who need it by 2010. Neither is close to being achieved and despite the critical link between food security and HIV&AIDS, there still exists insufficient policy engagement on the inter-linkages between the two. Further, Article 28 of the UNGASS declaration emphasizes the need for integrating food security and HIV&AIDS as part of a comprehensive response to HIV&AIDS. Nevertheless, developing comprehensive interventions that address the nexus between HIV&AIDS and food insecurity remains a key challenge in the race to fulfil the millennium development goals (MDGs), and hence the rationale for this study to provide empirical evidence that can guide policy guidance and advocacy.

1.4 Scope of the Study

The study was delimited to two districts of Gulu and Kitgum, both located in Northern Uganda that suffered a civil strife for about two decades. The study presented an analysis on community vulnerability to HIV&AIDS in food insecure communities in post-conflict Uganda, explored factors that lead to vulnerability, progress made on the MDGs as well as the UNGASS Declaration on HIV&AIDS and food security.

1.5 Status Analysis Methodology

1.5.1 Overall approach

The study largely adopted qualitative techniques in selection of study participants and data collection. Data were collected through focus group discussions (FGDs) with community members in selected food insecure communities, members of associations of PLHA, key informant interviews with various stakeholders and a desk review of key documents and literature on food security and HIV&AIDS.

1.5.2 Study area and participants

The study was carried in Northern Uganda, which is a post-conflict region. Two districts of Kitgum and Gulu were covered. The study population comprised of purposively selected community members in the two districts and key stakeholders both at district and national level. At the national level, stakeholders in government ministries/departments (e.g., Ministries of Agriculture, Animal Industry and Fisheries--MAAIF, Disaster Management under the Office of the Prime Minister--OPM, Ministry of Health (MoH), Ministry of Gender, Labour and Social Developments--MoGLSD) and non-governmental organizations (NGOs) were included. At district level, participants comprised community members, PLHA and stakeholders involved in food security and HIV&AIDS interventions such as District Officials and Community Development Officers. Lower level community leaders, opinion leaders and any other community structures that play an active role in promotion of food security and resilience to HIV&AIDS were also included.

1.5.3 Data collection methods

i. **Desk/literature review: -** Key documents on food security and HIV&AIDS including policies and guidelines, international declarations, assessment reports, project reports etc. were accessed and reviewed by the consultant. This, among others, enabled the Consultant establish both the past and current situation in relation to community vulnerability to HIV&AIDS in food insecure communities. It also enabled trace progress made in attainment of the MDGs and UNGASS declaration targets. A Desk Review checklist was prepared by the consultant to guide secondary data collection.

1.5.3 Data collection methods cont'd

ii. **In-depth interviews: -** Using unstructured interview guides, data were collected from PLHA for Case Studies, and from agencies/persons involved in implementing interventions relating to food security in the context of HIV&AIDS such as HIV&AIDS Focal Person, Agricultural Officer, Gulu District, Programme Officer, ACDI/VOCA (NGO), Executive Director Health Alert (NGO), Sub-county Chief, Omiya-Anyima in Kitgum District, LC III Chairpersons of Lagoro (Kitgum), Akwang (Kitgum)and Palero (Gulu) Sub-counties, and Community Development Officer (CDO), Palero Sub-county. These shared their views on the status of vulnerability to HIV&AIDS and food security, gaps, challenges and lessons learnt in policy implementation and development, and contributed to generation of recommendations for development of comprehensive interventions to address the inter-linkage between food security and HIV&AIDS and consequently vulnerability.

iii. **Focus Group Discussions (FGDs):-**These were conducted with selected groups of PLHA, SCO and community members in the study districts. These included the following;

- PLHA (only women) group of Layibi Division Gulu Municipality
- PLHA (men and women) group of Omiya-Anyima sub-county Kitgum Distrct
- PLHA (men and women) group of Palero sub-county, Gulu District
- Executive members of Network of PLHA, Kitgum District
- Programme Officers and other staff of Health Alert (CSO), Gulu District
- Farmers Group (women and one man), Akwang Sub-county, Kitgum District
- Community members (men and women), Lagoro Sub-county Kitgum District

Data in FGDs were collected on prevailing factors that cause vulnerability to HIV&AIDS, access to sufficient, safe, nutritious food, coping strategies by PLHA with food security needs etc.

1.5.4 Data management

The information generated was analyzed using Content and Thematic Approaches. Tape recorded data was transcribed to form texts for each discussion. A review of all transcripts to delineate aspects directly relevant to the study objective was done. An Analysis Grid was prepared for all the interviews/discussions conducted using the key quotations, insights, and explanations delineated from the transcripts.

2.0 COUNTRY PROFILE, HIV & AIDS AND FOOD SECURITY IN POST-CONFLICT COMMUNITIES

2.1 Country Profile

Uganda is estimated to have a population of about 30.7 million people with a rapid growth rate of 3.5 percent per year[2]. More than half (51%) of Uganda's population are females. Approximately, 15% of this population is urban while the majority (85%) lives in the rural areas. Overall, life expectancy for Ugandans is low at 50.4 years; that is 52.0 years for females and 48.8 years for males while the infant mortality rate is high at 75 per 1,000 live births[3]. The median age of the population is 14.9 years, implying that nearly half (49%) of the population is aged less than 15years; depicting a high dependency ratio. The proportion of the population aged 15 – 24 is estimated at 20.1% and that over 60 years at 3.8%[4]

Uganda is a low income country with a per capita GDP of $300/annum with an annual GDP growth rate of 8.3%. The country has experienced solid economic growth of 6-8 percent per annum over the last decade, although this is yet to be reflected in the quality of life for most people. Poverty levels are still high despite the efforts made in the context of the Poverty Eradication Action Plan (PEAP). It is estimated that 31% of the Ugandan population lives below the poverty line constituting about 8.4 million Ugandans[5]. In some regions such as Northern Uganda, the poor constitute 65% of the population; the range is between 30% and 65%[6]. The nominal per capita income currently stands at $506[7].

The economy of Uganda is primarily based on the agricultural sector; it employs the biggest proportion of the labour force. Seventy three percent (73.3%) of Uganda's working population is employed in agriculture[8]. Although its growth has not been as impressive as other sectors, its importance in the economy outweighs all other sectors. It (agriculture) contributes 21.5% to Uganda;s GDP at current market prices[9].

The country enjoys equatorial climate with plenty of rain and sunshine moderated by the relatively high altitude. All regions, except Northern Uganda, have two rainy seasons with rainfall ranging between 750 mm and 2100 mm annually[10]. The country experiences two rainfall seasons in a year, which makes it possible for majority of Ugandans to produce sufficient food for domestic consumption. The primary food crops, mainly for domestic consumption includes bananas/plantains (matooke), cassava, maize, finger millet sorghum, sweet potatoes, rice, beans, peas, ground nuts and Sim-Sim.

The last 20 years has witnessed sweeping reforms and improved performance in various sectors of the economy including education and the health sector. Literacy levels have rapidly improved in majority of regions in the country. Recent surveys[11] reveal that the overall literacy rate currently stands 69% among Ugandans aged 10 years and above. Among the regions, the post-conflict northern Uganda posts the lowest literacy levels at 59%.

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2 UBOS (2009); Uganda Bureau of Statistics, 2009 Statistical Abstract, an Annual Publication.
3 UDHS (2006); Uganda Demographic and Health Survey 2006; Calverton, Maryland, USA: UBOS and Macro International Inc.
4 UBOS (2009) Ibid.
5 GCA Uganda (2009); GCAP Uganda - Learning Brief 2009
6 GCAP Uganda, Ibid
7 GoU (2010); National Development Plan 2010/11 – 2014/15, Republic of Uganda, April 2010.
8 UBOS (2006); The 2002 Uganda Population and Housing Census, Population Dynamics", October 2006, 9 Kampala, Uganda
9 UBOS, Ibid
10 UBOS, Ibid
11 UNHS (2005/06); The 2005/06 Uganda National Household Survey

Whereas most socio-economic indicators for the country have been improving, the northern region has lagged behind due to internal conflict that lasted almost two decades. Thus, for a quarter century the northern region was engulfed in an armed conflict between the government forces and the rebel outfit commonly known as the Lords' Resistance Army (LRA). The LRA was notoriously known for abductions of people, rape, killing and maiming of innocent civilians and looting, which culminated to massive internal displacement of the population. To offer enhanced protection to the civilians, government established camps for internally displaced persons (IDPs) where majority of the population till recently has been living. With internal displacement agricultural and food production was severely affected, which situation is hoped to improve as people resettle in their original communities and current peaceful situation is sustained.

2.2 The Prevalence Rate of HIV Infection in the Selected Communities

Uganda has made significant strides against HIV&AIDS, although it continues to have a generalized and severe epidemic with a prevalence of 6.4% in adults and 0.7% in children[12] Sexual transmission continues to contribute 76% of new HIV infections while mother to child transmission contributes 22%. Currently, estimates indicate that over 100,000 new infections occur annually.

Figure 1: HIV prevalence by region in Uganda

During 2008, an estimated 110,694 new HIV infections were estimated countrywide and approximately 61,306 people died from AIDS related illness. The wave of new as well as old infection has shifted to older age groups[13] while both HIV incidence and prevalence in Uganda's mature HIV epidemic stopped declining around 2000, remaining more or less stable[14]. Vulnerability to infection with HIV is relatively high in the post-conflict districts of northern Uganda as reflected in the high prevalence rate of the disease in the region. See Figure 1.

Source: UHSBS, 2004/05

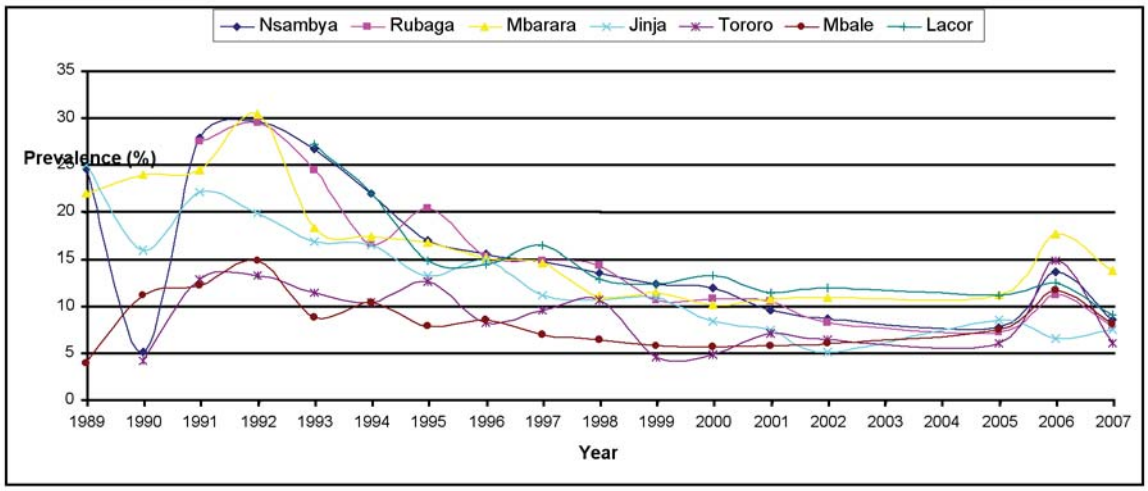
As per the last UHSBS, HIV prevalence stood at 8.2% for the northern region, higher than the national average, which is estimated at 6.4% (see Figure 1). In a region with a small population; the 2009 mid-year projected population for Gulu was 366,200 people, while for Kitgum it was 374,100 people[15], this rate of HIV prevalence denotes high vulnerability to infection. Current estimates of HIV prevalence in Kitgum stand at 10% while in Gulu it stands at 16% rising from 9.4% in 2008. This sharp increase in HIV prevalence is attributed to several years of conflict that resulted into breakdown of socio-economic fabric of whole communities. Anecdotal information shows that, out of the 14,424 pregnant women under PMTCT programme in 2009, about 3,214 tested HIV positive[16].

Reports by Uganda AIDS Commission[17] show that at the time when civil unrest escalated in Northern Uganda (2001-2003), one sentinel site in Gulu district recorded the highest prevalence

[12] UAC, (2009). National HIV&AIDS Stakeholders & Services Mapping Report
[13] Kirungi W,Opio A, Musinguzi J, et al, 2006
[14] Kirungi et al. Ibid
[15] UBOS 2009 op.cit.
[16] The New Vision, 25 may 2010, was quoting the HIV&AIDS Focal Person for Gulu District.
[17] UAC, HIV&AIDS Status Report, 2004

among ANC sites in the country at 11.9% against a median was 5% for all the 20 sentinel sites in the country[18]. In 2005, HIV&AIDS was the second most frequently reported cause of death in Gulu and Kitgum[19]. Drawing from the findings and estimates of various reports, there is no doubt, HIV prevalence in the post-conflict districts of Gulu and Kitgum is quite high. There is evidence that sentinel surveillance sites from the mid-north which comprise Gulu, Pader and Kitgum, generally record higher overall prevalence among all ANC sites in the country. For instance, HIV prevalence in these post-conflict districts stood at 11.1% and 9.0% in 2005, 2006 and 2007 respectively[20]. See Figure 1

Figure 1: HIV prevalence in selected sentinel sites in Uganda



Source: MoH (2009), The HIV&AIDS Epidemiological Surveillance Report, 2005-2007

In the Figure above, Lacor, a sentinel site in Gulu exhibited high prevalence rates of HIV over the years. Key informants met during this study in Gulu and Kitgum also revealed that HIV prevalence is still high, and AIDS constituting a big problem and a threat to livelihood.

Many interventions have been undertaken to combat the epidemic but we are still stagnating. Our prevalence rate dropped from 27% in 1993 to 13% in 2004, then 12.9% in 2005, we have not moved lower than 12%, we are there (KI, District Local Government, Gulu).

The issue of HIV&AIDS is serious. Many people are infected and a few people are coming up…, the others who are silent are probably infecting others knowingly or unknowingly. This is worse among the youth…you always see a big number of teenagers pregnant, which means they are having unprotected sex which is very dangerous (LC III Chairperson, Kitgum)

2.3 HIV & AIDS impact: A Snapshot

The epidemic has no doubt had a far reaching impact on the fabric of life in Uganda. Nearly, two million people are living with HIV&AIDS, but with many people who are not aware of their HIV status. Only 10-12% of adults between the ages of 15-49 years have tested for HIV and received the results[21]. The epidemic accounts for the low life expectancy in the country. Current life expectancy considering the impact of AIDS is estimated to be 50/52 years; without AIDS, the projected life span in Uganda would be 55/56 years. There are 200,213 PLHA on anti-retroviral therapy (ART), which constitutes about 50% of those who need it[22].

[18] UAC, Ibid
[19] Chamla et al. (2007); Geographical information system and access to HIV testing, treatment and prevention of MTCT in conflict affected northern Uganda,
[20] GoU-UNGASS 2010
[21] NSP, 2007/08-2011/12
[22] GoU-UNGASS Ibid.

Despite the strides taken in the area of treatment, HIV&AIDS contributes to very high morbidity and mortality rates in Uganda. HIV&AIDS alone is responsible for up to 20% of all deaths, and is the leading cause of death in the 15-49 year old age group. HIV&AIDS is also the fourth leading cause of under-5 mortality. Health facilities are overwhelmed by the numbers; 50-70% of medical admissions are HIV related. Approximately 61,306 people died from AIDS related illness in 2008[23]. This figure could be much higher if all deaths and their causes were recorded in light of the high level of poverty and other socio-economic ills including food insecurity especially in post-conflict Uganda.

For almost over two-decades and a half, the HIV&AIDS epidemic has compromised all the productive sectors of Uganda, particularly the agricultural sector. Agricultural growth in the country has been affected by reduced labour supply, with negative impacts on overall socio-economic growth and inequality. This is more so given the fact that majority of the Uganda population (about 82%) depends and works in the agricultural sector, mostly at a subsistence level. As a result, the effects of HIV&AIDS have far reaching consequences for households including causing food insecurity and famine, and particularly in Northern Uganda due to a civil strife that ranged on for over two decades. As a result, Uganda is registering slow progress towards meeting the Millennium Development Goals (MDGs) targets in relation to HIV&AIDS as well as the set United Nations General Assembly Special Session on HIV&AIDS (UNGASS) targets on HIV&AIDS.

2.4 Progress on Targets on Combating HIV&AIDS

The MDG target for Goal 6 on combating HIV&AIDS, malaria and other diseases calls on countries to "have halted the spread of HIV by 2015 and begun to reverse the spread"

While the UNGASS target calls on countries to have; "achieved universal access to treatment for HIV&AIDS for all those who need it by 2010"

Available data and projections reveal that Uganda has attained neither the MDG target nor the UNGASS target of universal access to HIV&AIDS treatment for all in need. Currently, estimates indicate that over 100,000 new infections occur annually (during 2008, an estimated 110,694 new HIV infections occurred countrywide)[24]. Further, there is evidence of trends of apparent reversals in uptake and practice of preventive sexual behavior in the general population, especially among men[25]. These trends, in part, account for the apparent stagnation of HIV prevalence at 6% for almost a decade now.

Similarly, although, the uptake of ART services has considerably increased, the reported 200,213 clients on ART constitutes slightly over half of those in urgent need of ART and the current National Strategic Plan target is to reach 240,000 clients on ART by 2012. By end of 2008, an estimated 373,836 adults and children urgently needed ART[26]. Table 1 below shows the details.

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[23] GoU-UNGASS, Ibid.
[24] MoH 2009, The HIV&AIDS Epidemiological Surveillance Report , GoU/MoH/ACP, Kampala
[25] GoU-UNGASS, op.cit
[26] Ibid

Table 1: Proportion of PLHA with Access to ART

Indicator	Number
Total need for ART	
Total	***373,836***
Males	130,766
Females	191,053
Adults (15years+)	279,679
Children (0-14years)	42,140
Total receiving ART (September 2008)	
Total	***200,213***
Adults(15years+)	183,200
Children(0-14years)	17,018

Source: GoU – UNGASS Country Progress Report, January 2008-December 2009, March 2010

In response, intensified efforts to re-invigorate HIV prevention have been pronounced and a Road Map towards accelerated HIV prevention developed and adopted, based on careful analysis of the current drivers of the HIV epidemic in the country. Uganda's National HIV&AIDS Strategic Plan (NSP) 2007/08-2011/12[27] and the second Health Sector Strategic Plan 2005-2010 (HSSP-11)[28] spell out the country's priority of comprehensive, evidence-based HIV response to be implemented on a scale commensurate with the current HIV transmission dynamics to meet the MDG and UNGASS targets. All this notwithstanding, there are glaring gaps mainly in the area of social support including food security to inflicted and affected households and, PLHA general, but particulary those ARVs.

2.5 Status of Food Security in Uganda

2.5.1 General status

Save for the dry north-eastern region of Karamoja and the northern districts of Gulu, Kitgum, Pader and Lira, most households in Uganda are generally self-reliant in terms of food. FAO's latest figures give the proportion of food insecure people in Uganda as 15% of the population. This is better than the neighbouring countries or the average for sub-Saharan Africa (33%). However, even among in the relatively food secure communities, many households suffer intermittent and seasonal shortages of food.

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[27] UAC 2008, National HIV and AIDS Strategic Plan for Uganda, 2007/08 to 2011/12, Kampala, Uganda, 2007
[28] Ministry of Health: Health Sector Strategic Plan II 2005/06-2009/2010, Volume 1. 2005, Kampala, Uganda
[29] FEWNET Uganda Food Security Update, March 2010; accessed on www.fews.net on 28th May 2010
[30] WFP website, accessed on 5th June, 2010 at 11:00am
[31] Uganda's current population is estimated at 32.3 million people (2010 CIA FactBook). The 2009 Mid Year projections from UBOS estimated the population at 30.7 million people in Uganda (UBOS 2009).
[32] FEWSNET (2010) Ibid

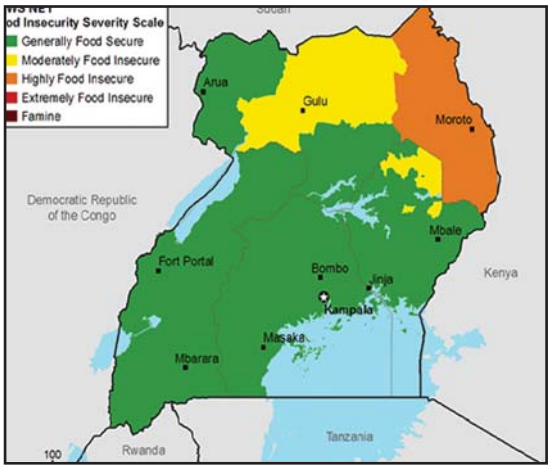

Figure 2: The Scale of Food Insecurity Severity for April - June 2010[29]

As shown in Figure 2, most households in regions that have remained peaceful rarely depend on external assistance except in times of disasters, or cases of households with the chronically sick who could double as family breadwinners or source of labour supply. Ironically, Uganda is one of World Food Programme's (WFP) biggest suppliers of locally purchased food[30]. The proportion with chronic food insecurity has been estimated at 4.4 million while the proportion suffering acute food shortages is estimated at 1.1[31] million, majority from northern Uganda.

Currently, Northern Uganda suffers food insecurity largely due to the fact that most households are still in the process of recovery and rebuilding their lives including food production. They have limited means of accessing food after nearly two decades of insecurity and displacement that limited their production[32].

The above notwithstanding, production of food crops in the bigger part of Uganda has been on the increase over the last three years i.e. 2007-2009 and the predictions for the early months of 2010 (January–March) were for improved harvests[33],attributable to the country's good access to waterways, fertile loamy soils and regular rainfall. See Table 2.

Table 2: Trend and Predictions in Production of Dominant Food Crops in Uganda, 2007-2010

Crop Type	Amount in Tonnes			
	2007	2008	2009	2010
Cassava	4,972,844	5,072,301	5,178,819	5,292,753
Maize	1,261,803	1,265,588	1,271,916	1,282,092
Millet	732,112	783,360	840,545	902,745
Sorghum	457,578	476,796	497,298	519,179
Sweet potatoes	2,653,710	2,706,785	2,766,334	2,829,960
Rice	162,083	170,997	180,915	191,770
Beans (dry)	478,000	478,000	478,000	478,000
Simsim	167,943	172,981	178,170	183,694

Source: Country STAT, Uganda Website (www.countrystat.org) accessed on 28th May 2010.

2.5.2 Food security status in post-conflict areas of Northern Uganda

Nearly all food insecure households are found in the north and north-eastern part of the country; regions that have been bedevilled by internal strife, mostly in the Karamoja region[34], and in the post-conflict communities of northern[35] Uganda and eastern Uganda. Amongst these, the most food insecure populations include the internally displaced persons (IDPs), and returnees[36]; who constitute about 80% of the population in Northern Uganda. The eastern parts of Kitgum and Pader particularly suffer higher levels of food insecurity and, as a result, most households are currently surviving mostly on vegetables[37]. However, though the post-conflict Northern and Karamoja region are the most food insecure areas, there are other parts of the country that suffer sporadic food insecurity due especially due to climatic factors.

There is a lot of starvation in the community… there is no ready food; we have no idea where to get food from…WFP stopped giving us food ***(PLHA FGD, Palaro, Gulu).***

Food is a general problem; all people especially those living with HIV&AIDS have no food … the problem was really exacerbated by the long drought; all our crops were destroyed by the sun ***(FGD, Association of PLHA, Kitgum).***

The food situation is not very good especially for PLHA…WFP used to give them monthly food rations, but now they are only supporting the EVIs, which is also ending in June this year ***(KI, District Local Government, Gulu).***

Discussions held with district and community leaders corroborate secondary data on status of food security in the whole country. The leaders/key informants affirm that most parts of northern Uganda suffer acute food insecurity despite the increased access to land for cultivation. Apparently, almost all households in the region are barely able to meet their basic food requirements on their own. For a long time, this region especially the districts of Gulu, Kitgum, and Pader has been relying on external assistance from WFP and other agencies like ACDI/VOCA. This assistance has overtime been scaled down to assisting about 100,000 extremely vulnerable individuals (EVIs) in the region, but was also scheduled to end in June 2010. At the time of visit, it was reported that WFP had discontinued its food assistance programme and complaints of widespread hunger were reported in all communities visited especially by PLHA.

[33] FEWSNET, 2009 op.cit
[34] Ibid
[35] The population in Northern Uganda is estimated at 2.2 million people
[36] Refers to people who have been in IDPs camps, but are now returning to their original communities
[37] FEWSNET, 2010 op.cit

Before the war life was different we had enough food, the weather has also changed and crops do not do well these days. We used to eat sorghum, sim-sim and groundnut paste, which made us strong, now we eat cassava, moo (oils) that have made us even weaker ***(FGD, Community Members, Lagoro, Kitgum).***

Prevalence of food insecurity in the post-conflict communities of northern Uganda is officially acknowledged in the country's National Food Security Assessment of September 2009 - January 2010. According to this Assessment, majority of households in the country especially the post conflict northern Uganda still needs external assistance to meet their food needs. The Report indicates that support with food aid is still necessary for returning communities until stability of production is achieved, especially for the most vulnerable. It is noted that WFP's withdrawal was abrupt, and communities were not adequately prepared in dealing with the looming food insecurity given the failure of the 1st season of 2009[38].

2.6 Drivers of vulnerability to food insecurity in post-conflict area

Several drivers of vulnerability to food insecurity were identified in this study raging from climatic hazards, changes in gender roles, changes in farming technologies, availability of arable farming land, and the attendant land wrangles that limit accessibility, and HIV&AIDS.

2.6.1 Climatic factors

The commonly cited key drivers for food insecurity in the region are the long droughts that the region has experienced since 2009, which have resulted into low agricultural productivity. Community members and key informants reported that the second planting season in the region was marred by inadequate rainfall, which limited household cultivation, resulting into low harvest or none at all in some of the communities. All stakeholders met during this study in the region (i.e. district agricultural officers, civil society agencies and community members) acknowledged that of effort had been made by IDP returnees to open land for cultivation, but almost all the crops were scotched by the sun especially in Kitgum District. Ordinarily, the districts of Northern Uganda receive one rainy season which runs from April to October but in 2009, experienced a long drought was experienced which denied planted crops to thrive to maturity.

The drought started from April to August, all the seeds we planted were destroyed…we did not harvest anything, in fact now there is rain but we do not have any seeds to plant as they were destroyed and yet we can't afford to purchase them since we are poor ***(FGD with Community People, Lagoro, Kitgum).***

We are suffering because of last year's long drought, we did not harvest anything…the initiation of food for work is not even helping us…we are excluded, people claim that we cannot do productive work (FGD, District PLHA Association, Kitgum).

There have also been sporadic changes in climatic conditions in the region. For the past two planting seasons, the region has either received too much rain or drought at the time when crops should have been budding.

Changes in climate have frustrated food security promotion, last year we had a serious drought in the months of April to August, this year the rains have been difficult to predict it comes and goes; now we are receiving too much. There are also disease outbreaks ***(KI, District Local Government, Gulu).***

Secondary data from Government sources similarly indicated that the months of June and July, when most crops had reached critical stage, little or no rain was registered at all in some areas. The dry spell led to failure of pod and cob formation, flowering, stunting and withering of some of the crop[39]. Failure of harvests apart from rendering households and communities vulnerable to food insecurity and hunger, also made them ill-prepared for the next planting season due to lack of seeds. It was also difficult for families to obtain seeds for planting from market due to high levels of poverty in the region.

[38] GoU-OPM (2009); National Food security Assessment Report, September 2009 - January 2010; Office of the Prime Minister, October 2009.

[39] GoU-OPM, 2009 op.cit

2.6.2 Armed conflict and resultant changes in gender roles

According to study respondents in post-conflict northern Uganda, vulnerability to food insecurity has been worsened by changes in gender roles which, is in part attributed to the conflict. Traditionally, opening of land for cultivation is a responsibility for men, but many died during the insurgency. Women and children in the region have been disproportionately affected by war and cannot open large acreages of land for cultivation, consequently producing insufficient food for home consumption and replenishment of stocks.

The limited production of food is because the roles of women have changed…before the war, women were only responsible for weeding and harvesting the crops…it was the men who opened and cleared the land and even in some cases planted the crops, but now all the gardening process falls on the shoulders of women ***(FGD with Farmers Group, Akwang Sub-county, Kitgum).***

A lot of men died in the war…the few remaining ones have several wives, it becomes impossible for them to open and clear all the farming pieces of land. Such men end up in alcohol drinking places; leaving the wives to open and clear the land ***(KI, Akwang Sub-county, Kitgum).***

The two decade armed conflict also had serious implications on kinds of labour to open and clear the land; before the civil strife, communities in the north heavily relied on animal traction to open agricultural fields, but with the war almost all cattle were raided.

2.6.3 Changes in farming technologies

As indicated above, before the onset of the insurgency in northern Uganda, households largely used ox-ploughs for tilling the land instead of human labour. This form of technology for a long time had made northern Uganda self-reliant in food production, and hence was commonly referred to as "the Uganda food basket". During the insurgency communities lost their ox-ploughs. With the return of IDPs to their original homes, it is not feasible in the short run to regain their lost (ox-plough) technology. The predominant use of the hand hoe in the post-conflict communities is rendering households and entire communities vulnerable to food insecurity, and particularly PLHA whose energy to till is significantly challenged. In a word, using the hand hoe hinders large scale agriculture productivity.

Before the war people had a lot of wealth, almost every household had an oxen and ox-ploughs which were used to plough and open up land for cultivation, this is no more…, most of the oxen were either killed by the rebels or raided by Karamojongs, so we have resorted to using hand hoes, which cannot help us produce adequate food for our households and for sale ***(FGD, Ordinary Community Members, Lagoro, Kitgum).***

Before the war we used to have a lot of food, we were healthy because we were using oxen to dig but all this has changed, we now use hand hoes that require one to be strong and energetic, which energy we don't have ***(FGD, PLHA, Layibi, Gulu).***

Before the war the people had a lot of wealth that included dyang ki kwer dyang (oxen and ox-ploughs) that were used to plough and open up the land ***(Akwang sub-county community members, Kitgum).***

2.6.4 Land wrangles and inaccessibility to arable land

As IDPs return to their original homes after almost two decades in camps, a lot of social disharmony among community members is being experienced due land wrangles. These wrangles have also, in part, exacerbated food insecurity in the post-conflict communities of Northern Uganda. Due to many years in IDPs camps, most of the hitherto known boundary features that marked the land were lost. Years of displacement have also culminated into tendencies to shift from communal ownership and informal legal system to private ownership and formal legal systems. The wrangles go on unabated despite attempts to ameliorate the challenge using traditional and formal systems of dispute resolution.

When people went back home they could not start farming their lands right away because of land wrangles…they had land issues like boundaries to settle. District leaders have tried to settle some disputes but it has had an effect on agricultural productivity ***(KI, Health Alert, Gulu).***

Lack of accessibility to arable land as a result of land wrangles was particularly reported to be serious for households where adults died during the war, were abducted or even succumbed to HIV&AIDS and other natural calamities, and left children behind who cannot easily trace the boundaries of their original land.

2.6.5 Effects of HIV&AIDS

HIV&AIDS is recognized as one of the key drivers for food insecurity in post-conflict northern Uganda where the prevalence is far above the national average. HIV&AIDS has devastating effects; the chronic morbidity suffered by a person infected greatly affects productivity in several ways. Discussions with community members, leaders and significant others revealed that households where breadwinners or adults have succumbed to HIV&AIDS are most vulnerable to food insecurity compared to other households where the impact has not been as severe.

We at times have one meal depending on what is available, on the days when we go to sell firewood; we have only one meal because we buy the food from the money from the sale of firewood. At times we eat twice but that depends on what is available. We cannot dig much because we are weak, we really need food but we cannot produce all that we need ***(District PLHA Association, Kitgum Town)***

There is a problem of food availability and we work hard yet we are already weak, support in that area would be good for us. Though we try to work we cannot get to the level of those who are healthy ***(Omiya-nyima PLHA Group, Kitgum)***

It has been difficult… they survive from hand to mouth. In some parishes 6km away from here WFP is still giving food to the vulnerable people left in the camps but there is no agency in the PHA food security. The PHAs usually do leja leja to get money from those who have money by working for them and they get paid for that day ***(Akwang sub-county community members, Kitgum)***

2.7 Past and Current Level of Community Vulnerability to HIV&AIDS

According to discussions with study respondents and the literature reviewed, the form of vulnerability to hunger and food insecurity has been unprecedented. Similarly, the level of poverty was not as high before the conflict since communities produced enough food and remained with surplus, which they sold off within the region and outside. This situation abruptly changed with the onset of war, as communities entirely depended on food rations by WFP, a situation that they detested bitterly. During this same period, social services in the worst-affected counties withered or became less affordable, incomes and formal employment levels plunged, and wars and large-scale population migration disrupted social stability. Meanwhile, life-threatening diseases other than HIV, such as tuberculosis and malaria, were on the rise, directly affecting households and communities' ability to ensure food security:

The people used to dig: they had enough food, farm tools that included hoes, ox-ploughs, seeds to plant and enough food to also eat … However this is not the case, after the war as most of the oxen were either killed by the rebels or raided by Karamojong, this has also increased the poverty level in the community ***(Lagoro Sub-county General community focus group, Kitgum)***

The problem is that we are now going home but have not yet harvested anything yet and WFP no longer gives us food…, it would have been good for us to be supported until we started harvesting our food. The other problem is the distances we travel we get medicines ***(Palaro Sub-County PHA Group Members, Gulu District)***

Amidst the above multiple threats to human security, HIV has contributed to the continued deterioration of living conditions, especially among the poor[40].

2.8 Progress in Attainment of MDGs 1 and 6 on Food Security and HIV&AIDS

Progress on targets on poverty and hunger

The MDG target for Goal 1 on eradicating extreme hunger and poverty calls on countries to reduce the proportion of people living on $1 a day to half, "halve, between 1990 and 2015, and those who suffer hunger"

In general, Uganda has made modest progress towards attaining the MDG targets on reducing hunger and poverty. Studiess[41] show, that the proportion of people whose income is less than $1 a day has steadily declined over the years. For instance, between the fiscal year 2002/03 and 2005/06, the proportion of the poor in Uganda reduced from 39% down to 31%[42]. However, a lot more effort is required to reduce the proportion of poor Ugandans. The Table below shows the trend and the progress in attaining MDG targets on hunger and poverty as well as projections for 2015.

Table 3: Progress on MDG, Goal 1 on Eradicating Extreme Hunger and Poverty

Indicator	2000	2003	2005/06	2015
Poverty head count	33.8	37.7	31.1	28.0
Poverty gap	10.0	11.3	8.7	
Underweight moderate and severe	22.8	-	20.4	12.5
Proportion of undernourished	16	-	15	

Source: UBOS 2009 Statistical Abstract

Despite the changes in national income index over the last decade, the proportion of people in Uganda who are undernourished has nearly remained the same (16% in 2000 to 15% in FY2005/06) as can be seen in Table 3 above. Currently, the Uganda Bureau of Statistics shows a proportion of 2.11 million people in Uganda who are undernourished[43].

Although it is projected that the country will attain the MDG target of halving the proportion of Ugandans who suffer from hunger by 2015, this is an unlikely target; it would be a huge decrease, far more than it has managed to achieve in the previous decades. Besides, according to FAO, the trend in numbers of people is increasing and only it is the proportion that is slightly declining.

40 Mutangadura, G. B. 2000 Household Welfare Impacts of Mortality of Adult Females in Zimbabwe
41 UNHS (2006)
42 UBOS (2009)
43 FAO (2009); Country Profile: Food Security Indicators, Uganda, 2009.

3.0 COMMUNITY VULNERABILITY TO HIV&AIDS IN FOOD INSECURE POST-CONFLICT COMMUNITIES

3.1 Vulnerability to HIV&AIDS

In Northern Uganda, the insecurity and displacement that ranged on for a long time led to creation of IDPs camps which had limited access to health services and other livelihood amenities. Various humanitarian agencies, NGOs and government implemented interventions for the IDPs, focussed primarily on ensuring basic survival of IDPs such as food and safe water. Other interventions including those on HIV&AIDS did not occupy the centre stage in the short-run. HIV&AIDS campaigns were for a long time quite minimal in the camps, which inadvertently affected level of awareness about basic facts of HIV&AIDS for the majority. The limited knowledge and access to services coupled with stigma and discrimination increased vulnerability to infection with HIV.

The war has been here for over two decades that caused a lot of problems…over 80% of our population was displaced and forced into IDP camps where the living conditions were very difficult…it put them at high risk of infection with HIV ***(KI, Ditrict Local Government, Gulu).***

The problem of HIV&AIDS started and increased during the time when people were staying together in the IDP camps…a lot of promiscuity ensued as well as using sex as a tool of survival ***(FGD, Ordinary Community Members, Lagoro, Kitgum).***

Within the IDPs, without military escort, movement of people was also limited to the confines of the IDP camp for the protection of displaced persons in their respective camps. This kind of situation limited the IDPs from accessing land for cultivation. Almost all IDPs survived on the monthly food rations provided by WFP through its Food Assistance Programme. Study participants affirmed that this change in livelihood forced people to change their ways of survival as a coping strategy. For instance, in the absence of food, cases were reported of young daughters and wives who engaged in transactional sex with mostly transient groups including soldiers, traders and relatively affluent others. The aim was to obtain some money that would enable the household to obtain the necessities of life especially food stuffs. Given the run-down health services, and the urgency of obtaining money or services, risk reduction choices such as condoms in transactional sex were limited. It is for this reason that IDPs are among the population categories considered vulnerable and at higher risk of HIV infection than others in Uganda.

*We used to trade sex for food…I got HIV from soldiers because of the hard life that I was living…I was a widow with children to support but I had no source of income,…I would sleep with soldiers to provide for my children, that is how I got AIDS (****FGD, PLHA, Layibi, Gulu).***

The spread of HIV in the IDP camps was very high because of lack of food…there was no food. In order to get food, some women would even send their children to have sex with soldiers in order to get money to buy food ***(FGD, District PLHA Association, Kitgum).***

Poverty has also increased the HIV prevalence, people engage in risky sex behaviours with the intention of making money ***(FGD, District PLHA Association, Kitgum).***

Although relative peace has gradually returned to the north and most people have left the camps, the level of community vulnerability to HIV&AIDS in these food insecure communities is still high. Sixty-one percent (61%) of the population in Gulu and Kitgum are below the poverty line[44], compared to the national average of 31%. Lack of meaningful sources of income as well as disposable assets to sell and buy food not only exacerbate the food security situation, but forces some community members especially girls and women to indulge in high risk behaviours such as unprotected sex.

[44] GoU-OPM, (2009) Op. cit

Analysis has long been made that in situations of post-armed conflict and food insecurity, people have limited opportunity to choose preventive measures against HIV&AIDS, leave alone disclosing their sero-status. Given that people are returning to their villages, this limited disclosure poses further danger of increasing vulnerability to infection with HIV. Even when out of camp life, in the face of food insecurity, poverty stricken households with no buffer system are bound to engage in high risk survival behaviour (transactional sex) which was used in the IDP camps as a strategy for coping with food insecurity.

Lack of disclosure is causing more infections lately…many people are infected but very few are coming up, they are probably infecting others knowingly or unknowingly. This is worse among the youth; teenage pregnancies are high which means that they are having unprotected sex which makes them vulnerable to infection ***(KI, Akwang Sub-county, Kitgum).***

The situation in the north is not perpetually hopeless; presently, more than 70% of former IDPs are estimated to have returned to their original homes and Government and development partners are implementing various programmes such as PRDP, NUSAF etc., aimed at reconstruction of the region. Other programmes of national character such as NAADS are also ongoing. As a result, health services including HIV&AIDS services availability is gradually improving in the region, although the welfare needs of PLHA including food security needs are not directly targeted. The availability of HIV&AIDS services is steadily contributing to increased access to information and education about HIV&AIDS which translates into reduced vulnerability to infection with HIV[45].

The situation is improving…there is less vulnerability, people are being sensitized to have safe sex, unlike in the past when people used not to mind ***(FGD with Community People, Lagoro, Kitgum).***

Poverty eradication and income generation activities have also been promoted in the region as part of efforts to improve people's livelihoods. With these programmes, there are increasingly more windows of opportunity for earning a living. It is hoped that ultimately women and young people will be able to opt out of transactional sex as a means of meeting their basic needs, thereby minimize risk of infection with HIV.

3.2 Causes of Community Vulnerability to HIV&AIDS

3.2.1 Lack of income and low agricultural productivity

Illness and death resulting from HIV&AIDS related illnesses have an immediate impact on food security by limiting household income and food production. At the same time, food insecurity and poverty fuel the spread of HIV when people are driven to adopt immediate survival strategies that make them more vulnerable to HIV infection. Food security is also compromised by HIV because of the specific nutritional requirements of those infected by the disease[46]. HIV decreases household productivity due to sickness and AIDS-related opportunistic infections. Productivity is further diminished as healthy individuals care for the sick and attend funerals.

3.2.2 Loss of indigenous farming knowledge

In addition, there is less sharing of indigenous knowledge between generations because of the premature deaths of adult workers[47]. Loss of knowledge is not only linked to the loss of labor but also to reduced opportunities for learning if children cannot go to school because of HIV&AIDS. Passing on farming knowledge and skills is of crucial importance for the right to food in agricultural societies or households. It has been asserted that "...planning a year-long strategy for a family to feed itself and protect the basis of its livelihood, requires much experience about income-earning opportunities. Without adults in the households-having succumbed to HIV&AIDS mortality, these planning skills and networks may be absent[48]. An impact of HIV&AIDS is that it becomes difficult to pass on knowledge to the young generation because of the burden of care placed on the household or because knowledge is lost when a person dies.

The situation is particularly bad in HIV hit communities in that much knowledge is gender-specific, and there is no transfer of this knowledge between the sexes[49]. FAO has pointed out that without development and where knowledge is constrained; people adopt high-risk behavior or survival strategies. Their ability to feed themselves is reduced and eventually lost.

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45 UBOS, (2009) op.cit
46 FANTA, (2000)
47 Ibid
48 De Waal and Whiteside (2003) New Variant Famine': AIDS and Food Crisis in Southern Africa
49 Stokes S, (2003) Measuring Impacts of HIV/AIDS on Rural Livelihoods and Food Security

3.2.3 Weakening social networks

It has been noted that, HIV&AIDS ultimately erodes social networks and that the burden of caring may overpower the willingness or the ability of a community to help affected households[50]. Another distortion of the social fabric caused by HIV&AIDS is discrimination. Stigma itself is an impact of HIV&AIDS that may render individuals or households vulnerable to respond, and both a consequence of HIV&AIDS as well as a cause of future vulnerability. Depending on the social environment, disclosure of HIV status may lead to stigma, or it may open up other response options. Where there is openness, disclosure may be a gateway to community support[51].

The Human Rights Watch (2006) observes that people are still discriminated against in various ways because of their HIV status, which increases their vulnerability in terms of service access. This affects people's enjoyment of the right to food and their ability to feed themselves as well as their families. Without the access to the means and entitlements to enjoy the right to food, a person becomes more vulnerable to HIV&AIDS.

3.3 The Linkage between Community Vulnerability to HIV&AIDS and Food Insecurity

Previous studies demonstrate a strong link between community vulnerability to HIV&AIDS and food insecurity; in many ways the effects of HIV&AIDS cause food insecurity, and food insecurity potentially causes vulnerability to HIV infection. This cyclical nature of the relationship between food insecurity and HIV has been shown to depend on a number of factors[52], that include household demographic structure, gender of household head, number of people infected in the household, level of community reciprocity and nature of social networks.

The HIV epidemic can be seen as a shock deeply affecting all components of livelihood systems and their outcomes. Pervasive or acute food shortages or famine in regions with high HIV prevalence such as Northern Uganda are fundamentally different than intermittent food insecurity in other contexts. Previously, a drought, civil conflict or other shock would temporarily alter food production and livelihood systems, requiring households to cope as best as they could until the situation normalised. However, in the case of HIV, households and communities face a shock to food and livelihood security from which quick return to normalcy is difficult. In contrast to more traditional shocks, the convergence of food insecurity and HIV often leads to the establishment of an increasingly vicious cycle, with food insecurity heightening susceptibility to HIV exposure and infection, and HIV in turn heightening vulnerability to food insecurity[53].

Unlike many short-term shocks HIV tends to have a continual and cumulative effect on household food security. HIV disproportionately affects prime-age adults, killing the most productive members of society. It therefore increases household dependency ratios, reduces agricultural productivity, income generation and caring capacity, and impairs knowledge transfer between generations[54]. HIV typically has a more pervasive impact on household food security than other shocks because the disease increases the nutritional requirements of infected individuals, widening gaps between food needs and food access. The scale of the HIV epidemic is therefore larger than that of most other shocks to food security.

In terms of gender, food insecurity exacerbates gender inequality and potentially causes women to engage in exploitative sexual relationships that place them at greater risk of contracting HIV[55]. Food insecurity can promote migratory labor and marketing arrangements that place individuals at greater risk of being exposed to HIV[56]. Similarly, food insecurity can increase susceptibility to HIV in that the risk of infection and the disease's rate of progression are influenced by an individual's nutritional status. For instance, micronutrient deficiencies have been shown to increase the likelihood of mother-to-child transmission[57].

The main impact of HIV&AIDS is the illness or death of a household member and the subsequent loss of labor. This is the starting point for a set of high-risk responses. When a family member falls sick, the dependency ratio increases; households then seek human, financial and social alternatives to compensate for the loss. The loss of labor is twofold; (i) the household loses the labor of the HIV&AIDS-infected person and, (ii) the labor of family members who care for the sick person[58]. Loss of labor is followed by various high-risk responses, which make people even more vulnerable; (i) reduction in the acreage of land under cultivation, (ii) delays in farming operations, (iii) declines in crop yields and livestock production, (iv) a shift from labor-intensive crops to crops that are less nutritious and (v) declines in production. The different impacts erode households' right to food as people's diet may deteriorate, for example, which makes them more vulnerable[59].

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50 Gillespie and Levisohn (2003) Food Security and Rural Livelihoods

51 Norman and Chopra (2005) HIV disclosure in South Africa.

52 Villareal, M., Anyonge, C., Swallow B., and Kwesiga, F (2004) Keeping Agro forestry Relevant in Situations of High HIV/AIDS Prevalence,

53 Loevinsohn, M., and Gillespie, S (2003) HIV/AIDS, Food Security and Rural Livelihoods; Gillespie and Kadiyala (2005) HIV/AIDS and food and nutrition security: From evidence to action.

54 Haddad and Gillespie (2001) Effective Food and Nutrition Policy Responses to HIV/AIDS

Apart from loss of labor, household income may be drastically reduced when family members fall sick, since HIV&AIDS brings increased expenditures. The disease lasts for a long period, putting households or individuals under severe financial strain, draining energy and household assets. A normal family might be able to absorb the shock and cost of illness, but a poor and food-insecure family does not have the financial power to withstand the impacts. A review of cost-impact studies related to HIV&AIDS affirms this and reveals that HIV&AIDS is catastrophic for poor households because it can absorb 50 percent of annual income[60] leaving less money to procure food and other vital assets. When the costs of caring for a sick family member surpass the daily or monthly budget, a chain of high-risk responses or trade offs begins. People liquidate saving accounts, sell household assets and properties or livestock, borrow money and begin to reduce food consumption or to substitute food items with cheaper goods or wild food[61]. Lack of food or reducing the quantity or quality consumed can have serious ramifications especially on PLHA. The nutritional requirements increase after HIV infection and adequate food is needed to maintain the immune system as well as motivating PLHA adhere to medication.

They… people say the food has enabled adhere to medication. TASO has been carrying out a study together with other organizations and World Vision to find out the relationship between food and adherence to treatment. But what we get from clients without having to carry out the study is that the food is really helping them ***(KI, ACDI/VOCA, BOBI, Gulu).***

Nearly all the above is evident in northern Uganda. In unanimity, the effects of HIV&AIDS such as death, morbidity and general weakness are cited to be among the key drivers of food insecurity in the post-conflict communities of of the north. In all discussions held, it was recognized that HIV&AIDS has greatly affected various households' ability to ensure food self-sufficiency. Changes in farming systems and practices have been noted. Majority of households have shifted from using modern farming technologies like ox-ploughs to hand hoes. The change in crops grown is especially evident in PLHA households; with limited energy and time, they have tended to concentrate more on growing food crops for domestic consumption. Everyone affirms that the acreage of land cultivated particularly among PLHA households has gone down when compared with households of non-PLHA.

55 Kwaramba, P (1997) Economic Impact of AIDS in Africa.
56 Ibid
57 Loevinsohn and Gillespie Ibid
58 Stokes, S (2003) Measuring Impacts of HIV/AIDS on Rural Livelihoods and Food Security.
59 Vandenbogaerde (2009) The Right to Food in the context of HIV/AIDS
60 Russell, S (2004) The Economic Burden of Illness for Households in Developing Countries
61 White and Robinson (2000) HIV/AIDS and Rural Livelihoods in Southern, Africa, Chatham, UK

3.4 Factors Compromising Community Resilience to HIV&AIDS and Food Insecurity

Community resilience to HIV&AIDS in Post-conflict northern Uganda has been greatly compromised by various factors. Key among factors which could safeguard communities against HIV&AIDS include existence of safety nets both formal and informal. Such safety nets in the whole of northern Uganda were eroded during the armed conflict.

Active involvement in social life and family events is a major requisite in building community resilience. However, the nature of life in the IDP camps was non-involving. People especially the men and some women would wake up in the morning only to consume alcohol due to lack of constructive work or engagements. This apparent idleness and poor livelihood perpetuated involvement in high-risk behaviour in the camps. In the communities visited during this study, it was reported that, even in the post-conflict situation, the tendency for men not to participate in household activities such as farming has more or less remained unabated.

Risk of infection with HIV is greatly averted when people adopt and consistently and correctly use proven risk reduction approaches such as condoms, abstinence and being faithful. However, ability to use these traditional HIV prevention approaches has been compromised by the poor livelihood of the people in northern Uganda. In all communities, youth and women from food insecure and poverty stricken households are cited as the more vulnerable population groups to HIV infection.

3.0 COMMUNITY VULNERABILITY TO HIV&AIDS IN FOOD INSECURE POST-CONFLICT COMMUNITIES

The breakdown in health and other social service delivery infrastructure because of the insecurity that prevailed also played a role in compromising the communities' resilience to HIV&AIDS. Key HIV&AIDS related services like HCT would play a big role in safeguarding people from risk of infection with HIV, but this service was not readily available in all communities. The reconstruction of health facilities has just began; communities are still required to move long distances to access health services or to wait for community outreaches in order to benefit from mobile HCT services.

Lastly, high levels of stigma and discrimination prevalent in the communities of post-conflict northern Uganda are compromising community resilience to HIV&AIDS. Apparently, there are many people who are living with HIV&AIDS but few have come out publicly to disclose their HIV status evn to their partners.

4.0 VULNERABILITY OF PLHA TO FOOD AND NUTRITION INSECURITY IN POST-CONFLICT COMMUNITIES

4.1 Access to Sufficient, Safe and Nutritious Food among PLHA

Hunger and poor nutrition among PLHA increase susceptibility to opportunistic infections and may accelerate the progression of HIV&AIDS. PLHA need foods rich in energy and proteins to be healthy especially those that might be on anti-retroviral therapy (ARVs). The best sources of energy are staple foods such as sorghum, millet, posho (from maize flour), cassava, yams, rice and matooke. Communities in Gulu and Kitgum, ordinarily eat sorghum, millet, posho (from maize flour), and cassava. This is accompanied with beans and groundnuts which are usually mixed in sim-sim paste. Communities in post-conflict northern Uganda, just like other parts of Uganda, have a variety of vegetables and fruits growing in people's gardens. So overall, PLHA in Gulu and Kitgum to some extent have access to nutritious foods essential for ensuring a healthy body. However, the challenge is with amount of food eaten and frequency of eating in a day.

Majority of PLHA in northern Uganda do not have access to sufficient amounts of nutritious food. They need to eat three meals in a day with foods rich in energy, protein and plenty of fruits and vegetables, but they do not have the food to eat more than one meal a day. As earlier noted, whereas most households in the post-conflict north of the country are barely able to meet their basic food requirements (amount and variety) on their own, the study findings reveal that the case for PLHA households is more appalling.

We are eating cassava, accompanied with pumpkin leaves, ockra, groundnuts mixed in sim-sim paste (for those who can afford it), vegetables like dodo can also be easily got if it is a rainy season…these days we prepare very little food, we don't even get satisfied but just to enable us take the medicine for example a cup of beans which we would have eaten in one meal, it is eaten in three meals ***(FGD with PLHA, Layibi, Gulu).***

We actually eat a small fraction of what should be eaten, like a quarter of that. We have one meal a day or twice depending on the availability of the food to be eaten…we were told that for the drugs to work we need to have a balanced diet but we do not have the food or money to buy ***(FGD with PLHA, Omiya-Nyima, Kitgum).***

Last year we used to get food but it ended abruptly we felt so bad but there was nothing we could do. With no food we can not do much ***(PHA Women Group Layibi, Gulu District)***

Food assistance programs which were supporting PLHA in the region have either closed or scaled down operations. In the past organizations like WFP had a specific programme targeting EVIs who included PLHA but they have since closed. Similarly, ACDI/VOCA used to provide various AIDS care and support organizations particularly TASO with food for all registered PLHA but this has also changed.

We had several organizations supporting PLHA with food aid but most of them were getting their food from WFP, like TASO, World Vision, Comboni Samaritans…so the phasing out of WFP affected all these organization with the food component ***(KI, District Local Government, Gulu).***

Currently, only ACDI/VOCA gives food to PLHA and its operations are limited to clients registered with TASO in Gulu, Amuru and Lira. The programme does not operate in Kitgum. ACDI/VOCA works in partnership with TASO to provide food to the neediest PLHA for a period of one year after which such a family is weaned off and others recruited. The practice is for TASO to provide a list of PLHA registered with them, and then ACDI/VOCA using its criteria identifies the neediest of the needy to benefit from food support for one year.

> We work in partnership with TASO and limit our services to only TASO registered clients. Originally we supported TASO in all its sites including northern Uganda. For five years, we would give food to TASO and then for them they distribute it to their clients. But that arrangement stopped, they (TASO) wanted us to renew the contract but we changed the strategy. We now do the distribution ourselves to the clients whom we consider to be the neediest of the needy. We do the assessment and selection using a certain criteria; we have some tools to do the assessment. They give us a list of clients from which we select those who need the food most; we do not take the list as TASO gives us (KI, ACDI/VOCA, Gulu).

While stakeholders in Gulu acknowledged that ACDI/VOCA was providing nutritional care component for PLHA, they quickly pointed the challenges as well. *It is ACDI/VOCA doing that together with TASO to support clients,…but it is not automatic that as soon as you are registered with TASO, then you get food, it actually takes as long as a year for a newly registered PLHA to join the ACDI/VOCA food support scheme…****(KI, Health Alert, Gulu).***

WFP stopped giving us food, ACDI/VOCA gives food to only those registered with TASO and for only one year which is not enough ***(FGD, PLHA, Palaro, Gulu).***

The above notwithstanding, ACDI/VOCA was commended for making available nutritious foods rich in energy and proteins. Although, it does not provide staples like sorghum and millet which are rich in carbohydrates for producing energy, it provides corn soya blend and cooking oil which are good alternative sources of energy, but which could be unsustainable given the fact that they are imported.

We give them cooking oil, and corn soya blend, we even train them on the various ways it can be prepared…of course PLHA need other things like beans, vegetables but our capacity is limited ***(KI, ACDI/VOCA, Gulu).***

Key informants at ACDI/VOCA acknowledged that the food support provided was limited especially on providing a balance diet. Thus, access to nutritious foods among PLHA is also constrained by the capacity of ACDI/VOCA. The number of PLHA supported is small compared to the magnitude of the problem. As earlier highlighted, given these two districts' projected population, there is an estimate of 37,410 PLHA in Kitgum and 43,944 in Gulu, but ACDI/VOCA is only targeting about 1,800 of them which is a small number compared to the need.

We are targeting about 1800 people, am not specific because our data keeps changing, as other PLHA are phased off, others shift to new locations, others are recruited. Our data on clients is worked on every month, so our client totals keep changing. For example we could have a given number in this month but people die, others shift, the district has also had a camp phase out. We had people whom we used to distribute food to while still in the camps (Bobi) but they have now gone to their original villages that are far away for example in Minakullu. It was just recently that we opened up a distribution point ***(KI, ACDI/VOCA, BOBI Field Gulu)***

The food challenge is a reality for those who actually live in town with no piece of land on which to plant some crops. For example in Layibi not far away from town there is a family that does not even have where to dig because the land they were given is only enough to build a house. This has forced some of them to resort to stealing; there are so many cases of theft. Probably another need is for the Child headed households and the EVIs should also be considered for food support ***(KI, ACDI/VOCA, BOBI Field Gulu)***

To ensure sustainability, ACDI/VOCA links PLHA it has phased off the food support to community-based organizations (CBOs) promoting food security. It extends grants to some CBOs to train PLHA in modern farming such as using organic fertilisers, planting fast and high yielding crops, diversification, crop spacing etc., and other activities that promote food security. From these CBOs, PLHA learn to plant nutritious foods essential for boosting their immune system.

When we phase off PLHA from our supplement programme, we link them with CBOs we have given grants to support them grow their own food. This is our sustainability strategy…if the client is too weak to take part in farming we take on a close relate who supports the client to learn ***(KI, ACDI/VOCA, Gulu).***

All stakeholders interacted with acknowledged that whereas the problem of lack of food is general in the communities, PLHA households exhibit severe food insecurity compared to households of healthy people. Apparently, the frequent morbidity episodes suffered by majority of PLHA especially those in rural areas has reduced their households' productive capacity. Farming is a labour intensive activity, which does not augur well for most PLHA with weakened energy. Cases of spending entire seasons bedridden and/or crops getting destroyed in gardens among PLHA households were reported.

Last year I did not dig because I was very sick, I almost lost my life. It was the children who did some leja leja ***(causal work)*** *in order to buy food…we would have one meal a day* ***(FGD with PLHA, Palaro, Gulu).***

PLHA interacted with acknowledge that it is the effects of HIV&AIDS which have seriously compromised their ability to ensure self-sufficiency of food.

If I were not living with HIV&AIDS, I would be having enough food for my household, but now I am weak, I do not have the energy to dig ***(FGD PLHA, Layibi, Gulu).***

It is not that we are doing nothing completely; we try to do some little farming. Each one of us here is doing something but the problem is that we are not consistent; when we feel weak, we stop for a while and only resume when we feel better ***(FGD PLHA, Omiya-Nyima, Kitgum).***

There is a difference between PLHA and non-PLHA households…non-PLHA have enough food since they plant a lot… they even reserve some for future use, they can have several sacks of sorghum stored yet for us we do not have any...for us we have to look for money to buy the sorghum to eat ***(FGD PLHA, Omiya-Nyima, Kitgum).***

Whereas these interventions are helping the PLHA, it is clear that these are short term interventions (more focused on the food distribution model - which serves a purpose especially for immediate nutritional needs). However, the focus on long-term capacity reinforcement for food and nutrition security is insufficient. Also, interventions are few and seem to be scattered, with insufficiently integrated interventions.

4.2 Gender and Vulnerability of PLHA to Food and Nutrition Insecurity

Women are disproportionately affected by the epidemic: they face double discrimination because of their HIV&AIDS status and their social status. Women are more likely than men to face discrimination in the political, social and economic fields. They are severely and unequally affected by malnutrition, hunger and poverty, which make them more vulnerable to the disease as they engage in high-risk activities such as transactional sex. Lack of rights and lack of physical access to adequate food and productive resources increase women's vulnerability to HIV&AIDS[62].

The Commission on Human Rights on the right to food highlighted issues such as household discrimination, workplace discrimination and the difficulties that women have in access to and control over land, credit and food. The link between property, inheritance rights and HIV&AIDS is crucial in terms of the right to food. There is agreement that property rights for women are important in general, and that this importance increases significantly in the context of HIV&AIDS[63].

Women lack access to property and to productive resources such as labor, credit, training and technology; violations of property and access rights were reported to be common in post-conflict Uganda. Womens' lack of rights and access to productive resources increase household poverty and hence susceptibility to HIV&AIDS. It is also noted that the women are less likely to cope with the economic consequences of HIV&AIDS, and without access to productive resources are less able to protect themselves from HIV&AIDS[64].

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62 Vandenbogaerde (2009) The Right to Food in the context of HIV/AIDS

63 Global Coalition on Women and AIDS (2004)

64 United Nations (2008) Declaration of Commitment and Political Declaration on HIV/AIDS.

In general, women depend on men for access to productive resources, so when the relationship ends on the death of the husband or other circumstances, women are left with no rights at all. Women are stripped of their assets, in many cases by their family. Many women submit to these abuses for fear of losing their homes. Consequently, women's low economic status inclines them to undertake high-risk responses that increase their susceptibility to HIV&AIDS.

The high-risk actions women undertake when they are being discriminated against or forced into poverty have been described: their low socio-economic status increases the prospects of women engaging in transitional sex and decreases their chances of negotiating about sex, leading to increased risks of coerced sex and lower age at sexual debut[65].

4.3 Factors Causing Vulnerability of PLHA to Food Insecurity

Episodes of morbidity and poverty were the commonly cited causes of vulnerability to food insecurity among households of PLHA. The situation is particularly serious in households where PLHA are breadwinners or adults. The compromised immunity of PLHA coupled with lack of adequate food and poor nutrition lead to susceptibility to opportunistic infections, which often render the infected person very weak. To cope with this situation, some PLHA resort to growing less labour intensive crops and engage in light tasks such as collecting firewood and petty trade as means of livelihood, which make their households more vulnerable to food insecurity.

We cannot engage in tasks like planting rice that is labour intensive and exhaustive, we do not have that kind of energy ***(FGD PLHA, Palaro, Gulu).***

I used to plant sim-sim, millet, groundnuts which are very good foods (nutritious), but now I cannot plant them; it involves a lot of work. I have resorted to sorghum which is a little easier ***(FGD PLHA, Omiya-Nyima, Kitgum).***

At times we really work hard but sickness disturbs us, when it strikes we cannot do any farm work not even weeding, sometimes it is weeds which destroy our crops…work which a healthy person does in one week can even take a month for a PLHA ***(FGD PLHA, Omiya-Nyima, Kitgum).***

We really have a problem when it comes to having enough food, we cannot cultivate large acreages of land…it requires energy which we do not have ***(FGD PLHA, Layibi, Gulu).***

PLHA households are vulnerable to food insecurity because responsibility to cultivate and produce food is primarily left to a few members, which translates into low food production. Given the high levels of poverty, such households cannot afford to hire labour to open larger acreages of land. Although some PLHA in the region have tried innovations such as group farming- i.e., where members of the group pool their labour and dig in turns to colleagues gardens, it is also limited by the high morbidity among PLHA.

PLHA in Bobi formed a group to support each other in farming but it failed…some would fall sick. There was a case of a woman whom the group members dug for but when their turn came, she fell sick for a month ***(KI, Health Alert, Gulu).***

We have the land now, it is even raining but we are unable to dig much, we cultivate small acreages, I don't think we shall be able to produce enough food ***(PLHA FGD, Omiya-Nyima, Kitgum).***

The low agricultural productivity capacity in PLHA households is also attributed to the shift in responsibility of producing food to children. It was reported that because of either death or frequent morbidity, responsibility within PLHA households for ensuring self-sufficiency of food has shifted from the once able bodied men and women to children. During times when heads of households are bedridden, the children become the breadwinners; they provide casual labour, collect firewood for sale and various other tasks.

Food insecurity in PLHA households is exacerbated by the large family size of mostly children. Majority of PLHA households both in post-conflict northern Uganda are headed by widows. These widows have many orphans to provide for yet they are weak to engage in meaningful farming. It was revealed that there are PLHA households with as many as seven children; this makes it difficult to produce sufficient food.

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[65] Gillespie and Kadiyala (2005), HIV/AIDS and food and nutrition security

Changes in socio-cultural norms and practices, partly as a result of weakening extended family system due to effects of the war coupled with poverty have made PLHA households vulnerable to food insecurity. The breakdown in family network experienced in the IDP camps has inadvertently created a situation where the weak members of society are left on their own, and at times isolated. It is exceedingly becoming difficult to communities members to extend communal support to vulnerable members such as the elderly, the chronically sick including PLHA, which makes them vulnerable to food insecurity.

In the past it was not possible to neglect your relatives, so if one fell sick, you would provide food for him/her but now…some PLHA were even abandoned in the camps. Our worry is that if we do not do something people living with HIV&AIDS will be greatly affected….some are even not taking their drugs regularly in the villages because they do not have food ***(KI, District Local Government, Gulu).***

Some HIV positive people have been abandoned in the camps because they cannot walk back home or even actively contribute to the building homes back in the villages, they have remained in the camps with no support ***(FGD, PLHA Association, Kitgum).***

Whereas it is true that the passion for the weak members of society by members of society in post-conflict Uganda is not strong, it was revealed that the frail including PLHA and the elderly have largely stayed in satellite camps. In particular, PLHA have largely stayed in the camps so as tyo access health services from facilities where they are registered, and other forms of support from some of the NGOs. They fear returning to communities where it will become impossible to access such services given lack of government programmes that target PLHA.

Vulnerability to food insecurity among PLHA households is, therefore, increased by non-specific targeting of PLHA in Government programs aimed at improving the livelihoods of the population. The criteria for benefiting from government supported programmes inadvertently disqualify PLHA households. For instance, under NAADS, government supports about seven (7) model farmers per sub-county, which indirectly excludes households of PLHA. For, they cannot easily make it to the list of seven model farmers. This compounds PLHA households in poverty and food insecurity.

There are also socio-economic factors…government brings in programmes which can help restore food security but PLHA rarely benefit from them. PLHA are usually forgotten, they are not included in the ongoing programmes like NAADS. The PLHA are always excluded for example if 30 community members are selected; PLHA are left out on the pretext that they do not have the necessary energy ***(FGD PLHA Association, Kitgum).***

People have formed groups to benefit from the NAADS programme, but the PLHA have not benefited…whenever we try to join a group they say it is full. People here exclude us (PLHA) saying we are weak and unable to work ***(PLHA FGD, Palaro, Gulu).***

This exclusion from poverty eradication programmes such as NAADS makes PLHA households more vulnerable to hunger and therefore food insecurity. Overall, however, HIV&AIDS related morbidity and mortality have greatly contributed to vulnerability of PLHA to food insecurity in both Gulu and Kitgum by reducing people's productive capacity both directly and indirectly.

4.4 Strategies Devised by PLHA to Cope with Food and Nutrition Insecurity

Several writers have commented that PLHA households coping with food and nutrition insecurity may be an illusion and a dangerous misnomer[66]. They argue that talk of "coping" is a way of escaping from the challenge of confronting how people's capabilities are stunted, how their entitlements are blocked, and how their abilities to function as full human beings with choices and self-definitions are frustrated. The fact is that "coping" is an externally applied value judgment that may or may not correspond to what is actually happening. It is pointed out that many responses are those of distressed households without much conscious strategy, "struggling, but not coping"[67].

[66] Barnett and Whiteside (2002) AIDS in the 21st century: Disease and globalization.

[67] Rugalema et al (2000), HIV/AIDS and the commercial agricultural sector of Kenya Impact, vulnerability, sustainability and coping strategies

Despite the above, this study attempted to unravel how PLHA were managing amidst vulnerability to food insecurity especially now during the post-conflict era. Study participants observed that during the times of war, food insecure households would survive on external assistance from organizations such as WFP, TASO, and relatives but currently, this kind of support is inaccessible for the majority of PLHA. Consequently, to cope with food insecurity, PLHA have resorted to reduced food intake, providing casual labour in exchange of food or to earn money to enable them access food on market, collecting firewood and burning charcoal and some petty trade to raise money for buying food and other necessities of life.

Ordinarily, an average household in northern Uganda is only 40% self-reliant in terms of food. According to the September 2009–January 2010 Food Security Assessment, about 40% of the household food basket in northern Uganda comes from own production, 26% from purchases, 25% from food aid, and 10% from other sources. In the report, exceptions were made of households of PLHA; majority of them believed to have been surviving purely on external food assistance and market. Therefore the winding up of food assistance programmes in the wake of widespread crop failure and poverty, majority of PLHA in post-conflict northern Uganda have resorted to reduced food intake as a measure to manage the situation. In all discussions held, it was acknowledged that PLHA households have changed food consumption patterns; they are now eating one meal in a day instead of the traditional three i.e. breakfast, lunch and supper.

We are supposed to have three meals in a day that is breakfast, lunch and super but we always have one meal, we divide the food so we eat it twice as we swallow the medicine…but it is little food, we don't even get satisfied; at times the children also sacrifice their own food for us to be able to swallow medicine ***(FGD with PLHA, Layibi, Gulu).***

The people now have one meal a day from the food that was stored from the previous harvest. Because children and PLHA can not bear with the harsh conditions many of them lost their lives due to starvation…We only eat sorghum and boo with out oddi (groundnuts and simsim paste) in it ***(FGD General Community, Kitgum)***

Even children have one meal a day just like everyone else…and they cannot eat from somewhere else like a neighbour or relative unless they steal ***(FGD, PLHA, Omiya-Nyima, Kitgum).***

The change is not only with the frequency and amount of food eaten but also in the quality of food consumed. Apparently, because of the high poverty levels few PLHA in the face of food insecurity can afford to buy food from the markets; market prices are quite high in the region. This has been exacerbated by the high demand from Sudan; the Sudanese are reported to be buying off whole gardens of food even before it reaches maturity. Consequently, the poor PLHA have resorted to collecting vegetables like "dodo" to work as sauce in the place of beans and other staple foods.

We can only eat vegetables like dodo and may silver fish (mukene) when we get money but it is mostly dodo because it is easy to get…it is difficult to get beans and meat around here…the cost is too high for us given the high demand and prices offered by Uganda traders who ferry them to Sudan ***(FGD, PLHA, Palaro, Gulu).***

Coping strategies like reduction in food intake has however limited drug adherence among PLHA. Reports of PLHA missing a day or two without taking their drugs are becoming common in post-conflict northern Uganda. Apparently, they (PLHA) were advised to always take their drugs after eating food, so when some fail to get food, they skip the dose for that day, waiting until they get food.

I missed taking my drugs twice because of lack of food…there was a time I swallowed the medicine when I had not eaten any food, I got a bad reaction it felt like a burning sensation that was so painful ***(FGD PLHA, Layibi, Gulu).***

Some lived experiences of PLHA are shared in the textbox below on effects of HIV&AIDS and strategies devised to cope with the disease.

Box 1: Challenges of being on ARVs in a food insecure setting

I left school to join the army but I have since left. Most of my relatives died in the war and my wife abandoned me when my infection progressed to AIDS. I am living in poor conditions, the house leaks, I have no mosquito net, I don't get sufficient amounts of food to eat, I am discriminated,…I am just helpless, I wish I could die. I have someone who checks on me to ensure that I take my medicine. I started taking the TB drugs and ARVs in November last year I am 25 years old. Even this home is not mine…I am simply being helped. It is my brother-in-law's home, the owners have been away for 3 months now, I have no one to give me food, it is a few neighbours who sympathize and give me some food. But as we speak now, I have not eaten food since the day before yesterday and yet I am taking medicine…I am just waiting to see if one of the neighbors will bring me some food today. If I don't get food I cannot keep on taking the medicine since it can kill me before hunger does so (As told by 25 year old PLHA man, Kitgum).

Box 2: Implications of winding of WFP and challenges of PLHA breadwinner

I am 20 years old. I am living with my parents, who are frail and old, and therefore I am the sole breadwinner to the family. My 2 year old child is also on septrin. I left my husband because he was mistreating me and yet he was not supporting me. The whole family responsibility is on me. My father is very weak just awaiting his death; my mother is equally sick and unable to work. They are all looking at me for food and other family needs.

I never studied much…I stopped in primary six, which would have enabled get a good job. I am now working in a restaurant to earn a living. I earn 20,000/=per month. I first go to the garden early in the morning, then later I go to the restaurant to work. I am now preparing my garden to plant sorghum and cassava. But we do not have enough food, sometimes we sleep hungry. Life was fair when WFP was giving us food but now life is not very easy any more. We need support; I cannot dig as much as a healthy person would (20 year old PLHA woman, Kitgum).

5.0 INTEGRATION OF FOOD SECURITY INTO THE HIV& AIDS RESPONSE, GAPS AND POLICY ENGAGEMENT

5.1 Integration of Food Security and HIV&AIDS in the Response

There are various organizations in the country engaged in promotion of livelihood and HIV&AIDS activities, although their coverage is small. These organizations draw their mandate and guidance from the country's National Strategic Plan (NSP) on HIV&AIDS—2007/08-2011/12. The NSP recognizes that food insecurity and low nutritional status can be a causal factor for HIV infection as well as a consequence. As part of efforts to ensure guided integration of food security in the national response, the NSP set out to strengthen mechanisms that promote sustainable food and nutrition security to the households and communities made vulnerable by HIV&AIDS (UAC-NSP).

In the post-conflict districts of Gulu and Kitgum, organizations which have integrated food security and HIV&AIDS in their programmes include ACORD, Health Alert, Caritas, and World Vision as well as ACDI/VOCA supported CBOs. The common practice among these organizations is to mainstream HIV&AIDS issues into their livelihood programmes. For instance, while promoting and implementing food security programmes in the communities, time is set aside to sensitize beneficiaries about HIV&AIDS, teaching them about the basic facts of the epidemic, mobilizing them for HIV counselling and testing services, and making referrals to service access points for people tested HIV positive.

Some organizations like Health Alert and World Vision have contributed towards ensuring food self-reliance among PLHA households by providing them with animals such as goats known to multiply in a short time, so as to generate income that can be used to ensure that PLHA have access to food.

One of World Vision's areas of focus is distribution of goats and pigs…these animals can multiply very quickly... It is actually very important to integrate issue of health together with food security ***(KI, District Local Government, Gulu).***

> We had a programme for supporting PLHA ensure food and nutrition security…we used to give food to clients when they were still in the camps every after three months, they would get rice, posho, cooking oil, sugar, and groundnuts. Our target was the children and their caretakers. But this programme stopped in 2008, when the programme stopped we started empowering them by giving them seeds. We formed groups of the caretakers with a maximum of 40 and a minimum of 30 members…we gave them oxen, ox-ploughs and seeds. We also gave them 400,000/= which was supposed to be a revolving fund for members to borrow and return with a little interest of 10%.
>
> We also had another project where we bought and distributed goats to PLHA households. They were improved breeds, so people who wanted cross-breeds would pay 1,500/= to our beneficiary, which enabled them generate some income. There were times when we even bought pumpkins from the markets for PLHA registered with us, they would eat and plant the seeds for future use (KI, Health Alert, Gulu).

More evidence of integration of food security and HIV&AIDS is reflected in the initiatives of ACDI/VOCA. This organization is supporting CBOs in Gulu district to sensitise and equip PLHA with modern farming skills and techniques. ACDI/VOCA extends grants to these CBOs to specifically support PLHA be self reliant in terms of food. Various other organizations like Caritas provide groups of PLHA with planting materials and skills to enable them produce enough food for their households.

Further, Uganda's NSP recognizes that proper nutrition improves the immune system and helps delay the progression from HIV to AIDS. So in order to ensure that various actors promote proper nutrition among PLHA, the Country has developed and disseminated national food and nutrition guidelines for PLHA. To-date, various AIDS care and support agencies have integrated nutrition counselling and education, into their care programmes. For instance, all counsel PLHA to appreciate that the first and most important form of treatment is proper nutrition. Efforts are made, though not routinely; to sensitize PLHA on what constitutes proper nutrition among people living with HIV&AIDS. This, in part, explains why some PLHA on days when they fail to get food, they choose not to take their medication. Evidently, this is counterproductive.

The NSP also provides platform for enacting and enforcing appropriate food and nutrition security by-laws at local government level to mitigate the impact of HIV&AIDS on households. However, this has not been seriously been pursued by the district local governments. The study findings reveal that district local governments in northern Uganda have made limited effort to integrate food security into the HIV&AIDS response. Although HIV&AIDS is taken as a cross-cutting issue, each local government programme is pursued without attention to HIV&AIDS, and in isolation of the other. For instance, through the government's NAADS programmes, all sub-counties are directly and actively involved in the distribution of seedlings and other planting materials such as cassava cuttings, vines etc., as part of efforts to ensure that all households in the region are self-reliant in terms of food, but no special attention is given to households of PLHA.

We are giving people cassava cuttings, beans, maize and rice to plant. We give those who have formed farmers' groups, not individuals…we have a lot of cassava cutting to distribute here ***(KI, Akwang Sub-county, Kitgum).***

As the above findings reveal, only farmers who have formed groups benefit from such interventions, and yet, PLHA find it difficult to join such groups. They are either discriminated against on grounds that they are weak, or on their own accord, just keep off. No special attention is given to PLHA and households affected by HIV&AIDS despite universal acknowledgement that food insecurity increases susceptibility to opportunistic infections among PLHA and that hunger can lead to high risk behaviours that make individuals susceptible to re-infections or infecting others.

We have the NAADS programme to promote food security but it is for everyone, it does not target specific groups like the PLHA… selection of beneficiary groups is done by the community who tend to exclude PLHA ***(K I, Health Alert, Gulu).***

If PLHA were to be targeted by programmes such as NAADS, possibly their food security needs would be to a large extent met. The programme promotes three crops chosen by the community through consensus. The promotion involves distribution of improved seed varieties, farm implements, knowledge and skills and any other support essential for the growing of the crop being promoted. For instance, in promoting rice growing, farmers in Gulu have been given rice seeds, farm implements like sickles and hoes.

Government together with the Japanese Government is sensitizing people to grow rice…in addition; they are distributing seeds, ox-ploughs, sickles, hoes, and rice threshers. They have given at least one rice thresher per sub-county ***(KI, District Local Government, Gulu).***

The modest benefits notwithstanding, challenges of programmes such as NAADS even if they were to target PLHA were mentioned. Community members complained that majority were yet to benefit from the existing programmes to fight food insecurity. Communities that are typically remote and distant from the sub-county offices hardly benefit as the information reaches late. Communities interacted with claimed that the programme has only benefited people who live near the sub-county offices.

The cassava cuttings were brought to the sub-county but some of us whose villages are far away missed because we normally get the information when it is actually too late as people have already exhausted the supply of cuttings for planting ***(FGD Farmers Group, Akwang, Kitgum).***

The community is really benefiting as they receive animals, improved seeds, fruits. But there are also complaints in some communities that it is the leaders benefiting yet this is meant for the vulnerable people ***(KI, Health Alert, Gulu).***

Apart from district local governments, there are CSOs which are implementing food security programmes, but with no focus on HIV&AIDS. Some CSOs such as Oxfam are implementing programmes targeting general community people, but with no particular focus on PLHA and households affected by HIV&AIDS in the selection of beneficiaries.

There is no integration, we have Oxfam here, it selected six people per village who were given seeds but they did not give priority to PLHA ***(FGD Community People, Lagoro, Kitgum)***

Specific initiatives to address food insecurity in the short-term that exist in both Gulu and Kitgum districts still exclude PLHA especially those who are already weak. Organizations such as Oxfam and WFP engage food insecure households in food for work initiatives such as opening up feeder roads. Through the food for work initiative, Oxfam and WFP give households yellow maize flour (posho) and cooking oil, which PLHA cannot easily benefit from due to their frail condition.

Each person that works on the road is given 25kgs of posho and one and a half litres of cooking. But the work is so tiresome that only the healthy can be able to do...opening up roads involves digging out big tree trunks and ant hills and sometimes it can take as many as 10days ***(FGD Community People, Lagoro, Kitgum).***

Overall, some effort in particular by NGOs has been made to address food insecurity concerns in general but with little emphasis on integrating food security into Uganda's HIV&AIDS response to ensure self-sufficiency of food. As earlier indicated, most of the interventions are scattered and of short-term nature.

5.2 Gaps in Promotion of Food Security in post-conflict Uganda and among PLHA Households

Discussions with key informants in Northern Uganda and available literature point to glaring gaps in the HIV&AIDS response with regard to food security and agricultural production. Although some interventions have been implemented by government and other civil society agencies, they largely target the entire communities/households given the fact that first and foremost all households have been rendered food insecure due to the devastating effects of the conflict, and particularly those that have been in IDPs camps for a long a period. It is only in isolated cases that interventions such as those by FAO, ACDI/VOCA, World Vision etc., cover households of PLHA in a few communities and at best a small section of the households and hence not reaching all. Specifically on the part of PLHA, these food and agricultural interventions benefit those that are registered clients of TASO, hence leaving out the bulk of the unregistered households with PLHA.

From the strategic point of view, gaps in food and agricultural response amidst HIV&AIDS have been caused by much emphasis on prevention in the national response and lately to treatment of PLHA with anti-retroviral drugs (ARVs). The emphasis on prevention and lately on treatment has tended to overshadow other aspects of HIV&AIDS such as mitigation of the socio-economic impact where issues of food security and agriculture would be handled. The weakness with an approach that is not comprehensive i.e., focussing greatly at prevention at the expense of other epidemic impact is that even prevention might not be realised if people are hungry. The bi-directional link between HIV&AIDS and food security cannot be overemphasized (Asingwire, 2007). In the FAO Regional Tool for Addressing HIV&AIDS, it is clearly noted that HIV&AIDS increases the vulnerability of households and communities to food insecurity, while food insecurity increases risks of a person becoming infected with HIV. During this study stories were told of women in camps who would exchange sex for food — cereals, cooking oil, maize flour etc.

5.3 Challenges in Promoting Agricultural Production and Food Security in Post-conflict Uganda and among PLHA Households

Promotion of agricultural production and food security in post-conflict Uganda in general, and among PLHA households in particular, is constrained by various factors. The commonly cited constraint include limited access to farming land amidst abundance of unutilised land, lack of labour, high morbidity among PLHA, lack of planting seedlings and materials, and lack of farming implements. Other challenges include transition from IDPs to villages, climate change, high demand for food from neighbouring Sudan and labour demanding technology.

5.3.1 Access to arable land

With relative peace returning to the north, and as camps decongest witnessing mass return of IDPs to their communities, challenges of accessing land are featuring highly. The issue is not about lack of land since there is a lot of unutilized land in the north, but to access this unutilized land due to the dynamics of communal land tenure system coupled with the transition that the north is undergoing. This transition from communal ownership to individual private ownership is slowly being characterized by the emergence of a powerful class of private individuals commonly known as "land grabbers" that had hitherto been unknown in the north, which is denying the weak members of society access to land. In the period preceding the war, communities lived in freely accessed the land since the issue of "my land" had not emerged—it used to be "our land". In some situations some returnees cannot easily identify the boundaries of their communal pieces of land due to many years in the camps or absence of adults in the household that would recall the boundaries. All this development is leading to land wrangles in the north—with over 70% of all cases in magistrate court being land related cases. Cases of returnees being resisted to occupy their lands have been widely reported in the media and press e.g., The Observer, June 21-23, 2010: 9-"Land wrangles a threat to peace in the North". See Appendix 2.

The above notwithstanding, there are specific cases of some PLHA who have not embraced the idea of returning to their communities where they can access land. They prefer staying in the satellite camps due to availability of services that are not available in the communities. These are still renting small plots where they carry some farming, but cannot ensure food security for the affected households. These and several other challenges require all organizations that are involved in the resettlement of IDPs to engage local leadership in finding best ways of permanently resettling of IDPs.

5.3.2 High morbidity and lack of labour

High morbidity is reportedly one of the biggest constraints to promotion of food security among PLHA households. PLHA at times fall sick at the critical time of planting season, which makes it difficult for them to grow food. It was also reported that the promotion of food security among PLHA is constrained by the ease with which PLHA groups disintegrate or PLHA being rejected to join farming groups on the pretext that they cannot contribute effectively as other non-PLHA. Lack of labour among the PLHA households especially in instances where the available adults are weak to cultivate, implies that not only small acreage of land is cultivated, but also the crop folio is reduced. It was therefore not uncommon during discussions with PLHA, community members and other key informants to receive stories of PLHA not having adequate food both in terms of quantity and quality.

5.3.3 Changes in farming technology

The type of farming technology used in the communities is also constraining efforts to ensure that PLHA households are self-reliant in terms of food. Currently, it is estimated that over 80% of farmers in both Gulu and Kitgum use hand hoes to cultivate, which is labour intensive instead of animal traction as it used to be the case before the outbreak of the war. The situation is exacerbated by the failing health of PLHA who are inadvertently forced to cultivate small acreages of land that translates into low agricultural production and consequently food insecurity.

PLHA are limited by the kind of farming tools used, people are using hand hoes, over 80% of the farmers, and the proportion using ox-ploughs is small, even smaller proportion using tractors. This means households' production is very limited as people cannot expand production easily ***(KI, District Local Government, Gulu).***

We need tools to make our work easier like ox-ploughs. We all dig but the amount of output is smaller because we can only manage to clear small pieces of land ***(FGD PLHA, Omiya-Nyima, Kitgum).***

We are now back in our villages, we have access to land but because of our poor health, we cannot do much, if possible the government should come and support us…may be if we get ox-ploughs we may be in position to produce enough food ***(FGD with Community People, Lagoro, Kitgum).***

The previous interventions have been premised on appreciation that HIV&AIDS affected households lack labor for improving their food security. The provisioning of seeds, farming tools/implements and small animals not meant for land traction are on contrary labor intensive. Thus, the immediate challenge faced by HIV&AIDS affected households is labor to open and clear the land for agricultural activity.

Elsewhere in literature[68], it has been pointed out that technology and its adoption are important issues for the agricultural sector. It is also directly linked to the provision of advisory services to farmer entrepreneurs. There is a general acknowledgement that much of the basic technology is available and that the challenge is really about making it accessible and available to farmers. The existing agriculture advisory services under NAADs have been widely criticized for not reaching all those who need it. Yet food nutrition and security is an important national objective for Uganda. This is even more critical given the dreaded and yet expected adverse impact of climate change and the increasing unsustainable exploitation of land rendering it infertile[69].

5.3.4 Planting seedlings and materials

Insufficient planting materials have made it difficult for the promotion of food security in the community and among PLHA households. Almost all the small farmers in the north depend on planting materials distributed by NGOs, NAADS etc., operating in the area. This creates competition and commonly, it is PLHA who miss out hence compounding their food insecurity problem.

5.2.5 The Sudan factor

From the wider perspective the availability of market for food in Southern Sudan should potentially be significant as it acts as stimuli for agricultural production in the north. And indeed, leadership at the national and sub-national level holds this view. This, however, needs to be systematically approached as the temptation of selling everything by households to earn the much needed money tends to be very high.

We also have the Sudan factor; they come and buy all the crops while still in the garden. This has always tempted the people to sell almost everything they have to get money, this is really a big problem especially if there is no control on what amounts can be sold. The people actually sell most of their food crops while still in the garden with the hope that the rains will come and they will have a lot of food in the next season; which is not always the case… this is affecting household food security and rendering communities vulnerable ***(District Agricultural Officer, Gulu)***

With such developments in the region, the need to sensitise communities and households on having buffer stocks cannot be overemphasised. The need to revitalise post-harvest storage of food by community leadership ensuring that each household has a granary with food stuff at all times would be timely. For this to happen, a deliberate policy need to be enacted that will compel households to store some food as they take advantage of the readily available food market in Southern Sudan.

5.3.6 Lack of availability of extension services and expertise

Over the years, the services of extension workers have been not been easily accessible due to dwindling numbers of extension workers and inadequate facilitation to enable them reach farming communities. The implementation of NAADS to facilitate farmers has also not helped an ordinary small farmer as it is demand-driven and hence benefiting the big farmers. Limited number of extension workers also, in part, makes it difficult to provide sufficient support to PLHA households in the quest to make them self-reliant in terms of food.

We have few extension workers; they are employed by the district and therefore stay in town…although they are attached to the sub-county, they do not have enough time to visit the people in their villages to offer advice on the best agricultural practices ***(KI, Akwang Sub-county, Kitgum).***

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[68] Asingwire (2007) Evaluation of FAO HIV&AIDS Project in Gulu, Northern Uganda; Asingwire and Kiwanuka, 2009), End of Project Evaluation for Teso Floods Response Food Project, A Study for World Vision International and FAO

[69] Ofwono (2009), Farmer Entrepreneurship in Uganda Agri-Profocus Synthesis Paper

Related with the above is lack of HIV&AIDS expertise at the national and field level to guide affected households in properly identifying their needs and implementing relevant agricultural projects that are HIV&AIDS sensitive. Limited extension services is cited as among those factors that have contributed to decline in agricultural production and land productivity in Uganda (GOU, 2010).

5.4 Policy Engagement and Advocacy for Food Sovereignty in Post-Conflict Uganda

5.4.1 Policy engagement

Improved agricultural production, issues of promoting food security and making communities self-reliant in food production are matters of national policy. Government provides the national policy and planning framework to guide all actors involved in implementation and promotion of interventions as well as programmes aimed at restoring food production and security in the country. However, the current national policy and planning environment is equivocal on issues of community vulnerability to HIV&AIDS and food insecurity in post-conflict Uganda. Currently, government policies, programs and plans such as the Plan for Modernisation of Agriculture (PMA), the Peace, Recovery and Development Plan (PRDP), Northern Uganda Social Action Fund (NUSAF) do not entail strategies for improving household food production and security.

The Plan for Modernisation of Agriculture (PMA), which is a multi-sectoral policy framework for agriculture and rural development, has over time been guiding the policy environment for the agricultural sector in Uganda, but the northern part of the country did not gain much from PMA due to the conflict at the time. On the other hand, the Peace, Recovery and Development Plan (PRDP), among others, sets out several initiatives on improving food security in the north of Uganda (Acholi, Teso, Lango, West Nile and Karamoja), but with primary focus on infrastructural development such as roads etc. Other glaring missing links exist in the Food Security Plan (2008-09) of Action (PoA) for Northern Uganda as it does not draw a link with HIV&AIDS. Similarly, the Rural Development Strategy (RDS) formulated in 2005 has performed so dismally especially for the north of the country in as far as raising household incomes is concerned.

Overall, the recently launched National Development Plan (NDP) 2010/11-2014/15 treats agriculture as one of the primary growth sectors, and recognises that food security has been unsatisfactory since 1992 in Uganda[70]. Although it is noted that the country's average caloric intake per person per day improved in the last 8 years, it still remains less than what the WHO recommends daily. On the other hand, the NDP recognises that HIV&AIDS remains a major development challenge in Uganda requiring enhancement of livelihoods and economic empowerment of affected communities and households. Although the NDP identifies "scaling up of social support to affected households", it does not spell out the food security and nutrition needs of PLHA or improved agricultural production among communities and households ravaged by HIV&AIDS such as those in post-conflict area. The gaps in the policy and planning environment notwithstanding, there are opportunities that can be seized on to lobby and advocate for policy review and change with a view of incorporating in unequivocal manner the issue of community vulnerability to HIV&AIDS in food insecure setting in post-conflict Uganda.

[70] GOU (2010) National Development Plan (NDP) 2010/11-2014/15

Apart from national policies and plans that address issues of food insecurity in the context of HIV &AIDS in conflict and post-conflict areas, there are international strategies that provide opportunity for enhancing food security in the context of HIV&AIDS. For instance, the FAO Strategy for addressing the impact of HIV&AIDS and other diseases of poverty on nutrition, food security and rural livelihoods (2005-2015) can serve as a guide for all possible interventions. In particular, the FAO Strategy identifies the following six priority intervention areas:

- Strengthening capacity of member countries
- Improving access to and adoption of agricultural technologies
- Strengthening capacity of local governance structures
- Empowering vulnerable communities
- Strengthening policy dialogue and advocacy
- Nutrition

It has to be noted that the proposed humanitarian priority interventions, with a particular relevance to FAO's mandate are the development and delivery of a minimum package of services for communities in order to ensure access to:

- Food and nutritional services
- Adequate quantities and quality of seeds and tools
- HIV&AIDS prevention, care and impact mitigation responses
- Protection from sudden onset (natural) disasters and epidemic outbreaks.

The above findings therefore reveal that promoters and advocates of food security and agricultural production in post-conflict zones, which are hard hit by the HIV&AIDS epidemic, have the opportunity of pushing food security issues onto the local and international policy agenda.

4.5.2 Pointers to an advocacy plan

To engage in advocacy on lowering community vulnerability to HIV&AIDS in food insecure settings in post-conflict Uganda, it is pertinent to unravel possible opportunities in the environment. The relative calm that is gradually taking root in the north presents an opportunity for improving agricultural production and hence sustainable food security. The other opportunities in scaling up food security and agricultural production among post-conflict communities in northern Uganda and households affected by HIV&AIDS that can exploited include the following:

- Availability of national policies and plans that need to be reviewed or amended to incorporate issues of community vulnerability to HIV&AIDS in food insecure settings in post-conflict Uganda
- Uganda is a signatory to Regional and Global Declarations and Protocols such as the Maputo Declaration
- Existing expertise of the district agricultural and veterinary departments with staff who if facilitated can help the farmers to address their needs especially as people return to their homes where they will access bigger chunks of land.
- Development partners' commitment and good will to support scaling up of HIV&AIDS interventions globally. For instance, Sida is supporting various partners involved in implementation HIV&AIDS interventions, and FAO, which can positively sustain existing relationship with Sida to obtain increased funding for HIV&AIDS activities in conflict and post-conflict regions.
- Commitment by big UN agencies to build capacities of districts especially during the transition and recovery period of northern Uganda.
- Existence of NGOs in the north such as ACDI/VOCA, World Vision, ACORD etc., that have been supporting PLHA to become food secure and their interest to diversify their interventions and engage in recovery and asset building.

4.5.3 Potential partners/stakeholders in advocacy and policy engagement

For effective advocacy and policy engagement, potential partners and stakeholders have to be identified and their areas of jurisdiction understood or appreciated. Table 4 below shows the potential partners and stakeholders in the area of addressing community vulnerability to HIV&AIDS in food insecure settings in post-conflict Uganda.

Table 4: Partners and stakeholders in advocacy and policy engagement

Partner/Stakeholder	Current Activities/Remark
GOU	Government is charged with enacting, reviewing and amending existing policies and plans. Thus incorporate or reflecting concerns of community vulnerability to HIV&AIDS in food insecure setting in post-conflict Uganda, government becomes a target for advocacy and lobbying initiatives.
MoAAIF	Government ministry charged with, among others, ensuring that the country is food secure, and other related agricultural activities
MoGLSD	Government ministry charged with social protection of vulnerable populations including families affected by HIV&AIDS, OVCs, the elderly, PWDs etc.
MoH	Issues of nutrition fall within the mandate of the Ministry of Health District and Sub-county Councils Government programmes and projects are implemented by local governments-district and sub-counties. They constitute entry points for non-governmental actors involved in agricultural production and food security.
Development Partners, bi-lateral and multi-lateral agencies (e.g., FAO, WFP etc)	For advocacy and policy engagement at international level, resource provision, technical assistance and guidance
National Agricultural Research Organisation (NARO)	Mandated to carry out national research on the needs and priorities of farmers.
Ngetta Zonal Agricultural Research and Devt Institute (Ngetta ZARDI)	Manages and carries out applied and adaptive research relevant to the needs of farmers in the Northern agro-ecological zone comprising Amolatar, Amuru, Apac, Dokolo, Gulu, Kitgum, Lira, Lamwo, Oyam, Otuke and Pader districts.
Agency for Co-operation and Research in Development (ACORD)	Implements activities on livelihoods, gender, conflict, and HIV&AIDS in 17 countries across Africa.
Livelihoods and Enterprises for Agricultural Development (LEAD)	Funded by the United States Agency for International Development (USAID), LEAD aims at integrating farmers and related small and medium enterprises (SMEs) in commodity value chain in order to increase their productivity.
Co-operative for Assistance and Relief Everywhere (CARE)	Has been rehabilitating war victims in over 450,000 households-its activities aim at empowering the poor and marginalized people by giving them support to enjoy their rights and fulfill their responsibilities and aspirations. Other major interventions include promotion of non-violet resolution to conflicts, economic rights and better livelihood, promotion of good governance, provision of water etc.

Table 4: Partners and stakeholders in advocacy and policy engagement

Partner/Stakeholder	Current Activities/Remark
International Community of Women Living with HIV&AIDS	Work of ICW includes mobilising women living with HIV/AIDS, providing mentoring support and solidarity, sharing experiences and life-saving information about needs, health and rights of positive women Others include training by and for women in how to survive, how to live positively with HIV, knowledge about treatment, health, & rights, and advocacy skills for change of policies, attitudes and myths, researching concerns and issues raised by women living with HIV/AIDS; issues which are missing from academic, scientific and development circles, yet are crucial to HIV/AIDS policies, and building bridges and opening dialogues with policy-makers, organizations and other women.
Concerned Parents Association (CPA)	Protects vulnerable children through statutory and established community structures, has a programme on care and protection of children and a community-based care program in Gulu and Amuru to support orphans and other vulnerable children (OVCs) with IGAs., and training them on peace building, child protection and HIV&AIDS
The AIDS Support Organisation (TASO)	Provides care and treatment, food, psychosocial & economic support to PLHA
National Forum of People Living with HIV&AIDS (NAFOPHANU)	A Network of associations and organizations of PLHA for better co-ordination, advocacy, mobilization of resources etc.
The Northern Uganda Human Rights Partnership (NUHRP) comprises of eight partners-	NUHRPcomprises of eight partners- ACORD, Women in Rural Development (WORUDET), Forum for Kalongo Parish Women Association (FOKAPAWA), Justice and Peace Commission (JPC), Gulu Women's Econ. Devt. & Globalization (GWED-G), Gulu NGO Forum, Kitgum NGO Forum and Pader NGO Forum. The Forums are the co-ordinating umbrella structures for NGOs and CBOs in their respective districts-they provide capacity-building on human rights and good governance
Actionaid Uganda	An international NGO that implements agricultural and HIV&AIDS projects.
World Vision	Implements a number of projects aimed at promoting sustainable agricultural practices and, care and support for communities of people affected and infected with HIV&AIDS.
National Union of Disabled Persons of Uganda (NUDIPU)	NUDIPU has a mission of working for the equalization of opportunities Persons with disabilities (PWDs) who are also HIV positive face more difficulties and challenges compared to other persons without disability living with HIV&AIDS. Interventions targeting PLHA need to be cognizant of the unique situation of PLHA with a physical disability.

6.0 CONCLUSION, RECOMMENDATIONS AND KEY ISSUES FOR POLICY ENGAGEMENT

6.1 Conclusion

For almost two decades, the once food self-reliant population of northern Uganda has been almost reduced to a food insecure population that has for all time of the war depended on food handouts from humanitarian organizations and other UN agencies. However, in the past 2-3 years there has been a ray of hope that the northern region, which was once the national granary can again, claim its glory of food production due to the relative peace prevailing in the area. The insurgency rendered most IDP populations poor and marginalized and the situation became even much worse for HIV&AIDS affected households.

The current developments that are witnessing IDPs returning to their original homes render the conventional approach of input distribution less adequate in addressing the unique nature of the displaced farmers' and returnees' urgent needs. This calls for a more holistic approach that spans beyond only input provision to development concerns. It again draws the attention to the effects of HIV&AIDS especially households whose labour has been depleted. HIV&AIDS is in itself an emergency within an emergency situation that calls for a holistic approach that combines prevention interventions with those aimed at mitigating the impact. A bi-directional relationship between HIV&AIDS and food insecurity or reduced agricultural production should form basis of interventions aimed at restoring food security and increased agricultural production.

6.2 Recommendations

Overall, with regard to increasing community resilience to HIV&AIDS, the need is to address all factors which have compromised communities' ability to be cushioned against vulnerability to HIV&AIDS, which is partly leading to food and nutrition insecurity. It is recognized that food insecurity and low nutritional status can be a causal factor for HIV infection as well as a consequence. The need to ensure that communities and all PLHA households in post-conflict Uganda are self-reliant in food production cannot be overemphasized. In order to attain food sovereignty, it is suggested that government together with development partners pursue the following:

6.2.1 Immediate-Term

1. **Strengthening capacity of national and sub-national governments**

   Peace is slowly returning to northern Uganda and as result most of the IDPs have returned to their original farmlands, while majority of the weak members of society including PLHA are still held up in satellite camps where they can access some services. This calls for policy change in terms of assisting returnees including HIV& AIDS affected households with long-term strategies to help them fed for themselves. For the particular case of HIV&AIDS affected households, this calls for strengthening the capacity of national and sub-national governments with expertise and resources to especially link downstream interventions with upstream policies. International partners such as FAO, WFP and other international NGOs need to provide expertise to build capacity among central government institutions such as Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), Ministry of Gender, Labour and Social Development (MoGLSD), Office of the Prime Minister (OPM) and local governments in addressing community vulnerability to HIV&AIDS in food insecure settings of northern Uganda.

   To be able to do the above, there is need to recruit and train HIV&AIDS Focal persons at the national level in relevant sectors aimed at promoting food security and equip them with technical skills to design and ensure implementation of interventions that aim at lowering community vulnerability to HIV&AIDS. It is suggested that such officers should coordinate normative outputs (i.e. policies, advocacy, training and capacity building), provide technical assistance and policy guidance initiatives to the country geared towards mitigation of the impact of the HIV&AIDS epidemic.

2. **Work closely with local leadership and clan leaders to address land wrangles, and encourage households to store food**

   The study findings have revealed that due to land wrangles, households especially those of weaker members of society-HIV&AIDS affected, the elderly etc., are exceedingly finding it difficult to access land. To enhance food security and agricultural production in the recovery and transition period, government and its partners

2. **Work closely with local leadership and clan leaders to address land wrangles, and encourage households to store food**
need to work closely with local leadership, clan and opinion leaders to address land wrangles, which are increasingly becoming a barrier to access land. There is also need to strengthen groups of PLHA to be able to have a voice while settling the land disputes.

The findings have also revealed that the high demand of food stuffs in Southern Sudan from Uganda is rendering communities vulnerable to food insecurity. Most of the poverty-stricken households sell of the little food available in order to earn some income. In a situation where food production has not picked, it is important for community leaders as well as clan and opinion leaders to sensitise and encourage households to have granaries with food at most times. Communities and households of PLHA need to be assisted and encouraged in the various stages of food production, storage, and preservation

3. **Promote and support to labour saving agricultural technologies**
As people resettle on their farm lands, the critical need for communities and particularly HIV&AIDS affected households is increasingly becoming labor to open and clear the land to ensure food security. It is important that communities are supported with labor-saving techniques such as animal traction. The women and children who constitute the majority of HIV&AIDS affected households can form groups and each group be given an oxen and a plough. These can also be hired out to enable beneficiary groups earn some income i.e., as an income generating activity (IGA).

4. **Provide seeds, farming implements and livestock support**
To make households move towards self-reliance, they need to be provided with high-yielding planting materials and seeds e.g., vines of sweet potatoes, cuttings of cassava, soya bean, cereals, cabbages, tomatoes, onions etc. Previous studies in the area showed that vegetables such as cabbages do very well in all seasons especially when planted along river streams and in wetlands, and are not labor intensive, while soya bean is so multi-purpose; extracting soya milk and bread as well as a source of income. Past experience has shown that vegetable and soya bean growing are more effective for families affected by HIV&AIDS. Interventions can be implemented to help communities and all those vulnerable households engage in growing the above crops. This should be accompanied in the short-run with provision of simple farming tools such as hand hoes; pangas etc need to be part of the package since animal traction support can take a while to be realised.

5. **Interim food provisioning**
Although camps have been decongested, there are still sections of the populations that are still finding it difficult to return such as the elderly, PLHA etc. For these groups, it is untenable to promote interventions that aim at ensuring that households are food-reliant, but rather need immediate help of food provisions. Thus, for some time, depending on the composition of a household affected by HIV&AIDS, food provisioning in the short-run will become inevitable. Families that are yet to leave the satellite camps or those that have returned but are headed by children, elderly grandparents or frail adults, and those headed by frail PLHA will need food supplies as they settle in their original homes. The need is to be able to provide returning extremely vulnerable populations with a "soft landing" as they go back to their original homes. This can be achieved through a combination of food transfers, food and cash safety nets and direct support to crop and livestock production.

6.2.2 Medium -Term

1. **Build capacity of PLHA for self-reliance in food and nutrition**
Deliberate programmes for capacity building and empowerment of PLHA (in terms of skills building for better agricultural practices) are urgent for self-reliance and advocacy for their food and nutrition and treatment rights. Current labour intensive technologies and systems of community organization are grossly inappropriate for weaker members in communities with acute food insecurity, especially PLHA. It is possible to mobilize PLHA within their existing structures (village to district to national), to enhance food sovereignty.

6.2.2 Medium -Term

2. **Link treatment programs to food security and nutrition**

   Government, development partners and civil society actors in most food insecure communities of post-conflict north should undertake efforts for enhancing integrated and comprehensive programmes which link treatment programmes such as ART more strongly to food security and nutrition for PLHA. The case off ACDI/VOCA partnership with TASO and World Vision offers lessons and promising practices for this to happen on a larger scale for equitably to serve all PLHA in the region.

3. **Hold government accountable**

   A concerted advocacy agenda is required to hold Government accountable and responsive towards global Commitments and Declarations to which it is signatory (Abuja, UNGASS, UA, Maputo). In particular, Government commitment and allocation of sufficient resources for integrated programmes on food and nutrition security for PLHA should be emphasized.

4. **Formation of strategic partnerships**

   Government and civil society actors in the area of health and food sovereignty have a clear window of opportunity to realize better results through the formation of strategic partnerships for greater synergies to enhance sustainable livelihoods. Opportunities exist through partnerships with Microfinance institutions for technical and financial support for PLHA, private sector, FAO and other players; with research and development institutions in the public and private sector, NARO, NAADS, and others.

6.2.3 Long-Term

1. **Mainstreaming HIV&AIDS**

   For any sustainable agricultural production and food security in the context of HIV&AIDS in the general community, there is need to have an integrated package that also focuses on HIV prevention and provision of psycho-social support to infected individuals and affected households. As long as HIV continues to spread, communities run the risks of frequent food insecurity and declined agricultural production, which also in turn has the potential of fuelling the epidemic-bi-directional relationship. This therefore calls for the need to intensify advocacy activities in order to raise awareness among policy-makers, programme-planners and practitioners both at national and local levels to mainstream HIV&AIDS issues in agricultural related programmes.

Other long-term recommendations include the following:

- As the region is in the recovery and development phase, the need to address longer-term needs, such as sustainable access to adequate social services and livelihoods becomes critical. As much as the families including those affected by HIV&AIDS are facilitated to resettle and possibly start on agricultural production, government need to deliberately improve on the livelihoods of the community through sustained establishment and maintenance of infrastructure e.g., road networks that can link the farmers to market, provision of extension services and provision of vocational skills especially to young boys and girls in the communities and particularly those from HIV&ADS affected households.
- In the past when people were still in camps, livestock interventions did not fair well, but there are a lot of prospects for having such an intervention succeed especially as peace returns to the north. Linking the households to veterinary services and with big chunks of land, the livestock project can greatly help communities and HIV&AIDS affected households as a source of income and even nutritious food. Thus, follow-up of farmers especially with regard to animal health is very important to make the intervention successful.
- Government interventions such as PRDP need to go beyond infrastructural development to incorporate food security
- Strengthen mechanisms for integrating food security in the HIV&AIDS response
- There is need for initiatives to pass on indigenous farming knowledge to children in PLHA affected households

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Appendix 1:

Nature, distribution and evolution of poverty inequality in Uganda Nature, Distribution and Evolution of Poverty and Inequality in Uganda

	Individual Headcount Index		Poverty Gap Index		Poverty Inequality		Estimated		
REGION DISTRICT County * Sub-Country	% individuals below Poverty Line	(std. error)	% of Pov. Line	(std. error)		(std. error)	No. of poor individuals	(std. error)	No. of individ-uals from 2002 Census
GULU District	67	1.76	26	1.13	0.37	2.16	318,820	8,361	475,071
ASWA COUNTY	65	2.21	25	1.34	0.37	2.31	48,084	1,633	73,907
• Palaro	83	3.32	35	3.06	0.30	1.40	5,493	219	6,609
• Paicho	65	2.98	24	1.78	0.42	3.29	16,184	741	24,876
• Patiko	77	2.70	32	2.28	0.34	2.32	6,440	225	8,349
• Awach	68	4.00	26	2.29	0.33	2.26	7,592	446	11,160
• Bungatira	54	3.45	18	1.68	0.34	2.14	12,407	790	22,913
KILAK COUNTY	72	1.89	28	1.31	0.37	3.15	97,091	2,565	135,716
• Pabbo	74	1.98	31	1.50	0.43	5.49	31,123	834	42,109
• Amuru	78	3.43	31	2.54	0.33	3.92	22,651	994	28,969
• Atiak	76	2.52	32	1.94	0.35	1.91	20,497	681	27,013
• Lamogi	61	3.13	21	1.58	0.31	1.16	22,872	1,178	37,625
NWOYA COUNTY	61	2.98	22	1.49	0.36	3.67	25,098	1,222	41,010
• Anaka	55	4.83	19	2.23	0.31	1.89	6,913	608	12,597
• Purongo	66	4.52	24	2.61	0.31	2.03	4,358	300	6,641
• Koch Goma	61	4.86	23	2.47	0.35	5.50	5,197	416	8,550
• Alero	65	3.26	24	1.89	0.42	7.13	8,637	431	13,222
OMORO COUNTY	65	2.17	25	1.38	0.37	1.80	68,468	2,283	105,190
• Lakwana	65	3.69	24	2.08	0.30	1.00	8,641	494	13,388
• Ongako	49	4.65	18	2.32	0.42	3.41	7,022	668	14,360
• Koro	61	3.68	24	2.39	0.45	4.09	11,081	668	18,151
• Bobi	57	2.91	21	1.57	0.34	1.52	9,586	487	16,720
• Odek	78	3.15	31	2.27	0.27	0.66	18,992	764	24,255
• Lalogi	71	3.22	27	2.01	0.30	1.44	13,015	590	18,316
KITGUM DISTRICT	78	1.35	33	1.24	0.36	1.77	219,550	3,811	282,270
CHUA COUNTY	78	1.65	33	1.42	0.34	1.32	129,502	2,754	166,927
• Kitigum Matidi	77	2.59	33	2.25	0.44	4.77	9,029	302	11,666
• Labongo Akwang	71	2.83	30	2.22	0.41	4.59	9,157	364	12,846
• Labongo Amida	75	2.77	30	1.99	0.30	1.14	7,970	295	10,663
• Labongo Layamo	77	3.33	31	2.51	0.29	1.37	6,789	293	8,793
• Mucwini	74	2.33	30	1.74	0.32	1.28	11,179	351	15,060
• Omiya Anyima	81	2.57	34	2.25	0.31	1.81	13,352	426	16,570
• Orom	86	1.98	40	2.06	0.32	2.26	19,386	445	22,469
• Lagoro	77	2.57	33	1.82	0.31	1.33	10,023	335	13,027
• Namokora	73	5.06	28	3.23	0.28	1.39	10,235	714	14,103
LAMWO COUNTY	78	1.41	33	1.26	0.38	2.57	89,968	1,626	115,343
• Palabek Kal	86	2.19	40	2.25	0.37	3.09	10,934	280	12,785
• Padibe West	76	3.52	30	2.45	0.29	0.96	9,057	418	11,869
• Parabek Ogili	85	2.59	38	2.35	0.29	1.16	7,293	221	8,551
• Padibe East	71	3.30	28	2.04	0.29	1.35	9,004	418	12,667
• Paloga	82	3.62	35	3.09	0.29	1.66	8,134	360	9,953
• Palabek Gem	78	2.73	34	2.12	0.37	4.22	9,855	345	12,639
• Lokung	74	1.86	31	1.51	0.39	6.28	14,842	373	20,038
• Madi Opei	69	2.64	28	2.03	0.51	5.03	7,098	272	10,298
• Agoro	83	2.15	36	2.02	0.37	4.33	13,780	356	16,543

Source: UBOS & ILRI (2007)

Appendix 2:
Land Wrangles in the North

MPs Forum

Land wrangles a threat to peace in the North

I wish to humbly draw the attention of government and leaders of the greater Acholi sub-region to the important subject of land conflicts that have turned into political conflicts in Puranga and Odek divisions. To the best of my knowledge, during the colonial times and after independence, Northern Uganda was one solid region that cherished one another's culture. Even after independence, people found themselves living as one region. We were in Acholi District and we lived in peace. Then years after independence, conflicts of leadership came up. Idi Amin overthrew Dr. Apollo Milton Obote, and Obote's second regime was also overthrown by Tito Okello Lutwa. From then on, we started seeing political collisions in our region because of the wars. It is not until this administration of President Museveni that gross and ugly land wrangles started cropping up when government moved people to the Internally Displaced People's camps during the northern war. After the war, when people were asked to go back home, some individuals didn't want them to settle back on their lands.

I think I should blame the local leaders. The political leaders, administrators and the Police have not put in much effort in helping the victims. In Lango too, we closed the camps early enough and people wanted to go back but they faced resistance, and I have learnt that some political leaders are instigating this.

But Puranga is the worst hit area. Residents were chased away by people sent by politicians from Agago. The Police was not useful either. They paid a deaf ear as the residents were brutalised. According to the Constitution of Uganda, land in Northern Uganda is customary and people can stay anywhere they choose.

So, I have written to His Highness the Acholi Paramount Chief, His Highness the Won Nyaci of Lango, the Minister of Lands, and other leaders in Acholi to come on board so that we can arrest the situation. I have so far received several calls and complaints from the displaced people. According to my investigations, the people instigating this ugly act of evicting people are closely working with the LC-I Chairman of this area, Charles Opiira. On June 2, 2010, he influenced the beating of people in Puranga by unknown people armed with pangas, spears and axes. The victims were later taken to Lira Hospital. But what shocked me is the fact that the Police in Pader didn't make any attempt to arrest the situation. I later informed the Minister of Internal Affairs but never got any response. But on Thursday after the budget speech, I met the Inspector General of Police, Maj. Gen. Kale Kayihura, and he told me that he's aware of the situation and that he has despatched the Land Protection Unit to investigate what happened.

My view is that this land conflict should not be taking place. We have to work together as people of Acholi region. Chasing people and calling them names on grounds that they are Langi or are not Acholi is not right. That's why I am calling on all people, religious and traditional leaders, to join hands with political leaders so that we can settle this issue.

> Our people are poor. The only asset they hold is their land, and they are using it for resettlement and getting back to their previous normal lives that were interrupted by the untimely need for them to go to the IDP camps.

Land in Lango and Acholi has been vast and people were settling anywhere. Even some sub-county chiefs in Acholi were from Lango. So we have been working together and there is no need for any wrangles. Government must come in and address this issue once and for all. I have also been told that some people in Pader have indentified this land in Puranga and want to chase away those occupying it so that they can give it to investors to develop it. Investment in itself is not bad, but we are saying that these people should first discuss the matter with the people so they can go ahead while adhering to their suggestions and after securing their approval. But the use of force is counterproductive.

Our people are poor. The only asset they hold is their land, and they are using it for resettlement and getting back to their previous normal lives that were interrupted by the untimely need for them to go to the IDP camps.

As recorded by DAVID TASH LUMU

Source: The Observer, June 21-23, 2010

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