**Lessons from field - food security and hiv-aids notes for Oct 12 panel**
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*I am here to share some general lessons learned related to the operational experience of SC where we have programming that crosses the boundaries of both hiv/aids and food security programs. These lessons are largely drawn from our experience in Uganda, Malawi, Ethiopia, and Mozambique. While I won't go into great detail about specific project experiences, I am drawing from extensive consultations with both hiv-aids and food security field staff that were documented in a review we had conducted to look at how and where to build capacity to better support integrated programming.*

***A few points on general programming:***

• The chronically ill and households affected by HIV/AIDS in general, are not homogenous – HH structures vary widely, and in fact are often very dynamic – changing due to death or reconfiguring based on who can afford to take on burden of ovcs or chronically ill.

• We have learned It is best to program for the whole family and/or community, NOT just the individual (unlike donor directions to focus resources and solutions on the individuals).

• Sustainable food security, and not food aid, is key to more successfully addressing HIV/AIDS and the vulnerabilities of HIV/AIDS affected people, households and communities - *donors need to allow for flexibility in programming.*

***The engagement of communities and government is important.***

• Community involvement early on helps sensitize the community to issues around hiv-aids and reduces stigma.

• Community involvement in program design is paramount to good, sustainable programming, and improving gov't capacities is critical - at the local and district level operationally, as well as national policy levels. Capacity building is less efficient in terms of resources and time than direct delivery of services or support, but potentially more effective long term. It is also important to recognize that approaches to capacity building may vary - One size/approach fitting all countries doesn't necessarily make sense.

• Establishing good relationships with the relevant government entities creates greater legitimacy and sustainability. This was very clear during a recent visit to Zambia and Malawi, where I was speaking with mid-level ministry officials, including degree to which NGO programming supports/complements gov't systems/services and how it fits in.

***Targeting needs careful consideration***

• When we look at addressing food security in a high prevalence context, or even if the objective is to address food insecurity among the hiv-aids affected, the targeting process must start with the food insecure, not the HIV/AIDS affected. It is food insecurity that should be a significant aspect, if not the key targeting criteria. We have learned that the HIV/AIDS affected or chronically ill individuals are not necessarily the most food insecure in a community, so that the "chronically ill" is not often an appropriate stand alone target criteria for a food intervention. This is contrary to some donor guidelines – so causes issues for best quality program design/implementation. An exception might be when food is ONLY being targeted to support those on ARV's…but in food insecure contexts ineffective at best (resulting in food sharing or resources not going to those most in need) and potentially unethical. It doesn't speak to the many contexts where ARVs are not available or accessible.

***Graduation***

• Programs need clear, feasible transitions (graduation) from food aid to programs focusing on better food security.

• Food should be short term, with transparent and clear termination criteria and linked to some kind of follow on activity if households need to develop longer-term solutions to food insecurity. We need better dialogue between PEPFAR and Title II – on the ground can feel like a ping pong game, with urban-rural divide, and differing programmatic mandates/priorities.

***Collaboration and Integration of HIV/AIDS and Food Programs***

• Coordination is happening in the field, although the rate and extent of integration varies widely across countries. Most relevant where high-prevalence and highly food insecure, SC experience success is mixed – a few interesting examples – (I can pull out our "success stories" but I think it is more interesting to look at both the challenges as well) - in Uganda where our food security program in high prevalence context includes not just farming system improvement and diversification, but resource transfers (food aid) to chronically ill and ovc's (as

well as food insecure mothers with young children), and livelihood mentoring program for teenage orphans, which then also teams up with a hiv-aids project that provides training in psycho-social counseling skills to the mentors. However, the program originally envisioned individualized livelihood improvement plans to be developed at the HH level for the food insecure (which would capture many HIV affected HH, and teach us something about what strategies work for different types of households) – but which was thought to be too difficult to accomplish by staff on the ground and was not taken forward. This was a missed opportunity to try an approach to take a stronger support approach to sustainability for poor hiv-affected HH. Other integration experiences from Malawi included livelihood training offered through HBC and community child care center groups…under hiv aids projects, but needed technical support was not built into program design, and effectiveness was probably pretty limited.

• So generally we can say that integration is occurring at different rates and is being attempted and sometimes achieved by field staff with different levels and types of technical skills and experience. In my view, SC's experience is probably not very different from other agencies attempting similar programming.

• Coordination takes staff time and resources – adequate resources need be part of program budgets.

• HIV/AIDS assessments need to include food security or socioeconomic assessments to better understand the factors underlying household food shortages and identify opportunities for strengthening HH capacity to acquire food….as well as which HH should be prioritized when resources are insufficient.

- "Wrap around programming" is a term often used but one has to be VERY lucky tap sufficient resources for this idea to really be effective – and often only in limited geographic areas. We can pull in 1-2 (sometimes 3) funding streams, but very rare that get a full overlap of interventions to address all needs of a given target population.

All of us need to do a better job of working with stakeholders in country to make the biggest different for the greatest no. of people through policy coordination; linked action plans, with financial support to meet key gaps in capacity, improved policies, community based outreach/solutions, financial resources to support district and local staff gaps, transportation hurdles, volunteer and health clinic training needs. Again, recent visits to Zambia and Malawi – included discussions with staff from food and nutrition commissions – moh staff – vacs, ngos etc. which has made this need VERY evident. While USG funding streams are not the only resource/factor – even these do not dovetail very well.

Still problems with differences btwn ffp and pepfar approaches, pepfar seeking food aid for nutritional support (one might ask whether food aid or related nutritional programming is most needed) and for title II or others to support longer term livelihood issues of hiv-affected. Looking at the relative funding streams – this is not realistic – Pepfar at $7 or even $9 bil/year with title II (including emergencies and funding streams to wfp only $1-2 bil…and non emergency at 350 mil (this is at most 1/20$^{th}$ of pepfar budget) …might increase to $600K if legislative proposals are approved, but hiv support could easily engulf all of this leaving virtually NO USG response to chronic hunger/malnutrition for any of the 840 million undernourished.

Program purposes and problems (hiv-aids vs food insecurity) are often related, one exacerbates the other, but very often it is not always the same group as one prioritizes programming for maximum impact and reach. It is asking much of respective agencies to jump the internal hurdles that exist (timing of grants, geographic priorities, targeting, m&e rigor, etc. all differ) than to suggest that they must come together to address the same problem. WFP resourcing can be unreliable, and high cost source of food…with similar issues of differences in timing, m&e and funding for operations; not necessarily the best solution either. (own view) Perhaps it would be more effective if each agency focused on their discrete purpose and on leveraging the response and resources necessary (ie – more cash for Title II to address issues in the most appropriate ways for the most food insecure (some of whom are hiv affected) AND require PEPFAR funds to support nutrition – whether food aid or local purchase of supplementary foods, which could support the dev't of a more market-based approach.

At SC we haven't defined our policy positions around PEPFAR yet. However, own view is that perhaps PEPFAR funding channeled to FFP manage might be feasible, but given the inconsistencies and underlying legislation it will be complex to make this work…and to ensure it is adequately funded by cash. With the Administration steering money away from USAID – I am not sure this is the right approach to pursue. But the point is that with PEPFAR reauthorization and dialogue taking place in the coming year – there is an opportunity to influence and improve the quality and robustness of the response to the pandemic's effects. So more creative dialogue needs to take place.