

FOOD AND NUTRITION TECHNICAL ASSISTANCE

Food Aid Ration

HIV and Food Aid: Assessment for Regional Programs and Resource Integration Workshop
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Factors that need to be considered in determination of ration size and mix in the HIV/AIDS context

- PLWHA's increased need for energy
- Difficulties with food intake by PLWHA
- Limitations on ability to process & prepare food
- Changes to household size
- Decreased food availability & accessibility
- Household coping capacity altered

Energy Requirement Increases for PLWHA

Population Group	HIV phase	Energy requirement
Adults	Asymptomatic	10% increase
	Symptomatic	20-30 % increase
Pregnant/lactating women*	Asymptomatic	10% increase
	Symptomatic	20-30% increase
Children	Asymptomatic	10% increase
	Symptomatic (with no weight loss)	20-30% increase
	Symptomatic (with weight loss)	50-100% increase

* This is in addition to extra energy, protein and micronutrients required by pregnancy or lactation.
Source: WHO, 2003

PLWHA's increased need for energy

Are increased energy needs of PLWHA a reason to change the ration size?

Probably not

- Household ration usually given
- Not intended to meet 100% of needs
- Status often not known anyway

Difficulties with food intake by PLWHA

- Symptoms and illnesses associated with HIV/AIDS
 - Oral thrush
 - Loss of appetite
 - Taste changes
 - Fever
 - Constipation/diarrhea

Difficulties with food intake by PLWHA

How does this affect the ration choice?

Consider commodities that can be used as a porridge or gruel (corn-soy blend and wheat-soy blend)

- Texture makes it easier to swallow
- Processing makes it easier to digest

Limitations on ability to process & prepare food

- Illness and time spent on caregiving limits time allocated to fuel & water gathering and food preparation
- Food processing (milling) too costly for affected households
- Children in charge of food preparation

Limitations on ability to process & prepare food

How do limitations on ability to process & prepare food affect ration choice?

Consider commodities that are processed and/or partially precooked

- No further milling is necessary
- Cooks in a minimal amount of time (10 min)
- Requires minimal fuel for cooking
- More easily prepared by children

Changes to household size

- Households experiencing adult mortality tend to become permanently smaller
- Households taking in OVCs will become bigger

Changes to household size

How do changes to household size affect the ration size?

When household size increases:

Consider a ration package that meets a higher percentage of nutritional needs or has a higher income transfer value

- Based on vulnerability analysis

Decreased food availability & accessibility

- Reduced crop production during illness and after death (both cereal and cash crops)
 - Due to loss of labor - both ill person and caregiver - and reallocation of capital to cover medical expenses.

• Rwanda, 2003 study found that 60-80% of HH experiencing death/illness had reduced farm labor
 • Kenya, death of prime-age adult male head of HH associated with 68% reduction in HH crop production value
 • FAO, 2003 study found that 2 person-years of labor lost in HIV affected HH

Decreased food availability & accessibility

- Impact varies by:
 - Male or female household head illness/death
 - Male death/illness = greater decreases in cultivated land area & cash crop production
 - Head-of-household vs. non-head death
 - Socio-economic status of household
 - Greater effect on poor & very poor households
 - Timing of illness/death
 - Peak agricultural time vs. other times
- Declines in household income
 - By > 80% in 2/3 of households in study of 232 urban and 101 rural households

Decreased food availability & accessibility

How does decreased food availability and accessibility to HIV-affected households change ration determination?

Consider a ration package that meets a higher percentage of nutritional needs or has a higher income transfer value

- Based on vulnerability analysis

Household coping capacity altered

- Traditional coping mechanisms may be overwhelmed
- Normal reciprocity arrangements and informal mechanisms affected

Household coping capacity altered

How do changes to a household's coping capacity affect ration determination?

Consider a ration package that meets a higher percentage of nutritional needs or has a higher income transfer value

- Based on vulnerability analysis

Other Considerations/Challenges

- Commodity costs/resources available
- Commodity management capacity
- Program objectives
- Existing underlying nutritional deficiencies in the population, e.g., iron, Vitamin A
- Trade-off between increasing the size of the food basket vs. the number of beneficiaries reached

Other Sources of Information

- Title II Commodity Reference Guide:
http://www.usaid.gov/our_work/humanitarian_assistance/fp/crg
- Title II Commodity Fact Sheets:
http://www.usaid.gov/our_work/humanitarian_assistance/fp/crg/sec2.htm
- NutVal: Spreadsheet based program to plan rations. For information contact the nutrition section at WFP at nutrition@wfp.org.
- HIV/AIDS: A Guide for Nutritional Care and Support, FANTA, Module 6: Food Basket Calculations