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Was food & nutrition considered an important issue in the ongoing debate on HIV/AIDS in Mozambique?

- A qualitative study among people working in the field of nutrition with regard to HIV/AIDS.

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Objective

The main objective of the study was to investigate whether the concept of food & nutrition was considered to be important in the discussion on HIV/AIDS in Mozambique. The examination groups were employers/volunteers working particularly in food, nutrition & HIV/AIDS.

Design

The study is largely based on interviews with key personnel working in the field of food & nutrition and HIV/AIDS programs in Mozambique. Furthermore, the process of snowball sampling was used, where contacts in Mozambique assisted in identifying relevant organizations. A qualitative approach was conducted by using informal and open interviews. The research is built on five recorded interviews and three unrecorded ones.

Results

The majority of those interviewed pointed out that food & nutrition was an important part of the process in fighting HIV/AIDS. Despite awareness of the matter, the focus is still too strong on prevention of HIV/AIDS. A poor internal infrastructure in Mozambique and the lack of a welfare system is a barrier to addressing this problem.

Conclusion

There is an increasing awareness about the importance of food & nutrition in relation to HIV/AIDS affected people, however the awareness is shared with a relatively small group of professionals. The awareness has not reached the stage of implementation nor has it included the understanding of the general public. Several NGOs, both foreign and local are working on the issue, however each in their own local way. Therefore there is a need for coordination among the NGOs at higher levels in order to attain the level of implementation.

Keywords

Integration, food & nutrition, HIV/AIDS, ARV, food security, and adequate diet.

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“There are only two kinds of people in Africa: those living with HIV and those who are affected by it” The Red Ribbon, South Africa

Abbreviations

- ACC/SCN: United Nations Administrative Committee on Coordination Sub-committee on nutrition
- Food security: Food security exists when people, in general, have access to sufficient and safe nutritious food, on a daily basis, to meet their dietary needs and food preferences for an active and healthy life.
- AIDS: Acquired Immune Deficiency Syndrome
- Africa Groups of Sweden (GAS)
- ARV: Anti-retroviral treatment
- CSNC: National Council to Combat HIV/AIDS
- ESAN: National Strategy for Food and Nutrition Security
- FAO: Food and Agricultural Organization
- Food insecurity: A condition in which people lack basic food intake to meet the requirements of energy and nutrients for fully productive lives.
- GATV: Gabinete de aconselhamento e estagem voluntári or in english; Voluntary counsel- and testing stations
- HIV: Human Immunodeficiency Virus
- MONASO: Mozambique Network of AIDS Service Organizations
- Macro nutrition: nutrition from food based on components such as proteins, carbohydrates and fat.
- Micro-nutrients: essential form of nutrition from, element based on minerals and vitamins, needed in daily life in small doses
- NAC: National Aids Council
- Non Governmental Organization: NGO's are help organizations, often under the same political constraints as governments.
- PARPA: Action Plan for the Reduction of Absolute Poverty
- PEN: National AIDS Strategy by PNCS
- PEM: Refers to inadequate availability or absorption of energy and proteins in the body
- Poverty: deprivation of those things that determine the quality of life, including food, clothing, shelter and safe drinking water, but also such "intangibles" as the opportunity to learn, to engage in meaningful employment, and to enjoy the respect of fellow citizens
- PLWHA: People Living with HIV/AIDS
- SADC: Southern African Development Community
- SETSAN: Technical Secretariat for Food and Nutrition Security
- UNAIDS: Joint United Nations HIV and AIDS Program
- WFP: World Food Program
- WHO: World Health Organization

1. Introduction

The phrase HIV/AIDS can automatically create negative thoughts and even an incorrect conclusion about the topic in undeveloped countries. Food is a key element for all human beings and without it man could not survive on planet earth. Today's tendency in the field of developing/aid work is to view the work processes through both a broader lens, and attitude. In other words, like a puzzle containing 5000 pieces, where the player is unable to see the final picture until each piece has been put into place. In essence, the author is attempting to cast a light on a small part of this subject. The idea for this work was born during a course in International Pedagogy at Gothenburg University, which was later combined with the author's main subject in Gothenburg University, Food Management.

The following chapters will discuss the HIV/AIDS debate, the fieldwork location and HIV situation, which will be wrapped up by a possible link to food and nutrition in Mozambique.

1.1 HIV/AIDS

The number of HIV/AIDS infected people in the world is not fully known, nor the number living in poverty. It is estimated that more than 40 million people are living with HIV/AIDS worldwide and the number is rising. Prognoses estimate that between the years 2002 - 2010, an additional 45 million people may become infected with HIV/AIDS (WHO, 2005).

Updated data on HIV/AIDS in Mozambique, 2005

Indicators	Data in 2005
Total number of people living with HIV/AIDS	1,559,697
Number of women living with HIV or AIDS	908,448
Number of men living with HIV or AIDS	651,248
New Aids cases in 2005	122,182
The number of new HIV infections among population in 2005	225,428
HIV/AIDS prevalence among 15-49 year olds	15,5%
HIV/AIDS prevalence among 15-49 year olds –Women	17,5%
HIV/AIDS prevalence among 15-49 year olds –Men	13,5%

Figure I present the prevalent and estimated new infection 2005. ¹

¹ From the report "Impacto Demografico de HIV/AIDS e Mozambique, MISAU/INF, Mai 2004"

HIV/AIDS appears in the form of disease that destroys a person's immune system. There are no clear symptoms of HIV infection therefore it follows that there is a big risk that the disease can pass on undetected to others. The main sources of infection are: unprotected sex with an infected person; contact with contaminated blood or other bodily fluids (such as semen and vaginal secretion); by sharing contaminated skin piercing instrument such as injecting needles, razor blades and safety pins; by open cuts and wounds or by transfusion with infected blood; or from mother to child during pregnancy, at delivery or during breast-feeding (FANTA, 2004).

The way that HIV/AIDS works is that it makes the individual vulnerable to life threatening infections and diseases, such as tuberculosis (TB) and certain types of cancer. AIDS itself is caused by a retrovirus known as the human immunodeficiency virus, what is known is that HIV belongs to an unusual group of viruses called retroviruses that include leukemia virus in humans, cats, cattle and other animal (Essex, Max & more, 2002). "HIV" and "AIDS" is the same illness but at different stages in the incubation process.

In the beginning the patient is infected by the HIV virus and from that stage the immune system will slowly be damaged through a combination of illness and infections, and lead to the stage of AIDS where death rules (Essex, M. & more, 2002). Through research there has been some progress in the field of HIV/AIDS but no cure has been found. However, there are steps, which HIV-infected people can take to delay the onset of full-blown AIDS and reduce their vulnerability to it. The most promising breakthrough was the creation of antiretroviral drugs, the ARV medicine's role is to prolong the life of the infected patient by slowing down the progression of HIV infection, thus delaying the onset of AIDS (Jackson, H., 2002).

The aim of medical care and treatment for HIV patients is to prevent and treat future infections that occur in the body, a treatment against upcoming viruses that affect the incubation process of the HIV infection and AIDS. Both ARV and other treatments work best when people are well nourished, not over-stressed or over-tired, and are able to have a positive attitude towards life (Jackson, H., 2002). The access, cost and distribution of ARV medicines has been one of the main obstacles to giving all a chance to benefit from them, in addition to things such as inadequate health infrastructure and lack of people with relevant skills and training to provide treatment (UNDP, 2005).

Mozambique

1.2 Mozambique

The Republic of Mozambique belongs to Africa and is located on the southeastern part of the continent. Mozambique is bounded on the north by Tanzania; on the east by the Mozambique Channel of the Indian Ocean; on the south and southwest by South Africa and Swaziland; and on the west by Zimbabwe, Zambia, and Malawi. Mozambique is estimated to occupy a total area of 801 590 km² between the latitudes 10° 27' and 26° 52' S and longitudes 30° 12' and 40° 51' E. Mozambique's coastline stretches over 2,500 km along the Indian Ocean from the Republic of South Africa to Tanzania. Mozambique's population is estimated to be 18-19 million people, of whom 52% are female.

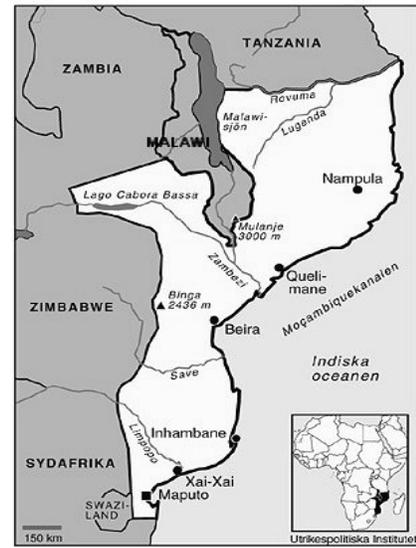


Figure II: Illustrates Mozambique, the country's biggest cities, oceans and countries around it.²

The population is predominantly rural, with only 23% of the population living in urban areas (Department of International Affairs, 2005). The country is rich in natural resources and the most important economical activity in the country is agriculture. Agriculture can be the main and often the only source of food, especially in the remote rural areas and places far from the sea (The Economist Intelligence United, 2004).

1.3 HIV in Mozambique

In 2003 it was estimated that approximately 1.5 million Mozambicans were living with HIV/AIDS, furthermore that each day reveals about 500 new HIV/AIDS infections in Mozambique. The level of HIV infections in Mozambique is estimated to be rising in all regions; the spread is increasing in provinces that contain the country's main transport connection with Malawi, South Africa and Zimbabwe (UNDP, 2005).

To address this problem in Mozambique, the National Aids Council³ was created in 2002 by Ministerial Decree, its main purpose being to deal with HIV/AIDS and coordinate a national multi-sectored response. Major non-health related activities in Mozambique are being implemented by NAC; which is financed by a common Fund, supported by five external

² The map of Mozambique is taken from Department of International Affairs (2005.02.04) Stockholm, Sweden.

³ NAC: National Aids Council

donors, the World Bank and the Global Monetary Fund (IRIN, 2005).

The main issue in Mozambique's healthcare and medical service is to provide minimum health and medical service based on the country's resources and ability in this field⁴. It is assumed that Mozambique has the lowest number of doctors per capita in Africa, at around 400 - 500 doctors to 19 million inhabitants, and 60% of the population does not have access to the public health system (Coombes, R., 2005).

Most rural hospitals in Mozambique offer primary health care in addition to emergency services and operating facilities. In addition to the formal health system, a complementary semi-formal sector exists, and includes community health care providers trained by the National Health Service (SNS), the Red Cross, and NGOs (Salvador Mazive, 2005). The majority of the community based groups in Mozambique or local NGOs are funded by international NGOs or UN-institutions. A promising solution in this field is offering home-based care, which is an option that is feasible in a remote, rural, smaller community. Home Based Care is based on volunteers who have the role of visiting HIV/AIDS infected patients and giving basic help and social support (Joche M., 2005)⁵.

1.4 HIV/AIDS and the link to food & nutrition.

Abraham Maslow was a scholar who in 1943 presented a controversial theory of Human Motivation (Scheuer, S, 2000). In his work Maslow classified the most basic human needs and aligned them into a pyramid, which later became known as the Maslow Need Pyramid. The layers of the pyramid were defined as follows: a) self-actualization, b) self esteem needs, c) social needs, d) safety needs and e) physiological needs (at the bottom). Maslow stated that humans are motivated by unsatisfied needs; therefore, lower needs in the hierarchy need to be satisfied before higher needs can be satisfied. Lower needs, belonging to the category of physiological needs, are for example air, water, food and sleep. Maslow stated that human needs have to be fulfilled in order to reach a higher level. The question can be raised if Maslow's theory should be considered in today's evolution in the developing world. The author is not diving deep into this science; however Maslow's theory has an interesting point of view and is quite aligned to the area of this thesis. It is a human right to have access to food and nutrition. All humans need food to survive and stay healthy; furthermore, food contains important ingredients for the recovering of health. In time of increased globalization, global economy crises and unfair distribution of global resources, it is interesting to examine

⁴ Joche, M. (30.03.2005). Kindlemucka .Maputo, Mozambique (Private conversation)

⁵ Joche, M. (30.03.2005). Kindlemucka .Maputo, Mozambique (Private conversation)

different areas in the world and compare their access to food.

Africa is the continent most affected by the HIV/AIDS pandemic and furthermore the continent with extremely weak infrastructure. Throughout the HIV/AIDS epidemic, ARV medicines have been the main solution in this situation. The solution sounded good and is easy, however it is difficult to implement it; mainly because of the cost, low medicine access and lack of social and infrastructure, and last but not least, because of poverty. Increasingly the food perspective is receiving a higher focus in the Global community or at least in the western world. Today the debate questions whether this is an ultimatum as the relationship between food/nutrition & HIV/AIDS has been accepted.

In an introductory statement, the ACC/SCN at its 28th Session in Nairobi, 2001, recognized the devastating impact of the HIV/AIDS epidemic on development in Africa. “The HIV/AIDS epidemic is increasing, driven by some of the same factors as malnutrition, poverty in particular, conflicts and human inequality. Currently, there is a better understanding on how poor nutrition can increase the risk of both contracting a disease as well as aiding its progression. HIV/AIDS can be both a cause and a consequence of food insecurity. HIV/AIDS leads to reduced agricultural production, reduced income, increased medical expenses, thus causing reduced capacity to respond to the crisis itself. Food insecurity may lead to increased high-risk behaviors, for example, labor migration or engaging in transactional sex that increases the likelihood of infection” (United Nations Administrative Committee on Coordination Sub-committee on nutrition, 2001).

HIV/AIDS affects the whole of African society. Problems associated with the combination of, poverty, lack of knowledge and the infrastructure, affect human health and development. It is estimated that around 60.3% of the Mozambique population is living with food insecurity; which is a growing problem in Sub-Saharan Africa (McEwan, 2004).

By addressing these problems, the global community launched the UN Millennium Declaration. The Millennium Development Goals (MDGs) are guidelines that address the different aspects of the problem, and how they may be executed, in order to take one step forward in the phase of further development. The MDGs is a foundation for 8 different goals which have specific measurable targets that should be met by 2015. The MDG should address how to work against poverty, hunger, disease, lack of adequate shelter and exclusion, furthermore how to promote gender equality, education, and environmental sustainability

(Joint United Nations Development Program, 2006). This work addresses a small part of the concept that is behind goal one and six. The MDG's number one aim is to eliminate hunger and poverty and to reduce the proportion of people whose income is less than \$1 a day.

The aim of goal number six, symbolizes the struggle to combat HIV/AIDS, Malaria and other diseases (UNDP, 2006). According the UNDP and its Human Development Index⁶ from 2004, Mozambique is placed 168th out of 177 countries in the poverty rating (UNDP, 2005).

In order to view a holistic picture of this phenomenon, it is helpful to view it visually. A participant discussed the issue according to figure III, which explains the combination of different social elements regarding food and HIV/AIDS.⁷

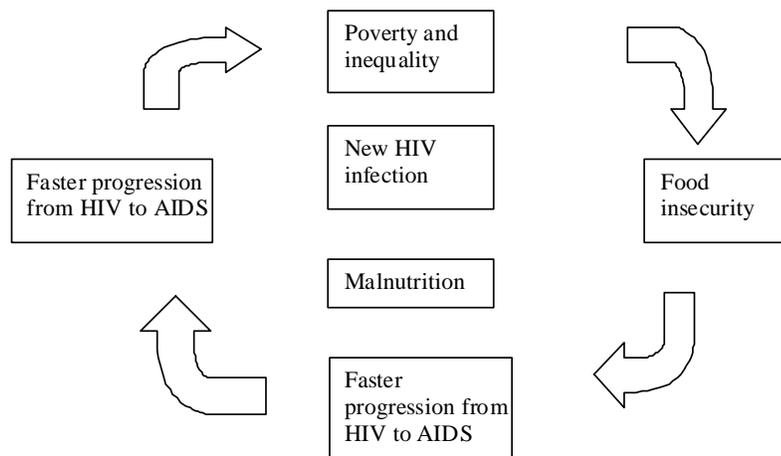


Figure III: The link between HIV/AIDS, nutrition and poverty

The above picture casts a light on the possible connection between HIV/AIDS, nutrition and poverty. Poverty and malnutrition reduce disease defenses, hastening the progression of AIDS, and probably increasing biological vulnerability to primary infection of HIV. Chronic sicknesses reduce productivity, exacerbate poverty and malnutrition, and increase vulnerability. Sickness leads to the sale of last assets for medicines, which are unlikely to affect the outcome. It is important to keep in mind, while examining this figure, that others aspects are also involved though not shown on the drawing. Poverty is one of the many

⁶ Human Development Index is a numerical measure on Life expectancy, Educational and Economic consumptions developed by United Nations Development Programs (UNDP) as a tool for planning and evaluation of development.

⁷ Esther Bohman (25.05.2005) SETSAN employed, Maputo, Mozambique (Private conversation)

obstacles affecting development work. It has tended mainly to affect the big cities but today is starting to affect the remote rural areas. Throughout increasing prevalence of HIV/AIDS, the risk to working people increases, for example farm workers who start to face more poverty, food insecurity, and loss of working skills find their chance to cope affected (Lemke, S. 2004 ;Bailes & more 2004).

The rural areas are often isolated locations where poverty is thriving due to bad communication channels, ignorance, lack of infrastructure, weak health systems and lack of food security. The Global welfare system has started to admit that food/nutrition can be an important key element in this battle for further development and the fight against HIV/AIDS. Helen Jackson stated that the benefit of food / nutrition in the battle against HIV/AIDS is such that it can increase the body's physical resistance when one is already infected by HIV/AIDS (Jackson, H., 2002). In 2006 the World Bank launched the strategy: "Repositioning Nutrition as Central to Development", which was a strategy for large-scale action. By taking action, the World Bank recognized the importance of centralizing nutrition issues (The World Bank, 2006).

In one of the Food and Agriculture Organization's press issues on food and its importance regarding HIV/AIDS, 29th of November 2002, the spokesman raised the issue "Food is the first medicine for HIV/AIDS and often the only", and later, the spokesman added "those with the virus who don't have adequate, hygienically prepared food may only live two years with full-blown AIDS, they are frequently bed-ridden and too weak" (Food & Agricultural Organization, 2005). In addition to this wakeup call a document was published to support this thinking, which should promote the idea of a healthy, balanced diet to help maintain body weight and fitness. It should be pointed out that despite temporary improvements of nutritional status for each HIV patient through healthy diet, this does not equal a cure. Good food habits and nutrition can be a key element in maintaining and keeping up the performance of the immune system by contributing and helping the person to stay healthy longer (FAO & WHO, 2002).

WHO and UNAIDS launched the initiative "3 by 5" in 2003, from the global welfare community; by providing antiretroviral treatment for three million people living with HIV/AIDS in low and middle-income countries by the end of 2005. It was believed to be a step towards the MDG of making HIV/AIDS prevention and treatment accessible to a section of the people in need. Through increased funding by the Global Fund in ARV medicines,

organizations like CSN, FAO, and WFP were forced to include several nutritional factors in the ARV programs in order to be more effective, as the following examples indicate:

- Guidelines
- Improved skills and capacity of medical and nursing staff
- Community changes to reduce the scale of stigma, which often prevents people from accepting Voluntary Counseling and Testing
- Antiretroviral drugs and nutritional guidelines to promote their efficacy and safety focused on nutrition interventions,
- Agricultural technology and policies to increase food production and security for sick/ affected adults.

This ambitious milestone was a big step forward for the future (benefitting from having been created by the international community) but should be implemented by the local domestic community of Mozambique.

HIV/AIDS does not just affect the patient, but also the whole family and surrounding community as well as the whole society. To understand the social process, it is interesting to cast a light on the process of incubation, where the person gets infected and how it will emulate. The incubation can be divided into different phases; throughout the first phase the HIV infected will appear healthy on the outside and have the physical strength to participate in normal life. During this phase good nutrition is one of the key elements of the treatment as it helps by strengthening the immune system and minimizing the pace at which the HIV weakens the system over a period of a few years. The second stage is where the symptoms appear; the HIV patient starts to become sick, the first sign of the symptoms are often related to opportunistic infections. Frequently, infections weaken the immune system, which further leads to chronic fatigue, which can affect the whole household. During this period much of the household resources is spent on patient care; time of tending or caring for the sick person, and financial resources are used for medical treatment. The ability of someone suffering from AIDS related illness to carry on with his normal life depends on physical strength and visual appearance. The third and last phase starts with the imminent death of the infected person, once a person has full blown AIDS, life expectancy is two to three years (Sambrook, C., 2004).

In Mozambique, it is estimated that most widespread issues allied to food, are energy-protein malnutrition, anemia, goiter and other anomalies resulting from iodine deficiency, A vitamin deficiency, pellagra and manioc poisoning (McEwen, M., 2004). An interesting thought on this topic is that the poor people in Mozambique, or at least around 70% of the people who are

living at under \$1 a day, are not getting enough calories. Something that could be explained by poverty, social status, a result of sickness or some other physical condition, and by not consuming a diet with recommended quantities of protein, fat, carbohydrate, vitamins, or other trace minerals. The major causes of morbidity and mortality in Mozambique are malaria, HIV/AIDS, tuberculosis, respiratory infections, diarrhea, measles and meningitis (WHO, 2006). Research done in Nampula implied that average intake of calories for males from the age 15 to 45 was around 1800 kcal each day (a person living in good conditions) whereas the recommendation states that he should not have less than 2070 kcal. Furthermore it is important to know that an HIV/AIDS infected adult requires 10-15% more energy per day (International Food Policy Research Institute, 2006).

2. Thesis

The author's major goal in this work was to illuminate a small part of the HIV/AIDS puzzle, the possible link to the development of food and nutrition in Mozambique. The investigation was based on three research questions, introduced within the group of aid employers/volunteers in the line of food, nutrition & HIV/AIDS in Mozambique. The research should reflect the point of view of employers from the local aid and international NGO groups/organizations. The goals/ questions were:

2.1 Study goal

1. Was food & nutrition considered in the daily discussions on HIV /AIDS in Mozambique?
2. Was there any awareness of the concept of food, nutrition and HIV among those who were working in this field in Mozambique?
3. Was the existing debate affecting the implementation process of food & nutrition?

3. Material and method

3.1 The work approach

This work was executed in a qualitative way by using interviews based on a list of questions⁸. The interviews were open for new discussion input from the participants. The benefit of using this method is the pool of information from different participants, based on their own experience and know how. Daily life is often a good measure of what is happening in reality,

⁸ See appendix 3

and how those who give out the information understand it. The quickest way to get information is through books and Internet however it is a richer experience in a face-to-face conversation (Russell, H., B., 1995). Experimenting in the field is a term that Russell has used, stating that the investigators mission is to collect “experimental” data under natural conditions, and use it to evaluate the result later on in the working process (Russell, H., B., 1995). Qualitative data sources include observation and participant observation (fieldwork), interviews and questionnaires, documents and texts, and the researcher's impressions and reactions (Russell, H., B., 1995). By using this research method, the author will receive information about an event or situation that is occurring in reality in Mozambique today (Eliasson, R, 1995). Furthermore, qualitative execution on the subject will enhance the authors learning through other people’s experiences, which will be helpful in understanding the problem from a different angle.

3.2 The field study and Minor Field Scholarship

This field study was conducted in Mozambique in the spring of 2005, during a seven week period. With the help of the “Minor Field Scholarship” provided by the Swedish International Development Agency, the author was able to visit Mozambique for a period of two months, with the purpose of gathering information for the final thesis for a Bachelor’s degree in “Food Management”. Mozambique was chosen mainly because of the country’s history in relation to HIV and poverty as well as being a former colony of Portugal that, since independence, has been struggling to builds up the society.

3.2.1 Research material

The research material and primary source of information was gained through personal interviews and working notes during the time in the field. The informants were mostly employees of national and international NGOs and institutions. Additionally, some interviews were conducted with both activists and volunteers. During the preparation phase and the fieldwork, written material was gathered about developing aid and work, HIV/AIDS and nutrition. This material was later used as part of the framework of the thesis. The research material that was used to create this work was based on five recorded conversations and four unrecorded interviews.

3.2.2 Establishing contacts in the field

During the first phase of the research, a formal letter was sent to different NGOs and local

organizations to establish contacts⁹. With the help of GAS, letters were sent to various members in organizations such as WFP, WHO, FAO, Vida Positive, Ministry of Health, Associação Kindlimuka and Nivinyee. The next step was to follow up on the letters by calling or e-mailing each person or organization, both to remind them of, and request an interview. The method of effective “Snowball sampling” was used as well. In snowball sampling, one or more key individuals are located and asked to point out likely candidates for research by questioning (Russell, H., B., 1995). The target group in this study was mainly made up of experts working in the field of aid and development in Mozambique.

This group was chosen on purpose because of its extensive access to relevant information as well as their willingness to share both work experience and knowledge. The point of views of the interviewees introduced in this research does not always reflect their organizations.

3.2.3 The interview process

Each interview had a time slot of 1 - 1 ½ hours and was based on prepared questions, where people were asked to estimate the overall topic, however, other open questions were accepted as well. Each interview started with a short presentation of the study and its purpose. All participants were informed that they would be kept anonymous and information received would not be used against them in any unethical way. Lastly the participants were given the right to stop the interview or skip questions outside their comfort zone. The interviews were mostly carried out in participant’s offices or other locations of their choice in order to create a comfortable environment. The working languages were English, Portuguese and Swedish.

3.2.4 Interview and analysis

Each interview was documented the same day it was conducted. A part of the transcription procedure was to analyze each interview and classify its contents. Each interview was pre-analyzed prior to conducting the next one, mainly to explore possible new angles or useful information for the next interview. Through constant comparison by looking at documents such as field notes, indicators could be identified that focus on the three main questions in the study as well as the informants’ reaction to the issue. The topic HIV /AIDS has a wide scope for exploration, so wide that not all the exploration was relevant to the subject. A large part of this analysis was to explore the informant perspective on the issue versus the global community perspective. The three different study goals were used to build a frame for this

⁹ See appendix I and II

work and also a frame of interest.

3.2.5 Remarks per location

Observations and remarks on each location were written down while visiting different places in Mozambique. By carefully observing different locations, a better general picture of the situation was achieved. However, though the remarks and observations were not scientifically conducted, they gave the researcher a better understanding of the environment.

3.2.6 Work process discussion

Due to the nature of the topic, it was necessary to have some limitations, and in this case, the selection of the interviewees was limited to people working in the field of food and nutrition with regard to HIV/AIDS.

This research does not in any way cover the situation for groups like orphans, small children, pregnant women or people living in the most isolated rural areas of Mozambique. The rate of response was acceptable bearing in mind that no contact was established prior to arriving in Mozambique. Furthermore, the drop out was low, though two participants were left out and a few names received were not contacted. The reason for excluding several informants from participating in this work was the fact that NAC declined to accept them at the last moment, pointing out that the organization did not match the research profile. Other barriers were the author's locations abroad and that one of the informants was located in Zambia. At least twelve organizations were contacted and were willing to assist in the process, never the less the total number of participants amounted to nine people.

The fieldwork started quite slowly and it affected the rate of response as it took a relatively long time to reach the first contact and conduct the first interview. Towards the end, the author had a list of people, whom he was unable to contact due to location problems, that is, the contacts were outside the Maputo district. During the research period in Mozambique the author did not have access to any transportation, which was an obvious barrier to long distance visits, especially as it is not recommended that one wander around alone in certain parts of the country.

Fieldwork was the only feasible method for undertaking this work, due to the profound root of the subject, HIV/AIDS in regards to nutrition. When using the words field study, it should be noted that Maputo and Nampula are large cities and therefore the interviews did not always

give a realistic picture of the subject because the NGOs are often placed in the rural areas where the implementation takes place. At least five interviews were established by formal written request of which one was declined, NAC. Five visits and interviews were arranged through a word of mouth contact, however only four of them could be carried out.

The topic itself is neither a well-known subject, nor understood in Mozambique among the general public. The only suitable interviews were, therefore, conducted within a small group of people working in the field of HIV and nutrition. It would have been interesting to have a local forum with the local people at grassroots level; however it was not an option on this occasion due to lack of time and lack of suitable contacts. A qualitative approach was chosen because it gives more scope to adapt the research work to new circumstances and changes in the field. When using a qualitative approach, the researcher tries to understand and interpret a certain situation, how the participant experiences it and what can possibly lie behind it by using a verbal analyzing method (Davidson, B. & Patel, R., 2002).

The snowball method made it possible to contact the right people on the theory that once you have been presented to one reliable participant, that participant often pinpoints others (Russell, H., B., 1995).

Observation is an important part of field-work and could have been used in a much more advanced way in this research. Most of the interviews were recorded on tape. All of the participants accepted the recording of the interviews, however in a few cases tape recording was not possible at the time, due to special circumstances such as noises from the street etc. In those cases the interview was written down.

3.2.7 Implementation

2004				2005 >				
November	December	January	February	March	April	May	June	July
Preliminary preparation period, conducted Literature reading and gathering more knowledge about the research topic				Fieldwork done in Mozambique, main base Maputo and a week in Nampula		First read- through material	Working through the material & summarizing, First draft of the essay written	

Figure III: Implementation process

Preliminary preparation was done in Sweden from November 2004 until February 2005. The

preparation was mainly built on literature study and gathering further knowledge on the research topic. The field-work was executed in the period from 7th of March to 26th of April in Mozambique, i.e., six and a half weeks in Maputo and one week in Nampula.

4. Result

The research findings are based on eight interviews, conducted in Mozambique during the field work. At least two informants declined or were not reachable during the period in question. At least twelve people were contacted by letter or by snowball samplings method. The number of people who agreed to participate in the research was eight. The informants in this research were all people with either connection to, or knowledge regarding the topic. Five of these interviews were undertaken in Maputo (South of Mozambique) and three in Nampula (North of Mozambique). The distribution between genders was three men and six women. The participants originated from different countries e.g.: Holland, Sweden, France, South Africa, Iceland and finally Mozambique.

4.1.1 Question one; was food & nutrition considered in the daily discussions on HIV/AIDS in Mozambique

The discussion of food & nutrition in relation to HIV/AIDS has not been categorized as being of high importance. Mozambique's response to HIV/AIDS was to establish the NAC, an organization that should create a national HIV/AIDS strategy, a national plan on how to face the HIV/AIDS situation and related issues in Mozambique. The first strategy did not include any input on food and nutrition. An informant pointed out: *"It is sad to say that the concept of food and nutrition is not high on the agenda in the context of HIV/AIDS. Often if you ask an underprivileged HIV/AIDS patient what he needs the answer will be food and shelter, ARV medicines come number three"*. NAC was founded with the goal of advancing the HIV/AIDS issue in Mozambique; five different foreign foundations, which in a way do not focus on food and nutrition, sponsor the institution. As mentioned in Figure I on page 7, the relation between HIV/AIDS, nutrition and poverty does affect the environment in which it exists and therefore a cross sector response is needed. An informant pointed out: *"There is no doubt that HIV/AIDS can affect the food security within a group of HIV/AIDS patients and vice versa, HIV/AIDS puts Mozambique in a vulnerable position, relatively speaking there is much that needs to be said and done, and many areas that need to be looked at in order to integrate all these different social elements"*. *"NAC is not focusing on the cross sector working*

perspective, there are other issue that should be in the debate, that in the long run can affect the HIV/AIDS pandemic and reconstruction of the country”.

The daily debate on the subject, Nutrition and HIV/AIDS, is increasing in the global community, thanks to the non government organizations such as FAO, WHO and other United Nations organizations. The stage of implementation has not been reached in Mozambique although groups like SETSAN, WFP etc. are trying to raise awareness on the subject. The focus has mainly been on HIV/AIDS medicines; however these drugs are not accessible to all in Mozambique. Prevention means preventing more people getting infected by, for example, channeling information on how to avoid being infected. Participants pointed out: *“It is not enough to talk about prevention and giving ARV treatment, there already exist large numbers of HIV/AIDS infected people, what help is it to those who are infected, when people don’t have access to good food / diet to take with the drug treatment”.* Most of the participants who were involved in this work agreed that food & nutrition should be an important factor in the debate and should be promoted as a vital issue furthering many different social elements and the reconstruction of the country on a daily basis. An informant said: *“For the time being it is us who are raising this message to look upon food as something that can be used to give the patient a better quality of life and better health, especially for those who don’t have access to ARV. Food is no miracle solution but it can be the only way the patients can help themselves and hopefully be of benefit to the community”*

An informant stressed how important it is to keep in mind what the food perspective, in harmony with other HIV/AIDS related matters, could do for the future: “Food and better nutrition can play a key role in building up human capacity, increasing food security and eliminating/decreasing the effects from other social and developmental problems”. The informant also pointed out how important it is to see the whole picture and work to promote this multi subject. “In order to gain visibility and overview of the situation, it is important to view and understand all angles rather than a single dimension, as it is today, prevention and nothing more”. “Food and nutrition is an important part in the whole process of HIV/AIDS and therefore should be more accepted at all levels of this battle”.

4.1.1.1 Summary of question one

It was pointed out that the issue of food, nutrition in relation to HIV/AIDS, is not prioritized highly on a daily basis in Mozambique. The term “food security” is not fully addressed in the country, thereby affecting Mozambique’s development and reconstruction status from a different perspective. NAC was the main coordinator of all HIV/AIDS related issues during

the period of the field-work, however NAC did not address this subject in a broad perspective. UN independent NGO groups are trying to increase the debate on the issue of HIV/AIDS food security at all levels, however they are only working locally. The domestic debate is still too focused on prevention and ARV medicine, which will keep the country vulnerable.

4.1.1.2 Discussion on question one

During a visit to the Alta Mai treatment center in Maputo, a participant pointed out that it is not uncommon to receive a group of HIV/AIDS infected patients who do not have a shelter, food or money; hence they do not get any help, since they are unable to support themselves during an ARV treatment. It can therefore be concluded that this matter is not being addressed in a broader perspective. When “Living well with HIV/AIDS” was published in 2003, a spokesperson for a well-known international NGO discussed the idea of food being the first medicine for HIV/AIDS patients, or at least for the group that does not have access to ARV medicines. If that is correct, it is also important to assure the availability, access and use of the food for each country. This assurance has not been provided in Mozambique, as a few of the informants pointed out; nutrition and HIV are not high on the agenda in Mozambique, the issue is more directed towards prevention and little attention is paid to the consequences in cases of HIV infection.

The booklet “Living well with HIV/AIDS” was based entirely on how western nations understood the situation; Mozambique’s version “Guido de orientação nutricional para pessoas vivendo com HIV/SIDA, drigidio aos Gestores de program” was published in late 2003. Five hundred copies were printed as a guide for employees in the health sector and as reference material. It is still an unanswered question whether the booklet was of actual help, as it was in many ways a copy of the western edition. Unfortunately, when the global community publishes instructions or guidelines that should be put into practice in the third world, they sometimes forget the local knowledge of the country. Research done in Nampula by Care 2004, suggested that health personnel’s knowledge of nutrition in general, especially nutrition related to management of people living with HIV/AIDS, was extremely weak, also this included personnel within the NGOs working in the field (Care, 2004). The results speak for themselves and support this research finding; there is a lack of knowledge in this sector, which can give out misleading information or no information at all to the general public.

The Mozambique Health System is sponsored and operated by different NGOs from various countries; analyzes done by SETSAN, revealed difficulties in the coordination processes due to the fragile infrastructure and lack of alliance between various NGOs that were working in different ways (McEwan, M., 2004). Regarding the infrastructure and different NGOs, it is important to note that most NGOs in the research, work independently and therefore use their own method and strategy.

4.1.2 Question two; was there any awareness of the concept of food, nutrition and HIV among those who were working in this field in Mozambique (organization level in Mozambique)?

Different groups were working with different methods or a different focus in Mozambique. An informant pointed out: *“prevention of HVI/AIDS has been a big part of the propaganda; however the NGOs have increasingly started to extend this message to a view of the whole picture, sad that the country administration doesn’t share the same thought”*. The Mozambique health and social system is based on a weak foundation, which affects the whole country in different ways such as a low education level, poverty and poor understanding of the concept of healthy living. The health department, thus the nutrition division, is doing some work, however at the same time the division needs to narrow its selection down to basic work. In 2004, as an example, the focus was on nutrition care for new born infants and their mothers. The willingness to expand the scope exists, however the health authorities are unable to fully follow up on such work.

An informant pointed out: *“The Health department and the nutrition division is not working in a sufficient way, although publishing ESAN (National nutrition strategy) and nutrition manual for people with HIV/AIDS, it is just a recommendation, it was not followed up”*. *“The goal with ESAN was to create a national guideline and policy that would be a part in the process of securing adequate food and nutrition for all the people in Mozambique”*. *“Most activities in Mozambique that deal with nutrition and seek explicitly to have impact on the nutritional status of the population, are funded by donors, which often means that it will be done locally, with an initiative from a diverse NGO”*. The health department often receives help from donors or NGOs in order to maintain their work, it can however affect the selection of how and what work is prioritized, where it is located and by whom it is implemented. The question on the quality of what is being done is often “raised” concerning professional workers. Awareness of the topic is, however, recognized and promoted. Different participants pointed

out: *“As it is today, there are small diverse groups concerned with the issue and they are often not seen or heard, they are often foreign institutions (NGOs), non-local bodies”*. Another informant pointed out: *“I am content that different organizations are showing interest in this cause, but at the same time it is important to raise the question of whether they are doing it in a professional way, now when the state is not an organization that has the capacity to supervise and follow up what happens”*. *“The lack of professionally trained people in the field of nutrition, food security, health work and teaching is an obstacle to further development in this field. The local people are a minority group in this field and therefore we have to rely on foreign expertise.”*

Knowledge regarding food, nutrition and HIV/AIDS is weak amongst the general public which can lead to false ideas and misunderstandings about the subject, as one informant said: *“Education and information is something that should be an effective tool to use in this debate, a tool that the state could use. There is a demand or need for channeling the right information in a language that the general public understands and can follow. “Research that one of our partners has carried out among health workers in Nampula shows that they have, on average, a low level of knowledge in the field of nutrition, or at least they don’t have the right capacity to pass on sufficient information.”* In Mozambique, as in other undeveloped countries, there are groups that have better access to food than others; however, it does not mean that there is more knowledge about using the food in the right way. An informant pointed out: *“It is important that people can manage, nutrition is one thing, but more access to foodstuff and more knowledge in the field of food and nutrition is required. As it is today, common knowledge is generally low, and it is the same with the local people that work with this issue.”*

An informant addressed the issue and his worries regarding lack of professional supervision: *“A local organization has raised the issue “positive thinking” and part of it is the importance of balanced diet and healthy lifestyle, a promising concept coming from South Africa. Although this organization is doing good work, it concerns us because they are spreading information and messages that came directly from the south of Africa and are incorrect as well as not being adjusted to the Mozambique situation.”* This organization claimed that one should leave out several food elements and choose others, food that is not commonly found in Mozambique. *“It is not right to say: keep away from fat, sugar, red meat and use multi vitamins. It is unlikely that the average family has money to buy these vitamin tablets or be selective in what they are consuming in places like Mozambique, remote rural places.”*

There are several angles from which to view the problem of food, nutrition and HIV/AIDS in Mozambique. The concept of food and nutrition is only one aspect of the problem that needs

to be researched further. Nevertheless, food is one of man's most basic needs and a priority for survival, it should be mentioned that food alone is not the magic solution that solves this problem. During the fieldwork, there was a weak debate about privatization of the HIV/AIDS clinics, meaning that doctors could get licenses to give out HIV/AIDS medicines. An informant pointed out: *"It will be interesting to see if the situation will change now when or if the private clinics start to give out HIV/AIDS medicines. Perhaps the food perspective will be promoted amongst the group who can afford to use this service. Well we all know that the group who lives on less than \$1 dollar per day is not going to benefit from this."*

4.1.2.2 Summary of question two

The focus on HIV/AIDS related issues in Mozambique has weight heavily on prevention, preventing HIV/AIDS infection. Few informants raised the question on whether the country was working sufficiently along these lines? A weak infrastructure and administration system is a possible obstacle to development and places Mozambique in a weak position. Some work has been done by the state but without follow up and implementation with at least some guidelines for nutrition (ESAN), there has been little progress. Even though there exists awareness of this subject, professionals with adequate knowledge to spread the word are lacking. At the same time, knowledge among the general public is low and can further lead to misunderstanding or false understanding of the issue. An informant pointed out that it would be ideal if people could manage their own nutrition, however access to food and common knowledge was inadequate.

4.1.2.3 Discussion on question two

The author's first reflection, after the fieldwork, was the large gap between what the international communities say, on the one hand, and what they execute on the other. As mentioned earlier, World Bank, WHO and FAO stated how important it was to publish more material and programs, statements that seemed exclusive to the elegant shelves of the UNDP headquarters or those of similar organizations. One should take a moment to consider whether the Mozambique government also shares the same ambition. Several of the informants pointed out: *different NGOs are contributing with small projects regarding food, food security, nutrition and HIV/AIDS, however, little work comes from the Mozambique government. A few of those Mozambique institutions that should be implementing work based on the issue, were not functioning due to a lack of resources, people and knowledge. For example the health department, the nutrition division only has capacity to carry out basic work and with limitations."*

Giving food and artificial nutrition is not the solution to the current situation in Mozambique. Giving food only is not helpful in the long run and is rather short-term thinking, therefore the voice for integration is starting to sound more loudly. The main goal is to avoid creating a group of people who are only receivers of what is handed to them; the challenge is therefore to empower people with the ability to help them, and create value in the community. FAO and WHO talk about the importance of a better life, which is defined as a life with more dignity and a right to participate in normal life as long as possible. Most of the informants agreed with this statement even though it has not been put into practice. Currently it is not an option due to today's situation and lack of domestic resources. Two Mozambique organizations¹⁰, as mentioned earlier, hand out food baskets containing rice, wheat meal, oil and fruit to HIV/AIDS infected patients, however, due to lack of supplies and money it is usually for short periods of time. The food resources are generally in the form of donations from various sponsor groups. A side agenda of the organizations, Kindlimuka and Niiwanai was to create awareness about HIV/AIDS, the former also offers legal aid to members. As a few of those with whom I had a dialog pointed out, this was just a short-term solution. As soon as the food resources are exhausted and the donation funds dry up, all resources are exhausted since there is no stock or storage availability. Despite international organizations such as FAO, WHO, WFO, who are focused on the concept of food and nutrition in relation to HIV/AIDS, the message has only reached a small group of people in Mozambique and therefore is not getting to the masses.

Why the message has not been addressed in the mainstream discussion remains a puzzle. It is however evident, that the country has not established an infrastructure, nor has it the stability to fully take care of the situation, there is a lack of a national strategy and implementation aimed at attaining stronger coordination on the issues.

The author felt the frustration strongly, when the informants were tiptoeing around this subject and undermining other coworkers and organizations. There was no doubt that the large international NGOs have a stronger position and more working knowledge than the Mozambique organizations; however the NGOs only cover relatively small aid-projects. It is of course not the NGO's responsibility to take over the chores of Mozambique. During the field study, the author repeatedly came across various NGOs or individuals who were working toward the same diffuse goal but in different ways. One informant expressed a lack of

¹⁰ Niiwanai and Kindlimuka

understanding of the system, furthermore that all action took too long and that the provincial institutions had the wrong focus, they were still focusing on prevention instead of addressing the whole picture. Yet another informant discussed the good work done by his organization, however the work was conducted in a tiny rural area benefiting only a few people, and covering a period of time agreed in advance.

4.1.3 Question three; was the existing debate affecting the implementation process of food & nutrition and HVI/AIDS related issues?

Different informants discussed the implementation issues: *“It is hard to say that HIV/AIDS and nutrition debate is mainstreaming today, some groups are more enthusiastic in working with it. What we need is more understanding and determination to face this subject in all levels of the system”* The thread of the discussion mainly evolved around what needed to be done, while less focus was on the actual implementation process. The “PARAPA” was an alternative created by the global community that should contribute to reduce poverty and eventually increase consumption. Different participants pointed out the following: *“Although there were signs of better economy during the years 1997-2003, the nutrition status in Mozambique did not get better. While people with HIV/AIDS have special nutritional requirements, all people can benefit from adequate nutrition and food security. One should think twice before adjusting a theoretical model from a different country, created by an international community, to Mozambique or other countries.* Furthermore there were comments regarding other institutions as well: *“Multi sector working is not seen as an optional work method here in Mozambique at the moment, despite many UNP-organizations changing their center of attention, promoting new perspectives and working methods by aiming at multi sector working.”*

There is a clear lack of understanding of the importance of food and nutrition, therefore clear recognition is needed. An informant pointed out: *“The phenomenon HIV/AIDS, poverty, food insecurity are obstacles to building human capital, and human resources and prove fatal because of the loss of productivity and the lack of trained personnel. We are facing a similar situation to our fellow countries in Africa regarding HIV/AIDS. The only way forward is to reach the implementation stage; therefore it is vital that all relative stakeholders accept the given terms towards the same goal instead of working in their individual corners.”* An informant pointed out: *“Mozambique is financially dependent on foreign countries (donations); it suffers from poor economy, an increasing lack of working skills as well as low education levels. Furthermore, a high prevalence of HIV/AIDS as well as a failing infra and*

social structure can lead to conflicts or unfair debates on how the money is spent, and where the final decision is made, therefore we sit trapped.” Mozambique’s aim should be to create a self-sufficient land with a better life and social conditions; however that requires that everyone work towards the same goal. An activist said: *“We are trying to lobby for the concept of food and nutrition at a higher level of the Mozambique administration system. We hope it will be considered more current in the next national HIV/AIDS plan. “Today we have food insecurity, but we need help with creating a food policy that ensures food security and knowledge on how it can be implemented and integrated into daily life. My organization has been involved in the process of coordinating some committees, founded by several ministry members, and NGOs. This group should address these problems if we get a green light to go further. I really hope that this will be a step in the right direction. Nevertheless, there remains a need for some top-down support of bottom up processes in the areas of setting policies and developing the rebuilding of the society or social welfare.”* Different NGO tasks often fill the gap where the state is not present; however it is questionable whether this is the right approach? *“Many of the best organizations are community-based, however these groups do not tend to be national in scope and can be difficult to locate. For example home care programs and HIV/AIDS patients; the home care programs were a success, as the goal was to train the local people in basic care so as to carry out home visits to HIV/AIDS infected people and give social support. This is a good example of empowering the local people and showing them new ways to self-help and use local support.”* The work has positive effects and a good mission, informants raised the issue of responsibility and the question of whether it is fair that external work forces do the work that should be done by the state and is not. *“Most activities in Mozambique that deal with nutrition and seek explicitly to have an impact on the nutritional status of the population are funded by donors. It is frightening that the nutrition perspective lies at NGO level, not governmental level and at the same time obstacles to it are not high on the agenda, it isn’t the NGO’s task to ensure that all the social elements are working to benefit the people living in Mozambique.”*

The final word from one of the informants was: *“The nutrition voices need to be heard louder and stronger in the field of HIV/AIDS, which means more lobbying and focusing on multi-divisional working if something is to happen.”*

4.1.2.3 Summary of question three

The work that has been done does not affect the implementation of the issue related to food, nutrition and food security in Mozambique in any measurable way. The only way forward is

to work with the broader perspective. Furthermore there is a difference between what the international society says, as opposed to what is actually being carried out in Mozambique (Implementation). It was pointed out that Mozambique is financially dependent on other countries, suffering from a poor infrastructure and other development issues, which can lead to conflict or unfair debates on how capital is spent and used. Different groups have been lobbying this issue, however their voices have not reached top administration. The main question here is on the responsibility issue, shouldn't the whole nutrition policy-making be at government level rather than NGO level. Furthermore, it should not be the NGO's responsibility to ensure that all social elements are working to the benefit of the people living in Mozambique. The nutrition voices need to be louder and stronger in the field of HIV/AIDS and food security and more integrated in the reconstruction of Mozambique.

4.1.3.3 Discussion on question three

HIV/AIDS is a crisis that extends beyond the health sector and will also touch everyone in Africa; it is a developmental problem that demands collaboration from all sectors of society to find solutions for further development. Research done in sub-Saharan Africa suggested that improvement in health and nutrition cannot be expected from health reforms or promotions alone. The real improvements in health have to come from political and economic reform (Chopra, M. & Hill, D., L., 2005). It is puzzling how the Mozambique authorities think today? Several informants pointed out that they would like to see more focus on multi-sector work, supervised by the state. Currently there are too many important tasks lying at NGO level and unfortunately the government is not responding to that. It is important to increase the level of knowledge on food, nutrition, food security and HIV/AIDS and spread the correct information to the general public. HIV/AIDS is part of a larger problem that has to be broken down, and worked with separately, however it needs to be seen as part of the whole picture. Each part needs to be addressed in partnership with all those who are involved in promoting integration of the concept of food and nutrition in relation to HIV/AIDS in Mozambique.

The Mozambique way of trying to address this problem is by working across sections, strengthening different levels of infrastructure within the social system. Throughout the research period in Mozambique, many of the participants pointed out the lack of calibration and coordination in this sector. Today's situation does not support coordination since various partners are working in different parts of the country. These partners support and operate similar projects to the best of their abilities, while the Mozambique system frees itself of the responsibility of doing the chores that a healthy state should.

The term “PARAP”, which is a strategy to reduce poverty, was frequently mentioned. After three years of supporting PARAP, the World Bank woke up and admitted that the concept of food and nutrition should have a central role in the process of reducing poverty. Increasing consumption was a key element in the goal to reduce poverty, as it would lead to better nutrition levels. It helps that experts conclude that poverty is more likely to increase situations of bad nutrition, whereas good nutrition reduces the likelihood of poverty since healthy people are more productive, giving more back to society. This theory is also valid in the western world; in times of unbalanced economy, lower revenue decreases consumption. Therefore the issue of food and nutrition should be put on the agenda in order to contribute to further development and eventually a step forward in the fight against HIV/AIDS. It is a known fact that food security can have a positive effect on both the country and its people; most of the informants pointed out that there was a positive effect from food security. An HIV/AIDS patient that can live a healthy life despite being infected can give something back to the society. The main issue here revolves around access to the correct nutrition (food), the right information and proper knowledge regarding food and HIV/AIDS. In case of prevention, the main issue is to give information on everything that can be done to prevent HIV/AIDS infection, not how to live after the infection, even though that is important as well.

The National Aids Council, which is responsible for coordinating a national multi-sectored response to combat HIV/AIDS, has not been too enthusiastic about the issue of food and nutrition in relation to HIV/AIDS. The food perspective was something that was ignored during the work process of developing a framework for the national HIV/AIDS Strategy 2002-2004. Was this a good or bad choice? In the authors opinion it was a bad idea because in the end they are all connected. Awareness about food and nutrition can play a large role for an HIV/AIDS infected person, both in the preliminary stage of HIV infection and before getting fully infected. HIV/AIDS is spreading more in the remote rural areas and affecting the rising prevalence of HIV.

Furthermore, risk of different social and infrastructure problems, such as poverty, lack of nutrition, insecurity, loss of working skills and increasing number of orphans, is accelerating (Lemke, S., 2004). The World Bank stated the importance of placing food and nutrition in a central role on the path to recovery; does Mozambique share the same interest? Different organizations work in different ways but the question is how they could benefit by talking together? It can be concluded that NAC works only with issues related to HIV/AIDS, while

SETSAN, an umbrella organization connected to the Ministry of Agriculture and FAO, works with issues related to poverty, food security and agriculture. It is the author's strong suggestion that these two institutions should combine their efforts and work together more, although they are addressing different issues. The holistic picture should be to have a future goal and work jointly with the issue of HIV/AIDS, food security and nutrition. The combination of HIV and nutrition has been on the agenda in the international HIV debate for a long time, unfortunately the debate has not passed beyond the discussion level in Mozambique.

A participant, working for an International NGO pointed out that during the period 1997 to 2003, the economic situation in Mozambique got better, thanks to PARAP, however at the same time there was no indication of a higher nutrition level among the people, which is another indication of how little is being done to make daily life better. One informant's point of view indicated that the subjects are linked together and the aim was to maintain heavy lobbying in order to push the food perspective into the next national HIV/AIDS strategy for Mozambique.

5. Discussion

5.1 Method discussion

Fieldwork is a research technique that gives an opportunity to come close to the subject and examine a question from a different perspective. A period of two months is a short time for conducting research from scratch; therefore a qualitative approach was selected in addition to other sampling methods. The qualitative approach, which was used in this particular fieldwork, helped the research process since it could be better adapted to the topic than a quantitative method could have been. It feels more natural gathering research data in the field through interviews and analyzes rather than working with quantitative numbers (Russell, H. B. 1995). The aim with qualitative research is to use a naturalistic approach, to create a holistic picture and common understanding of the subject, and furthermore from different points of view, such as human and social perspectives (Sayer, A. 1992). The scope of the project increased during the time spent in the field and during the time of writing. New angles appeared throughout the process which made the work more difficult to put together.

Observation played an important part during the fieldwork, although it could have been utilized in a much more advanced way in this research, by using criteria in advance, which

was not done in real time.

The research was done in Mozambique, in Maputo and Nampula cities, the biggest cities in the country. Because of the demographical and geographical differences, it was impossible to undertake the research throughout the country, which might have affected the final result. The HIV/AIDS prevalence, food situation, level of development and religions are different in various parts of the country, therefore it is fair to raise the question as to whether the right part of the country was chosen for this research. For example, central Mozambique is the most vulnerable location for the time being because of famine, drought, floods and trafficking. During the fieldwork the author spoke with participants from at least seven different nationalities. Even though interpretation and common understanding was good between all parties, it should be noted that the background of the participants might have affected the results. Despite the fact that everybody was working towards the same goal it is important to take into account the different nationalities.

This research occurred in an international environment, seen through the perspective of western eyes. If one was to repeat the research, it would be interesting to examine the grassroots better and get more participants involved from Mozambique, thus getting a holistic picture from their perspective. One of the main reasons for excluding the grassroots was because it was not an option, as the research was directly aimed towards people working in the field and not towards local people. Group discussions or forums could be a feasible way of gathering information from different participants that belong to different NGOs. By gathering information from different organizations or partners with a forum or debate, it is possible to attain both richer and broader working experience.

The process of this project has both been exciting and rewarding; it has opened a new perspective and an understanding of the research topic. The author's ambition was to reveal or introduce a new perspective in the research issue. The United Nations and other NGO groups are international organizations that follow international rules and working methods. In order to fully understand how these groups and organizations work, it is important to have internal knowledge and understanding of the background history; a person is unable to fully understand this environment from books alone or two months of fieldwork.

Furthermore the author has realized that the aid worker's society occurs at many levels in the international sphere and therefore there are different protocols in seeking information and how

to answer and react regarding some of the issues. The author can only assume that the informants used a critical lens by presenting their answers in a balanced, neutral, professional and respectful way.

In future research, it is important to avoid large scale research, as the topic of food & nutrition in relation to HIV/AIDS is enormous and has many issues, therefore a smaller scope and a stronger focus are needed. It would have been more beneficial to have had more than one key participant before arriving in Mozambique, in order to establish stronger contacts in advance and more access to the grassroots. Despite the fact that good food & diet can enhance positive effects and increase the quality of life for an HIV /AIDS patient, it is necessary to be conscious of the lack of social infrastructure which is a common weakness in many African countries. The topic food and diet has many different angles, therefore it is important to understand that this thesis is merely a drop in the ocean in the discussion of food & nutrition in Mozambique.

5.2 Results and final discussion

The author recognizes in the current debate in the field of food and nutrition that aid should be given and seen from more than one viewpoint; the concept “integration” is getting stronger and more acceptable in the global community. Integration should approach the problem from a new point of view; meaning total integration by strengthening different levels of society such as empowerment, gender equality, education, human rights, right to acceptable health service, right to food and food security, decreases poverty etc. A number of informants pointed out that they are longing for a more cross-sectored working perspective; something that NAC is not implementing now; thus the state does not have the capacity to fulfill its chores. In other words, it is safe to conclude that the concept of food and nutrition is only one piece of the puzzle, however at the same time an important piece. Sadly, the main focus rests only on prevention of HIV/AIDS instead of taking proactive measures.

Why the message about food, food security and nutrition as regards HIV/AIDS patients has not been included in the mainstream discussion remains a puzzle. It is, however, evident that the country has not established an infrastructure or stability to fully take care of the situation, there is a lack of national strategy and implementation aiming at attaining stronger coordination around the issues.

Good food and nutrition alone is not the key to preventing the HIV/AIDS pandemic, however from the broader perspective it is a necessary tool for the future reconstruction of Mozambique. The main reinforcement in Mozambique, in terms of nutrition and food security moves slowly forward, however, relatively speaking, many projects are in process, both with local and external partners in different categories.

The Vida concept was a promising proactive measure that empowered a positive attitude and healthy lifestyle. The other example of promising measures is the empowering project, based on the home care concept, “Home Care Program” in Nampula, sponsored by Care International. FAO, WFO and many other NGO’s current ambitions strive to integrate and work holistically in many different parts of Mozambique, increasingly in the remote rural areas. An experiment within the agricultural area has been conducted with a new crop that takes less time to grow and is more sustainable for local people. On the social front, the battle revolves around increasing the educational level and giving larger numbers of people a chance of a minimum education. Additionally an important part is to promote information and knowledge about HIV/AIDS. As mentioned before, various small and medium projects are in the pipeline, such as school meals, “school gardening” and other discreet local projects to empower gender equality and give young girls support in getting a minimum education.

There is a strong demand and need for educated people in the field of food science, such as food managers, nutritionists and food technicians. Many of the NGOs are willing to start up different projects that address the topic of food and nutrition. In future research on the issue, it is important to learn how to understand the problem and its variations at all levels of society in order to highlight the benefits of food and nutrition integration.

This is an interesting topic to work on as well as investigating possible solutions, both in relation to infrastructure and culture. The related terms, “food availability, food access, and food utilization” are well known in a broader perspective in this field, however, there is a need to increase the level of understanding and find out how it can be used to strengthen the current situation in Africa. It is a human right to have access to food on a daily basis, access to treatment for HIV/AIDS and to live a life with both dignity and minimum quality.

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Appendix I

Maputo, 18 de Marco de 05

Á



Estudiant de Suécia

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XXXXXXXXXXXXXXXXXX

Exmos Senhores,

Karl Granz, de nacionalidade Islandes, estando em Mocambique a fazer um trabalho de pesquisa sobre HIV/SIDA e Nutricao, vem por esta meio soicitar uma entrevista com alguma membro XXXXXXXX: Os principais temas a serem focados no encontro são:

Acesso a alimentacao, rural / urbano

Estratégia nacional de segurancia de Alimentar

A alimentacao constitui um factor a consider no tratamento do HIV/ SIDA

Existem diferenca no tratamento da doenca entre as zonas rurais e as urbanas

Existencia comuns dos PVHS que nao tem acesso a nutricao

Sem mais de momento agradeço antecipadamente a vossa atencao, com os melhores cumprimentos.

Karl J Gränz

Appendix II

Maputo dia de 9 de April 2005

Mr /Ms

Hello!

My name is Karl and I am a student from Gothenburg University in Sweden. I am doing my final project for my Bachelor degree in Mozambique. Your colleague / friend XXXXXX in FAO gave me your name and asked/encouraged me to contact you. I am gathering information about the topic Food security, Nutrition in relationship to HIV/AIDS.

I have been in Mozambique for 5 weeks and from the 12 to 19 of April I shall be in Nampula, gathering knowledge related to the topics: Food security, **nutrition, and nutrition education** to care-giver or patient with HIV. I would be grateful if you have any time (max 1 hour) to give an interview or information about the work that is carried out in your organization.

The framework is built up by these questions

Are there any policies / statements / regarding an easier access for all to get food in Mozambique?

Is diet considered in the treatment of AIDS/ HIV in Mozambique (nutrition)?

Are there any nutritional education programs given to care givers or HIV /AIDS patients in Mozambique?

Is there any difference in the treatment regarding AIDS/HIV in rural and urban areas?
Maputo contrast Nampula

I am interested in all aspects related to these subjects

Sincerely

Karl Jóhann Gränz

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Appendix III

Name of institution _____ Date and
time _____

The interviewe´s name and position

The organization roll (Vision and aim)

The organization connection: national, NGO or another

Who is financing this organization / project?

The organization´s main working frame: Food security, Agriculture, Nutrition, HIV-
Health Care

The main working area

Education of the workers

Is there any guiding principle / strategy regarding an easier access to get food in
Mozambique?

Is equal access of food and clean water over the whole of Mozambique - Is there any
difference regarding rural and urban areas?

Is anything stated in health strategy about the importance of a balanced food in
treating AIDS/ HIV?

Is diet considered in the treatment of AIDS/ HIV in Mozambique?

Are there any nutritional education programs given to HIV /AIDS patient in
Mozambique, whose task is it then?

-Is there any difference in that treatment regarding AIDS/HIV in rural and urban areas
in the field of food /nutrition?

How Mozambique´s position is compared to the other Africans lands?

Opinions about the government´s efforts

Projects and activities focusing at HIV, Food security and nutrition

The future

*** Any written material, report, articles or research material