



**Gender Dimensions, Food Security, and HIV and AIDS in Internally
Displaced People's (IDPs) Camps in Uganda:
Implications for HIV-Responsive Policy and Programming**

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANPCAN	African Network for the Prevention and Protection against Child Abuse and Neglect
ART	Antiretroviral Treatment
ARV	Antiretrovirals
CARITAS	Catholic Agency for Overseas Aid and Development
CD	Community Dialogue
CSOPNU	Civil Society Organization for Peace in Northern Uganda
CV _(y)	Coefficient of Variation of the Population
DACs	District AIDS Committees
DCHA	Bureau for Democracy, Conflict and Humanitarian Assistance
DRC	Democratic Republic of Congo
ERRP	Emergency Relief Rehabilitation Programme
FAO	Food and Agriculture Organization of the United Nations
FIDA	Federation of International Women Lawyer
GBV	Gender-based violence
GUSCO	Gulu Support for the Children's Organization
HIV	Human Immunodeficiency Virus
ICG	International Crisis Group
IDP(s)	Internally Displaced People(s)
IEC	Information, Education and Communication
IOM	International Organization for Migration
IRC	International Rescue Committee
LEMU	Land and Equity Movement in Uganda
LRA	Lord's Resistance Army
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
NGOs	Nongovernmental organizations
NSF	The National Strategic Framework
NUSAF	Northern Uganda Social Action Fund
OCHA	Office for the Coordination of Humanitarian Affairs
OFDA	Office for U.S Foreign Disaster Assistance
OVC	Orphans and Vulnerable Children
PEAP	The Poverty Eradication Action Plan
PHAC	Public Health Agency of Canada
PIDP	The Internally Displaced Persons Policy
PLHA	People Living with HIV and AIDS
PMA	Plan for Modernization of Agriculture
PMTCT	Prevention of Mother-to-Child Transmission
PRDP	Peace Recovery and Development Plan
SME	Small and Medium-sized Enterprise
SPSS	Statistical Package for Social Scientists
STDs	Sexually Transmitted Diseases

STIs	Sexually Transmitted Infections
TASO	The AIDS Support Organization
UAC	Uganda AIDS Commission
UHRC	Uganda Human Rights Commission
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Fund
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPDF	Uganda People's Defense Forces
US	United States
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WFP	World Food Programme

Executive Summary

This study set out to investigate in specific terms how gender relations influence the interaction between food insecurity and HIV/AIDS in two armed conflict-affected districts, Gulu, in northern Uganda and Katakwi.

The study largely embraced qualitative and ethnographic approaches of investigation supplemented by quantitative approaches. An exploratory and descriptive study design largely applying an ethnographic approach was employed. This facilitated the research team to gain a clear understanding of the local meanings and contextual issues that influence interactions between gender, food insecurity, and risky sexual behavior in situations of internal displacement. Quantitative variables were also generated from the ethnographic phase of the study.

The ethnographic phase helped to clarify the key variables and indicators, such as the extent of food insecurity, risky sexual behavior, perceived and actual risk to HIV infection, that were followed up and measured using quantitative research instruments. Since the whole philosophy underlying this research is to improve policy and programming, the approach employed was a collaborative one that involved deliberate consultation with relevant government departments as well as local and international agencies involved in activities related to food security and HIV/AIDS in internally displaced peoples (IDPs) camps.

Four hundred and three (403) household interviews were carried out among IDPs in selected camps of Katakwi and Gulu Districts. These were supplemented by 26 community dialogue meetings, 4 case studies, 22 key informant interviews and 19 in-depth interviews. The analysis of all the data that were collected was informed by descriptive, interpretative, and explanatory approaches underpinned by content, theme, and case study analysis.

The results of the study have demonstrated that in armed conflict, displacement, and food insecurity situations, women and girls are more vulnerable and at risk of contracting HIV/AIDS than their male counterparts because they have limited access and control over the much needed resources, especially food/nutrition, as a result of failing support systems. Yet, paradoxically, they shoulder more responsibility for meeting the food needs of their households. This “responsibility” increases their vulnerability to sexual exploitation, an extreme manifestation of gender inequality.

While the study established that there are high levels of awareness about HIV/AIDS among IDPs, it was observed that the motivation of IDPs to act on this information by adapting safer sexual behavior is low. The conditions under which they live and the values that they have adopted as a result of staying in camps for a long time tend to compromise their resilience in avoiding risky sexual behavior. Limited availability of HIV/AIDS services within the camp settings compounds this problem. Most of the HIV/AIDS services are still facility-based with only a few outreaches to the camps.

Furthermore, study findings show that sexual activity is high in the camps even among young girls and boys. Traditional and social institutions that influence behavior and regulate sex became dysfunctional because of conflict and displacement, paving way for risky sexual behavior and sexual exploitation of women and girls by the men that possess any form of power (economic, physical, or social). Children (especially girls) and women are the most affected population categories when it comes to food insecurity. Food insecurity has led women and girls to adopt behaviors and livelihood strategies that put them at increased risk of HIV/AIDS infection, such as transactional sex, in a bid to earn money to buy food and other basic needs of their households.

Food insecurity is rampant in IDP communities; most households are not only having just one meal a day, but the quality of food is poor. The study has also revealed that whereas there is food insecurity, some households are more affected than others and include those for the elderly, the chronically sick—especially those with HIV/AIDS, orphans, and the disabled. Therefore, such households need to be identified and targeted with special support. Further, the study established that armed conflict and displacement have had negative effects on cultural institutions that used to regulate food availability. The collapse of these culturally constructed buffer stocks against food insecurity due to displacement has worsened the phenomenon of food insecurity.

Although some direct interventions by agencies such as the WFP exist in some camps, especially in the Gulu District, these are still regarded by the population as insufficient in meeting their food needs. Efforts to improve the adequacy of household food requirements through cultivation are hampered by insecurity and inadequate access to land and farm inputs. In a bid to meet the food gaps, a combination of dangerous/risky and safe coping mechanisms is employed by the women and girls. The strategies include sale of labor, food for work, wild fruit gathering, cultivation outside protected areas, and the very risky “sex for food.”

Insecurity and displacement have socially and economically disoriented the traditional responsibilities of most men. The women are now playing the key household roles, including those traditionally played by the men. The fear for abduction and/or death of the men by attacks of armed men (Lord’s Resistance Army [LRA] rebels or *Karamojong*) has seen men becoming redundant and of little help to many households. Consequently, most men have either migrated to other places and found themselves women to feed them or turned into alcoholics and are a nuisance for their wives. The young girls have become prey to sexual abuse by such men, either forcefully or through enticement with small gifts, increasing the risk of HIV infection.

The study established that interventions addressing food insecurity and HIV/AIDS are still isolated and scattered. The review of policies further established that deliberate policy and program actions to address the interplay between food insecurity and HIV/AIDS, using a gender analytical framework in conflict-affected areas, are lacking. Therefore, deliberate policy responses to address the relationship between food insecurity, gender, and HIV/AIDS are largely wanting. The study identified the following as key issues of policy attention:

- Even among IDPs, there are some households that are more affected by food insecurity that need special attention. These include households headed by the children, women, elderly, chronically sick—especially those with AIDS, orphans, and the disabled.
- Traditional mechanisms for ensuring food security that have been eroded by displacement need to be replaced with by-laws relevant to promotion of food security in IDP settings. Focus should be put on rejuvenating the traditional gender roles of men that have seemingly been rendered redundant at the household level due to conflict and displacement.
- Food security has not been conceptualized by most policies as an HIV prevention intervention. It is largely conceived as a care and support component of HIV and AIDS programs. This has led to many missed opportunities, especially in the context of people living in IDP camps.
- In order to encourage food production in IDP settings, government and its partners should gazette enough land and provide it with the necessary security to allow households to cultivate their own food.
- Policy actions that help to build a strong coordination of the activities of HIV/AIDS service providers and service providers involved in food security-related work are critical for a sustainable access to critical social services in displaced communities.

In conclusion, it is noted that the end to armed conflict and the return of IDPs to their original communities is one most important phenomenon that would set a stage for dealing with all conflict-induced problems in the conflict-affected north and east. While there are indications that the war in Northern Uganda may come to an end if the current peace talks between the Government of Uganda and the LRA rebels succeed, a high number of people are still living in the camps and they are reluctant to leave until they are completely sure that they are safe upon returning to their communities. In the east, disarmament programs have also not yet yielded opportunities for lasting peace. Hence, interventions and policies directed toward improving service delivery among displaced communities need to continue. It is within this context that the study has come up with recommendations directed toward key stakeholders, including the government, international service agencies, nongovernmental organizations, and local communities.

(1) Given the influence of gender dynamics in IDP communities that place women/girls and children at a greater disadvantage in respect to food insecurity and HIV infection, it is critical that all actors involved in the provision/delivery of food security and HIV/AIDS-related services give full consideration to gender dynamics. This should be done through the following:

- Deliberate efforts should be made to include both women and men in the planning and delivery of food security and HIV/AIDS services in IDP communities. Focusing on women alone may prove counterproductive, given the realities of the power relations between men and women. Engaging men as partners to facilitate them to understand and play their role in the households and in the IDP community in reducing the increasing burden of providing for the household that women now face in IDP settings.
- Before starting any programs related to food security and HIV/AIDS, gender analysis should be carried out. This should seek to understand the gender roles, power relations between men and women, and decision-making processes as well as the issues affecting access to and control over resources. This would help in identifying the appropriate strategies for addressing the unique needs and concerns of women/girls and children in the context of armed conflict and displacement.

(2) There is need to improve coordination and integration of services addressing HIV/AIDS and food security in conflict-affected settings. This can be achieved through streamlining the partnership between central and local government institutions, international service agencies, and NGOs and inter-agency mechanisms to ensure institutional responsibility for adequately responding to gender concerns in IDP communities. A task force bringing together representatives of all actors, including the government, international agencies, and the civil society, would go a long way in identifying and sustaining dialogue on gender issues that need to be addressed in food security, HIV/AIDS, and other services in IDP communities.

(3) The study has shown that HIV/AIDS services, such as voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), and access to ART, are very limited; many IDPs do not have access to them because these services are not only far away but there are also risks involved in traveling to access them. Most of the HIV/AIDS services are still facility-based with little, and irregular, outreach to the camps. Efforts should be made to bring these services nearer to IDPs and to make them regular and functional.

(4) There is need to provide regular security in the de-gazetted areas to enable IDPs to access productive land. Within the current arrangement where people are displaced, block farming strategies can be explored where members' farm together on a piece of land and the food is shared together at harvest. For this to be effective within the camp and its vicinity, however, there is need to arrange for security with the army-provided escorts to people at work in areas close to the camp, but where there is fertile land.

(5) The socioeconomic conditions in IDP settings have made women and girls susceptible to indulgence in risky sexual behavior for survival. The IDPs look at HIV/AIDS as a long-term program but perceive poverty or income insecurity as a problem that needs immediate action. It is imperative that HIV/AIDS prevention programs be deliberately integrated with poverty/livelihood security interventions rather than have them stand

alone. This would help to improve the response of IDPs to behavioral change messages regarding HIV/AIDS.

(6) There is a need to conceptualize food security as an HIV-prevention intervention rather than just a social support intervention, especially in the context of armed conflict and displacement.

CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

The armed conflict in northern Uganda between the Lord's Resistance Army (LRA) and government armed forces since 1986 has disrupted the normal living conditions of the people. It has been estimated that nearly 95 percent of the ethnic *Acholi* population in Gulu, Kitgum, Pader, and Lira Districts has been displaced and live in camps (USAID 2005). The humanitarian situation continued to worsen as the LRA expanded attacks to the Eastern Langi and Teso subregions assaulting villages. This conflict combined with looting and cattle raids by *Karamajong* pastoralists in Eastern Uganda have resulted in a humanitarian crisis spanning 19 years (OCHA 2005). According to the United Nations Children's Fund (UNICEF) report quoted in USAID (2005), more than 1.4 million Ugandans (80 percent of whom are women and children) have been displaced and live in camps without adequate security, food, protection, water, sanitation facilities, and health care.

As observed by the U.S. Agency for International Development (USAID), the conflict in northern Uganda has threatened food security in an area that is known to be very productive (USAID 2005). The Office for the Coordination of Humanitarian Affairs (OCHA) estimated that more than 75 percent of the population in northern Uganda depends on the World Food Programme (WFP) for its food needs¹ and malnutrition rates among displaced children range from 7-21 percent (World Vision, 2005). Conflict is one of the primary causes of food insecurity in Africa.

Food is an immediate need whether in camps or outside camps. Access to adequate food in camps is not easy due to the insecurity that limits food production outside protected camps. Hence, for IDPs, dependence on food aid is the norm. Yet food relief is itself insufficient due to the increasing number of IDPs. In addition, relief food largely lacks a local traditional flavor and the dietary diversity that may lead to nutritional deficiencies. Although traditional food may not be nutritionally superior to fortified foods, lack of accessibility to this food culturally constitutes food insecurity, bearing in mind the notion that food is a cultural construction.

Both food and livelihood insecurity within the camp setting have compelled some IDPs, especially women and girls, to put themselves at risk by cultivating certain food crops outside these protected camps. Anecdotal evidence shows that rebels, government soldiers, and the general male population, including fellow IDPs, target such people, usually women, for sexual exploitation.

Women and girls are often the target of sexual exploitation during armed conflict (United Nations General Assembly, 2002). This is also exacerbated by the social, economic, and political inequalities that often exist between women and men (Kristofferson 2000). It has been observed that gender-based sexual violence and exploitation in war situations is not merely a matter of chance, nor is it a question of sex.

¹ OCHA (2005) estimates that there are currently 1, 363, 9901 IDPs in Uganda.

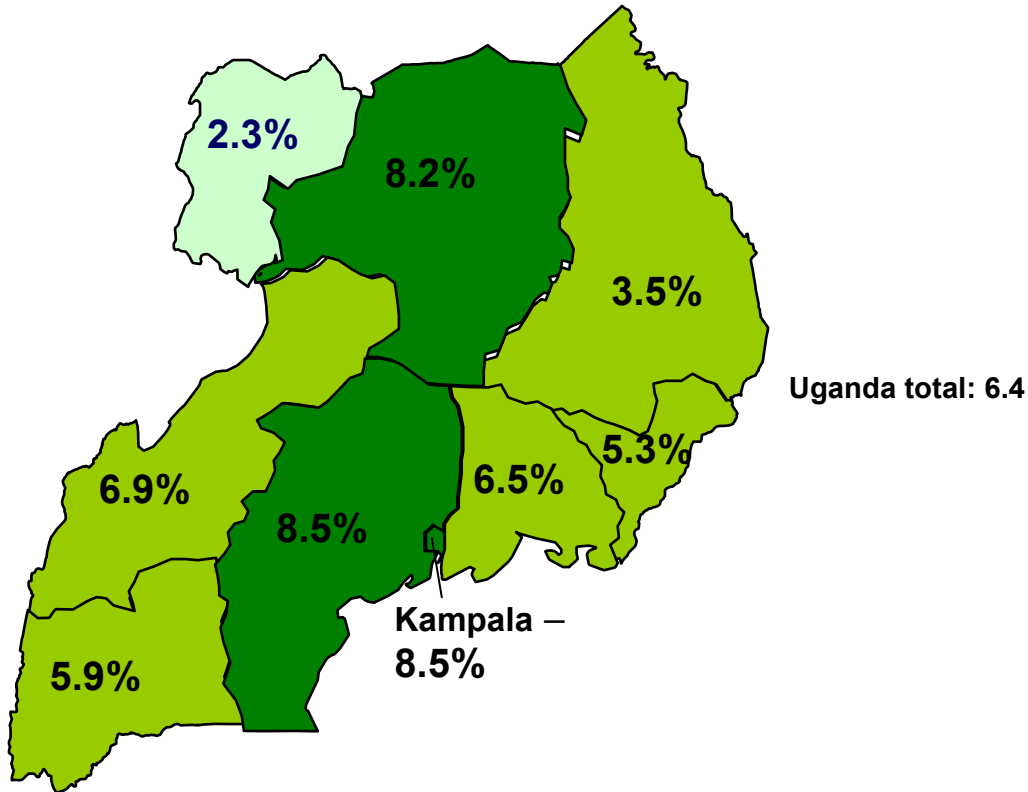
It is rather a question of power and control. Men from both enemy and “friendly” forces sexually exploit women and girls (Christine 1994; Richters 1998). Populations destabilized by armed conflict, in particular, women and children, are known to be at an increased risk of exposure to HIV infection (United Nations General Assembly 2001; Gardiner 2001). However, the magnitude of risk to HIV infection depends upon competing and interacting factors (Spiegel 2002; Spiegel 2004; Spiegel and Nankoe 2004). Save the Children (2002), Khaw et al. (2000), and Smith (2002) noted that such factors include the level of mobility within and outside the camps, epidemiology of HIV and AIDS, and the breakdown in social structures, networks, institutions, traditional norms and values regarding sexual behavior. Others include lack of income and basic needs, severe deprivation leading to sex bartering, sexual violence and abuse, increased drug use, chaotic circumstances in which access to condoms and other prevention tools may be scarce, and lack of health infrastructure and education.

In addition, the duration of the conflict and the length of time a particular population has stayed in a particular camp may further make the analysis complex. The former may keep people isolated and inaccessible for years while the later may have the same result.

In respect to prolonged conflict retarding the progression of HIV, population-based HIV behavioral and biological surveillance surveys from the Center for Disease Control and Prevention have shown lower than expected rates of HIV prevalence rates in Sierra Leone in 2002 (0.9 percent) and in Southern Sudan in 2003 (2.3 percent among pregnant women clinics in both Yei town and surrounding villages and in Rumbek town (see Kaiser et al. 2002, 2003; Spiegel and Nankoe 2004; Spiegel et al. 2007). Prior to these studies, parts of the populations of Sierra Leone and Southern Sudan were isolated for long periods of time as accessibility and mobility were severely limited. Low prevalence has also been reported in Angola, due to similar circumstances (Spiegel and De Jong 2003).

The discussion above provides some insights relevant to the Uganda’s armed conflict situation in Northern Uganda. The Uganda Ministry of Health HIV Surveillance report (2003) and Uganda Ministry of Health and ORC Macro (2006) survey show that HIV/AIDS prevalence rates in conflict-affected areas are higher than the national average. For example, the HIV Sero Behavioral Survey carried out by Uganda Ministry of Health and ORC Macro (2006) found that the rate of HIV prevalence in the northern region affected by the conflict is 8.2 percent compared to the national average of 6.4 percent (see Figure 1).

Figure 1. Percent of men and women 15-49 who are HIV positive



Source: Uganda—Ministry of Health and ORC Macro (2006).

In 2003 HIV prevalence rates were as high as 16 percent at Lacor Hospital in Gulu compared to the national average of 6 percent (Uganda Parliament Report 2004; Uganda Ministry of Health HIV Surveillance report 2003).

Whereas a number of studies in Uganda (see, for instance, FIDA/UNICEF 1997; Mutiti 1997; ANPPCAN 1998; Koenig et al. 2004) shed some light on the phenomenon of sexual violence, transaction sex, and power relations in stable-civilian contexts, they are largely silent on the interactions between sexual exploitation, perennial lack of food, and HIV/AIDS in the context of armed conflict in respect to women and girls in IDP camps. This paucity of data has led to having generic policies and interventions on HIV/AIDS and food and nutrition security for all categories of IDPs without targeting the specific vulnerabilities, the unique needs of girls and women in armed conflict situations. The studies by Save the Children (2002) and Spiegel et al. (2002, 2004) did not bring out empirical data on the interaction between food insecurity and HIV/AIDS in armed conflict situations. They largely made anecdotal statements, which required further scientific investigation. It was therefore pertinent to conduct this study to bridge the

identified gap in knowledge on the interaction between food insecurity and HIV/AIDS in the armed conflict situation of northern Uganda.

1.2 Problem Statement

Food poverty² and high HIV prevalence rates continue to threaten war-affected communities, especially in IDP camps in the north and northeastern regions of Uganda. Women and children, especially girl children, are disproportionately affected by the problem of HIV/AIDS, teenage pregnancies, and malnutrition (Uganda—Ministry of Health HIV Surveillance reports 2000, 2002, 2003).

The social interaction, fatalistic attitudes, and sexual subcultures in IDP camps and how they contribute to risk and vulnerability of girls and women to HIV/AIDS and sexually transmitted diseases (STDs) has not been comprehensively studied. In addition, the processes of coping with food insecurity and how these make IDPs (especially women and children) vulnerable to HIV infection have been seldom explored in the Northern Uganda context. There is no clear and precise understanding of the interactions between food insecurity and high-risk behavior that may lead to HIV infection in conflict situations (in IDP camps). There was also limited knowledge on the sociocultural, gender, and structural factors in the context of armed conflict in IDP camps that make girls/women vulnerable to sexual exploitation and how this is linked to the issues of food insecurity.

The relationship between “normal” cultures people that have before displacement, the acculturation they undergo during the war and later in IDP camps, and how this influences their sexual behavior in the context of food insecurity and HIV/AIDS is also not very well known. In addition, the influence of the socialization processes and the environment in IDP camps on the perception of risk and its influence on sexual behavior on one hand, and health-seeking behavior on the other, in respect to HIV/AIDS is also little known.

A desk review of the different HIV policies and the current IDP policy revealed that these policies fail to tease out the specific and context-relevant gender relations issues that are at play in armed conflict situations, which need to be tackled in order to address the negative synergy between HIV/AIDS, food insecurity, and the several factors that are commonplace in armed conflict situations that deepen the spread of HIV/AIDS, especially among women and young girls.

There is very limited documentation on how conflict and displacement have widened the gender-related gaps between men and women and how this has exacerbated household food insecurity and risk of HIV infection. Yet without taking into account the gender and sociocultural environment in which the interactions between food insecurity, sexual behavior, and HIV/AIDS take place, it becomes difficult to comprehend the issues and to design relevant policy and programmatic strategies. Available data suggest that there is limited understanding of the extent to which current policies and programs in IDP

² Perennial and chronic shortage or lack of food among a section of the population.

situations are problematizing the complex issues involved in gender, HIV/AIDS, and food insecurity in IDP camps.

1.3 Research Questions

The key research questions for the study were

1. In what ways have armed conflict and displacement influenced gender relations and how has this affected household food security and the risk of exposure to HIV infection?
2. In which ways has armed conflict and displacement affected the sociocultural institutions that have the potential to minimize food insecurity and influence sexual behavior to reduce vulnerability to HIV infection?
3. How has armed conflict and displacement influenced IDPs' perception of the risk of HIV infection, and the interpretation of HIV/AIDS in relation to other problems?
4. How do IDPs cope with the different manifestations of food insecurity and high prevalence of HIV/AIDS?
5. What gender-related policy and programming gaps exist in current policies and interventions on food security and HIV/AIDS in conflict-affected areas (especially IDP camps) that need to be targeted for change?

1.4 Objectives

The overall objective of the study was to investigate in specific terms how gender relations influence the interaction between food insecurity, risky sexual behavior, and HIV/AIDS in armed conflict-affected areas and use the findings to enhance policy dialogue, advocacy, and gender-responsive programming in respect to food insecurity and HIV/AIDS in armed conflict situations. The specific objectives included

1. To find out the understanding and experience of food insecurity and the risks that result from coping with the problem in IDP camp settings;
2. To assess the effect of armed conflict and displacement on gender relations and how this has affected household food security;
3. To examine the effect of armed conflict and displacement on people's perception of the risk of HIV infection and the influence of this perception on behavioral responses to HIV/AIDS interventions;
4. To assess the gender responsiveness of existing HIV/AIDS and food security strategies/policies in addressing HIV/AIDS and food security needs of IDPs.
5. To use the findings and experiences of this action research process to enhance policy dialogue, advocacy, and programming in respect to food/nutrition insecurity and HIV/AIDS in situations of armed conflict and displacement.

1.5 Theoretical and Conceptual Framework

The entitlements approach and the concepts of vulnerability and risk are employed in the analysis of gender dimensions, food security, and HIV/AIDS in IDP camps by the study community in order to draw lessons for HIV/AIDS-responsive policy and programming.

1.5.1 The entitlement approach

Sen (1981) conceptualized food security as a matter of “entitlements.” The major premise of the entitlement approach is that the ability of a person to acquire food is influenced by the prevailing economic, social, and legal context of a particular society. He criticizes the notion that food security stems from aggregate food availability, arguing that, instead, what we are able to eat depends on what food we are able to acquire (also, see Kyaddondo 2004). In other words, Sen makes the argument that food availability in any given economy does not translate into entitlement or consumption by individuals in need of the food in that same country.

The entitlement’s approach introduces a useful dimension to the study on gender dimensions, food security, and HIV/AIDS in armed conflict-affected settings. It is a useful framework for understanding variations in the means to food acquisition. It aids an exploration of what food supply and demand chains exist in IDP camps. It is also useful in analyzing inter and intra-camp variations in the options available for food acquisition, as well as inter- and intrahousehold variations in entitlements. According to the entitlement approach, food security is embedded within the larger framework of the legal, economic, and political processes of a community. The approach therefore helps to bring to light the legal, economic, and political processes that influence access to food in IDP camps. The approach stipulates that at the household and individual levels, food acquisition is determined by the exchange mappings, which depend on endowments. This notion is quite useful in understanding the food exchange processes and dynamics among people in IDP camps, but it does not sufficiently address the social construction of food by IDPs and how this influences their decision-making processes while choosing among different possibilities.

1.5.2 Gender dimension of conflict, displacement, food insecurity, and HIV/AIDS

Gender relations and socialization processes have an influence on access and entitlement to food. Evidence has also shown that armed conflict settings change gender roles (Gururaja 2001) and consequently mechanisms of access to critical household or individual entitlements. When displacement occurs, it affects the social fabric of society, leading to the emergence of new, often unfamiliar, physical and social environments that have a profound effect on the social functioning (gender roles) of men and women (see Gururaja 2001, 13). Former social support structures break down and new social relationships are formed that challenge the traditional kinship relations.

According to Gururaja, displacement due to armed conflict often brings with it a dramatic increase in the number of female-headed households, implying new responsibilities for meeting the needs of the children. This is because male family members may have been kidnapped or joined warring groups. As a result of conflict and breakdown in law and order, women and girls face increased risks of sexual violence and abuse (Gururaja 2001, 13; also see Richters 1998).

These gender concepts and frameworks have been used in aiding the examination of the extent to which current policies and programs have addressed the relationship between food security and HIV/AIDS in IDP communities.

1.5.3 Vulnerability and risk

It has been argued that conflict, displacement, food insecurity, and poverty make affected populations more vulnerable to HIV transmission (Spiegel 2004). Vulnerability and risk analyses are also used in the understanding of food discourses on food security in conflict-affected settings. According to Chambers (1989), vulnerability to food insecurity has both internal and external aspects. The external aspects of vulnerability, according to Sen (1981), relate, among others, to loss of crops or livestock, loss of jobs or a fall in wages and other related environmental constraints. The internal aspects, on the other hand, relate to the capacity for individuals to withstand the external shocks. These conceptualizations provide a useful framework for the analysis of IDP vulnerability to food insecurity and HIV infection.

In the context of this study, a risk is conceived to mean an induced behavioral action undertaken by IDPs that may result in harmful consequences. Both food insecurity and vulnerability lead to exposure to risk, insecurity, isolation, shocks, and stresses. Food poverty is a multidimensional phenomenon. It is not only the result of income poverty; because in conflict settings, even when people have some income, i.e., from the sale of their labor, they may fail to find food to buy because the production and supply of food is affected by the insecurity (CSOPNU 2004, vii³; Lajul 2006, 161).

1.5.4 Livelihoods, coping strategies, and armed conflict/displacement

Livelihoods are a function of a recipe of exchange entitlements (Young et al. 2001, 5). Big changes in entitlements radically alter livelihoods and cause entitlement failure in respect to access to the basic needs. It was noted that “the impact of external shocks on livelihoods depends on the household’s vulnerability, which is a combination of intensity of external shock, and the household’s ability to cope.” (ibid.)

This in the context of this study implies that when the demands placed upon the household as a result of external shocks, such as displacement and forced migration, are beyond its coping resources, crises (such as food insecurity) are likely to occur. The key premise of the livelihood approach is to prevent people from having to take damaging steps (Young et al. 2001, 5) through strengthening people’s resilience to external shocks. Where this is totally lacking, IDPs adopt various coping strategies, some of which may be potentially dangerous to their lives.

Coping strategies in the context of food insecurity and emergencies have been conceptualized to mean short-term, temporary responses to declining food entitlements (Davies 1993). Coping strategies encompass a wide range of economic, social, political, and behavioral responses to declining food security and the effects of these strategies may be irreversible or may lead to undesirable costs (Young et al. 2001, 5). As the initial coping strategies become unviable, people are forced to adopt others that damage their

³ Civil Society Organisations for Peace in Northern Uganda.

livelihoods, and once all options are exhausted, people are faced with destitution and adoption of crisis strategies (Corbett 1988). The various ways in which food becomes a weapon of war make people's coping initiatives, such as cultivation of crops in the vicinity of "protected" areas, untenable, prompting them to adopt coping strategies that may have unacceptable costs, both in the short and long term.

CHAPTER 2 METHODOLOGY

2.1 Introduction

This chapter highlights the study design, research process activities, methods, and tools used for data collection. It also covers the data analysis procedure, quality control, and ethical considerations taken into account during the execution of the study.

2.2 Study Design

The study largely embraced qualitative approaches of investigation supplemented by quantitative approaches. An exploratory and descriptive study design largely applying an ethnographic approach was employed. This facilitated the research team to gain a clear understanding of the local meanings and contextual issues that influence interactions between gender, food insecurity, and risky sexual behavior in situations of internal displacement. Quantitative variables were also generated from the ethnographic phase of the study. The ethnographic phase helped to clarify the key variables and indicators, such as the extent of food insecurity, risky sexual behavior, and perceived and actual risk to HIV infection that were followed up and measured, using quantitative research instruments. Since the whole philosophy underlying this research is to improve policy and programming, the approach employed was a collaborative one that involved working with relevant government departments as well as local and international agencies that are involved in activities related to food security and HIV/AIDS in IDP camps.

In order to cultivate ownership of the findings and to motivate action on the findings, there was involvement of relevant policy makers (such as the parliamentary committee on social services, Uganda AIDS Commission, policy analysis units of relevant line ministries), service delivery agencies in the entire research process. This built on a dialogue with these stakeholders, which were initiated during the proposal development process for the study. These stakeholders were also involved in the monitoring and evaluation of the research process and outputs. It is expected that this collaboration will continue throughout report dissemination and policy advocacy actions that will result from this study. In this participatory process, we intend to interest and persuade stakeholders to respond to issues identified by the study by integrating them in their action plans.

2.3 Study Population

The study population consisted of the young people (aged between 15 – 30 years) and adult women and men who live in selected IDP camps. This age group was targeted not only because they are the most affected by HIV and AIDS in Uganda (Uganda Ministry of Health and ORC Macro 2006) but also because they are the worst affected by conflict and displacement (USAID 2005). The adult population, on the other hand, was targeted because they were assumed to have more insights into the dynamics of the conflicts and their effect on mechanisms of access to food as well as social relations. Other study participants were drawn from cultural leaders, existing camp leadership structures, security personnel, former rebels, officials from the Ministry of Disaster Preparedness,

the Uganda AIDS Commission, NGOs, and international agencies working directly with IDPs in northern Uganda, policy makers, and researchers in the area of food security, nutrition, and HIV/AIDS.

2.4 Study Areas

The study was carried out in two purposively selected districts: Gulu, in the north, with a long history of armed conflict and the largest IDP camps, and Katakwi, located in the northeastern part of Uganda, where people have been forced to live in IDP camps mainly due to cattle rustling by the neighboring *Karamajong* warriors and where the LRA conflict is relatively new to the population). Overall, in each of the two districts, two rural and two urban camps were covered by this study, as presented in Table 1.

Table 1: Districts and camps surveyed in the study

District	Name of camp	Location	Population	Cause	Duration of camp of existence
Gulu	Unyama	Rural	20,429	LRA	15 years
	Awer	Rural	26,592	LRA	15 years
	Bobi	Urban	22,675	LRA	15 years
	Palenga	Urban	15,345	LRA	15 years
Katakwi	Acowa	Rural	9,700	LRA	3 years
	Aketta	Rural	7,800	<i>Karamajong</i> raids	10 years
	Amorican	Urban	5,327	LRA	3 years
	Ocorimongin	Urban	3,928	LRA	3 years

Source: OCHA Uganda (2005) Katakwi IDP Camps Distribution and Population.

The selection of the above camps has largely been based on their relative security and accessibility by road. The camps are gazetted by the government and are therefore in the category of “protected camps”—those camps that are established at places that were identified by the army as strategic for the safety of the people displaced by war. Such camps are offered security on a 24-hour basis by government soldiers and local defense forces as well as the police. They are recognized by the government and international organizations, particularly WFP, for relief services. This is, however, not to say that the other camps are not recognized by the government and therefore are not served, but the level of service provision, except for security, relatively differs in favor of protected camps. They are also relatively bigger in terms of population, because people are brought from various places and made to settle in one camp. Other camps locate themselves without the influence of soldiers, but to places perceived by the displaced as safe. Such camps are in most cases located near towns and or close to army detach and have relatively smaller populations because they are more localized.

In addition, the need to draw any meaningful comparisons between rural and urban camps is important, since the two camp environments tend to differ in terms of socioeconomic opportunity and access to services. Furthermore, because of more interactions with the urban host community, camps located nearer to urban areas are much more likely to have emerging subcultures that are characteristic of urban community environments that may increase their susceptibility to risky behavior, which

may lead to heightened risk for HIV infection. In addition, while the rural camps are far away from the urban areas that may offer better security, protection, health, education, and psychosocial support, IDPS in rural camps have an opportunity to participate in farming in and near their camps, which supplements the food assistance provided by aid agencies.

2.5 Sampling Strategy

A combination of purposive and theoretical sampling techniques was used. Purposive sampling techniques were applied to select key study participants and the IDP camps in which the action research was carried out. While theoretical sampling allowed collection of data through qualitative methods until no more new ideas were coming up, these approaches facilitated the generation of data that is useful in answering the research questions of this study.

The sample for the quantitative component of the study was selected following conventional scientific procedures. The study areas were selected purposively, taking into account security and accessibility concerns while the participants for the quantitative component of the study were randomly selected. The major target was young people aged between 15-30 years who are heads of households, although other heads of the households above 30 were also interviewed. Camp population registers were used to develop sampling frames in each of the selected camps. Random sampling was used to select elements to be included in the study sample. The sample size was determined using the following formula.

Sample size for structured interviews

$$n = \frac{pq \left(Z_{\alpha/2} \right)^2}{e^2},$$

where n is the sample size, p is the probability of occurrence of an event, e is the permissible error, and q is the complementary probability ($1-p$). Therefore,

$$n = \frac{0.5 \times 0.5 (1.96)^2}{(0.5)^2} = 384.16.$$

Therefore, $n = 384$. However, a total of 403 household interviews were conducted in the eight camps in the two districts of Gulu and Katakwi. Table 2 presents the household sample distribution by camp. Table 3 presents the number of household respondents per camp by gender.

Table 2: Household sample distribution, by camp

Name of camp	Frequency	Percentage
Ocorimongin	54	13.4
Acowa	48	11.9
Aketa	53	13.2
Awer	51	12.7
Bobi	47	11.7
Magoro	51	12.7
Palenga	49	12.2
Unyama	50	12.4
Total	403	100.0

Table 3: Number of household respondents per camp, by gender

District	Name of camp	Number of household interviews				Total
		Male		Female		
		No.	%	No.	%	
Gulu	Unyama	32	64	18	36	50
	Awer	23	45	28	55	51
	Bobi	27	57	20	43	47
	Palenga	26	53	23	47	49
Katakwi	Acowa	16	33	32	67	48
	Aketa	23	43	30	57	53
	Magoro	22	43	29	57	51
	Ocorimongin	14	26	40	70	54
Total		183	45	220	55	403

2.6 Methods of Data Collection

In order to collect the necessary contextual and ethnographic information, a range of research techniques was employed: community dialogue (CD), informal conversations, key informant interviews, and participant observation. Narratives and life histories of individuals were used to allow participants an opportunity to talk about their lived experiences. The triangulation of qualitative methods helped to validate findings from different sources and to enrich the data. Issues generated from one method of data collection were followed up using other methods.

The in-depth interviews with the youth and adults were intended to provide a deeper understanding and more insights on broader issues related to risk behavior for HIV and AIDS in the context of displacement and food insecurity. Specific aspects of gender and power in sexual relations (especially sexual negotiations and decision-making), past sexual experience, risk assessments about contracting HIV/AIDS, misconceptions about HIV and AIDS, self-efficacy to take protective action, attitudes and intentions about healthy behavior, and cues to healthy behavior and how these issues relate to food insecurity were among areas critically investigated. All the in-depth interviews were tape-recorded in addition to note-taking done by the interviewers.

2.6.1 Household interviews

After the ethnographic phase of the study, the findings from this phase were used to generate variables that were measured using a semi-structured questionnaire. The purpose was to capture the extent of food insecurity, risky sexual behavior, and perceived and actual risk to HIV infection using quantitative measurements. Other quantitative data, such as socioeconomic and demographic data, were also collected from both primary and secondary sources.

2.6.2 Community dialogue (CD)

A community dialogue is a forum that draws participants from as many parts of the community as possible to exchange information face-to-face, share personal stories and experiences, honestly express perspectives, clarify viewpoints, and develop solutions to community concerns and opportunities (Canadian Rural Partnerships 2002). In this respect, communities, individuals, service providers, policy makers, and young people were provided a forum to engage in dialogue about the interactions between gender relations, displacement, and food insecurity and HIV/AIDS. Community dialogue emphasizes listening to deepen understanding. It develops common perspectives and goals, and allows participants to express their own interests. Gender analysis and resource mapping were also used to complement the community dialogue discussions. Gender analysis was applied during community dialogue meetings to facilitate participants to reflect on the gender roles, division of labor, and power relations between men and women, and how they relate to issues of food security and HIV/AIDS in IDP settings. In this case, preliminary participatory analysis of responses of community dialogue meetings was initiated using the gender analysis tools. Purposive sampling was used in selecting participants for the above methods. However, measures were taken to ensure that young people 15-30 years old from different parts of the camps were represented.

2.6.3 Key informant interviews

These were conducted with relevant administrative, cultural/community leaders, district leaders, and NGOs in the districts. Issues related to HIV/AIDS, food insecurity, and gender relations were obtained and policies to avert the risks were explored. NGOs working closely with IDPs were also interviewed to ascertain their views on the behavior of the clients (IDPs) regarding HIV/AIDS prevention and food insecurity. A key informant guide/checklist was developed for the different categories of the key informants to guide the interviews. Notes were taken during the interviews. The key informants interviewed included the following:

- Officials from the Ministries of Disaster Preparedness, Health and Gender;
- District Directorates of Health, Production, Community Services, and District AIDS Committees;
- District gender officers;
- Camp leaders;
- UAC;
- NGOs/CBOs working with IDPs;
- International agencies working with IDPs;
- Local politicians/local government policy makers;
- Parliamentary committees on social services, HIV/AIDS, and food security.

2.6.4 In-depth interviews

To elicit as much information as possible from the participants, it was necessary to hold in-depth interviews with selected people from the community to understand their individual experiences as they go about their daily activities in the camp. In-depth interviews were thus held with selected single-headed households (male and female); child-headed households (male and female); elderly camp inhabitants; formerly abducted children; and heads of exceptionally large households. Table 4 summarizes the number of qualitative interviews conducted for each of the three methods by district and camp. In-depth interview participants were selected purposively. They were not part of the household survey sample.

Table 4: Summary of the number of qualitative interviews conducted for each of the three methods, by district and camp

District	Camp	Community dialogue meeting	In-depth interviews	Key informant interviews
Gulu	Unyama			3
		2	3	2
	Awer	3	3	1
	Bobo	4	3	2
	Palenga	3	4	2
Katakwi	Acowa			5
		4	1	2
	Aketa	3	1	1
	Magoro	3	2	2
	Ocorimongin	4	2	2
Total		26	19	22

2.7 Data Processing and Analysis

Data processing and analysis aimed at reducing raw data into manageable proportions and summarizing it in a form that brings out salient features.

2.7.1 Ethnographic and qualitative data

One important feature of qualitative inquiry is that data gathering and analysis are simultaneous activities (Whyte 1984). In this particular study, the initial stage of analysis was during the community dialogue, and key informant and in-depth interviews as participants discussed and shared viewpoints. Data analyses run concurrently with data gathering in a reflexive and iterative process as noted by Crang and Cook (2007).

Following field data collection, tape-recorded data were transcribed and merged with the hand-written notes. Coding helped to classify responses into meaningful categories so as to bring out their essential pattern following the main themes. Data were thematically arranged to allow for an ordered analysis using a multilevel perspective. The research team analyzed the data across levels (individual, household, community, and institutional levels). Attempts were also made to link the issues raised at the microlevel to those raised at the meso and macro levels. As van Mens-Verhulst, (2001) observed, the multilevel

perspective facilitates gaining insight into the phenomenological explanations across levels.

2.7.2 Quantitative data

Quantitative data, on the other hand, mainly from the structured interviews, was first cleaned, edited for any irregularities, and the open-ended responses coded. Data were then entered in the computer using Epi Info and then exported to the Statistical Package for Social Scientists (SPSS) for eventual cleaning and analysis. Logical checks and frequency runs were made on all variables to further the accuracy and consistency of the data and identify any outliers before actual data analysis. A statistical test, mainly chi-square, was performed on all variables of interest to examine the associations based on *p-values*. Statistical significance was considered when the *p-value* was below or equal to 0.05. Frequency tables, descriptive statistics, graphs, and charts have been used in the presentation of these findings.

2.8 Ethical Considerations

This study was executed in observance of a number of ethical issues, including

1. The research protocol was submitted for approval to the Uganda National Council for Science and Technology. Further approval and permission were also obtained from the districts' leadership and local authorities before commencing fieldwork.
2. Participants for this study received full verbal explanation of the study and their consent was sought before interviews and discussions.
3. Participation in the study was voluntary. Although participants were invited to participate, they were free to decline the invitation or withdraw if they so wished. However, no one invited declined or withdrew midway of the interview or discussion.
4. Privacy and confidentiality of the information given by respondents was ensured. Only the principal researcher and his field assistants had access to the raw data.

2.9 Quality Control

Quality control is important in any research to ensure quality outcome of the data. In this particular study, this was achieved through the following;

1. Pretesting of the structured questionnaire was done to ensure its suitability to collect the required data. Pretesting was done to determine, among other things, if the questions included were clear, well-worded, sequenced appropriately, and free of ambiguity. After the pretest, changes were incorporated as necessary before actual field data collection began.
2. The field assistants were carefully selected. Preference was given to social scientist graduates with previous research experience. They were comprehensively trained before field data collection began and were given clear explanations about the study objectives. In addition, interviewing techniques, as well as appropriate recording of

responses, were comprehensively demonstrated to them to enable gathering of quality data.

3. The principal researcher supervised the field assistants throughout the entire fieldwork period
4. The research team kept field diaries to record any events that were deemed important in the interpretation of the results.
5. Editing of the completed survey interview forms was done on the spot following each interview and during the nights of each successive day's work to ensure that each relevant question had been asked and a response appropriately recorded.
6. There was use of more than one method (triangulation), which guarded against instrument bias.

CHAPTER 3 RESULTS AND DISCUSSION

3.1 Introduction

This chapter presents findings of the study, their interpretations, and implications for HIV/AIDS responsive policy and programming. Specifically, the chapter presents findings and discussions on study participants' knowledge and experiences of food insecurity and associated risks in coping with food insecurity using a gender lens. Further, the chapter presents findings of the study and discussions on the impact of conflict on people's perception of the risk of HIV infection and the influence this has had on their behavior in responding to HIV/AIDS interventions.

Furthermore, the chapter presents case studies on the key existing gender responsive and integrated interventions on HIV/AIDS and food security by purposively selected actors in conflict-affected north and northeastern Uganda. Finally, the chapter presents a discussion on the current state of policy response to the AIDS epidemic, food security, and gender relations in Uganda, highlighting the existing gaps.

3.2 Socio-Demographic and Economic Characteristics of the Respondents

As can clearly be seen from Table 5, 403 household interviews were conducted in Gulu and Katakwi Districts for the quantitative component of the study. There were more female (220) than male (183) respondents. A majority of the respondents were Roman Catholics and Anglicans by religion. In terms of educational background, a majority of the respondents had attained primary education, but very few had attained secondary education. However, there were some respondents that had never been to school. Table 5 presents in detail the socio-demographic characteristics of the sample respondents by gender.

Table 5: Status of respondent in household, religion, and education status of sample respondents

Characteristic	Male		Female	
	Frequency	Percentage	Frequency	Percentage
Status of respondent in household				
Household head	128	69.9	31	14.1
Spouse	9	4.9	136	61.8
Family member	46	25.1	53	24.1
Total	183	100.0	220	100.0
Religion				
Catholic	130	71	158	71.8
Anglican	43	23.5	47	21.4
Moslem	1	0.5	1	0.5
Pentecostal	7	3.8	10	4.5
Others	2	1.1	4	1.8
Total	183	100.0	220	100.0
Ever attended school				
Yes	175	95.6	171	77.7
No	8	4.4	49	22.3
Total	183	100.0	220	100.0
Highest level of education attained				
P1-P4	38	21.7	41	24
P5-P7	83	47.4	96	56.1
S1-S4	41	23.4	29	17
S5-S6	0	0	0	0
Tertiary	11	6.3	5	2.9
Others	2	1.1	0	0
Total	175	100.0	171	100.0

As illustrated in Table 6, most of the households in the study communities were relatively large. The majority of the households had between 6-10 members.

Table 6: Household size and member status

Characteristic	Frequency	Percentage
Household Size		
1 – 5	135	33.5
6 – 10	226	56.1
11 and above	42	10.4
Total	403	100.0

3.3 Household Source of Income

One of the key issues of interest to this study was to establish the main source of income for households in IDP camps. It was anticipated that an understanding of such sources of income would provide a useful dimension on the chances and constraints of accessing food in IDP camp settings. The main source of income by the majority of the IDPs was farming, followed by the sale of labor and petty trade. Findings from Table 7 indicate that despite displacement, farming remains the main source of income for IDPs.

Table 7: Main source of household income, by gender

Main source of income	Male		Female	
	Frequency	Percentage	Frequency	Percentage
Local brewing	3	1.6	31	14.1
Casual/manual labor	33	18	40	18.2
Petty trade	22	12	26	11.8
Farming	99	54.1	96	43.6
Salaried employment	6	3.3	2	0.9
Transfer earnings	2	1.1	1	0.5
Others	4	2.2	3	1.4
None	14	7.7	21	9.5
Total	183	100.0	220	100.0

While the findings in Table 7 seem to suggest that a good number of households have a known source of income, a reasonable proportion of respondents did not have any income source. This category of respondents included those who stated that they were entirely dependent on handouts either from relief organizations or friends for survival. The mean income level per household per month across the communities and the different sources was established at 19,872 Uganda shillings (an equivalent of about US\$9). With an average household size of between 6-10 people per family, this monthly income figure is insufficient if a household has to meet its basic needs including food, medical care, and clothing. However, our finding contrasts an earlier finding by IOM,UNAIDS,UNFPA and UNDP (2005). IDPs in Gulu and Lira, where a majority of the IDPs studied were found to have no source of income at all. This could be true because, by then, there were more limited opportunities for earning within and across IDPs due to prevailing insecurity. Since the beginning of 2006, security has relatively been improving. This has allowed IDPs to venture into distant areas to cultivate or carry out some economic activities.

3.4 Understanding and Perception of Food Insecurity in IDP Communities

Both qualitative and quantitative evidence was collected on IDPs' knowledge and perception of food insecurity. Food insecurity was perceived by study participants in Gulu and Katakwi to mean a household's uncertainty about availability of food and lack of food for a prolonged period. Lack of access to land, a reliable and sustained source of income, and lack of access to water were perceived as the indicators of food insecurity.

Every night we start to worry about what we would eat the next day. We do not have food in stock. We live from hand to mouth. Some people only depend on fruits, which are also seasonal (Community Dialogue meeting, Palenga, IDP Camp, Gulu).

Households with malnourished children were also perceived to be food insecure as illustrated by the following remark.

When a household has children who look malnourished; they only eat foods like cassava and have to eat only once a day, then you know that

they have not had enough food for a long period of time (Community Dialogue Meeting, Awer Camp, Katakwi).

On the other hand, food-secure households were largely perceived as those that have a continuous and predictable flow of either food (especially those with access to cultivatable land) or some income that would enable them to meet their food needs.

Households which we consider food secure are those that have land near the camp and they can at least afford to grow food crops. . . . People engaged in business activities can also afford to rent land nearby to cultivate food crops (Community Dialogue Meeting, Men and Women Palenga IDP Camp).

Although food aid was necessary for their survival, to them total dependence on it as well as its limited availability was a key indicator of food insecurity.

Households in this community which entirely depend on relief food and those with very few members registered to benefit from relief food suffer a lot when there are delays in food distribution (Community Dialogue Meeting Unyama IDP Camp, Men and Women).

It was noted that before displacement, possession of a granary containing food in a household was almost a must. However, due to displacement and camp conditions, households not only lack what to store in the granaries, due to limited farming opportunities, but also lack space to construct the granaries, because the huts in which they live are so congested.

In addition, it was revealed that lack of land close to the camp on which to cultivate some food has exacerbated food insecurity of IDPs. This is worsened by the fact that to access land for cultivation near the camp, one has to pay approximately US\$20. Given the alarmingly low incomes levels, only a handful of IDPs can afford such fees. Besides, one has to hire ox ploughs to open up the land.

An in-depth interview with one of the IDPs illustrates the relationship between lack of access to land and food insecurity.

I consider my household as food insecure because I left my land very far away. I can only go there when I am certain that there are no rebels. Even when I risk going, I cannot take my children with me because I fear that they may be abducted. This has affected the amount of food that I can produce for the family (In-depth interview, elderly man with eight orphaned children, Unyama IDP Camp).

Similarly, an in-depth interview with one of the mothers demonstrates what characterizes a food-insecure household in an IDP camp and some of the vulnerabilities associated with such a household.

Our main foods are cassava, beans, groundnuts, fish, meat, millet, and vegetables. Being in an IDP camp, we no longer get such food. We do not have cows; we depend on cassava and green vegetables as our main source of food. Even cassava and greens are not readily available to everybody in the camp. The food one gets is so little and of poor quality. Sometimes we depend on mangoes for a day's meal, and then try to search for a food in the evening. Many families here miss foods such as meat, milk, maize flour, and rice. The households that are most seriously affected by food insecurity are mainly those with elderly people, orphans, crippled/disabled, and very sickly people especially those with HIV/AIDS. Those that are somehow food secure are for government workers such as teachers and the business class, because they earn some income.

As for me, I am food insecure because my husband is a soldier. He is not with me. I do not have oxen for ploughing, and no land to cultivate. I cannot do much alone. My husband is a government soldier working in Adjumani and rarely comes home. I feel I will not survive long without food. If I get married to another man my husband may one day come and kill me. But I may also end up getting sick of AIDS (In-depth interview with a married woman in Magoro IDP Camp, Katakwi District).

In Katakwi District, scarcity of water was pointed out to be a threat to food security. Whereas this phenomenon did not come out in IDP communities studied in Gulu, the prevailing displacement conditions in the two districts are largely similar. The compulsory monthly borehole maintenance fees of about US\$.50 charged per household in the Ocorimongin Camp was perceived to deny/reduce access to an important element of food -water. The fees were blamed for worsening their food insecurity situation because they financially strain already economically vulnerable households, as mentioned in a community dialogue meeting with adults in the Ocorimongin Camp:

Here we have a water problem. If you don't pay 500 Ugandan shillings a month to the borehole authority, water is denied to you and this is common here. Many households have been chased away from the borehole for failure to pay their contribution (Community Dialogue Meeting, Ocorimongin Camp, Katakwi).

Whereas food insecurity affects everybody, participants reported that children and women were more affected (Table 8). Children were considered most affected, mainly because of their stages of development and growth, which require adequate food, and also due to their limited resilience to hunger. Fifty-two percent of the respondents considered children as the most affected by food insecurity, and 26.8 percent said women were most affected, while 12.7 percent of the respondents pointed out that the elderly were the most affected. Indeed, children, by their very nature, need food immediately when they are hungry. Perhaps this also explains the recent findings from health-related research, which indicates that displaced areas (especially northern Uganda) have a higher

level of malnutrition among children (Uganda Bureau of Statistics and ORC Macro 2006).

Table 8: Categories of people perceived to be most affected by food insecurity

Category of persons perceived to be most affected by food insecurity	Frequency	Percentage
Children	210	52.1
Women	108	26.8
Elderly	51	12.7
All people	7	1.7
Men	27	6.7
Total	403	100.0

A similar view was apparent among many participants during community dialogue meetings.

Women and children need a lot of food to survive. Children cannot stay hungry for a long time, unlike men who even when hungry can move around and drink alcohol in order to forget. Breastfeeding mothers need a lot of food; otherwise they will have no milk for their babies (Participant in Unyama Camp, Gulu District).

While the understanding and perception of food insecurity among displaced communities may not markedly differ from what may prevail in stable communities, the displacement context gives food insecurity triggers and consequences a unique construction. This is because the mechanisms of coping with food insecurity in a conflict setting are severely disrupted due to the insecurity; people have little or no control over the key factors of production, such as land, labor, and capital, as well as entrepreneurship.

3.5 Changing Gender Relations and Food Security in Conflict-Affected Areas

This section of the study examines the relationship between gender, food insecurity, and displacement in selected camps in Katakwi and Gulu Districts. The main method of data collection was qualitative, supplemented by quantitative approaches.

The study has found out that conflict and displacement have had profound effects on gender relations within the IDP camps. Prior to conflict and displacement in both Katakwi and Gulu, the gender-based division of labor in households gave men the responsibility of opening up new land for cultivation using ox ploughs, while women would follow to plant, weed, or harvest, and prepare meals. However, due to a fear of abduction or death, men are reluctant to venture far from the camps to open up new land for cultivation. It was found that the men were increasingly becoming less active in terms of production.

Men here are like babies. . . .the women feed them, dress them, and even give them money to drink (Ocorimongin Camp, Katakwi District).

Men were often targeted by marauding militia in the vicinity of the camps, especially LRA rebels in Gulu and *Karamojong* warriors in Katakwi. Consequently, food produced from the gardens considerably decreased, resulting in women taking a more active role in food provision than was the case before the conflict. Evidence to adduce to this was commonplace in community dialogue meetings with study participants.

Insecurity has made it very risky to move outside the camps. It has made it impossible for us to go to our land and farm. Risking going to cultivate is something we think about as a last resort. Some of our neighbors risked and up to today we have never seen them return (Community Dialogue Meeting, Palenga IDP Camp, men and women).

The situation in the camp has made things worse. We are confined in the camps. We cannot move out even to pick greens and fruits for fear of abduction by the Karamajong warriors (Community Dialogue Meetings with young men, Ocorimongin IDP Camp).

Discussions with men also revealed that insecurity had affected their ability to contribute to the food basket of their families. They pointed out that being confined in camps had denied them access to their land, which is a key source of livelihood, especially in respect to food production.

We do not have land to grow food. The land we are occupying is not ours. Our lives are difficult without a reliable source of food. There are no granaries for storing even the little food that we have (Community Dialogue Meetings Awer IDP Camp Men and Women).

In addition, the men viewed the socioeconomic environment in camps as offering them very limited livelihood options to be able to adequately meet the food requirements of their families. This has led to the development of fatalistic attitudes among some of the men who felt inadequate due to their perceived failure to fulfill their gender roles in respect to food provisioning.

What can you do in this camp? We are isolated and cannot move freely. We live in fear with no chance of gaining any skills or opportunities to earn a living. We compete for the very few casual jobs but we are exploited because we are so many looking for these jobs. Sometimes I think that we are already in the grave but someone is just delaying or reluctant to cover the grave. We are a forgotten lot (Informal Group discussion, men, Ocorimongin IDP Camp, Katakwi).

Displacement, frustration, and fatalistic attitudes tended to increase levels of idleness, especially among men. Idleness was perceived more especially by women to have increased men's levels of drunkenness and sexual activity, as illustrated in the following remarks in Palenga and Bobi IDP Camps in Gulu, and the Acowa IDP Camp in Katakwi.

Our men spend their time by the roadsides and in bars drinking or passing their time. Boys play football or cards, whereas others just move by the roadsides and chat with their friends (Community Dialogue Meeting, men and women. Palenga IDP Camp).

The men in the camp like drinking and you know what happens with drunkards: certain false confidence is boosted; they become courageous and sometimes dangerous. Chasing women and girls for sex anyhow is something that is common among men in this camp. Many are even sick of HIV/AIDS but continue to be careless (Community Dialogue Meeting with women, Bobi Camp, Gulu).

In this camp these days, there are very many chances that people will meet bad groups like those of drunkards and get influenced negatively. Such people do not need to move very far in order to find the next girl (Community Dialogue Meeting with men and women, Acowa, Katakwi).

Similar findings are also reported in a study carried out in the camps of Kalongo and Palabek-Gem in Pader and Kitgum Districts, respectively, where idleness and too much alcohol intake contributed to an increase in unprotected sex among both female and male youth (IOM, UNAIDS, UNFPA and UNDP (2005).

While women indicated that men’s contribution to household welfare has severely dwindled, quantitative results (Table 9) show that men are still the key decision-makers regarding household resources, save for households where women are household heads.

Table 9 shows a relatively high number of women decision-makers in households (26.6 percent), indicating that there could be an increase in a number of single mothers or female-headed households. The study findings are in agreement with Gururaja’s (2001) observation that conflict often brings a dramatic increase in the number of women heads of households, and they bear additional responsibilities for meeting the needs of children and aging relatives, since the male family members have either joined the warring groups or have been captured. Gururaja (2001) observes further that women face demands in providing for themselves and their children, with increased workloads and limited access to and control over the benefits of goods and services.

Table 9: Key decision-maker on household resources

	Frequency	Percentage
Husband	277	68.7
Wife	107	26.6
Husband and wife	1	.2
All family members	9	2.2
Widow	5	1.2
Grandparent	1	.2
Children	3	.7
Total	403	100.0

Qualitative results further revealed that the conventional positioning of men (husbands or fathers) as heads of household has significantly changed, particularly with regard to the provision of targeted welfare services in displaced households. Initially, food rations from relief agencies, such as the WFP, were given to heads of households who, in many cases, were men. This was on the assumption that such food would benefit all the family members. At the time of this study, the situation was changing. Female household members, mostly the mothers, were being targeted by relief agents rather than the men. The changes in targeting households has been triggered by the tendency for men to partially or wholly divert relief food supplies to the business sector for sale, so as to earn some income to go and drink alcohol.

If you give food to men you know what happens. . . .some have to buy Waragi (a local brew), others have many women, moreover, new women without children. . . .so we look at this and ensure that the women in this case become the heads of households so as to minimize the diversion of food meant for needy families (Interview with staff of The Lutheran World Federation, Katakwi District).

Although men were involved in such a practice, efforts were being made by the local leadership to address it, as one of the community leaders remarked:

We have put in place a policy of food control. . . .we educate people on the dangers of selling relief food. We also educate people in the camp that a hungry person is the one that dies, so they should work hard (Community leader, Magoro IDP, Katakwi District).

The study further established that marital relationships were also breaking up due to the failure of men to provide for the welfare of their families. It was noted that some men in the camps occasionally abandon their families and “elope” with other women, especially those who have some capacity to feed them while others are always away from their homes, drinking alcohol and going after women who can provide them food.

When there is almost nothing in the house, men look for other women to look after them, something women cannot do because of our culture (Community dialogue meeting with women in Acowa Camp, Katakwi District).

Limited activity within the camps was also pointed out as a factor contributing to the increasing idleness of men, women, boys, and girls. This was said to have manifested itself into heightened gender-based violence acts mainly affecting women. It was revealed in most community dialogue meetings that drunken men always return from their drinking groups and demand sex from their wives at times even in the presence of their children. When the women turn down such demands, the men resort to violence. Female study participants further pointed out how such men are a burden and a source of HIV-infection risk because of the way they conduct themselves.

The men go very early to drink and when they are drunk they begin to sleep (have sex) with other women and girls and then come back home demanding for food yet they have brought the disease (HIV) home (Community Dialogue Meeting with women, Magoro IDP Camp).

3.6 Effect of Conflict and Displacement on Food Security

Both quantitative and qualitative data indicated that conflict and displacement have profoundly affected the food security of IDPs. Study participants from both Katakwi and Gulu shared the same view that prior to displacement, they had adequate food resources. Conflict and displacement led to diminishing food production, resulting in high levels of food insecurity (see USAID 2005). Nearly all (99.8 percent) of the respondents reported that their food security had been negatively affected by displacement. Furthermore, a majority (94.8 percent) of the respondents in Gulu and Katakwi Districts stated that it is common to find a household without food. In addition, almost all (99 percent) respondents noted that they always face difficulties in accessing food to meet their household food and nutrition needs.

It was reported by most respondents that they can only afford to have a meal “once in a while” (69.4 percent males and 72.3 percent females), meaning that there are some days when they go without food. This is further illustrated by the in-depth interview presented by a student from Aketa Camp, Katakwi District.

Here, we normally eat greens and once in a while we buy beans. We no longer cultivate crops, so we largely depend on greens and cassava flour. Cassava flour is bought in the market but is very expensive. Life is hard; we work long hours and get little money for buying the food that we need. What we buy is for a day and worse still it is not enough. I have such meals once a day and we don't even think about meat because life in the camp is very impossible. We can't go and cultivate food the way we used to in the past because our villages are up to now not safe.

Being in the camp, there is scarcity of food, even if we work for money that money cannot feed us in a day so some people have alternatives of getting food including having sex for food and thereby risk getting infected with HIV/AIDS.

We had big granaries for storing food which could be used during times of crisis. Our granaries were destroyed during the war, food was burnt and the rest were carried away. There is no land for cultivation in IDP camps. Even this land we are occupying has its owners. We are also very weak due to poor feeding. We do not have any mechanism in this community that deals with food insecurity. We have nothing totally that can be exploited to improve food security. The food relief supplies are not sufficient also. We need to have permanent escorts to enable us cultivate some food to supplement what we get from World food Program (In-depth Interview with a student from Aketa IDP Camp, Katakwi District).

The study findings further concur with earlier studies such as OCHA (2005) in which it was estimated that more than 75 percent of the population in northern Uganda depend on World Food Programme for their food needs and malnutrition rates among displaced children ranged from 7-21 percent (World Vision 2005). Similarly, in community dialogue meetings, participants strongly associated their current predicament of food insecurity to conflict and displacement, as reflected in the following quotations:

Before the conflict, we had granaries for storing food for use in times of crisis and these were managed mostly by elders in a homestead. No one was allowed to sell food anywhere. . . .but now, due to war, we keep the little food we have in bags, which is dangerous since this can easily be burnt in case of a fire outbreak (Community Dialogue Meeting with women, Magoro IDP, Katakwi District).

We used to have granaries where harvested food would be stored, to be taken when there was need. The war has disrupted the whole arrangement; we cannot produce much anymore and this means we cannot store any food. We are thus very vulnerable and food insecure (In-depth Interview with a woman, Unyama Camp, Gulu District).

The other arrangement was that we had animals like goats, which we could slaughter or sell to meet our food needs and other requirements, things which we don't have now (Community Dialogue Meeting, Palenga IDP, Gulu District).

As in Table 10, most (35.0 percent) households depend on purchased food items, supplemented by cultivated food (31.7 percent) and food from relief agencies (24.8 percent). Although there is some cultivation going on, this is on a limited scale, due to the inability of IDPs to access land beyond the camps (especially for Gulu). Only a few (5.8 percent) work for food, while others (2.7 percent) depend on begging from relatives and friends. Consequently, for some of the IDPs, being almost entirely dependent on food aid. The phenomenon of dependence on food aid is further illustrated by one of the key informants in the Gulu District:

All internally displaced persons in camps in the district of Gulu cannot live without food support. Recent attempts to reduce food rations for "better-off" camps provoked a lot of complaints from IDPs and camp leaders, further indicating that the IDPs cannot do without outside help (District Disaster Management Committee Chairperson, Gulu District).

Table 10: Common sources of food for households in IDP camps

Sources	Frequency	Percentage
Cultivation	164	31.7
Market/purchased food	181	35.0
Relief agencies	128	24.8
Work for food	30	5.8

Begging from relatives/friends	14	2.7
Total responses	517	100.0

Note: Multiple responses were allowed.

Aid agencies currently provide about only 50 percent of the household minimum food requirements as IDPs are assumed to be in a position to fill the gap through their own efforts as security improves. However, this is quite difficult, because most of the IDPs have no land in the vicinity of the camps. They find it difficult to access their villages due to insecurity. Consequently, food insecurity in general and access to staple foods in particular remain big challenges for IDP communities. In a community dialogue meeting with men and women in Bobi Camp, Gulu District, a participant lamented:

Staying in camps has denied us the chance of eating our own local foods. We are restricted to the kinds of food provided by World Food Programme, like maize and beans. To have a meal with our traditional food, you must either risk to cultivate it far away or if you have money, you buy such food. We fear to risk and we also do not have money to go to the market.

It was also revealed that socioeconomic resources and arrangements, which used to ensure the adequacy of food in the community and offered support, have all been rendered redundant and others have simply faded or disappeared as a result of the conflict.

Before the war, we had communal work in the form of Dira and Kalulu; these were very helpful in making people grow crops in quantities that could sustain them throughout the year. When we came to the camps, all these arrangements became difficult, mainly due to lack of land but also because of insecurity (participant, Community Dialogue Meeting, Palenga IDP, Gulu District).

Thus conflict and displacement have disrupted livelihood strategies and resources for food production, turning a population that was self-reliant to one dependent on food relief from external support agencies. In addition, since food is a social construction, IDPs felt strongly that their culture centered on their traditional foods production, and sharing and storage has been seriously compromised by displacement. The food insecurity dynamics in IDP camps reflect what Sen (1981) referred to as entitlement failure. This is because evidence shows that what IDPs are able to eat depends on the food they are able to acquire rather than what they need to meet their food requirements (Sen 1981; also see Kyaddondo 2004). Thus the rights of IDPs to food and nutritional security have been grossly affected.

3.7 Coping with Food Insecurity in IDP Communities

Food insecurity has a high cost to individuals, families, and the IDP community as a whole. As observed by Smith (2002), the cost of food insecurity on any population is quite high and is normally felt as reduced physical, mental, spiritual, and social health and well-being.

The inability of IDPs to access all their food requirements has compelled them to adopt survival strategies, some of which were noted as very risky to their lives. They include borrowing, the exchange of sex for food, farming in the vicinity of camps, and the sale of labor, barter “trade” and stealing.

3.7.1 Exchange of sex for food

One of the most risky coping mechanisms by IDPs was the exchange of sex for food. The most vulnerable groups were girls of school-going age and widows, as well as women either married or unmarried but with many children to feed. This was exacerbated by the inability of men/husbands to provide for their families. Table 11 presents quantitative data on persons perceived to be more likely to have sex for food.

Table 11: Persons more likely to have sex for food

Persons more likely to have sex for food, protection, and other items	Frequency	Percentage
Children	89	13.8
Single women	127	19.7
Married women	73	11.3
Single men	37	5.7
Married men	17	2.6
Any woman/girl	238	36.8
Any man/boy	18	2.8
Orphans and vulnerable children	4	.6
Others	1	.2
Not sure	42	6.5
Total responses	646	100.0

Note: Multiple responses were allowed.

Results from Table 11 indicate that women (any woman or girl [36.8 percent], single women [19.7 percent], married women [11.3 percent],) in their various categories, unlike men (married men [2.6 percent] and any man/boy [2.8 percent]), were perceived to be more likely to have sex for food. Qualitative evidence from this study also shows that the vulnerability of young girls in exchanging sex for food is high because their poor parents sometimes cannot provide for them. Consequently, they often resort to having casual relationships with the small-scale businessmen in the camps, teachers, and the soldiers who have reasonably regular incomes. It was also unraveled in in-depth interviews that having multiple sexual relationships was employed by some women and girls as a survival strategy to meet their basic needs, including food.

Lack of food forces me to have multiple partners. Now I am even HIV positive. If I had the food I needed I would not have suffered like I am doing now (In-depth interview with a single mother living with HIV/AIDS, Ocorimongin Camp, Katakwi District).

. . . My teenage girls are at a high risk of contracting HIV/AIDS because I am not able to meet their needs. Men are always willing to give gifts that can lure them to fall in love. . . (In-depth interview with a woman, Unyama IDP, Gulu).

3.7.2 Exchange of casual labor for food

Exchange of casual labor for food, especially by working in gardens of people who are better off, was another coping mechanism employed by some IDPs. This is, however, characterized by exploitation of the poor by those who were well off in the IDP camps. It was reported that quite often little food is given in exchange for labor:

We work in people's gardens so that they can give us some food or money to buy food. . . .but we are very many who are looking for such work so we have little say over how much we are paid. They pay us very little money, yet the food is expensive (Community Dialogue Meeting with men and women, Bobi IDP Camp, Gulu).

3.7.3 Farming in the vicinity of camps

As earlier noted, farming in the vicinity of the IDP camps was another significant survival strategy reported, but performed on a limited scale due not only to the lack of land but also the lack of money to hire the land from landowners. It was noted during community dialogue meetings and some in-depth interviews that some women and girls engaged in land for sex because they could hardly raise funds to meet the costs of hiring land for the cultivation of food.

We sometimes have no other option but to sleep (have sex) with landlords in order to acquire land for farming near the camps. As a single mother with many children to feed, it makes little sense for me to watch them starve. It is difficult to resist the demands of these selfish landlords (in-depth interview with a single mother, Awer IDP Camp, Gulu).

Sex for land as a coping/survival strategy is a manifestation of an extreme form of gender-based sexual violence and exploitation of women, especially single mothers who are household heads.

3.7.4 Bartering

As a survival strategy, IDPs reported that they sometimes exchanged items for food. This involved the exchange of relief food for other basic items, such as salt, sugar, and oil. Exchange of relief food for local foods was also reported.

Sometimes we exchange relief food supplies, for example, maize for our local food like *sim sim*, peas, and potatoes. It is, however, hard to find people willing to exchange with because local foods are sometimes not readily available (Community Dialogue Meeting with women and men, Bobi, Gulu).

3.7.5 Stealing

Some IDPs stated that there were circumstances where they had no other choice other than to steal food items, especially from gardens close to the camps:

For me, when there is no more other strategy to yielding food, I just steal from somebody's garden (Community Dialogue Meeting with men and women, Bobi IDP Camp, Gulu).

3.7.6 Food Rationing

It was reported as a common practice for adults to reduce the amount of food they consume in order to reserve some for the children. Thus eating less than usual was used as a coping strategy. This strategy contributes to undesirable nutrition security outcomes for expectant and/or breastfeeding mothers. It among other factors contributes to poor maternal and child health outcomes. An in-depth interview with an expectant mother further demonstrates the effect of this coping strategy:

I have to eat less food and sacrifice the rest to the children, yet I am pregnant. . . .there is another 'baby' in my 'belly' who also needs to be fed. . . . (In-depth interview with a pregnant mother, Ocorimongin IDP Camp, Katakwi).

Overall, the study shows both positive and negative coping strategies. It demonstrates that the demands placed upon IDPs in respect to food security are more than their coping capacities in terms of resources and skills they have to meet their food needs. As argued by Corbett (1988), as their initial coping strategies become unviable in armed conflict and displacement settings, people are forced to adopt others that damage their livelihood and once all options are exhausted, people are faced with destitution and adoption of crisis strategies. It has been a common practice for warring parties like the LRA militia and even the *Karamajong* warriors to employ various ways making food a weapon of war either through looting food or uprooting food from people's gardens. At the peak of the insecurity, this rendered some positive coping strategies, such as the cultivation of crops in the vicinity of "protected" areas, untenable, prompting them to adopt coping strategies that may have unacceptable costs, both in the short and long term.

3.8 Knowledge and Perceptions of HIV/AIDS in the IDP Communities Studied

This study, among others, is aimed at understanding the current knowledge levels of issues related to HIV/AIDS (especially on the modes of transmission, effects, and prevention). Both qualitative and quantitative findings show that the knowledge of HIV/AIDS among IDP communities studied is quite high. Table 12 presents a summary of the respondents' knowledge of the causes of HIV/AIDS, disaggregated by gender.

Table 12: Knowledge by IDPs of the causes of HIV/AIDS

Causes	Male		Female	
	Frequency	Percentage	Frequency	Percentage
Sexual intercourse	172	94.0	205	93.2
Unsterilised instruments	149	81.4	170	77.3
Sharing toilets/latrines	1	.5	4	1.8
Staying close with infected people	1	.5	2	.9
Blood transfusion	37	20.2	29	13.2
Kissing	1	.5	5	2.3
Sex with prostitutes	11	6.0	17	7.7
Homosexual contacts	2	1.1	4	1.8
Sex with multiple partners	40	21.9	31	14.1
Mother-to-child transmission	11	6.0	18	8.2
Breastfeeding	5	2.7	4	1.8
Witchcraft	2	1.1	9	4.1
All of the above	5	2.7	2	.9
Don't know	1	.5	2	.9
Unprotected sex	3	1.6	1	.5
Risky behavior	1	.5	4	1.8
Wife inheritance	1	.5	2	.9
Total responses	443	242	509	231

Note: Multiple responses were allowed.

As indicated in Table 12, IDPS are aware of the facts about HIV/AIDS. They are aware that HIV is mainly transmitted through sexual intercourse with an infected partner, through sharing of sharp instruments that would lead to blood contact, from an infected pregnant mother to the child in the womb, or through breastfeeding, among others. Most of the IDPs did not only know that HIV/AIDS cannot be cured, but also knew the main HIV/AIDS transmission routes. Some IDPs, however, still had misconceptions about HIV/AIDS, such as the belief that one can get infected through witchcraft, and sharing toiletries, as well as staying close to an infected person. According to Table 13, most IDPs were aware that abstaining from sex, being faithful to one's partner, and using condoms and sterilized instruments are some of the main ways of staying safe from HIV/AIDS.

Table 13: Knowledge of IDPs about ways to prevent HIV/AIDS infection

Ways of prevention	Male		Female	
	Frequency	Percentage	Frequency	Percentage
Abstain from sex	112	61.2	129	58.6
Have only one sexual partner	107	58.5	136	61.8
Use of condoms	102	55.7	113	51.4
Use sterilized instruments	36	19.7	43	19.5
Choose sexual partners carefully	20	10.9	26	11.8
Don't have sex with prostitutes	8	4.4	9	4.1
Don't have sex with homosexuals	3	1.6	1	.5
Blood transfusion with safe blood	3	1.6	9	4.1
Avoid kissing			1	.5
Don't take too much alcohol	7	3.8	4	1.8
Others	4	2.2	3	1.4
Safe blood transfusion	3	1.6		
Don't know			2	.9
Faithfulness	17	9.3	16	7.3
Avoid sharing utilities	24	13.1	24	10.9
Total	446	243.7	516	234.5

Note: Multiple responses were allowed.

In community dialogue meetings, IDPs demonstrated a lot of knowledge on the different ways of avoiding HIV infection, including prevention of mother-to-child transmission, and were conscious about possible means of HIV transmission during the process of caregiving and how to minimize risks of transmission while providing care for people living with HIV and AIDS (PLHA):

AIDS can be avoided by being faithful to our partners. . . .by carefully using condoms, by not having sex. . . .It can easily spread to you when looking after AIDS patients. . . .you may not know the safest way to give the care (Community Dialogue with young people, Ocorimongin IDP, Katakwi District).

Children who are born of parents who have HIV/AIDS are also more likely to be infected through breastfeeding (Community Dialogue Meeting with men, Awer IDP, Gulu).

3.9 Gender-Based Violence Related to Food and Exposure to HIV Infection among IDPs

Quantitative evidence indicated that sexual violence, especially against women and girls, existed in the study communities. Vulnerability to sexual violence was found to be exacerbated by food insecurity. As indicated in Table 14, study participants perceived women (67.2 percent) to be more vulnerable to being forced into having sex against their will and to exchange sex for food compared to children (13.6 percent) and men (2 percent). Table 14 also shows that there was a significant relationship (P-Value = 0.0000) between persons perceived to be vulnerable to forced sex and those perceived to have sex in exchange for food.

Table 14: Categories of persons perceived to be forced into having sex against their will and those perceived to have sex for food

Categories of persons perceived to be forced into having sex against their will	Persons perceived to have sex for food					
	Children	Women	Men	Others	Not sure	Total
Children	55 (13.6)	95 (23.6)	16 (4.0)	0	2 (0.5)	114
Women	66 (16.4)	271 (67.2)	53 (13.2)	0	9 (2.2)	297
Men	12 (3.0)	36 (8.9)	8 (2.0)	0	1 (0.2)	39
Not sure	4 (1.0)	23 (6.9)	8 (2.0)	1 (0.2)	31 (7.7)	56
Total	92	332	65	1	40	403
Chi square (12) = 236.49						
P-Value = 0.0000						

Discussions in community dialogue meetings revealed that when women try to move a few kilometers outside of the camps to cultivate or to harvest food crops, they risk being raped by rebels, armed personnel from state security agencies, and, in some cases, male IDPs.

Women and girls are sometimes raped as they go to cultivate food or pick greens near the camps. Civilians use swords to scare and rape women. . . .even the soldiers and rebels are doing that” (Community Dialogue Meeting with adults in Awer IDP Camp, Gulu District).

Given that there were a number of female-headed households (14 percent) with an average of 6-10 members, including children, the burden of care on the female heads of households was high. Even in male-headed households, women were reported to be increasingly becoming responsible for meeting the food needs of the household. It is possible that in an attempt to cope with the huge burden of care associated with meeting household food needs, women may have been drawn into exchanging sex for food as a coping mechanism. Thus changing gender roles in which women increasingly assume the role of food provisioning have contributed to increasing their susceptibility to gender-based sexual violence or exploitation.

Table 14: Relationship between persons perceived to have sex for food and those most affected by food insecurity

Persons perceived to be most affected by food insecurity	Persons perceived to have sex in exchange for food					
	Children	Women	Men	Others	Not sure	Total
Children	51 (12.7)	179 (44.4)	35 (8.7)	1 (0.2)	14 (3.5)	210
Women	18 (4.5)	90 (22.3)	15 (3.7)	0	12 (3.0)	108
Men	16 (4.0)	22 (5.5)	3 (0.7)	0	0	27
Elderly	7 (1.7)	35 (8.7)	10 (2.5)	0	13 (3.2)	51
All	0	6 (1.5)	2 (0.5)	0	1 (0.2)	7
Chi square (12) = 37.28						
P-Value = 0.0000						

Cross tabulated data indicated a very significant relationship ($P = 0.0000$) between persons perceived to be most affected by food insecurity and those that were perceived to have survival sex in exchange for food. Both qualitative and quantitative (See Tables 15 and 16) evidence from the study show that women and children are the categories of persons that were perceived to be most affected by both food insecurity and susceptibility to survival sex for food.

The category that mostly exploit women and girls sexually are the soldiers—both government and the LRA soldiers. They use their money or force women into sex for favors (Community Dialogue with girls, Unyama Camp, Gulu District).

An in-depth interview with one of the women who engaged in survival sex for food also demonstrates that lack of food renders women and children vulnerable not only to survival sex but also to HIV infection.

Being in the camp has denied us access to land, therefore deprived us from cultivating crops of our own choices. In addition, the *Karamojong*-induced insecurity has robbed us of our cattle, which we used for ploughing. This has rendered crop cultivation very difficult, even if small land is available for agriculture. For me I have now been reduced to beggar for survival. I do not have a choice over the food that I have to eat. Even milk, which is nutritious for both children and adult health, is no more there because the *Karamojong* took the cattle.

My condition regarding access to food in my household is really bad. Currently, am HIV-positive and also 8 month pregnant, and I am taking care of 8 orphans. The only way I get food is by providing casual labor to get 1000/= shillings (0.5 USD) per day to buy food. We normally depend on wild greens and once in a while beans (if bought). Some days I

and my household members eat once a day or even sleep hungry. We do not have land for crop cultivation, and we also have no oxen for ploughing, as well as income for buying food.

At times I have nothing to give to the orphans. This sometimes forces me to send them for casual labor, selling water or firewood. I sometimes give in to men for sex so that I can get some money. But now I am pregnant and no man can sleep with me. It is the lack of food that forced me to have many sexual partners where I ended up getting infected with HIV.

I now take care of 8 orphans. I have to eat less food and sacrifice to the children. Yet I am an expecting mother and at the same time HIV-positive. HIV/AIDS is a big problem and is going to finish everybody in this place. My teenage girls are at a high risk of contracting HIV/AIDS because I am not able to meet their needs. Men can and are always willing to give gifts that can lure them to fall in love. We need the help of God (In-depth Interview with an HIV-positive woman in Ocorimongin IDP Camp, Katakwi District).

The results point toward a fact that women and children are not only perceived to be the most affected by food insecurity but also the most affected by sexual abuse and exploitation. Other documented evidence is in agreement with the findings of this study (see Uganda-Ministry of Health and ORC Macro 2006; IOM et. al 2005; Spiegel 2004; FAO 2003; United Nations General Assembly 2002).

While it is clear from the evidence above that men are perceived to be the least affected by sexual exploitation in respect to food insecurity, it is important to note that they are not totally immune. Results in Table 16 show that 38.3 percent of the male respondents and 43.6 percent of the female respondents pointed out that there are men and boys who have sex for food.

Table 15: Perceived vulnerability of men to survival sex for food

Knowledge of men or boys who had sex in exchange for food	Male		Female		Total (N)	Total (%)
	Frequency	Percentage	Frequency	Percentage%		
Yes	70	38.3	96	43.6	166	41.1
No	89	48.6	87	39.5	176	43.7
Not sure	24	13.1	37	16.8	61	15.1
Total	183	100.0	220	100.0	403	100.0

3.10 Knowledge of Women and Girls Exposed to the Risk of HIV Infection while Trying to Meet their Food Needs

Nearly all (98 percent) the households interviewed were aware of at least a woman/girl that has been exposed to the risk of HIV infection while trying to meet their food needs in the community.

Table 17 indicates that there is a strong positive relationship (0.891) between people who are perceived to be more vulnerable to HIV/AIDS infection in a community and people that are perceived to be more often forced in having sex (P-value < 0.000; N = 403). This suggests that people who are perceived to be often forced into sex are also perceived to be more vulnerable to HIV/AIDS infection in their community.

More so, Table 17 indicates a strong positive relationship (0.955) between people who were perceived to be least safe or at risk of sexual exploitation and those that had had sex in the last three months without a condom (P-value < 0.000; N = 393). This also suggests that sexual exploitation often comes with little condom use.

Further still, Table 17 shows a strong positive relationship (0.891) between people who had sex in the last three months without a condom and those perceived to more often engage in survival sex because they see no other option (P-value < 0.000; N = 403). This implies that people who engaged in survival sex are more likely to do so without a condom.

Table 16: Relationship between sexual exploitation and food insecurity

	Forced in having sex	Sexual exploitation	Vulnerability	Sexual partners	Sex in the last 3 months
Forced in having sex	1				
Sexual exploitation	0.886** P<0.000 N= 393	1			
Vulnerability	0.891** P<0.000 N= 403)	0.955** P<0.000 N= 393	1		
Sexual partners	0.863** P<0.000 N= 252	0.842** P<0.000 N= 252	0.834** P<0.000 N= 252	1	
Sex in the last 3 months	0.891** P<0.000 N= 403	0.955** P<0.000 N= 393	1.000**	0.834** P<0.000 N= 252)	1

** Correlation is significant at the 0.01 level (two-tailed).

This study thus suggests that in an effort to meet some of their physical and basic needs, the IDPs are compelled to engage in risky sexual behavior, despite their knowledge of the implications of such a risky behavior. Even when IDPs are aware of the consequences of HIV/AIDS, they are compelled to engage in risky sexual behavior because of the need to meet their food requirements. This explains why, although HIV/AIDS was perceived as a problem by 98 percent of the respondents, behavioral change for the IDPs is a daunting challenge. HIV and AIDS were perceived in IDP camps as long term rather than an immediate concern. In almost all the camps visited, IDPs share the same view that AIDS kills people in the longer term compared to a rebel ambush, attack, or starvation, as indicated by the remarks of the community development workers.

We think that staying in the camp has in a way changed people's perception of the behavior that exposes them to HIV/AIDS infection. In the past, people used not to fear because they knew very little about the

disease. But today, everyone knows about the disease and also the ways it can be spread or be transmitted. . . .However, whether they will follow the guidelines and protect themselves is another thing (Community Dialogue with young people, Unyama IDP, Gulu District).

People here in the conflict-affected areas fear AIDS less compared to war. They reason that they can get HIV/AIDS today and not die tomorrow, but the rebels can kill them any time. This has created a sense of hopelessness, which further predisposes people to HIV/AIDS (Key Informant Interview with a humanitarian worker with Save the Children in Uganda).

3.11 Effect of Conflict and Displacement on Traditional Sociocultural Institutions that Regulate Behavior and Promote Mutual Social Support

Conflict and displacement has had great impact on the social fabric in the north and most of the eastern parts of Uganda. Although some aspects of the *Acholi* cultural practices subjugated women, its norms, rules and regulations, and other cultural resources ensured that the society was really close-knit. Social values and morals were very highly regarded and protected. These included all aspects of human life, such as development and preparation of the children for adult responsibility, social control in respect to sexual behavior of children and adults, and respect for the institution of marriage. However, displacement to IDP camps changed all these and eroded the structures and institutions that regulate behavior of both adults and children.

At the time of data collection, even grown-up children were sleeping with their parents in the same hut (one roomed) due to space and security reasons. This at times exposed the children to adult sexual practices. The cultural practices of sharing with young people at the “fire place” have also been much affected by conflict and displacement. The fire place, locally known as *wango*, provided a forum where parents would discuss cultural issues and values. The parents would counsel their children, especially about life issues.

Similarly, among the *Atesots* and the *Kumam* in Katakwi, parents could sit and advise their children in the evening. Songs discouraging children from early sex would be sung. These served to help young people, among others, to regulate their sexual behavior. It is plausible that the inability of these institutions to operate effectively within the camp system could have significantly affected behavioral responses of children and young people, thus increasing their risk of vulnerability to HIV/AIDS. The HIV Sero-behavioral survey (Uganda Ministry of Health and ORC Macro 2006) indicates a high HIV prevalence rate in north central Uganda, the area affected by the armed conflict. Conflict has therefore exacerbated predisposing circumstances, such as disruption of livelihood security and erosion of social institutions, and has led people to develop fatalistic attitudes and subcultures that have made them vulnerable to risky sexual behavior. As a key informant with one of the community workers in Gulu demonstrates, the camp environment and lifestyle have compromised some of the values cherished by the *Acholi* society:

Mothers now compete with their daughters over men and some mothers go to the extent of connecting their daughters to potential men for money (Key informant interview with Gender Officer, Gulu District).

3.12 Existing Responses to HIV/AIDS and Food Insecurity in the Study Communities of Gulu and Katakwi Districts

The response to HIV/AIDS is conventionally disaggregated into four pillars: prevention, care, treatment, and mitigation. Food and nutrition security are fundamentally relevant to all four strategies (Loevinsohn and Gillespie 2003 in Kadiyala and Gillespie 2003). Evidence of the ways in which food insecurity and malnutrition may increase susceptibility to HIV as well as vulnerability to AIDS impacts, and how HIV/AIDS in turn exacerbates these conditions is increasingly well-documented (Kadiyala and Gillespie 2003). One of the most common policy and program gaps in addressing HIV/AIDS and food insecurity in conflict-affected areas or rather in emergency settings is designing and adopting an effective strategy for response that is informed by a clear understanding of the interplay between the two problems of food insecurity and HIV/AIDS (Young et al. 2001).

The findings of this study show that strategies and interventions to address the interplay between HIV/AIDS and food insecurity among displaced persons in the areas studied has been seldom undertaken. What exist are independent, isolated, and scattered responses to either HIV/AIDS or food insecurity by different actors. The proceeding section presents a description and analysis of existing responses to HIV/AIDS and food insecurity in conflict-affected areas of northern and northeastern Uganda.

3.12.1 HIV/AIDS responses

HIV/AIDS awareness activities

Our study found that HIV/AIDS awareness programs are being implemented by different agencies in IDP camps. The main key players here were nongovernmental organizations, community-based organizations, faith-based organizations, central and local government health departments (such as health and community-based services, directorates, and schools). The main channels for HIV/AIDS information dissemination have the use of IEC materials that include posters translated into local languages, sensitization programs and messages on local FM radio stations and community meetings in which local leaders and health staff pass on HIV/AIDS-related information, especially meant to influence behavioral change, since the level of knowledge of HIV/AIDS is very high. The desperation dictated by a state of hopelessness in the camps has translated into a state of apathy in which people no longer care about what happens to them in the long term. In the emphasis of this state of hopelessness, one Advocacy and Information Officer observed that

I think if there is anything to be done, it is being done. People have used sensitization, IEC materials, and others to create awareness, but the problem of HIV/AIDS is still there. The fact that people are crowded together in camps, the problem will still be there. We have tried even peer-

to-peer training but it has not been effective. The only solution is to take people back to their villages. We are also not sure when this will be done (Key Informant Interview with the Advocacy and Information Officer, GUSCO, Gulu District).

However, much as this might be a good observation, taking people back to the villages without adequate prevention and protection strategies might not be sufficient to address the problem of HIV/AIDS. It can, however, be argued that some of the deplorable conditions within camps that predispose IDPs to high-risk behavior may be addressed through resettlement.

Voluntary Counseling and Testing (VCT)

Whereas VCT services were available in some of the camps, they were lacking in others; yet, there was an overwhelming demand for VCT services. The study found only TASO and Lacor Hospital outreach teams carrying out VCT services in a few camps in Gulu once in a while. In Katakwi, the services were still largely facility-based. Very limited efforts were there to organize and implement outreach services to target IDPs in both Gulu and Katakwi Districts. One of the key limitations of this approach is that it is not linked toward improving positive coping mechanisms for the vulnerable IDPs. Yet it is assumed the provision of VCT services to a greater section of the displaced communities could perhaps help to improve the behavior among them.

Prevention of Mother-to-Child Transmission (PMTCT) Services

In Gulu District, PMTCT services were being provided in static sites such as Lacor Hospital, Gulu Hospital, Anaka Hospital, and Awach and Lalogi Health Centers. The same situation prevailed in Katakwi District at gazetted health centers. Other than the services at these sites, there were no outreach services except for Lacor Hospital, which occasionally makes some outreach to Pabbo Camp. Consequently, PMTCT services were only accessed by people close to the static sites. IDPs in the camps for the present research had to move many kilometers to access these child- and maternal-friendly services. This not only puts a strain on the IDPs but also involves risks; yet these are very essential services needed by IDPs, given their predicament.

Care and Support Services

Care and support services were being provided in a number of camps by the government through health facilities as well as NGOs, particularly TASO. However, IDP camps close to these facilities were benefiting more than those that are far away due to insecurity. For example, TASO is currently working mostly within the municipality of Gulu. In the studied camps of Katakwi, only Action Aid Uganda implemented some care and support-related activities in Aketta and Ocorimongin, targeting mainly orphans. There was no clear evidence of central and local government presence.

Condom Distribution

Condom availability was not a very big problem in the urban areas of the two districts. However, for the camps, which are far away from towns and cannot be reached without escorts, condom availability was poor as were other HIV prevention and mitigation

services. In addition, most of the programs were only providing awareness and information on condom usage, but very few, if any, distributed free condoms to the populations at risk. The unavailability of condoms when required also was prominent in the quantitative survey, as indicated in Table 18.

Table 17: Main reasons for not using condoms

Reason for not using a condom	Ever used a condom					
	Yes		No		Total	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Condom not available	45	15.5	-	-	45	15.5
Trusted partner	25	8.6	-	-	25	8.6
Wanted a child	139	47.9	-	-	139	47.9
Too expensive	15	5.2	3	1.0	18	6.2
Partner objected	9	3.1	1	0.3	10	3.4
Do not like them	7	2.4			7	2.4
With availability of ARVs, it was necessary	16	5.5	-	-	16	5.5
Didn't think of it	27	9.3	3	1.0	30	10.3
Total	283	97.6	7	2.4	290	100.0

Note: ARV = Antiretroviral

In Table 18, 47.9 percent of the total respondents who admitted to having had sex without a condom wanted to have a child, 15.5 percent claimed that condoms were not available, 10.3 percent did not think about it, and 8.6 percent trusted their partner, seeing no reason to use a condom.

3.12.2 Food security-related interventions

Our study found that very limited food security projects by both the government and NGOs have increased the general ability of IDPs to access food or addressed the food security needs of the most vulnerable in both Gulu and Katakwi Districts. Some of the key interventions mainly by NGOs, such as Action AID in Katakwi and Gulu Development Agency (GDA) in Gulu, have addressed access to farm inputs, such as seeds and tools. Other interventions have focused on group grants and food for work.

In order to increase IDPs' access to land for cultivation, military detachments were situated to most camps in the north and eastern parts of Uganda. However, our study found that a few of the detachments have the mandate to protect the population and while the civilian local defense units (LDUs) are recruited to protect IDPs, they are often redeployed elsewhere without notice, both to the protected populations and the LDUs themselves (see, also, CSOPNU 2004).

The military strategy of cutting off the LRA's access to food also led to the designation of a safe area around many of the camps, about 2 square kilometers, where people are able to cultivate. Beyond this perimeter, it is both forbidden and dangerous to cultivate. In desperation, however, many IDPs seek food beyond the perimeter resulting in many unrecorded deaths.

Apart from the above, the bulk of the other food security interventions are in the form of relief. The key player is the WFP. It was, however, also noted that WFP does not provide relief food to all of the IDPs. In Katakwi District, for example, at the time of the study, none of the IDP camps visited were being supported by the WFP. In Gulu, however, all the IDPs visited benefited from WFP food relief programs, although the IDPs still indicated to the research team that the supplies were inadequate in meeting the bulk of their food requirements.

3.12.3 Other interventions

The National Agricultural Advisory Services (NAADS)

This program is part of the Plan for the Modernisation of Agriculture, and its main focus is to build the capacity of farmers and disseminate good farming practices to farmers. Farmers are trained in improved production methods, including emerging technologies, group dynamics, institutional development, and participatory planning monitoring and evaluation. NAADS works with beneficiaries who are required to organize themselves in groups (and therefore pool resources) and zones (for crop enterprises) for comparative advantage purposes. It was, however, reported that NAADS program is separate from local government plans.

Discussion with key informants in the two districts suggested that there is some degree of dissatisfaction with the NAADS program. It has emerged that NAADS plans are implemented independent of district and other local governments' plans. It was also noted that most activities implemented by NAADS are not derived from local needs assessment. It is therefore not surprising that NAADS has mainly focused on capacity building, yet farmers would have preferred assistance in agricultural inputs, improved seed varieties, and farm implements. The main challenge has thus been that most of NAADS activities have not translated to tangible benefits for local communities in terms of increased food baskets. Again, for those in the camps, the reality of displacement has also made it difficult for most people to transfer their agricultural skills to others due to the shortage of accessible land in the vicinity of the camps. Some of the beneficiaries and key informants also noted that the NAADS' program design is rigid and does not allow room for flexibility. The model for NAADS operations is premised on capacity building, irrespective of the peculiar needs of the communities. This raises the need for redesigning the program to address the peculiarities in the various districts and communities.

The Northern Uganda Social Action Fund (NUSAF)

The NUSAF Project was adopted by the Government of Uganda in response to wide-ranging poverty and exclusion, which was, in part, accentuated by the 20-year conflict in the northern region of the country. It is a community-driven five-year development project (2002/3-2007/8) funded by the World Bank, the Government of Uganda, and European Communities. The objective of NUSAF is to empower communities in the 31 districts in Northern Uganda by enhancing their capacity to systematically identify, prioritize, and plan for their needs within their own value systems through implementation of sustainable development initiatives that improve socioeconomic services and opportunities, thereby contributing to improved livelihoods by placing money in the

hands of communities. The fund is designed around four interrelated components, namely Community Development Initiatives (CDI), Vulnerable Groups Support (VGS), Community Reconciliation and Conflict Management (CRCM), and Institutional Development (ID).

The study established that some IDPs benefited from NUSAF through the already formed local groups. Encouraging people to work together then gives them funds to start various projects of their choice to earn a living, rearing goats and pigs; planting soya [soybeans], beans, and groundnuts; raising and using oxen for ploughing; herding cattle; and bee keeping. Those who have benefited from NUSAF reported some visible changes, such as feeling empowered and having improved living standards. It was reported that this also led to increased stability in families and greater happiness. People have built houses for themselves and are able to buy household property and other utensils for self-sustenance. Hence, generally, there is improvement in the standards of living to some extent.

People in the camps have been sensitized to HIV/AIDS issues—prevention, care, and treatment. NUSAF’s program is sensitive to HIV/AIDS and considers PLHAs and people living with disabilities members of “vulnerable groups.” under the vulnerable group support project, although some groups of people who fit under this category could have not benefited due to their inability to be in groups or lack of initiative of the group in submitting their plans and project proposals. NUSAF has offered substantial support to organized groups wishing to engage in productive activities in their efforts to resettle, but it is not devoid of challenges. The main challenges that were reported by beneficiaries comprised the following:

- Most of the benefiting groups are within the towns and its environment. Fewer groups in rural areas benefited compared to the urban groups.
- Many groups who received support did not factor in the sustainability and continuity of their projects. For example, many groups that started income-generating activities still expect NUSAF to fund the day-to-day management of the projects, and yet these were supposed to be financed by the proceeds of the project. The ability of the NUSAF program to make sustainable contributions to the enhancement of food security for the districts is inherent in its capacity to instill in the beneficiary groups the concept and practice of ensuring sustainability of the individual projects in addition to the whole issue of market access and developing better storage infrastructure.

Peace, Recovery and Development Plan (PRDP)

The PRDP is a three-year plan for the recovery of the greater northern Uganda, covering areas from Tororo, Karamoja, Teso Acholi, West Nile, and Lango subregions. The total cost of the PRDP is US\$606,519,297 or Uganda shillings 1,091,734,734,169. The focus of the PRDP is on the immediate and medium term. The PRDP was conceived to provide “an organizing” paradigm that all stakeholders will adopt when implementing their programs. The main PRDP strategic objectives include consolidation of state authority, rebuilding and empowerment of communities, revitalization of the economy, and peace building and reconciliation.

The highest priority areas for attention in the PRDP have been identified as facilitation of a peace agreement; police enhancement; prison enhancement; revitalization of auxiliary forces; emergency assistance; return and resettlement of IDPs; community empowerment and recovery; production and marketing; infrastructure rehabilitation; environment and natural resource management; public information, education and communication (IEC); sensitization and counseling; amnesty demobilization; and reintegration. The PRDP recognizes the need to make a certain policy framework relevant to northern Uganda, such as the decentralization framework, the HIV/AIDS framework, and capacity building, among others.

Regarding food security, HIV/AIDS, and gender, the PRDP recognizes the food security difficulties of the displaced populations, especially their limited accessibility to land, due to the fluid security situation causing a high dependence on food aid, estimated at 84 percent for the IDPs. It also notes that there is a dramatic loss of food production and, in turn, high levels of chronic and acute malnutrition. The PRDP also acknowledges the widespread poverty as a result of the war in a greater part of northern Uganda, which has been noted to have led to high levels of orphanhood, estimated at 25-28 percent; and child-headed families and widow families, estimated at 12 percent. It also notes the high prevalence rates of HIV/AIDS, noted to be higher for the war-ravaged central north than the national average. The PRDP also recognizes the inefficiency in the coordination of HIV prevention and mitigation services in the conflict situation in the north, and the impact of insecurity in the provision of HIV/AIDS and other health services.

Under its Strategic Objective II of rebuilding and empowering communities, the PRDP commits to “improving the conditions and quality of life of displaced persons in camps” in addition to facilitating the process of return for the IDPs, opening up access roads, and providing resettlement items and seeds.

While the PRDP acknowledges the challenges of HIV/AIDS in conflict situations, it does not outline steps toward mitigating and improving coordination of HIV/AIDS services directly. It also does not spell out measures of addressing the devastating effects of HIV/AIDS within the conflict situation. Besides, linkages between HIV/AIDS and gender issues do not come out clearly. The relationship between HIV and conflict are tackled, but that between HIV/AIDS, food insecurity, and gender does not come out at all in the PRDP. In fact, the PRDP does not explicitly mainstream gender in the key strategic objectives and targets.

3.12.4 Selected case studies of agencies integrating gender, HIV/AIDS, and food security in their interventions in conflict areas of Uganda

World Vision International Uganda

Since 2004, World Vision has been implementing a livelihood security program in Northern Uganda, particularly Gulu, Pader, and Kitgum Districts. With support from WFP, World Vision provides food security/nutrition support to people living with HIV/AIDS in Gulu District. The support includes food rations such as cereals (maize,

rice, maize corn, corn soya, corn-cereal blend (CSB) UNIMIX, pulses (beans and cowpeas), and vegetable oil. World Vision has also been implementing a livelihoods program in Northern Uganda since 2004.

The project has supported HIV/AIDS-affected individuals and families with income-generating activities (IGAs, such as raising goats and pigs). It has also provided farm inputs, especially seeds for planting and short-term loans for SMEs, e.g., tailoring, the sale of pancakes, etc. Regarding the treatment of clients with HIV/AIDS, World Vision refers its clients to TASO and Comboni Sisters in Gulu. The target groups for these services are mainly women (60 percent), Children (25 percent), and men (15 percent). Village development committees mainly constituted by women are quite instrumental in identifying potential beneficiaries. On the assessment form for potential beneficiaries, widows and orphans score highest. There are also more women (58 percent) than men (42 percent) on food-monitoring committees to ensure a more effective targeting mechanism.

The AIDS Support Organisation (TASO) Soroti

TASO Soroti also provides services to Katakwi District, our study district. TASO believes that balanced nutrition is essential to maintain the immunity of people living with HIV/AIDS. When some clients are assessed and found to lack sufficiently nutritious food, they are provided with fortified food supplementation, such as corn-soy blend (CSB) and vegetable oil. The normal practice is to supply enough food for a maximum of seven people per family of a person living with HIV or AIDS. TASO Soroti also implements a sustainable livelihood program targeting families of PLHAs. The program, among other things, distributes seeds to affected families and offers skills training in modern farming practices among targeted families. The majority (65 percent) of the clientele for TASO are women, even though women are not specifically targeted. This is because the selection criteria for beneficiaries give women and children priority. Thus, there is no deliberate policy to specifically target women.

Lessons and conclusions from the case studies

Three issues can be discerned from the above case studies. First, the integration of nutrition with agriculture and HIV/AIDS activities is a good food security promotion strategy. It has a great potential to reinforce the impact of food security and HIV/AIDS management activities in target communities. Second, the use of a participatory approach by working with community volunteers and women groups helps to build the institutional capacity of communities in food security interventions; it also gives the community an opportunity to have a significant role in resolving their own problems and promises greater sustainability of the program. Third, while TASO targets persons living with HIV and AIDS and their families, World Vision targets communities in general. Finally, even when there is no deliberate policy to target women in food security and nutrition interventions, the women are likely to constitute the major beneficiary group because of their position in society.

3.13 Policy Responses to HIV/AIDS, Food Security, and Gender Relations The Revised National Strategic Framework 2008-2011

One of the policy responses, especially to HIV/AIDS, has been the creation of the **Uganda AIDS Commission**—a coordinating body in the fight and mitigation of the negative impact of HIV/AIDS. The commission has come with several guidelines to direct HIV/AIDS response. The commission has administrative structures, e.g., district AIDS committees (DACs) and subcounty AIDS committees. These are complemented by the parish (PAT) and village AIDS task force (VAT). However, this policy does not directly pinpoint the problems of the IDPs. Moreover, the functionality of the structures for guiding HIV/AIDS management at the subcounty and village level in a war-torn situation is also questionable. Other studies (Walakira, Mugumya, and Awich Ochen 2007) have shown that even in areas where there is virtually no insecurity at the moment, coordination of HIV/AIDS services is still a big problem at both district and subcounty levels. It is possible that in areas of greater uncertainty, such as in northern Uganda, the situation could be much worse. Besides, the current NSF document alone is not very exhaustive as it does not talk at length about food insecurity. At present this policy and policy framework does not adequately address HIV/AIDS issues in areas of conflict.⁴ The document leaves the detailed arrangement and responses to the individual districts and subcounties as deemed necessary, based on developed HIV/AIDS plans. Currently, the government of Uganda through the Uganda AIDS Commission is developing a specific policy framework that will address HIV/AIDS in a conflict situation.

Medium-Term Competitive Strategy (MTCS) for the Private Sector and the Plan for Modernization of Agriculture (PMA)

The two overarching strategies that guide public action are the Medium Term Competitive Strategy (MTCS) for the private sector and the Plan for Modernization of Agriculture (PMA). The PMA focuses on agricultural modernization and commercialization. The MTCS aims to create a favorable environment for the private sector to compete both locally and internationally (MoFPED 2004).

Analysis: Although these documents are critical for overall national growth, they do not clearly mainstream the needs of IDPs in wobbly political environments where commercialization of agriculture and the competitiveness of the private sector are hampered by the insecurity.

One of the key strategies of the PMA and MTCS is to ensure that farmers have access to key assets, particularly land, and that these assets are physically sustained and used productively and profitably. But the PMA and MTCS do not lay out strategies of operationalizing such strategies in armed conflict-affected settings, where access to land and other production assets has been affected by displacement. Therefore, the efficacy of these program and intervention strategies in addressing the food insecurity in war-affected areas is at best doubtful.

The government has implemented a number of programs over the past 15 years to address disaster-related problems. These have included the Emergency Relief Rehabilitation

⁴ Interview with the District Focal Person for HIV/AIDS, Gulu District.

Programme (ERRP), the Recovery and Development Programme for Northern Uganda, the draft National Strategic Plan for Karamoja, the Northern Uganda Social Action Fund (NUSAF), and the Restocking program, among others. The challenge has, however, been to integrate these various initiatives into a coherent program that addresses the needs of conflict-affected areas. Besides, the development of most of these programs have been, at most, top-bottom, with preconceived ideas based on models tested in other parts of the world, without real participation of the community whose livelihoods they were aimed at transforming. This is not to say that some semblance of participation has not been taking place: what usually happens is that, in the interest of time and cost minimization, the lowest levels of participation in program design when consultation occurs is most often district and other local leaders. This approach leaves out the participation of the very poor, marginalized groups, and other interest groups within society (Awich Ochen 2002).

The Food and Nutrition Policy 2003

While the Uganda Food and Nutrition Policy recognizes access to food as a right and counsels that the policy should be implemented within a right-based approach, the policy has the following limitations or omissions:

- Although one of the guiding principles is to respond to food and nutrition concerns at all levels, and establish a robust mechanism to ensure that food is accessible to those who cannot feed themselves beyond their control, the Uganda Food and Nutrition Policy does not give adequate coverage to food needs, situations, dynamics and challenges faced by IDP communities. This is only mentioned in passing with respect to times of civil strife, but no direct reference to the IDP camps and their unique situation is made. The focus of the policy appears to be on restricting (food) aid to alleviating temporary food crises and to ensure its safety for human consumption. The lack of understanding of the unique situation of IDPs in the food and nutrition policy could perhaps explain the limited interventions on the part of government to support the IDP situation (most food and material support to the IDPs have been provided by the international agencies and nongovernmental organizations). And yet experience in northern Uganda and among internally displaced communities elsewhere has indicated that a protracted conflict as is the case in northern Uganda needs direct policy intervention to address the long-term food insecurity of the people affected by the war.
- Furthermore, there is policy talk about putting in place mechanisms to ensure the access to food by vulnerable groups and communities but it is again not explicit about the situation of the IDPs. The policy should have been more specific in reference to IDPs and people living with HIV and AIDS in the armed conflict setting. Evidence also suggests that if such mechanisms are operational, they are being limitedly utilized in the IDP situation of northern Uganda. The emphasis of the policy is more skewed toward nutrition and without clear guidelines on supporting the affected people to gain access to adequate food. Although the current policy rightly highlights the need to establish national food stores, implementation of this policy item has no visibility in IDP camps. There are no

adequate funding mechanisms coordinated by the government and its partners to effectively alleviate food shortages in times of crises. Response to food crises is still more sporadic than systemic in nature.

- Gender issues are taken into consideration in the policy but the changing gender dynamics in the IDP situation in terms of food and nutrition provision is not considered. For example, the policy does not discuss the implications of women becoming the breadwinners in the homes if women have no control over resources. Again, the policy does not effectively explain how to ensure that women have access to nutrition that will ensure their productive and reproductive roles/duties.
- Although the link between health and nutrition has been underscored in the food and nutrition policy, evidence from the field suggests that health infrastructure is very inadequate, and similarly, access to nutritious and well-balanced food is also constrained for the majority of IDPs. Implementation of most of the provisions stipulated in the policy is thus an uphill task in the conflict-affected district of northern and eastern Uganda. Noteworthy is the fact that the structures that should be utilized in policy implementation are actually constrained by the war. For example, according to the Principal Agricultural Officer (Crop Production, MAAIF), the efficacy of agricultural extension officers in providing effective food security-enhancing extension services to the communities of northern and eastern Uganda have been seriously hampered by the insurgency. The policy implication for such a scenario is that in such emergencies and conflict situations, there is need for specific policy provisions with regards to support extension workers operating in such areas.⁵ Information from MAAIF also suggests that inability of releasing funds in time, and also the lack of foresightedness of some district and extension officers, constrains effective implementation of the food and nutrition policy.

Gender Policy 1997—Revised 2007

The gender policy 1997 emphasizes the crosscutting nature of gender and advocates for gender equity and equality at all levels in the country. However, the National Gender Policy does not make direct references to the IDPs and people affected by armed conflict, and it also does not make specific references to how food security issues can be affected by gender issues/relations at both household and community levels. There is an inherent assumption that these issues will be addressed elsewhere (in other related policies). At the end of the day, the relegation of gender to this status makes it difficult for some of the salient gender issues to be addressed by the policies.

The revised Uganda Gender Policy 2007 recognizes the problem of gender-based violence (GBV), quoting the 2006 Uganda Demographic and health Survey that 60 percent of Uganda's women experience physical violence, of which 39 percent was violence of a physical nature. The Gender Policy 2007 also acknowledges the presence of

⁵ We could, for example, explore the possibility of providing high-risk allowances to motivate the extension workers, in addition to providing police or military escorts to them.

1.5 million IDPs and that conflict has grave consequences for women, the ending of which is imperative for the achievement of gender equality. Section 5.2 of the 2007 gender policy, making commitment to addressing gender-based violence and sociocultural discrimination against women and girls, indicates the strategies but does not apportion responsibilities among the actors in the development process.

National IDP Policy 2004

Part of the provision of this IDP policy is that the government will establish and maintain adequate grain stores for IDPs and other such emergencies. The argument was that donors would only be expected to make a contribution at the initial stages. It is, however, important to note that no steps have been taken toward establishing the national grain stores as specified in the IDP policy. The policy is, however, commended for recognizing the unique situation of the IDPs in terms of lack of access to land, and market and other extension services that could improve IDP food security.

While the IDP policy makes references to providing attention to preventing the spread of HIV/AIDS in the IDP setting, it does not make specific references to the special support HIV/AIDS-affected IDPs might need, especially with regard to accessing adequate and proper nutrition. Gender issues and relations are scarcely taken into consideration in the policy.

Overall, it is noted in the study that there are several policy documents and guidelines that the Government of Uganda has put in place that could be relevant in tackling issues of HIV/AIDS and food insecurity among IDPs. Specifically, the policies include the National Strategic Framework (NSF) of Uganda AIDS Commission; the Food and Nutrition Policy 2003; the Internally Displaced Persons Policy (PIDP); Guidelines for HIV/AIDS interventions in emergency settings; The Amnesty Act; The Karamoja Development Agency Act, and The Poverty Eradication Action Plan (PEAP). While these policies and programs exist, none addresses directly the relationship between food insecurity and HIV/AIDS in conflict areas.⁶

⁶ The PEAP has a whole pillar (3) dedicated to issues of conflict resolution and peace building, but it does not provide a direct linkage to food insecurity in conflict situations.

CHAPTER 4

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

4.1 Introduction

This last chapter pulls out the key issues and conclusions emerging from the results of this study and proposes some recommendations for an effective policy dialogue, advocacy, and gender-responsive programming in respect to food insecurity and HIV/AIDS in armed-conflict situations.

4.2 Summary and Conclusions

This study set out to investigate in specific terms how gender relations influence the interaction between food insecurity, risky sexual behavior, and HIV/AIDS in two armed conflict-affected districts—Gulu and Katakwi. The study suggests that in armed conflict, displacement, and food insecurity situations, women and girls are perceived to be more vulnerable and at risk of contracting HIV/AIDS than their male counterparts, because they have limited access and control over the much needed resources for production or purchase, especially food. This notwithstanding, there was evidence that women are taking on a more active role in contributing to the food basket of their households. Children (especially girls) and women were also perceived to be the most affected categories when it comes to food insecurity. Food insecurity was perceived to make women and girls more susceptible to adoption of risky behaviors and livelihood strategies that put them at increased risk of HIV infection. Although data from the quantitative study focused more on the perceptions of respondents, qualitative data from in-depth interviews and community dialogue meetings with study participants showed that women and girls engage in survival sex for food, sex for land, and for meeting other basic needs because they see little or no other options for survival in an IDP setting. In the areas of study, risky sexual behavior and sexual exploitation of women and girls was reported to be mostly done by people, especially men, wielding some form of power (economic, physical, social).

The study, however, also revealed that men are not immune to sexual exploitation related to food insecurity. Evidence from the study showed that 38.3 percent of the male respondents and 43.6 percent of the female respondents reported that there are men and boys who have sex for food. This, among other factors, could be attributed to the reality that the IDP setting offers very limited livelihood opportunities for men and yet their traditional role of opening up new lands for cultivation has been affected by insecurity, which deters them from accessing land.

While the study established that there are high levels of awareness about HIV and AIDS among IDPs, it was observed that the motivation of IDPs to act on this information by adapting safer sexual behavior is low. The conditions under which they live and the lifestyles that the IDPs have adopted as a result of staying in camps for a long time tend to compromise their resilience to avoid risky sexual behavior. This partly explains the difference between their awareness in terms of knowledge about HIV/AIDS and their responses in adopting behavior that enhances their protection from HIV. This is worsened by the limited availability of HIV/AIDS services within the camp settings. Most of the

HIV/AIDS services are still facility-based, with only few and irregular outreaches to the camps.

Furthermore, study findings indicate that traditional and social institutions that influence and regulate behavior, including sexual, have been severely affected by displacement. Study participants stated that this is one of the factors contributing to what was perceived as a high level of sexual activity in the camps, especially among young people. It was also attributed to the high level of idleness and alcohol abuse in IDP settings.

Food insecurity is rampant in IDP communities and most households are not only limited to having one meal a day but the quality of food is also poor. Food insecurity to IDPs meant a household's uncertainty about the availability of food or perennial lack of food. The study has also revealed that some households are more affected by food insecurity than others. These include those for the elderly; the chronically sick, especially those with HIV/AIDS; orphans; and the disabled. Therefore, such households need to be identified and targeted for special support.

Furthermore, the study established that armed conflict and displacement have had negative effects on cultural institutions that used to regulate food availability (i.e., the granaries in Acholiland). The collapse of these culturally constructed buffer stocks and safety nets against food insecurity due to displacement has worsened the phenomenon of food insecurity. The key challenge here is that the traditional/local buffer stocks have not been replaced by new or hybrid social institutions and/or by-laws tailored to the context of IDP settings that could facilitate food production.

Although some direct interventions by agencies such as the WFP exist in some camps, especially in Gulu District, these are still regarded by the population as insufficient in meeting their food needs. Efforts to improve the adequacy of household food requirements through cultivation are hampered by insecurity and inadequate access to land and farm inputs. In a bid to meet the food gaps, a combination of dangerous/risky and safe coping mechanisms is employed by the women and girls. The strategies include the sale of labor, food for work, wild fruit gathering, cultivation outside protected areas, and high-risk coping strategies such as the exchange of sex for food, for access to land, or for money to buy food.

Insecurity and displacement have socially and economically disoriented the traditional responsibilities of men. The women are now playing the key household roles, including those traditionally played by the men. The fear for abduction and/or death of the men by attacks of armed men (LRA rebels or *Karamojong*) has seen most men becoming redundant in households, with decreasing capacities to provide for their families. Consequently, most men have either migrated to other places and found themselves women to feed them or turned into alcoholics.

The study established that interventions addressing food insecurity and HIV/AIDS are still isolated and scattered. The review of policies further established that while various policies exist, such as the Poverty Eradication Action Plan, The Plan for Modernization

of Agriculture, the IDP policy, the Peace, Recovery and Development Programme (PRDP), The National Strategic Plan for HIV and AIDS, The National Food and Nutrition Policy, the Antiretroviral (ART) Policy, and the Gender Policy, none of these directly addresses the relationship between gender, food insecurity, and HIV/AIDS in conflict-affected settings. Therefore, deliberate policy responses to address the relationship between food insecurity, gender, and HIV/AIDS are largely wanting. The study identified the following as key issues of policy attention:

- Even among IDPs, there are some households that are more affected by food insecurity that need special attention. These include households headed by the children, women, the elderly, the chronically sick—especially those with AIDS, orphans, and the disabled.
- Food security has not been conceptualized by most policies as an HIV prevention intervention. It is largely conceived as a care and support component of HIV and AIDS programs. This has led to many missed opportunities, especially in the context of people living in IDP camps.
- Gender-based sexual exploitation of IDPs, especially women and girls, as reflected in sex for food, sex for access to land for cultivation, and sex for money to purchase food. The gender and other policies are still weak in addressing the dynamics of this phenomenon in IDP camps.
- Traditional mechanisms for ensuring food security that have been eroded by displacement need to be replaced with by-laws relevant to the promotion of food security in IDP settings. Focus should be put on rejuvenating the traditional gender roles of men, which have seemingly been rendered redundant at the household level due to conflict and displacement.
- Although some food aid interventions exist in some camps, they were insufficient to meet the food needs of IDPs. Policies to improve the adequacy of household food requirements were hampered by insecurity and inadequate access to land and farm inputs. The current land policies are not sensitive to the unique needs of IDPs during conflict/displacement and post-conflict situations.
- In order to encourage food production in IDP settings, the government and its partners should gazette enough land and provide it with the necessary security to allow households to cultivate their own food.
- Policy actions that help to build a strong coordination of the activities of HIV/AIDS service providers and service providers involved in food security-related work are critical for a sustainable access to critical social services in displaced communities.

4.3 Recommendations

The end to armed conflict and the return of IDPs to their original communities is one most important phenomenon that would set a stage for dealing with all conflict-induced problems in conflict-affected northern and eastern Uganda. However, this is not possible when the warring groups have not stopped the war. While there are indications that the war in Northern Uganda may come to an end if the current peace talks between the Government of Uganda and the LRA rebels succeed, a large number of people are still living in the camps and they are reluctant to leave until they are completely sure that they

are safe upon returning to their communities. What currently exists in Northern Uganda is “negative peace.” The guns have fallen silent to some extent, but the structural and cultural violence and issues of accountability, reconciliation, recovery, and development are yet to be firmly addressed. It is within this context that the study came up with recommendations directed toward key stakeholders, including the government, international service agencies, nongovernmental organizations, and the local communities.

Given the influence of gender dynamics in IDP communities that place women/girls and children at a greater disadvantage in respect to food insecurity and HIV infection, it is critical that all actors involved in the provision/delivery of food security and HIV/AIDS-related services should give full consideration to gender dynamics. This should be done through the following:

- Deliberate efforts should be made to include both women and men in the planning and delivery of food security and HIV/AIDS services in IDP communities. Focusing on women alone may prove counterproductive, given the realities of the power relations between men and women. There is a need to engage men as partners in reducing the heavy burden of providing for the household food and other basic necessities.
- Before starting any programs related to food security and HIV/AIDS, gender analysis that seeks to understand the gender roles, power relations between men and women, decision-making processes and gender issues affecting access to and control over resources should be carried out. This would help in identifying the appropriate strategies of addressing the unique needs and concerns of women/girls, men/boys, and children in the context of armed conflict and displacement.
- There is a need to develop comprehensive guidelines with clear and precise indicators for addressing the linkage between gender issues, food insecurity, and HIV and AIDS in conflict and post-conflict settings.

There is a need to improve coordination and integration of services addressing HIV/AIDS and food security in conflict-affected settings. This can be achieved through streamlining the partnership between the central and local government institutions, international service agencies, and NGOs, and the inter-agency mechanism to ensure institutional responsibility for adequately responding to gender concerns in IDP communities. A taskforce bringing together representatives of all actors, including the government, international agencies, and the civil society, would be critical in identifying and sustaining dialogue on gender issues that need to be addressed in food security, HIV/AIDS, and other services in IDP communities. Such a taskforce should have clear terms of reference, including spearheading the development of guidelines and indicators that organizations addressing food insecurity and HIV/AIDS should use to take full consideration of gender issues while planning and implementing programs in conflict-affected settings.

The study has shown that HIV/AIDS services such as VCT, PMTCT, and access to ART are very limited and many IDPs do not have access to them because these services are not only far away but there are also safety risks involved in traveling to access them. Most of the HIV/AIDS services are still facility-based with only little and irregular outreach to the camps. Efforts should be made to bring these services nearer to IDPs and to make them regular and functional.

There is a need to provide regular security in the de-gazetted areas to enable IDPs to access productive land. Within the current arrangement, where people are displaced, block farming strategies can be explored, where members farm together on a piece of land and the food is shared together on harvest. For this to be effective within the camp and its vicinity, however, there is a need to arrange for security, with the army providing escorts to people who work in areas close to the camp, where there is fertile land.⁷

The socioeconomic conditions in IDP settings have made women and girls susceptible to indulgence in risky sexual behavior for survival. The IDPs look at HIV/AIDS as a long-term problem but perceive poverty or income insecurity as a problem that needs immediate action. It is imperative that HIV/AIDS prevention programs be deliberately integrated with poverty/livelihood security interventions, rather than leaving them as stand alone. This would help to improve the response of IDPs to behavioral change messages on HIV/AIDS.

There is a need to conceptualize food security as an HIV-prevention intervention rather than only as a social support intervention, especially in the context of armed conflict and displacement.

⁷ The research team acknowledges the current situation in (especially) northern Uganda where accessibility to land outside the camp settlement has been made easier due to the ongoing peace negotiation between the government and the rebels operating in northern Uganda. However, these options can be explored in case the security situation changes for the worse again.

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Annexes

Annex 1: Household Questionnaire

RESPONDENT'S IDENTIFICATION NUMBER _____

DISTRICT _____

IDP CAMP/ZONE (BLOCK)/ CELL _____

INTERVIEWER NAME _____

TEAM LEADER _____

COMPLETION TIME START TIME _____ END TIME _____

LANGUAGE USED _____

DATE _____

SURVEY CHECKED BY _____ TEAM LEADER

SURVEY CHECKED BY: _____ C0-INVESTIGATOR

Demographics

PLEASE CIRCLE THE CORRECT CODING CATEGORY

No.	Questions and filters	Coding Categories	Comments
101	Status of the respondent in the household	Head of household .....1 Spouse .....2 Family member .....3 Specify _____	
102	Gender of the respondent	Male .....1 Female .....2	
103	How old are you (when were you born)	.....(In complete years)	
104	What is your religious affiliation?	Catholic .....1 Protestant .....2 Muslim .....3 Other .....4 Specify _____	
Q105	Occupation of respondent	Peasant farmer.....1 Livestock farmer.....2 Business person.....3 Public officer.....4 Casual Labourer.....5 Fish monger.....6 Domestic servant.....7 House wife.....8 Student .....9	

		Others (specify).....10	
106	What is your main source of income?	_____	
107	On Average how much do you earn per month? (Ug. Shs.)	_____	
108	Have you ever attended school?	Yes .....1 No .....2 (skip to Q110)	
109	What is your highest level of education?	P1 –P4 .....1 P5 – P7 .....2 S1- S4 .....3 S5 – S6.....4 Tertiary Institutions .....5 Other .....6 Specify _____	
110	How many people are you in your household	1-5.....1 6-10.....2 11 and above.....3	
111	Do you have children?	Yes.....1 (skip to Q 113) No.....2	
112	How many children do you have?	.....
113	Do you look after orphans of war?	Yes.....1 No.....2	
114	How many orphans of war are you looking after?	.....
115	Do you look after orphans of AIDS?	Yes.....1 No.....2 (skip to Q 117)	
116	How many orphans of AIDS do you look after?	.....
117	For how long have you stayed in this camp/settlement?	_____ (In complete Years)	
118	Where are you originally from? (district, sub county)		

People’s Understanding and Experience of food insecurity and risks that result from Coping with the problem in IDP camp setting

No.	Questions and filters	Coding Categories	Comments
119	Has food security been affected by your being in an IDP or war situation?	Yes.....1 No .....2 Don’t know.....88 Noreponse.....99	
120	How often do you have meals where your staple food is served?	Never .....1	

		Once in a while.....2 Always.....3	
121	Is there food that you and your family miss because of being in an IDP camp?	Yes.....1 No .....2	
122	Is it common to find a household without food in this community?	Yes.....1 No .....2	
123	How do you normally get food for your household consumption?	Cultivated 1 Purchased food .....2 Distributed food by relief agency 3 Other 4	
124	Are there situations in which you have difficulties in meeting the food needs of your household	Yes.....1 No .....2	
125	How do you deal with such situations of food scarcity?	Have one meal a day ....1 Other specify.....2	
126	Who is affected most by food insecurity/poverty in your households/community?	Women 1 Children 2 Men 3 Elderly .....4	
127	Who makes major decisions on household resources in your household?	Husband..... 1 Wife 2 Children 3 All family members .....4	
128	Has armed conflict and displacement affected the frequency of having your staple food for your meals?	Yes 1 No 2 Don't know.....88 Noreponse.....99	
129	Please explain your answer in 128 above.	..... ..... ..... ..... ..... ..... .....
130	Are there any support mechanisms within the IDP community to deal with the problem of food insecurity?	Yes .....1 No .....2 (skip to Q132) Don't know.....88 Noreponse.....99	
131	Which services in the community are aimed at helping households meet their food needs?	..... ..... ..... .....

No.	Questions and filters	Coding Categories	Comments
132	To what extent do you perceive HIV/AIDS as a problem?	Big problem 1 Somewhat a problem 2 Not a big problem .....3 Don't know.....88 Noreponse.....99	
133	Would you consider the members of your household in IDP camps to be at a higher risk of HIV infection than others?	Yes 1 No. 2 Don't know.....88 Noreponse.....99	
134	What circumstances in IDP settings increase your vulnerability to HIV infection?	.....1 2.....3 Don't know.....88	

		Noresponse.....99	
135	Would you consider the people in IDP camps to be at a higher risk of HIV infection than others not displaced?	Yes 1 No. 2 Don't know.....88 Noresponse.....99	
136	Who are more vulnerable to HIV/AIDS infection in this community?	Adult Women 1 Adolescent girls 2 Adult Men 3 Adolescent boys 4 Other Specify 5 Don't know.....88 Noresponse.....99	
137	What do you have to do to avoid HIV/AIDS infections?	Abstinence 1 Condom use 2 Faithfulness 3 Other specify .....4 Don't know.....88 Noresponse.....99	
138	Has displacement affected the way your household members perceive of behaviour that reduces their exposure to HIV infection?	Yes 1 No 2 Don't know.....88 Noresponse.....99	
139	Has this perception shaped attitudes and behaviour of people in respect to the risk of HIV infection?	Yes 1 No. 2 Don't know.....88 Noresponse.....99	
140	Are you aware of any risks to the safety of women and girls in this community in their attempts to deal with food insecurity?	Yes 1 No 2 Don't know.....88 Noresponse.....99	
141	Do you know of any women/girls who were forced to have sex against their will?	Yes 1 No 2 Don't know.....88 Noresponse.....99	
142	Do you know of any boys/men who were forced to have sex against their will?	Yes 1 No 2	
143	Do you know of any women/girls in this camp who have sex for food?	Yes 1 No 2 Don't know.....88 Noresponse.....99	
144	Do you know of any men/boys in this camp who have sex for food?	Yes 1 No 2 Don't know.....88 Noresponse.....99	
145	What type of persons are more often forced in having sex against their will? (accept multiple responses)	Children.....1 Single women.....2 Married women.....3 Single men.....4 Married men.....5 Any woman/girl.....6 Any man/boy.....7 OVC.....8 Others (specify).....9 Don't know.....88 Noresponse.....99	
146	What type of persons are more likely to have sex for food, protection or other things that they may need?	Children.....1 Single women.....2	

	(accept multiple responses)	Married women.....3 Single men.....4 Married men.....5 Any woman/girl.....6 Any man/boy.....7 OVC.....8 Others (specify).....9 Don't know.....88 Noreponse.....99	
147	Who is more likely to force women/girls into having sex against their will for food? (accept multiple responses)	Gov't Soldiers.....1 Rebels.....2 Single men/boys.....3 Married men.....4 Food distributors.....5 Camp Leaders .....6 Others (specify).....7 Donot know .....88	
148	Who is more likely to force men/boys into having sex against their will for food? (accept multiple responses)	Gov't Soldiers.....1 Rebels.....2 Single women/girls.....3 Married men.....4 Food distributors.....5 Camp Leaders .....6 Others (specify).....7 Donot know .....88	
149	What are the circumstances that cause problems of safety and security of men and boys in the community while attempting to meet their food needs?	.....1 .....2 .....3 .....4	
150	What are the circumstances that cause problems of safety and security of women and girls in the community while attempting to meet their food needs?	.....1 .....2 .....3 .....4	
151	Are you aware of some women/girls who have been exposed to the risk of HIV infection while trying to meet their food needs in the community?	Yes 1 No .....2 Don't Know .....88	
152	Which categories of females do you think are least safe, or at most risk of sexual exploitation?	(MULTIPLE RESPONSES) Widows .....1 Orphaned girls.....2 Young girls.....3 All women.... .....4 Other .....5 (specify)_____	
153	Which services do you know in the community that are aimed at reducing the risk of HIV infection among the categories you have mentioned in 148 above?	(MULTIPLE RESPONSES) Provision of escorts to people going to cultivate .....1 VCT services.....2 PMTCT.....3 Relief food items .....4 Community sensitisation.....5 IEC.....6	

		Condom distribution.....7 STIs management.....8 Other.....7	
154	Are you aware of organizations that provide both food and HIV prevention services in this community?	Yes 1 No .....2 (skip to Q 152)	
155	Please tell me which organizations they are	NGOs/CBOs.....1 Private institutions.....2 Government Agencies.....3 Others.....4 Specify _____	
156	How have the social institutions that used to regulate sexual behaviour changed as a result of the war?	..... ..... ..... .....
157	Has the change in social institutions, norms and values about sexual behaviour in IDP settings put women and girls at a higher risk of contracting HIV?	Yes 1 No .....2	

HIV/AIDS Knowledge

No.	Questions and filters	Coding Categories	Comments
158	What causes the disease called AIDS / ‘Silimu’?	_____	
159	What are the ways through which HIV may be spread that you know? (unprompted, circle all that apply)	Sexual intercourse .....1 Unsterilized instruments (needles, razors, skin or ear piercing) .....2 Sharing toilet/latrines with infected people.....3 Staying close with Infected people .....4 Blood transfusion .....5 Kissing .....6 Sex with prostitutes .....7 Homosexual contacts .....8 Sex with multiple partners .....9 Mother to child transmission .....10 Breast feeding .....11 Witchcraft .....12 Mosquito bites .....13 Others (specify)... .....14	
160	What are the things a person can do to avoid getting HIV? (unprompted, circle all that apply)	Abstain from sex.....1 Have only one sexual partner.....2 Use of condoms.....3 Sterilised instruments.....4 Choose sexual partners carefully.....5 Nothing can be done.....6 Do not have sex with prostitutes.....7 Do not have sex with homosexuals.....8 Blood transfusion with safe blood.....9 Seek protection from traditional healer.....10	

		Avoid kissing.....11 Do not take too much alcohol.....12 Avoid mosquito bites.....13 Other.....14 Specify _____ Do not know .....88	
161	Is it possible to cure HIV/AIDS?	Yes .....1 No .....2 Do not know 88	
162	Have you lost any member of your family due to AIDS?	Yes No	
163	If yes, How many	.....
164	What was the most serious effect of the death due to AIDS of your family members		

HIV Testing

No.	Questions and filters	Coding categories	Comments
165	Have you ever been tested for HIV?	Yes .....1 No.....2 No response .....99	
166	If no, why haven't you gone for an HIV test?		
167	If yes, the first time you had an HIV test, what prompted you take an HIV test		

Risk Behavior

No.	Questions and filters	Coding categories	Comments
168	Have you ever had sexual intercourse?	Yes .....1 No .....2 No response .....99	
169	If yes, at what age did you first have sexual intercourse? (Age in completed years)	_____	
170	Have you had sex in the last 3 months?	Yes .....1 No .....2 No response .....99	
171	If yes, how many sexual partners have you had in the last 3 months?	_____	
172	Of the sexual partners that you have had in the last 3 months, was anyone of them a regular partner? (married or co-habiting)	Yes .....1 No .....2 No response .....99	
173	If yes, how many were regular sexual partners?	_____	

174	Of the sexual partners that you have had in the last 3 months, was anyone of them a non-regular partner? (Non-married/non-cohabiting)	Yes .....1 No .....2 No response .....99	
175	If yes, how many were non-regular partners?	_____	
176	Have you ever used a condom?	Yes .....1 No .....2 No response .....99	
177	If no, what was the main reason for not using a condom?	Condom not available.....1 Trusted partner .....2 Wanted a child .....3 Too expensive .....4 Partner objected .....5 Do not like them .....6 With availability of ARVs, it was necessary.....7 Didn't think of it .....8 Other .....9 Specify _____ Do not know .....88 No response .....99	
178	If yes, the last time you had sexual intercourse with non-regular partner did you use a condom?	Yes .....1 No .....2 Do not remember.....88 No response .....99	
179	If yes who suggested using a condom?	Myself .....1 Partner.....2 Joint decision .....3 Don't remember.....99	
180	What was the main reason for using a condom on that occasion	Wanted to prevent STDs/HIV .....1 Wanted to prevent pregnancy .....2 Wanted to prevent both .....3 Did not trust partner .....4 Partner insisted .....5 Others .....6 (Specify) _____ Don't know .....7 No response .....99	
181	In the past three months, how often did you use a condom with non-regular sexual partner(s)	Never .....1 Sometimes .....2 Always .....3 Do not know .....88 No response .....99	
182	Have you ever had sex in exchange for money or gifts?	Yes .....1 No.....2 No response .....99	
183	How about in the last 3 months, have you had sex in exchange for money or gifts?	Yes .....1 No.....2 No response .....99	
184	The last time you had sex in exchange for money or gifts, had you or this partner drunk alcohol?	Yes .....1 No .....2 Do not know .....88	

		No response .....99	
185	The last time you had sex in exchange for money or gifts, did you use a condom?	Yes .....1 No .....2 Do not remember.....88 No response .....99	
186	If yes, the last time you had sex for money or gifts, who suggested using a condom that time?	Myself .....1 Client .....2 Joint decision .....3 Do not know .....88 No response .....99	
187	What was the main reason for using a condom the last time you had sex in exchange for money or gifts?	Wanted to prevent STDs/HIV .....1 Wanted to prevent pregnancy.....2 Wanted to prevent both.....3 Did not trust partner.....4 Partner insisted.....5 Others (Specify).....6 Don't know .....7	
188	If no, what was the main reason for <u>not</u> using a condom when you had sex in exchange for money or gifts?	Condom not available.....1 Trusted partner .....2 Wanted a child .....3 Too expensive .....4 Partner objected .....5 Do not like them.....6 With availability of ARVs, it was necessary.....7 Didn't think of it .....8 Other (Specify).....9 Do not know .....88 No response .....99	
189	In the past three months, how often did you use a condom for the number of times you had sex in exchange for money or gifts?	Never .....1 Sometimes .....2 Always .....3 Do not know .....88 No response .....99	
190	In the last 3 months, have you suffered from any Sexually Transmitted Disease (STD) (probe for symptoms – urethral/vaginal discharge, painful, micturition, genital swelling, genital ulcer, lower abdominal pain)	Yes .....1 No .....2 Do not know .....88 No response .....99	
191	If yes, what were the signs/symptoms of the STD? (Circle all that apply)	Painful micturition .....1 Urethral/vaginal discharge .....2 Genital ulcer/sore.....3 Genital swelling .....4 Lower abdominal pain .....5 Other .....6 Specify _____	
192	Did you seek medical attention for the STD(s)	Yes .....1 No .....2 No response .....99	
193	If yes, from where did you seek the medical attention? (Circle all that apply)	Traditional healer .....1 Drug shop/pharmacy .....2 Private clinic .....3	

		Family planning clinic .....4 HIV/AIDS centre (E.g. AIC, TASO, JCRC) ...5 NGO/government health centre .....6 Hospital .....7 Other .....8 Specify _____	
194	Other than STD, have you suffered from any illness in the last 3 months that has required you to seek medical attention?	Yes .....1 No.....2 No response .....99	
195	If yes, what were the signs and symptoms of the major illness suffered in the last 3 months	_____ _____ _____	
196	If yes, from where did you seek the medical attention? (Circle all that apply)	Traditional healer .....1 Drug shop/pharmacy .....2 Private clinic .....3 HIV/AIDS centre (E.g. AIC, TASO, JCRC) .....4 NGO/government health unit... .....5 Other .....6 Specify _____ No response .....99	

Annex 2: Qualitative Tools

KEY INFORMANT GUIDE FOR CAMP AND OTHER COMMUNITY LEADERS

Name of Interviewer _____ Date _____
Name of Interviewee _____
Place of interview (camp name) _____

I am _____ (self introduction)

This interview is being conducted to obtain your input about the influence conflict and displacements have had on people's access to food and the perception of the risk of HIV infection. I am especially interested in the way IDPs interpret HIV/AIDS in relation to other problems and the resultant health seeking behaviour in the face of existing HIV/AIDS interventions.

If it is okay with you, I will be tape recording our conversation so that I can get all the details but at the same time be able to carry on an attentive conversation with you. I assure you that all your responses will remain confidential. I will be compiling a report which will contain all views without any reference to individuals. (Please proceed with the interview only if the respondent agrees without any hesitation)

I'm now going to ask you some questions that I would like you to answer to the best of your ability, i.e. if you do not know the answer, please feel free to say so.

PEOPLE'S UNDERSTANDING AND EXPERIENCE OF FOOD INSECURITY AND THE RISKS THAT RESULT FROM COPING WITH THE PROBLEM IN IDP CAMP SETTINGS

1. What constitutes "food" in this community? (Probe for staple foods in the community)
2. How has this been affected by armed conflict and displacement?
3. How would you describe the condition in the camp regarding people's access their food needs? (Probe for: food needs of a household, quantity and quality of food...)
4. How has armed conflict and displacement affected people's access to their traditional food?
5. Is it common to find a household without food in an IDP community? Please explain your answer.
6. Please tell me what you consider to be a household that is food insecure or food secure in the context of IDP camps?
7. What explains the differences in access to food between households in the same community?
8. Are there situations in which people in this camp have difficulties in meeting the food needs of their household? Please explain your answer.
9. Can you estimate the percentage of households in this community, that would survive without food aid and those that would perish if food aid is cut off for two weeks?
10. What about those that would survive for a month? (Probe for food poverty)
11. How do IDPs normally get food for their household consumption?
12. How do they deal with such situations of food scarcity and/or food poverty?
13. Who is affected most by food insecurity/food poverty in community? (Probe for women, children and men)
14. What accounts for the differences in the effect food insecurity/food poverty has among women, men, boys and girls
15. Can you please comment on the differences in how the following spend their time in households/community:
 - Men
 - Women
 - Boys
 - Girls

(Probe for roles/activities done by each category. Probe also how they spend their leisure time)

16. Explain the differences that exist between men and women, boys and girls in accessing resources such as:
 - a. Food
 - b. Land
 - c. Money
 - d. Education
 - e. Skills
 - f. Protection
 - g. Information
 - h. Water

- i. Health care
17. What is the difference in the influence men, women and children have in the household and community on decisions about key family and community resources (probe for the differences in influencing access to food, water, land, finance etc.)?
18. What determines the influence men, women or children have on key household and community resources in this community?
19. Please tell me the different strategies household and community members employ to deal with the problem of food insecurity (probe for differences in strategies which men, women, boys, girls use to cope)

RISKS EXPERIENCED BY WOMEN AND GIRLS IN ATTEMPTS TO MEET THEIR FOOD NEEDS IN THIS COMMUNITY

20. Are you aware of any risks to the safety of women and girls in this community in their attempts to deal with food insecurity? (**Note for the facilitator:** Ask for examples, if no one speaks specifically about sexual exploitation, evaluate the group to decide whether you want to bring up the issue now or wait the group has developed more comfort talking about these issues).
21. What are the circumstances that cause problems of safety and security of women and girls in the community while attempting to meet their food needs? (please ask for examples and probe as appropriate)
22. Which categories of people sexually exploit women and girls while trying to meet their food needs? (please probe as appropriate)
23. Which groups of women do you think are least safe, or at most risk of sexual exploitation? Please explain your answer.
24. What would you comment on the possibility of women contracting HIV and STDs in while coping with food insecurity/food poverty in the community?

THE EFFECT OF ARMED CONFLICT AND DISPLACEMENT ON SOCIAL AND CULTURAL INSTITUTIONS THAT REGULATED FOOD INSECURITY AND SEXUAL BEHAVIOUR IN THE COMMUNITY

25. What arrangements/institutions existed in your households and communities before the war that had the mandate to ensure food security?
26. How was food security promoted and ensured in your households and communities before the armed conflict and displacement?
27. What happened to these arrangements for food security during the war?
28. How has the IDP situation/context affected the food security promotion functions of these social institutions/arrangements?
29. How was sexual behaviour regulated in communities before the conflict?
30. What systems/institutions existed before the war to regulate sexual behaviour and relationships in the community?
31. How have these systems/institutions been affected by armed conflict and the resultant social and economic situation in IDP camps?
32. How have the norms and values about sexual behaviour been affected by armed conflict and conditions in IDP camps?
33. How has the change in social institutions, norms and values about sexual behaviour in IDP settings put women and girls at a higher risk of contracting HIV?

THE INFLUENCE CONFLICT AND DISPLACEMENT ON IDPS' PERCEPTION OF THE RISK OF HIV INFECTION, INTERPRETATION OF HIV/AIDS IN RELATION TO OTHER PROBLEMS AND THE RESULTANT HEALTH SEEKING BEHAVIOUR IN RESPECT TO HIV/AIDS INTERVENTIONS

34. To what extent do people in this community regard HIV/AIDS as a problem?
35. If you compared the problem of HIV/AIDS to other problems in this community, how would you rank it? (Please allow the participants to rank the problems in the order of seriousness)
36. Why would you give HIV/AIDS that kind of ranking?
37. Would you consider the people in IDPS to be at a higher risk of HIV infection than others? Please explain your answer.
38. What circumstances in IDP settings increase people's vulnerability to HIV infection?
39. How would you compare levels of vulnerability to HIV infection between women/girls and men/boys in IDP settings?
40. What accounts for the differences in levels of vulnerability between women/girls and men/boys?
41. In which ways has displacement affected people's perception of behaviour that reduces their exposure to HIV infection?
42. How has this perception shaped attitudes and behaviour of people in respect to the risk of HIV infection?

43. In which ways has displacement affected people's perception of behaviour that increases their exposure to risks of HIV infection?
44. How has this perception shaped attitudes and behaviour of people in respect to the risk of HIV infection?
45. Where as there are some people in this community who may be infected with HIV, there are others that are free from HIV. We would like to know the mechanisms employed by those not infected to remain free from HIV.
46. How has conflict and displacement affected the health seeking behaviour of IDPs in respect to HIV prevention services? (Probe for response to VCT, PMTCT, HIV sensitization programmes, IEC materials and ABC)

STRENGTHS AND RESOURCES IN THE COMMUNITY THAT HELP TO MINIMIZE VULNERABILITY TO FOOD INSECURITY AND ASSOCIATED RISKS OF HIV INFECTION ESPECIALLY AMONG WOMEN AND GIRLS IN IDPS

47. What support mechanisms exist in the community to deal with food insecurity in households?
48. Which services in the community are aimed at helping households meet their food needs (probe for escorts to cultivate, relief food items)
49. Who provides these services?
50. What do you see as the key challenges/problems in the delivery of food services in your community?
51. What have the households and the community done to deal with these challenges?
52. What resources and institutions exist in your community that could be exploited to improve food security among household in IDP settings?
53. Are there examples of strategies that have been taken by individuals, households, communities or institutions that you would consider as good practices in relation to promoting food security and reducing risky sexual behaviour which need to be supported?
54. In which ways if any do you think these services should be improved?
55. What initiatives exist in the community to deal with sexual exploitation of women/girls in their efforts to meet the food needs of their households (probe for existing bye laws, sanctions, or disciplinary measures)
56. How helpful are the following institutions in enforcing laws that protect the rights of women and girls from sexual exploitation while trying to meet the food needs of their households:
 - a. The police
 - b. Courts (probe for the role of both the informal and formal courts of law)
 - c. The army
 - d. LC I
57. If you have any comments or questions with regard to what we have been discussing please bring them forward *(Note to Interviewers: For Questions, you do not have to have answers to all of them. Answer those that you can, those that you can't apologise but promise that you will share them with your colleagues and see how they can be addressed in the report which will be availed to policy makers. Remember also to write down those questions clearly for they too constitute important data for this study)*

THANK YOU VERY MUCH FOR YOUR TIME

GUIDE TO COMMUNITY DIALOGUE MEETINGS

Name of Interviewer _____
 Date _____
 Name of Interviewee _____
 Place of interview (camp name) _____

I am _____ (self introduction)

This interview is being conducted to obtain your input about the influence conflict and displacements have had on people's access to food and the perception of the risk of HIV infection. I am especially interested in the way IDPs interpret HIV/AIDS in relation to other problems and the resultant health seeking behaviour in the face of existing HIV/AIDS interventions.

If it is okay with you, I will be tape recording our conversation so that I can get all the details but at the same time be able to carry on an attentive conversation with you. I assure you that all your responses will remain confidential. I will

be compiling a report which will contain all views without any reference to individuals. (Please proceed with the interview only if the respondent agrees without any hesitation)

I'm now going to ask you some questions that I would like you to answer to the best of your ability, i.e. if you do not know the answer, please feel free to say so.

1. What constitutes "food" in this community? (Probe for staple foods in the community)
2. How has this been affected by your being an IDP or the war situation?
3. How would you describe your condition in the camp regarding access to your food needs? (Probe for: food needs of a household, quantity and quality of food...)
4. How often do you have meals where your staple food is served? Please explain your answer.
5. How has armed conflict and displacement affected the frequency of having your staple food for your meals?
6. What foods do you or your children miss most?
7. Is it common to find a household without food in this community? Please explain your answer.
8. Please tell me what you consider to be a household that is food insecure.
9. What would you consider to be a food secure household?
10. When reflect on the household in your neighborhood, would you consider some insecure and others secure?
11. When you reflect on your own household, would you consider it food insecure or food secure? Please explain your answer.
12. What explains the differences in access to food between households in the same community?
13. How long would your household survive without food aid? Please explain your answer, Probe for perennial lack of basic foods?
14. How do you normally get food for your household consumption? (Probe for: Cultivated food, purchased food, distributed food by relief agencies)
15. Are there situations in which you have difficulties in meeting the food needs of your household? Please explain your answer.
16. How do you deal with such situations of food scarcity?
17. Who is affected most by food insecurity/poverty in your households?
18. What accounts for the differences in the effect food insecurity/food poverty has among members of your household Probe for differences in food insecurity for women, men, boys and girls)
19. Explain the differences in how the following members of your household spend their time:
 - Men
 - Women
 - Boys
 - Girls

(Probe for roles/activities done by each category. Probe also how they spend their leisure time)

20. Explain the differences that exist between men and women, boys and girls in accessing resources such as:
 - a. Food
 - b. Land
 - c. Money
 - d. Education
 - e. Skills
 - f. Protection
 - g. Information
 - h. Water
21. Who makes major decisions on household resources in your household? (Probe for the differences in influencing access to food, water, land, finance etc.)?
22. What determines the influence men, women or children have on key household resources?
23. Please tell me the different strategies you/your household members employ to deal with the problem of food insecurity (probe for differences in strategies which men, women, boys, girls use to cope)

HIV/AIDS and Food Insecurity

24. To what extent do you perceive HIV/AIDS as a problem?
25. If you compared the problem of HIV/AIDS to other problems in this household, how would you rank it? (Please allow the respondent to rank problems in the order of seriousness)
26. Why would you give HIV/AIDS that kind of ranking?
27. Would you consider the members of your household in IDPS to be at a higher risk of HIV infection than others? Please explain your answer.

28. What circumstances in IDP settings increase people's vulnerability to HIV infection of your household members?
29. How would you compare levels of vulnerability to HIV infection between women/girls and men/boys in IDP settings or in your household?
30. What accounts for the differences in levels of vulnerability between women/girls and men/boys as members of your household?
31. In which ways has displacement affected the way your household members perceive of behaviour that reduces their exposure to HIV infection?
32. How has this perception shaped attitudes and behaviour of people in respect to the risk of HIV infection?
33. In which ways has displacement affected the perception of your household members and others of behaviour that increases their exposure to risks of HIV infection?
34. How has this perception shaped attitudes and behaviour of people in respect to the risk of HIV infection?
35. Where as there are some people in this in your household or community who may be infected with HIV, there are others that are free from HIV. We would like to know the mechanisms employed by those not infected to remain free from HIV.
36. How has conflict and displacement affected your (including other household members) the health seeking behaviour of IDPs in respect to HIV prevention services? (Probe for response to VCT, PMTCT, HIV sensitization programmes, IEC materials and ABC)

THE EFFECT OF ARMED CONFLICT AND DISPLACEMENT ON SOCIAL AND CULTURAL INSTITUTIONS THAT REGULATED FOOD INSECURITY AND SEXUAL BEHAVIOUR IN THE COMMUNITY

37. What arrangements/institutions existed in your households and communities before the war that had the mandate to ensure food security?
38. How was food security promoted and ensured in your households and communities before the armed conflict and displacement?
39. What happened to these arrangements for food security during the war?
40. How has the IDP situation/context affected the food security promotion functions of these social institutions/arrangements?
41. What systems/institutions existed before the war to regulate sexual behaviour and relationships in households and communities?
42. How has the role and effectiveness of these systems/institutions been affected by armed conflict?
43. How have the norms and values about sexual behaviour in your household and the community been affected by armed conflict and conditions in IDP camps?
44. How has the change in social institutions, norms and values about sexual behaviour in IDP settings put women and girls at a higher risk of contracting HIV?

"Is there any other information about the influence conflict and displacement have had on perception of the risk of HIV infection that you think would be useful for me to know?" *(Note to interviewer: If so, you may need to probe to gather the information you need)*

STRENGTHS AND RESOURCES IN THE COMMUNITY THAT HELP TO MINIMIZE VULNERABILITY TO FOOD INSECURITY AND ASSOCIATED RISKS OF HIV INFECTION ESPECIALLY AMONG WOMEN AND GIRLS IN IDPS

1. What support mechanisms exist in the community to deal with food insecurity in households?
2. What resources, opportunities and institutions exist in your community that could be exploited to improve food security and reduce HIV infection among households in IDP settings?
3. Are there examples of strategies that have been taken by your household, individuals, households, communities or institutions that you would consider as good practices in relation to promoting food security and reducing risky sexual behaviour?
4. Which services in the community are aimed at helping your households to meet food needs and to reduce the risk of your household members to HIV infection (probe for escorts to cultivate, relief food items, community support groups)
5. Who provides these services?
6. What do you see as the key challenges/problems in the delivery of food services in your community especially to your household?
7. What have you and other household members done to deal with these challenges?

THANK YOU VERY MUCH FOR YOUR TIME

KEY INFORMANT GUIDE FOR LOCAL AND CENTRAL GOVERNMENT POLICY MAKERS

(Ministries of Disaster Preparedness, Health and Gender; The UAC; District AIDS Committees; District Directorates of Health, Production, Community services; Local politicians/local government policy makers; Parliamentary Committees on social services, HIV/AIDS and Food security)

Name of Interviewer _____ Date _____ Name of Interviewee _____ Place of interview (camp name) _____ I am _____ (self introduction)

This interview is being conducted to obtain your input into a study entitled Gender dimensions, food/nutrition security and HIV/AIDS in internally displaced peoples' camps in Uganda: Implications for HIV responsive policy and programming. I am particularly interested in understanding existing plans/pogrammes/policies to sustainably enhance IDP's access to food as well as policies and programs/plans to ensure the safety of women and girls in their efforts to meet household food needs.

If it is okay with you, I will be tape recording our conversation so that I can get all the details but at the same time be able to carry on an attentive conversation with you. I assure you that all your responses will remain confidential. I will be compiling a report which will contain all views without any reference to individuals. (Please proceed with the interview only if the respondent agrees without any hesitation)

I'm now going to ask you some questions that I would like you to answer to the best of your ability, i.e. if you do not know the answer, please feel free to say so.

1. What would you comment on the way IDPs access their household food needs (*probe as necessary to obtain respondent's views on the quality and quantity of food available for IDPs*)
2. Would you think that IDPs are food insecure or food poor or both? (*Please probe as necessary to get explanations for the response triggered*)
3. What do you think are the risks to the safety IDPs in their attempts to deal with food insecurity/food poverty? (**Note for the facilitator:** *Ask for examples*).
4. Women, men and young people (boys and girls) are all affected once a community is food insecure or food poor. From your own understanding and experience with IDPs who among these do you think are affected most, how and why?
5. What are the circumstances that cause problems of safety and security of women and girls in camps while attempting to meet their food needs? (please ask for examples and probe as appropriate)
6. Which categories of people sexually exploit women and girls while trying to meet their food needs? (please probe as appropriate)
7. Which groups of women do you think are least safe, or at most risk of sexual exploitation when trying to meet their household food needs? Please explain your answer.
8. What would you comment on the possibility of women contracting HIV and STDs while coping with food insecurity/food poverty in IDP camps?
9. What do you think should be done to increase the safety of women and girls in IDPs against the risk of HIV infection due to food insecurity/poverty?
10. How supportive/usefull do you think the men can be in efforts to increase the safety of women and girls
11. Which other institutions/organizations do you think can be helpful in dealing with the health risks that women face as a result of food insecurity/food poverty? (probe to obtain information on services and support with regard to prevention and mitigation services)
12. What about the general community of IDPs and the local leadership structures?

POLICY RELATED ISSUES (Questions will be asked in context with the Respondent's sector)

13. To what extent do the different policies relating to HIV/AIDS, IDPs, OVCs, agriculture and food security tackle critical issues on the inter-linkage between food security and HIV/AIDS?
14. To what extent do the policies use a gender sensitive analytical framework in tackling issues of food security and HIV/AIDS in armed conflict settings? Probe for the extent to which policies tackle the following gender issues that constitute central features in the interactions between HIV/AIDS and food insecurity:

- Access to and control over resources (food, money, land, education and skills, protection, information, basic services etc.)
 - Gender roles
 - Power relations between females and males
 - Power relations between females and power structures in IDP camps (camp leaders, guards, food controllers, armed personnel - government and rebel groups) on the other To what extent are the policies taking consideration of the culture and context of IDP camps while tackling issues of food insecurity and HIV/AIDS?
 - Gender based violence in the context of insecurity that has promoted prostitution, indecent assault, and sex trading for money, sex for food and alcohol.
15. How do the policies address the gender issues that influence access and utilization of HIV/AIDS?
 16. What are the leadership and policy dilemmas that need to be understood and addressed in relation to gender issues, food poverty and HIV/AIDS in armed conflict affected areas?
 17. What challenges do armed conflict settings pose to existing food/nutritional security and HIV/AIDS policies? Probe relevance to setting, emerging issues that were not anticipated, capacity of institutions and structures in armed conflict settings to enforce policies, motivation of the IDPs to act on policies
 18. To what extent are the institutional frameworks or structures for enforcing policies empowered and able to coordinate and translate food security and HIV/AIDS policies into services in armed conflict settings?
 19. What opportunities for policy reform and refocusing exist in armed conflict affected settings that need to be exploited to improve a gender sensitive response to food insecurity and HIV/AIDS?
20. If you have any comments or questions with regard to what we have been discussing please bring them forward (*Note to Interviewers: For Questions, you do not have to have answers to all of them. Answer those that you can, those that you can't apologise but promise that you will share them with your colleagues and see how they can be addressed in the report which will be availed to policy makers. Remember also to write down those questions clearly for they too constitute important data for this study*)

**THANK YOU VERY MUCH FOR YOUR TIME
KEY INFORMANT GUIDE FOR SERVICE PROVIDERS (HIV/AIDS SERVICES, RELIEF FOOD)**

(National and International NGOs and CBOs working with IDPs)

Name of Interviewer _____ Date _____ Name
of Interviewee _____ Place of interview (camp name)

I am _____ (self introduction)

This interview is being conducted to obtain your input into a study entitled Gender Dimensions, food/nutrition security and HIV/AIDS in internally displaced peoples' camps in Uganda: Implications for HIV responsive policy and programming. I am particularly interested in understanding programmes/plans/policies to sustainably enhance IDP's access to food and existing policies and programs/plans to ensure the safety of women and girls in their efforts to meet household food needs.

If it is okay with you, I will be tape recording our conversation so that I can get all the details but at the same time be able to carry on an attentive conversation with you. I wish to assure you that all your responses will remain confidential. I will be compiling a report which will contain all views without any reference to individuals. (Please proceed with the interview only if the respondent agrees without any hesitation)

I am now going to ask you some questions that I would like you to answer to the best of your ability, i.e. if you do not know the answer, please feel free to say so.

45. What would you comment on the way IDPs access their household food needs (*probe as necessary to obtain respondent's views on the quality and quantity of food available for IDPs*)
46. Would you think that IDPs are food insecure or food poor or both? (*Please probe as necessary to get explanations for the response triggered*)
47. What do you think are the risks to the safety IDPs in their attempts to deal with food insecurity/food poverty? (**Note for the facilitator: Ask for examples.**)

48. Women, men and young people (boys and girls) are all affected once a community is food insecure or food poor. From your own understanding and experience with IDPs who among these do you think are affected most, how and why?
49. What are the circumstances that cause problems of safety and security of women and girls in camps while attempting to meet their food needs? (please ask for examples and probe as appropriate)
50. Which categories of people sexually exploit women and girls while trying to meet their food needs? (please probe as appropriate)
51. Which groups of women do you think are least safe, or at most risk of sexual exploitation when trying to meet their household food needs? Please explain your answer.
52. What would you comment on the possibility of women contracting HIV and STDs while coping with food insecurity/food poverty in IDP camps?
53. What do you think should be done to increase the safety of women and girls in IDPs against the risk of HIV infection due to food insecurity/poverty?
54. How would you compare levels of vulnerability to HIV infection between women/girls and men/boys in IDP settings?
55. What do you think accounts for the differences in levels of vulnerability between women/girls and men/boys in IDP camps?
56. From your experience in working with IDP communities how in your view has displacement affected the way people perceive behaviour that reduces their exposure to HIV infection?
57. How has this perception shaped attitudes and behaviour of people in respect to the risk of HIV infection?
58. From your experience in working with IDP communities how in your view has displacement affected the way people perceive behaviour that increases their exposure to HIV infection?
59. How has this perception shaped attitudes and behaviour of people in respect to the risk of HIV infection?
60. Where as there are some people in community who may be infected with HIV, there are others that are free from HIV. We would like to know the mechanisms employed by those not infected to remain free from HIV. Please share your experiences with us on this?
61. How has conflict and displacement affected the health seeking behaviour of IDPs in respect to HIV prevention services? (Probe for response to VCT, PMTCT, HIV sensitization programmes, IEC materials and ABC)
62. How supportive/usefull do you think the men can be in efforts to increase the safety of women and girls
63. Which other institutions/organizations do you think can be helpful in dealing with the health risks that women face as a result of food insecurity/food poverty? (probe to obtain information on services and support with regard to prevention and mitigation services)
64. What about the general community of IDPs and the local leadership structures?
65. If you have any comments or questions with regard to what we have been discussing please bring them forward (*Note to Interviewers: For Questions, you do not have to have answers to all of them. Answer those that you can, those that you can't apologise but promise that you will share them with your colleagues and see how they can be addressed in the report which will be availed to policy makers. Remember also to write down those questions clearly for they too constitute important data for this study*)

THANK YOU VERY MUCH FOR YOUR TIME