

FAO IN EMERGENCIES GUIDANCE NOTE



ADDRESSING HIV AND AIDS





KEY MESSAGES

The vulnerabilities of people living with HIV are considerably exacerbated by the effects of humanitarian crises: HIV is an “emergency within the emergency”.

Food and nutrition insecurity is both a driver of the epidemic and a consequence of the impact of AIDS: it increases susceptibility to, transmissibility of, and exposure to HIV infection, as well as progression from HIV to AIDS.

Support to livelihoods, food security and nutrition can reduce people’s vulnerability to HIV infection (especially women and children), lessen the rate of progression of HIV to AIDS, and create a stable environment for Anti Retroviral Therapy.

FAO works closely with inter-agency teams at the global, regional and country level to adapt its programmes in light of the epidemic and to partner on joint HIV programmes.

● **THE “EMERGENCY WITHIN THE EMERGENCY”: HIV AND AIDS IN HUMANITARIAN CRISES**



A significant proportion of the millions of people around the world affected by natural and human-made humanitarian crises are people living with HIV. HIV has considerably exacerbated the effects of humanitarian crises in many countries. The displacement, food insecurity and poverty that comes with disasters can be exacerbated by HIV: people living with HIV are generally more negatively affected; and other crisis-affected people become more vulnerable to HIV.

The UN General Assembly adopted, in December 2005, a resolution to scale up HIV prevention, treatment, care and support, with the aim of coming as close as possible to the goal of universal access to treatment for all those who need it by 2010. The UN went on to state that “all people at all times will have access to sufficient, safe and nutritious food to meet their dietary needs and food preference for an active and healthy life as part of a comprehensive response to HIV/AIDS” (UN General Assembly Special Session on HIV/AIDS, 2006). Universal access targets cannot be reached without addressing HIV prevention, treatment, care, support and mitigation in humanitarian crises – maintaining a strong human rights and gender perspective.

● **VULNERABILITIES AND RISKS IN HUMANITARIAN CRISES**

The factors that determine HIV transmission during humanitarian crises are complex and context-specific. Existing gender inequalities may be further exacerbated during a crisis, making women and children disproportionately more vulnerable to HIV. Women and girls may be forced to adopt harmful livelihood strategies such as sex work. Mass displacement may lead to the separation of family members or the breakdown of community cohesion and of the social and sexual norms that regulate behaviour. Women and children may be exploited or abused by armed groups and be particularly vulnerable to HIV infection as a result of and the violence.

In addition, people living with HIV and other populations at higher risk of exposure to HIV may require specific measures to protect themselves against neglect, discrimination and violence.

● **HIV SERVICE NEEDS IN HUMANITARIAN SITUATIONS**

Essential services that existed beforehand may be disrupted during situations of humanitarian crises. People may no longer have access to information about HIV prevention, to condoms or to services for Prevention of Mother To Child Transmission (PMTCT). People living with HIV often suffer from disruption of Anti Retro Therapy (ART), lack of treatment of opportunistic infections, or access to supplementary foods. Their health is put at risk because their nutritional needs are not met, and palliative and home-based care may be disrupted. Orphans and other vulnerable children may have lost contact with their care providers. HIV prevention, treatment, care and support programmes that existed before the onset of the crisis may have to be re-established from the ground up.

● **HIV AND ITS EFFECT ON LIVES, LIVELIHOODS AND FOOD AND NUTRITION SECURITY**

Humanitarian crises threaten people’s safety and dignity as well as disrupt their food security. And in high-prevalence countries the livelihoods of households and communities may have already been weakened by the impact of HIV and would therefore be more vulnerable to the impacts of humanitarian crises.

Emergencies have been associated with increased transmission of HIV, likely due to increased transactional sex, Sexual and Gender Based-Violence (SGBV), and lack of Prevention of Mother to Child Transmission (PMTCT). SGBV interferes with the ability to negotiate safer sex or refuse unwanted

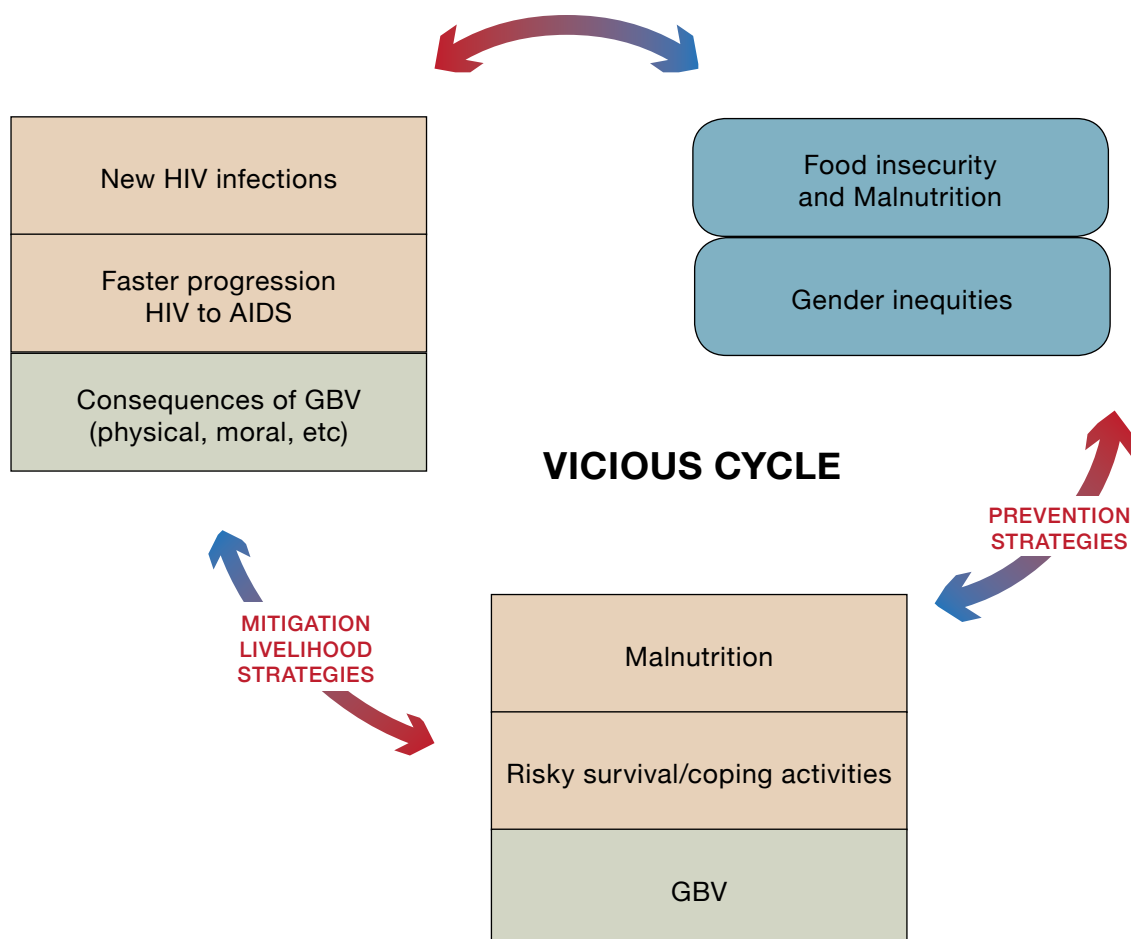
sex, to access treatment and care, to adhere to ARV treatment or carry out infant feeding choices. In addition, living with HIV can constitute a risk factor for GBV as violence occurs when a women discloses HIV status or decides to go for HIV testing. A vicious cycle of increasing vulnerability to GBV and HIV is then established.

Support to livelihoods, food security and nutrition can reduce people’s vulnerability to HIV infection (especially women and children), lessen the rate of progression of HIV to AIDS, and create a stable environment for Anti Retroviral Therapy. Food assistance and restoring livelihoods should be planned as part of a sustainable transition strategy. Restoring basic household assets and local food production, promoting alternative income-generation activities compatible with the constraints faced by HIV-affected households, and alleviating discrimination enables afflicted households to strengthen their livelihoods and provide a safety net for recovery.

As the HIV epidemic has evolved, rising infections in rural areas have exerted strong negative pressures on rural livelihoods, especially in areas with high levels of pre-existing malnutrition and food insecurity. The impact of AIDS includes loss of labour, reduction of household income, increased medical and funeral costs, high dependency ratio and loss of indigenous knowledge. In turn, all these outcomes negatively affect agricultural and livestock production, increase food and nutrition insecurity, and reduce the population’s resilience to shocks. The repercussions are particularly dramatic for populations facing disasters and in early recovery situations. Addressing the HIV “emergency within the emergency” must be a crucial element of humanitarian response.

A VICIOUS CYCLE: HIV AND FOOD AND NUTRITION SECURITY

HIV/GBV and food and nutrition insecurity





● **FAO IN CRISIS-AFFECTED AREAS: COORDINATION, PREPAREDNESS AND RESPONSE**

Coordination

As part of the UN Humanitarian Country Team, FAO needs to be fully involved with its humanitarian partners in the overall planning for HIV preparedness and contingency planning, in implementation of emergency responses, and in the transition towards recovery. Importantly, the UNCT should help support the government in ensuring that its national AIDS strategic plans consider the HIV needs of those potential crisis-affected populations. Once a crisis hits, early recovery, sustainable recovery and a return to longer-term development should be considered from the outset.

Based on risk and vulnerability mapping, needs assessments and situation analyses, effective planning by FAO should include:

- Gap analysis: looking at specific needs that have not been addressed in the food security sector in terms of HIV prevention and mitigation;
- Identifying priorities and coordinated response strategies for HIV prevention, treatment and care, and practical and social support;
- Consultations to determine which sector, cluster or agency takes the lead in addressing identified priorities.

Preparedness measures

- Know your country's HIV context (generalized or concentrating epidemic) and the underlying determinants and driving factors.
 - How does the HIV context impact food insecurity?
 - How does food insecurity impact drivers of HIV?
- Know the national policy context (e.g., HIV strategic plans, HIV/food security and nutrition strategies and guidelines);
- Support and participate in coordination mechanism such as the national AIDS commission, UNAIDS, or UN joint programmes on HIV;
- Train staff and partners on (a) integration of HIV interventions into food security and nutrition programmes (b) integration of food and nutrition security in support of PLWH and vulnerable children;
- Integrate as appropriate HIV proxy indicators (household headed by children and elderly, presence of chronically ill person into household) into food and nutrition security and vulnerability analysis.

Minimum and initial responses

Interventions to be carried out during the early stages of any emergency regardless of the epidemiological context of the epidemic:

- Integrate HIV prevention and mitigation measures into existing food security and livelihood support programmes; integrate food security, nutrition and livelihood support into HIV projects and activities;
- Mainstream the needs of vulnerable households in homestead food production support programmes in the following ways:
 - Ensure short distances and safe conditions for inputs distribution points;
 - Allow for an alternative recipient if the head of the household is sick or otherwise unable to receive inputs or other benefits on behalf of the household;
 - Identify organizations of people living with HIV and solidarity networks and support groups and assess how they can be engaged with the programme;
 - Identify opportunities for livelihood diversification to address household-specific constraints and local opportunities;
 - Include HIV sensitization and prevention awareness activities along with distribution activities wherever possible.
- Introduce specific measures to protect/adapt the livelihoods of HIV-affected households and support homestead food production, such as the following:
 - Support dietary diversification, e.g., diversified production; programmes that broaden food choice, availability and access; or programmes that improve processing and preparation, including attention to time- and labour-saving considerations:

- Integrate nutrition education taking into account special requirements of PLWH:
 - Provide tools, fertilizers and improved seed varieties (e.g., drought-resistant, more nutritious types of vegetables and fruits, or adapted to the agro-ecological characteristics of the affected area);
 - Give preference to appropriate labour-saving tools;
 - Re-establish livestock and provide access to essential agricultural and livestock-keeping skills programmes;
 - Promote the organization of people living with HIV and support the strengthening existing solidarity networks.
- Where there are large numbers of vulnerable children and youth relative to the number of adults, implement skills-building programmes such as junior farmer fields and life school programmes that combine livelihood support with life skills education.

Expanded responses

Additional core HIV interventions, such as the following, should be planned and implemented as soon as possible following a crisis, taking into account local context and priorities, including the HIV epidemiological profile:

- Adapt agricultural methods and build capacity
 - Train agricultural extension workers on needs of persons living with HIV:
 - Introduce and expand the adoption of technologies, practices and organizational skills that reduce drudgery, increase labour efficiency and allow households to combine productive and reproductive tasks, strengthening solidarity networks;
 - Provide essential livelihood skills-building programmes for local institutions and affected groups, in particular vulnerable youth.
- Provide appropriate relief inputs and training to vulnerable and affected households to restore/rebuild livelihoods
 - Expand the implementation of interventions to protect and restore priority livelihood assets;
 - Adapt and diversify livelihoods systems to mitigate the impact of HIV at the household level and community level.
- Incorporate nutrition support programs
 - Support continuous nutrition education for the PLWHA and care givers;
 - Encourage access to nutritious foods through, for example, diversified production, improved market access, safety nets programs such as cash or vouchers;
 - Support access and linkages to health care services.

● A GLIMPSE AT FAO WORK SUPPORTING HIV PROGRAMMES

Knitting social issues into farmer field schools in crisis-affected regions of East and Central Africa, Kenya and Uganda

To counteract the vicious cycle of HIV-affected households struggling with gender inequity, gender-based violence and food insecurity, FAO has been supporting socially conscious Junior and Adult Farmer Field and Life Schools (J/FFLS) in Rwanda, Burundi, Democratic Republic of Congo and Central African Republic. Working through established and new J/FFLS in these countries, FAO has worked to enhance the curriculum of the schools around social issues related to HIV/AIDS as well as to build capacity for future schools through Master Training sessions. The Masters Training brings together a group of men and women farmer trainees who focus on the core objectives of farmer field schools – such as increased productivity, pest resistance, or alternative agriculture-based livelihoods – while at the same time learning about social issues of gender-based violence, HIV & AIDS and nutrition. The method not only empowers women but it provides opportunities for men to change their views on women through discussions on in the field schools gender relations. Topics include: changing roles and habits in the household; change in gendered customs and traditions; and spousal collaboration and shared decision making. Returning to their communities and field schools, the Master-trained farmers are prepared to share not just improved farming techniques but also knowledge and strategies for protection against violence and HIV infection.

Disaster Risk Reduction: HIV and gender sensitive interventions in Zambia and Malawi

Zambia's national adult HIV prevalence stands at 13.5 percent as of December 2010 (UNAIDS 2011). The vulnerability of HIV affected people, especially women, is particularly acute in the Sisheke and Kazungula districts of the Zambezi River Basin, which are regularly buffeted by shocks caused by drought or flooding. In response, FAO has partnered with the International Federation of the Red Cross on a disaster risk reduction programme that aims to increase the resilience of vulnerable communities and households at risk of food insecurity and agricultural losses. To ensure the most vulnerable households are assisted, female-headed households and households affected by HIV are particularly targeted. Typical interventions include training in conservation agriculture practices, support for the introduction of early maturing maize and sorghum, and goat rearing – all aimed at supporting HIV-affected families and communities improve their livelihoods and better withstand recurring natural disasters.

A similar FAO-supported programme in HIV- and disaster-affected areas of Malawi focuses on livestock as an alternative livelihood strategy. The majority of the targeted households are headed by women who are often caring for chronically ill persons and orphaned and vulnerable children. In partnership with Christian Aid/Evangelical Association of Malawi, FAO provides technical support to help beneficiaries build elevated kraals for goats – using local materials - so that if a flood occurs the livestock can serve as a backup source of income and food. Participants who build sound kraals receive vouchers for two female goats sourced from a local livestock fair. Improved breeding and livestock management practices also help ensure sustained benefits.

RESOURCES/FURTHER READING

- IASC Guidelines for addressing HIV in humanitarian settings 2010
- FAO “Living well with HIV“
- FAO “Nutrition and Care for PLWH”
- FAO Incorporating HIV/AIDS Considerations into Food Security and Livelihood Projects. Rome, Food and Agriculture Organization of the United Nations, 2003, available at <http://www.fao.org/docrep/004/y5128e/y5128e00.htm>.
- FAO-WFP Getting Started! Running a Junior Farmer Field and Life School. <http://www.fao.org/docrep/010/a1111e/a1111e00.htm>.
- FAO & ILO. The Livelihood Assessment Tool-kit: Analysing and Responding to the Impact of Disasters on the Livelihoods of People. [http://www.reliefweb.int/rw/lib.nsf/db900sid/JBRN-7PCKH7/\\$file/fao_june08.pdf?openelement](http://www.reliefweb.int/rw/lib.nsf/db900sid/JBRN-7PCKH7/$file/fao_june08.pdf?openelement).
- FAO UNAIDS best practice documentary “empowered over their fields, empowered over their lives” <http://vimeo.com/14921424>



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