

RESPONDING TO EMERGENCIES



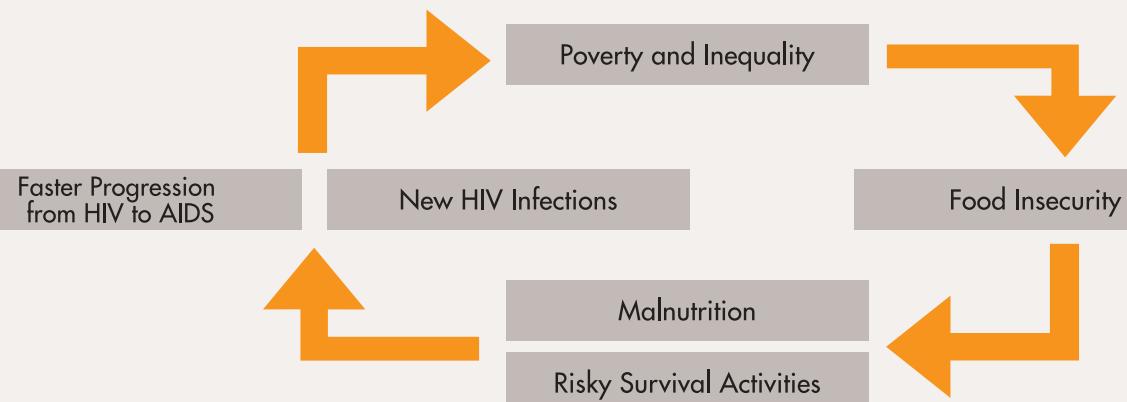
Over the last two decades, complex emergencies resulting from conflict and natural disasters have occurred with increasing frequency throughout the world. Sadly, the very conditions that define a complex emergency – conflict, social instability, poverty and food insecurity – are also the conditions that favour the rapid spread of HIV/AIDS.

People in the developing world, particularly the rural poor, are highly vulnerable to disasters. Poor communities and households have fewer means to protect themselves from, and to cope with, the consequences of natural disasters. Due to their poverty, they also are often forced to live in areas that are prone to natural disasters such as landslides or floods. AIDS-affected households with reduced livelihood capacity are even more sensitive to external shocks such as drought; the impact is acute, devastating, systemic and cumulative. In fact, HIV/AIDS is an emergency within the emergency situation. The results of this double impact are:

- loss of coping strategies and resilience, leading to inter-generational poverty
- shift toward unsustainable livelihoods and destitution
- higher malnutrition and mortality rates
- inability of many farm households to recover, and further disinvestments from agriculture
- irreversible disruption of household assets
- unprecedented level in the numbers of orphans
- dramatic increase in the household dependency ratio
- increased vulnerability to HIV infection
- loss of intergenerational knowledge

The double impact can cause food insecurity to soar, and to endure for a long period of time. Food security and hunger accelerate the spread of the virus and the course of the disease. Hungry people are driven to adopt risky strategies to survive. As the emergency and the HIV/AIDS epidemic simultaneously progress, fragmentation of families and communities occurs, threatening stable relationships; the social norms regulating behaviour are ignored or abandoned. In such circumstances, women and children are at increased risk of violence and can be forced into having sex to gain access to basic needs such as food, water or even security. Displacement may bring different populations, each with different HIV/AIDS prevalence levels, into contact. This is especially true in the case of populations migrating to urban areas to escape conflict or disaster in the rural areas.

HIV/AIDS AND FOOD SECURITY – A DEADLY CYCLE



Source: Save the Children and Oxfam: HIV/AIDS and Food Security in Southern Africa, December 2002.

As a consequence of the emergency, the health infrastructure may be greatly stressed; inadequate supplies may hamper HIV/AIDS prevention efforts. During the acute phase of an emergency, this absence or inadequacy of services facilitates HIV/AIDS transmission through lack of universal precautions and unavailability of condoms. In war situations, there is evidence of an increased risk of transmission of HIV/AIDS through transfusion of contaminated blood. The presence of military forces, peacekeepers or other armed groups contributes to incidences of increased sexual violence and the subsequent risk of HIV transmission.

Recent studies suggest that people's decisions to engage in at-risk behaviours are strongly influenced by household security. Thus, if the disease undermines people's livelihoods, the result can be a vicious circle hampering efforts to address the epidemic. Clearly, then, there is an urgent need to incorporate HIV/AIDS into an overall emergency response. Equally clearly, the impact of HIV/AIDS will extend beyond the crisis event itself, influencing the outcome of the response and shaping future prospects for rehabilitation and recovery.

FAO'S RESPONSE

Given that the HIV/AIDS epidemic will be present for a long time, FAO is adopting a long-term, development-oriented approach in addressing its effects on food security, rather than merely a disaster relief approach. The humanitarian emergency in southern Africa has demonstrated that HIV/AIDS, in combination with acute food insecurity, has contributed to a new type of crisis. This new crisis requires:

- novel responses to food insecurity;
- new and innovative ways of linking short- and long-term responses; and
- increased commitment to addressing the structural vulnerabilities that underlie acute crisis situations.

Through its Emergency Operations Service, FAO mobilizes and executes emergency interventions in the agriculture and rural sectors. It also implements emergency relief and early rehabilitation projects.

A brief description of some of FAO's emergency interventions follows. The interventions address the essential responses required to alleviate the double impact of the "emergency within the emergency":

■ **Provision of seeds for emergency food aid.** As HIV/AIDS rates continue to increase, the disease is having an escalating impact on food security and nutrition. This is particularly acute among poor rural households. Providing seeds is one way to enable households to continue producing food for themselves in the seasons to come, thus paving the way for longer-term food security.

■ **Home-based care and nutritional support of people living with AIDS.** Since public health services are often difficult to reach, are not financially viable, or are in crisis themselves, it is critical that home-care services be established, along with appropriate nutritional support, so that these essential needs are taken care of within the household or community.

■ **Provision and promotion of community-specific labour-saving technologies.** HIV/AIDS-affected households must sustain the loss of labour not only of the infected family member(s), but also of those who are caring for them. Promoting community-specific labour-saving tools and technologies can help households to better cope with the burden of these labour shortages as well as to withstand the shocks of AIDS-related illness and death.

■ **Support to orphans and the elderly.** The need for a combination of relief assistance when food shortages occur and long-term developmental interventions is an essential strategy for addressing the dual impact of HIV/AIDS within an emergency situation. This couldn't be more urgent when it comes to helping orphans and the elderly, who are among the most vulnerable within HIV/AIDS-affected households.

■ **Transmission of agricultural knowledge.** The value of local agricultural knowledge – food security, nutrition, medicinal properties, etc. – is under threat by the impact of HIV/AIDS. The death of women and men in their economic prime also translates into the loss of their skills and knowledge base. Recording, conserving and sharing local knowledge will help assure that these essential livelihood strategies are maintained and passed on to the next generation.

■ **Strengthening of self-help capacity and local safety nets.** Constraints on the time and resources of AIDS-afflicted households reduce their ability to participate in community networks which, in turn, diminishes their access to these vital social safety nets, thereby increasing their vulnerability. Strategies to cope with the HIV/AIDS epidemic need to be directed not only to individuals and households, but also to community organizations and institutions.

EMERGENCY AND REHABILITATION ASSISTANCE IN SOUTHERN AFRICA

FAO has assisted more than 250 000 families in southern Africa since the crisis began. Emergency aid has consisted of distributing seeds, tools and fertilisers; providing treadle pumps to support irrigated agriculture; promoting cassava production; and restocking small livestock and promoting animal disease control programmes. Support to conservation farming resulted in a better distribution of labour peaks throughout the agricultural season. Rehabilitation and development assistance is also being provided in the areas of policy assistance, food security and nutrition information systems and capacity building.

For example, in 2002 FAO, in collaboration with the Government of United Republic of Tanzania and the local NGO Tanzanian Association of Women Leaders in Agriculture and Environment, initiated the Emergency Supply of Seeds & Tools for HIV/AIDS-affected Households (Tanga region). The project is assisting 5 000 families affected by HIV/AIDS in setting up home gardens. The families, mostly female-headed households who were identified by the local authorities as being most vulnerable, receive vegetable seeds and hand tools and are trained in nutrition, vegetable garden techniques and soil fertility management. The project works closely with other home-care projects operating in the same districts.

COMMUNITY-BASED HIV/AIDS PROJECT IN LESOTHO

Under a Netherlands-funded regional programme, FAO, in partnership with Maluti Hospital and Save the Children UK, have set-up a project in Lesotho to support the food-security needs of HIV/AIDS-affected families in Berea District. The project enables HIV/AIDS orphans and families to produce food for themselves under a share-cropping scheme in which FAO provides seeds and other agricultural inputs and the community provides labour. The project has been successful in keeping orphans within their communities and in encouraging them to remain in school.

NUTRITION REHABILITATION UNITS IN MALAWI

Nutrition rehabilitation units (NRU) are centres set up to provide emergency therapeutic care to malnourished children under five years and nutritional education to mothers. Children are referred to the centres from hospital clinics. There are 90 NRUs in Malawi which treat approximately 10 000 mothers and children per year. Eight NRUs in Malawi train and distribute seed kits to mothers of malnourished children. In 2003, some 4 000 kits out of 6 000 have been distributed. In addition, FAO has developed a partnership with Save the Children-USA, CADECOM, Tovvirane and SASO to develop community-based gardens and to provide agricultural inputs to communities affected and infected by HIV/AIDS. Small projects are underway in Mzimba, Lilongwe, Mchinji, Salima and Blantyre districts.

FOOD SECURITY PACK DISTRIBUTION AND HIV/AIDS AWARENESS TRAINING IN ZAMBIA

Over 20 000 people have received FAO food security packs containing agricultural inputs in Zambia. The beneficiaries, in collaboration with WFP, were also trained in HIV/AIDS awareness and conservation farming before the onset of the rains. Inputs have subsequently been distributed to vulnerable farmers by FAO's implementing partners.

PARTNERSHIPS WITH NGOs IN BURUNDI TO SUPPORT AIDS-AFFECTED HOUSEHOLDS

For the last two years, FAO's emergency coordination in Burundi has supported HIV/AIDS-affected households through agricultural projects. FAO works together with non-governmental organizations that also run other HIV/AIDS prevention, care and mitigation activities. The project supports vegetable production, with the provision of seeds and tools to households, to improve the quality of the household diet as well as to provide the means to produce marketable surpluses. To date, FAO has supported approximately 1 000 families in Gitega, Ngozi and Bujumbura

GUIDELINES FOR HIV/AIDS INTERVENTIONS IN EMERGENCY SETTINGS

HIV/AIDS in emergency situations poses an additional set of problems and constraints. FAO and the other UN institutions represented on the Inter-agency Standing Committee on emergencies have prepared a set of guidelines for HIV/AIDS interventions in emergency settings which are being field-tested. These guidelines emphasize the importance of the food and nutrition dimensions of the epidemic alongside the health and behavioural dimensions.

USEFUL REFERENCES

FAO HIV/AIDS programme
<http://www.fao.org/hiv aids>

Mitigating the impact of HIV/AIDS on food security and rural poverty
<http://www.fao.org/docrep/005/Y8331E/Y8331E00.htm>

Emergency relief and rehabilitation
http://www.fao.org/reliefoperations/index_en.html