

Chapter 12: Livelihood Strategies and Social Protection Sector-Specific Program Design Considerations

Chapter 12: Livelihood Strategies and Social Protection

Sector-Specific Program Design Considerations

Key Concepts

12.1 Food-Assisted Livelihood Programs in the Context of HIV

12.2 Incorporating FFA Activities

12.3 Strengthening Safety Nets for OVC and Other High-Risk Groups

12.4 Designing Effective HIV-Related Social Protection Programs

In This Chapter

This chapter focuses on programs aimed at enhancing livelihood strategies and addressing risks to food availability and access among food-insecure households in areas with a high prevalence of both food insecurity and HIV. It begins by explaining general key considerations for designing livelihood programming in an HIV context. These considerations include ensuring the involvement of PLHIV and affected households in decision-making, adjusting the targeting of livelihood programs to account for labor constraints, avoiding stigmatization of and/or discrimination against HIV-affected beneficiaries, and avoiding the risk of increased HIV transmission resulting from livelihood activities.

The chapter then describes potential responses to mitigate HIV's impacts on a range of livelihood resources. Examples include implementing interventions to reduce or share labor needed to sustain agricultural livelihoods, providing training and credit opportunities to support off-farm income strategies, and encouraging community involvement in establishing and maintaining productive assets.

Next the chapter discusses FFA programming as a useful and flexible mechanism for using food to strengthen livelihood strategies. It explores the use of FFA to protect and promote the human, physical and natural assets of individuals, households and communities. The chapter then discusses providing food assistance in support of safety nets for OVC and other vulnerable groups, and it describes key considerations in developing unconditional, conditional and productive safety nets, as well as the importance of linking safety net resource transfers with livelihood-enhancing activities.

The chapter's final Key Concept provides guidance on designing effective social protection programs in the context of HIV.

12.1 Food-Assisted Livelihood Programs in the Context of HIV

There are a variety of ways livelihood programs can be adapted to an HIV context. Many are common to traditional livelihood programs, while others might be considered unique. Using an HIV lens, as described in **Chapter 4: Adaptive and Integrative Programming**, is critical to identifying appropriate program adaptations. This approach helps programmers understand HIV's impacts on livelihoods and various ways of responding to those impacts. It also helps identify how to adapt activities to ensure participation of HIV-affected households, design and implement activities targeting HIV-affected households, and ensure that the HIV-affected people are viewed as critical resources for addressing food insecurity in target communities.¹

Developing food-assisted livelihood programs in the context of HIV does not mean altering activities to serve only PLHIV and affected households. In fact, implementers must keep the project's primary purpose (e.g., creating programmatically sound food security and livelihood strategies that benefit food-insecure populations) foremost in their minds.

In adapting livelihood programs for a food-insecure, high prevalence HIV context, programmers need to understand the target area's socio-cultural context. For example, while encouraging community ownership of the program, programmers must consider the cultural implications of stigma in a community-based livelihood or social protection program. The role of gender also should be considered in determining individual and household vulnerability (see **Chapter 3: Vulnerability Assessments** for details on conducting a gender analysis).

Programmers should also recognize that programs will need cash to implement many of the interventions discussed in this chapter. Additional cash resources can be obtained in USAID-funded Title II projects through monetization, but this may be more difficult in WFP projects unless obtained through partnerships.

Key Considerations in Designing Programs in an HIV Context

Staff training, workshops and program design assistance from HIV technical staff can facilitate the modification of livelihood programs to account for the needs of PLHIV, OVC and HIV-affected households. CBOs, institutions, networks and HBC groups should be involved in designing and implementing livelihood interventions. In addition, these design considerations should be taken into account when adapting livelihood programs to an HIV context:²

Examining impacts. Programs should examine HIV's impacts on assets, household livelihood strategies and coping mechanisms, as well as identify shocks, risks and how HIV has amplified them (see **Chapter 3: Vulnerability Assessments**). Programs also should examine how local institutions are helping households cope with the prevailing risks among chronically food-insecure populations and among PLHIV, OVC and HIV-affected households. It is important to be aware of these impacts upfront so they can be addressed in the program's design. **Chapter 1: Conceptual Framework** discusses these impacts with respect to the various asset categories.

Resources for targeting. It is important to investigate what resources are available to help integrate HIV into geographic targeting. In addition to collecting standard DHS data and

Vulnerability Analysis and Mapping (VAM) surveys, be sure to include information from the NAC, district level health officials, local AIDS service organizations, etc. Identify areas where high HIV prevalence rates overlap with chronic food insecurity. HIV-sensitive targeting can help food-assisted livelihood programs focus on responding to the severe limitations and additional constraints experienced by PLHIV, including accounting for HIV vulnerability factors in design. Such targeting, however, should not facilitate preferential treatment for PLHIV or HIV-affected households. The primary entry point of food-assisted livelihood programs is food insecurity.

Inclusive targeting and decision making. Programs should ensure GIPA in decision-making at all stages. This includes decisions on selecting and designing livelihood activities, targeting criteria/mechanisms and implementation, as well as decisions on how benefits/revenues from activities will be shared and used. In developing targeting criteria, programs should devise mechanisms to include PLHIV and HIV-affected households, taking into account physical needs and exploring alternative forms of participation such as committees, supervising and monitoring. Involving AIDS service organizations, HBC networks, VCT center staff, PLHIV and HIV-affected households on relevant committees, boards and management teams is a first step toward ensuring GIPA.

Risk of increased HIV transmission. Programs should consider whether livelihood activities being proposed or implemented could contribute to the spread of HIV and find ways to address this. For example, crop marketing activities that link rural and urban communities or agricultural-inputs credit programs may, if not properly managed, create circumstances in which women can be exploited for transactional sex, further exposing them to risks of HIV infection. In addition, the development of roads, community centers or markets to improve access and mobility also can increase interaction between men and women—and the risk of increased HIV transmission.

Household labor constraints. There may be food-insecure households in the community that cannot participate in the program because of HIV-related labor constraints. Programs should determine exactly where and why this is a problem and then try to find solutions such as daycare services or incentives for temporary caregivers of OVC and chronically ill family members. Some specific program adaptations to address this problem appear in the next section of this Key Concept.

Adjusting work norms for PLHIV. There may be ways to adjust work norms to get PLHIV and/or their representatives more involved. This is especially relevant to FFW and FFA projects, where adaptations could include “half day” (two hours of work instead of the standard four), “light duties” (full day of work that is less physically demanding) or “auxiliary duties” (duties that help other community members participate in FFA, such as caring for children or patients). Also, in some cases, the project may be able to allow vulnerable

Less Labor-Intensive Tasks

Examples of less labor-intensive duties appropriate for those with limited strength and stamina, by project type:

- ▶ *Agricultural projects:* Light field clearing, watering fields, surfacing or leveling fields, earth removal using small buckets
- ▶ *Conservation agriculture:* Managing the tool bank

- ▶ *Any project:* Food and non-food item management, labor management, accounting, clerical tasks and participant registration, marketing, cooking at labor sites, caring for children, monitoring activities.

When dividing up tasks and devising work norms, it is important to use language that is not stigmatizing and is sensitive to the HIV context.

households to “recruit” a non-vulnerable relative or a neighbor to participate on their behalf and share the benefits.

Avoiding stigma. As reiterated throughout this guide, programs must be very careful to not increase stigma, whether through targeting mechanisms, adjusted work norms or any other means. Programs should take advantage of opportunities to address stigma by offering stigma reduction training to program staff, project beneficiaries and other stakeholders.

Modifying rations. Where food rations are involved, ration design should account for the special nutritional needs of PLHIV and other household members. Fortified nutrient-dense commodities (e.g., CSB), which are easily prepared and digestible, could be included in the ration.

Program Adaptations to Address HIV’s Impacts on Livelihood Assets and Strategies

Understanding how HIV impacts livelihood strategies through its effects on livelihood assets and how livelihoods might be strengthened to address these impacts is a critical starting point for designing livelihood programs in an HIV context. While **Chapter 1: Conceptual Framework** describes HIV’s impacts on livelihood assets and strategies, the following summarizes possible program adaptations to address these impacts, based on the six categories of assets (or capital) commonly used in a livelihood framework.³

Addressing HIV’s Impacts on Human Assets: Labor

- ▶ Introduce agricultural practices that reduce labor use or bottlenecks (e.g., no tillage)
- ▶ Diversify production to reduce labor use or bottlenecks
- ▶ Intensify or promote new labor-sharing schemes
- ▶ Introduce less labor-intensive livelihood strategies
- ▶ Provide cash for hired labor
- ▶ Introduce small-scale, labor-saving food-processing technology, fuel-efficient stoves and water pumps
- ▶ Strengthen shared childcare, daycare and care of the chronically ill
- ▶ Support training of caregivers and families on caring for the chronically ill
- ▶ Encourage balanced diets, appropriate health-seeking behavior and treatment literacy to reduce morbidity and delay mortality
- ▶ Introduce workplace policies and programs

Addressing HIV’s Impacts on Human Assets: Knowledge and Skills

- ▶ Disseminate new agricultural technologies and practices for the HIV context
- ▶ Introduce HIV prevention and PL information into extension messages
- ▶ Provide agricultural extension for widows, orphans and other survivors

- ▶ Encourage communities to share practical experience, such as agricultural knowledge, with widows, orphans and other survivors
- ▶ Provide business and management training for women, orphans and other survivors
- ▶ Provide training in new marketable skills
- ▶ Incorporate agricultural training into school curriculum
- ▶ Offer incentives for school attendance to reduce absenteeism and attrition
- ▶ Train the community in problem diagnosis, planning and organizational management

Addressing HIV's Impacts on Financial Assets

- ▶ Introduce low external input technologies and practices
- ▶ Emphasize crops requiring fewer external input needs
- ▶ Emphasize appropriate substitute local wild foods
- ▶ Provide grants to buy or rent draught animals, hire labor or pay for other inputs
- ▶ Provide microfinance for operating expenses to fund draught animals, hired labor, inputs, etc.
- ▶ Help improve food storage and preservation to maintain quality and quantity of food stocks
- ▶ Use cash-for-work where appropriate
- ▶ Help develop markets for local products to expand income-earning opportunities
- ▶ Introduce vouchers for commodities (e.g., food, seeds) or inputs (e.g., fertilizer)

Addressing HIV's Impacts on Natural Assets

- ▶ Advocate for changing rules governing land tenure to strengthen rights of widows and orphans
- ▶ Strengthen land rights and flexibility of land-use laws
- ▶ Replant community woodlots and forests

Addressing HIV's Impacts on Physical Assets

- ▶ Provide grants for asset protection and restocking
- ▶ Provide repair service for productive and household assets to make them useable
- ▶ Provide grants or loans for land rental
- ▶ Provide microfinance to increase or diversify incomes
- ▶ Introduce animal husbandry
- ▶ Invest in community-owned assets (e.g., plows, draught animals)

Addressing HIV's Impacts on Social Assets

- ▶ Encourage communal food and cash crop production

- ▶ Build/repair community grain stocks
- ▶ Encourage community works to repair assets and structures
- ▶ Improve social infrastructure (e.g., access to water, sanitation and health posts to reduce morbidity)
- ▶ Create/support all networks and community organizations
- ▶ Modify costly customs (e.g., funerals, marriages)
- ▶ Provide support/incentives to keep families unified and encourage families to take in orphans

Addressing HIV's Impacts on Political Assets

- ▶ Encourage GIPA
- ▶ Implement anti-stigma campaigns and legislation
- ▶ Implement campaigns for social services for PLHIV
- ▶ Train communities in HIV awareness and inclusion of PLHIV and HIV-affected households in political processes

CARE Lesotho, TEBA Help Vulnerable Groups Develop 'Keyhole' Gardens

In Lesotho, CARE and local partner TEBA have developed a nine-month curriculum that teaches food-insecure households how to build and maintain a 'keyhole' garden, so named because its shape resembles a keyhole.

Designed with sustainability in mind and to benefit the most vulnerable groups, including the elderly, PLHIV and OVC, the gardens are built with readily available and affordable materials such as manure, bones, stones and aloes. The gardens are resistant to dry weather and provide high yields of vegetables year-round using only waste water, which helps households conserve their

limited water supplies. The gardens also are easily protected during cold spells.

Although keyhole gardens are labor-intensive to build, they are waist-high and round to provide easy arm's-length access, which make it easier for ill and elderly people to maintain them.

The program develops two types of assets: the garden (physical asset) and the knowledge/skills to build and maintain it (human asset). Households graduate from the program only after they have a functioning garden and experience maintaining it.⁴

Key Concept

12.2 Incorporating FFA Activities

In the context of HIV, FFA is a useful and flexible mechanism for using food to achieve livelihood objectives. FFA strategies emphasize creating productive assets that are owned, managed and used by the household or targeted community.⁵ The accumulation of productive assets enhances household and community resilience to HIV-induced shocks,

including sickness and other disruptions to livelihoods.⁶ Programming of FFA activities, such as FFE and FFT, are also discussed in **Chapter 11: Education**; programs with health and nutrition objectives are explored in **Chapter 10: Health and Nutrition**.

FFA not only creates physical assets (e.g., health infrastructure, gardens), but, just as important, it contributes to human assets (also called human capital) such as health, education, skills and awareness. FFA activities that can support livelihood strategies in HIV-affected communities include:

Promoting the Creation and/or Rehabilitation of Physical and Natural Assets

- ▶ Food for creating community and homestead gardens
- ▶ Food for rehabilitating feeder roads to improve market access
- ▶ Food for building dams, irrigation systems and water catchments to improve water access
- ▶ Food for planting fruit trees and vegetable and herb gardens to promote a diverse and nutritious diet

A transition from FFV to FFA was initiated by the WFP 1998 “Enabling Development” policy, which shifted the focus from emergency-driven employment creation and income transfers to an emphasis on community-managed asset accumulation and human capital development.

Promoting Development of Human Assets (Human Capital) Such as Knowledge and Skills

- ▶ Food for training in conservation farming to improve food access and diversity
- ▶ Food for training in business development, entrepreneurship, marketing, etc.
- ▶ Food for training in life skills to avoid negative coping strategies
- ▶ Food for training in labor-saving technologies
- ▶ Food for training in food processing and storage to improve dietary stabilization (increasing diversity year-round)
- ▶ Food for training in PL to prolong life and increase quality of life
- ▶ Food for developing gardens and for training in healthy dietary practices to reduce negative coping strategies and improve nutrition and health

Protecting Household and Community-Based Assets, Especially Productive Assets

- ▶ Food for reforestation projects to prevent soil erosion
- ▶ Food for creating community grain banks to provide support to vulnerable families
- ▶ Food for agricultural labor to replace labor of households whose productive members have fallen chronically ill

Key Considerations for Designing FFA Activities

Programs should follow standard FFA guidelines when designing and implementing responses. In addition, there are a number of other key considerations that should be taken into account:

Adequacy of non-food inputs. Communities heavily affected by HIV may no longer have sufficient access to the resources, such as tools and construction materials and/or agricultural implements, needed for successful and sustainable FFA projects. Relying exclusively on locally available material (e.g., mud bricks and thatch) may not be appropriate for creating a durable asset. It is important to conduct a realistic assessment of the community's capacity to "cost-share" FFA activities.

Appropriateness of food. It is important to ensure that food is the appropriate response. Food should be used as an input only where underlying food insecurity exists. If this is not the case, another input (cash or other in-kind) should be selected.

Community prioritization. As previously noted, FFA programs can mitigate the impacts of HIV through support to a number of livelihood strategies. Programs in HIV-affected communities should select responses that address the food security impacts prioritized by the community through participatory methods.

123 Key Concept Strengthening Safety Nets for OVC and Other High-Risk Groups

HIV leaves affected households and communities increasingly unable to meet the needs of their vulnerable members. The community's traditional safety nets become overburdened or collapse, particularly as women—who form the backbone of a community's social network—and community caregivers become sick themselves or must focus on caring for their own ill family members.

As a result, formal safety nets provided by government, PVOs, local NGOs and donor partners are needed to strengthen community safety nets and provide the multilevel, targeted interventions that at-risk groups need. These formal safety nets should not replace or displace community safety nets, but should work through them and support them.

Community safety nets sustain a household in crisis by providing material relief as long as possible or until the household is out of danger. However, over the long run, the household should once more rely on its own resources, freeing up community resources for others in dire need. Similarly, formal safety nets—which have limited resources—should include interventions that help the household maintain assets, remain economically productive and possibly help others, thus strengthening the community.

In particular, there is growing concern about safety nets for OVC. While it is generally preferable to place orphans or unaccompanied children with local families than with orphanages, caring for an additional child can become an unmanageable burden where the fostering family is poor, headed by an elderly or ill

Households that are both HIV-affected and food-insecure can benefit from short-term food assistance, which is linked to longer-term livelihood support (e.g., agricultural or microcredit programs). While some households will recover and return to their livelihoods, others will need long-term welfare mechanisms.

CRS Malawi—Promoting Communities’ Capacity to Care for OVC

CRS implemented a Title II Development Assistance Program in Malawi from 2000 to 2005 to help improve the food security of HIV-affected households.

Guardians or families caring for OVC received food rations to ease the financial burden of care, help keep OVC in their own communities and improve the nutritional status of at-risk children. These households participated in complementary livelihood training programs on topics such as soil fertility, crop diversification and improved seeds. In 2003, 95 percent of beneficiaries who received food directly also participated in activities aimed at improving productive assets, such as building fish ponds.

In addition, CRS established 43 community-based child centers (CBCC) to enhance child care practices

and give guardians an opportunity to participate in general development activities. The CBCCs, staffed by community volunteers, provided OVC with food donated by the communities. Growth monitoring is also conducted at the CBCCs to ensure that children who are growth faltering are identified for interventions and, if necessary, referred to a health facility.

The program also used Title II food commodities to encourage OVC school attendance and supported community artisan apprenticeship programs to support skills development.

person or is food-insecure. Material assistance for foster families (such as a supplementary ration) can ease the burden of caring for these children and enable more families to take them in.

Unconditional, Conditional and Productive Safety Nets⁷

Three kinds of safety nets are relevant in the food assistance programming context:

- ▶ **Unconditional** safety nets provide resource transfers based solely on criteria of need.
- ▶ **Conditional** safety nets provide a resource transfer contingent on certain behaviors, such as sending children to school or bringing them to health centers regularly. Conditional safety nets address both short-term protection objectives while promoting the longer-term accumulation of human capital.
- ▶ **Productive** safety nets provide a resource transfer to meet basic needs; prevent households from selling off productive assets such as animals, tools and equipment; and help build household and community assets. In a chronic food insecurity situation, a productive safety net might be a seasonal intervention.

Strengthening individual livelihood capacities. For individuals, food-assisted conditional safety nets can be linked with vocational training, apprenticeships, agricultural extension tailored to women or OVC, formal and informal education, income-generating activities, assistance to protect investment in microfinance and other livelihood promotion strategies. Providing credit, savings and other financial services; job and business skills training (especially for women) relevant to rural industries; and rural contracting opportunities (e.g. farming as a business) also can be linked with conditional safety nets. These interventions help create self reliance, reduce risky coping behaviors and help at-risk groups improve the social conditions that can lead to HIV infection.

Strengthening household livelihood capacities. Conditional and productive safety nets for households include activities that enhance household productivity by supporting the adoption of labor-saving technology, labor-sharing practices, post-harvest transformation technologies, and market knowledge and linkages.

Strengthening community livelihood capacities. Productive safety nets for communities include activities that help the community provide for its most vulnerable members, such as FFA activities for village grain storage structures and communal gardens.

AMPATH Links Safety Net, Livelihood and HIV Treatment Interventions in Kenya

The WFP/AMPATH collaboration in Kenya is an innovative example of integrating food and nutrition (safety net) and livelihood interventions into an HIV treatment program that seeks to preserve beneficiaries' health status (human assets).

In the AMPATH treatment program's early years, it became apparent that most HIV-positive patients were malnourished. Several reasons were cited, including a lack of access to food, poor appetite and poor food preparation. In response, a project to provide supplementary food to AMPATH ART patients was initiated through the HAART and Harvest Initiative in 2002.

The program established production farms near four AMPATH treatment sites, which provided locally

acceptable, nutritious food to undernourished and food-insecure PLHIV. Local produce—including eggs, milk, fresh fruits and vegetables, and herbs—was included in household rations.

As the number of people seeking ARVs increased, WFP began providing food to complement local produce. AMPATH also created a Family Preservation Initiative to augment, restore and improve PLHIV's incomes as part of the comprehensive recovery strategy, establishing resilient livelihoods for those discharged and continuing with home care activities. Core activities include agricultural microfinancing, business training and technical support for poultry and horticultural services.

Key Considerations in Designing Food-Assisted Safety Nets for At-Risk Groups

These design steps and considerations should be taken into account when designing food-assisted safety nets for OVC and other high-risk groups:

Needs assessments. It is important to conduct a needs assessment to determine the level and type of food insecurity within the targeted community and among specific at-risk groups, identifying the risks they are exposed to, their vulnerability and capacity to cope.

Linkages with existing programs. Collaborating with other programs can support at-risk groups and provide food as an input to an existing package of services in health care, education, psychosocial support, etc.

Clear rationale for incorporating food. Programs should establish the objectives of providing food as well as indicators for monitoring the food's outcome and impact. When conditional safety nets are used to advance HIV-related outcomes such as care, support and protection of at-risk groups, the objectives are not likely to be directly related to food security or nutrition status. Instead, the objectives may be to help increase school attendance or use of health services. It is important to determine the level of attendance

HACI in Mozambique

Mozambique's Hope for African Children Initiative (HACI OVC) expands on already established HIV, livelihood and microfinance programs, placing a strong emphasis on training people who work with children in the communities, such as social welfare service providers and traditional leaders. In sum, the project—established in 2000 by CARE, Plan International, Save the Children, the Society for Women and AIDS in Africa, the World Conference on Religion and Peace and World Vision—aims at scaling up existing

interventions to increase the capacity to care for OVC, OVC awareness and advocacy activity, and the number of organizations on all levels that respond to OVC needs.

Several of the NGOs implementing HACI OVC receive food from WFP as an input to the care and protection package. Food has an important role, but it is seen as only one of the many inputs that advance the program's care and protection outcomes.

or participation and the use of services before food support to assess what changes result from the food.

Avoiding “AIDS exceptionalism.” It is critical to ensure that interventions targeting at-risk groups do not exclude groups who are equally vulnerable for reasons unrelated to HIV.

Understanding vulnerability. Programs should understand when OVC and affected households become vulnerable. For example, children often become vulnerable in the period before they become orphans, when their HIV-infected parents fall chronically ill. Programs can find ways to keep children in school and out of harm's way during this period. Likewise, vulnerable households should be targeted before they start using negative coping strategies such as selling off productive assets.

Supporting households caring for OVC. When specifically targeting orphans outside an institutional program such as school feeding, programs should provide food assistance to an entire household rather than solely to the orphans in that household. This assistance can ease the burden extended and foster families take on when caring for orphans and enable more families to take in orphans.

Linking Livelihood and HIV Programming to Address PLHIV Food Security

ACDI/VOCA Uganda, TASO and a local consortium of NGOs are partnering to combine livelihood and HIV programming to address the food security needs of PLHIV and OVC.

The program provides PLHIV with support in counseling, HIV prevention education, nutrition education and easier access to health services and food assistance. The program also encourages PLHIV to complete TB treatment and/or adhere to ART regimens.

Recognizing the need to link short-term nutrition support with longer-term livelihood promotion, the

program offers PLHIV access to microcredit facilities via TASO. The microcredit programs aim to improve the livelihood security of households with chronically ill adults and provide income-earning opportunities for asymptomatic PLHIV so they can support their families and, by extension, strengthen their communities' socio-economic safety nets.

In addition, TASO conducts informal apprentice training for OVC youth and negotiates with local tradesmen to find placements and mentors for the youth in their communities. OVC receive take-home rations during their placement period that benefits both the OVC and hosting family.⁸

12

4 Key Concept

Designing Effective HIV-Related Social Protection Programs

The topic of social protection has raised renewed interest in the context of HIV. Various UN agencies (including WFP), donors and international NGOs have begun exploring ways to support and promote emerging social protection programs in a host of developing countries, including Afghanistan, Ethiopia, Malawi and Zambia.

While there is no commonly agreed-upon definition, one common purpose across social protection interventions is to support the most vulnerable segments of society by providing financial, material, social or psychological support to people who are otherwise unable to obtain it through their own efforts.⁹

In Malawi, for example, WFP is supporting the Government and its partners—including the UK Department of International Development (DFID), European Union (EU), World Bank, German Society for Technical Cooperation (GTZ), USAID, Canadian International Development Agency (CIDA), FAO, UNICEF and UNDP—in developing a national social protection policy. Malawi's National Safety Net Program builds on the strategic framework laid out by the country's PRSP and includes targeted inputs, public works programs, a nutrition component, welfare support and disaster risk management as a cross-cutting theme.

An effective social protection approach emphasizes both short- and long-term responses within a holistically designed framework. Although social protection approaches have traditionally sought to protect the livelihoods of vulnerable groups, recent debates have focused on the need to broaden the concept to include promoting livelihoods using a framework that draws on a range of mechanisms.¹³ These mechanisms may include anti-discrimination legislation, contributory insurance schemes, pensions for the elderly and disabled, grants to people caring for orphans, food stamp programs, school feeding and anti-stigma campaigns.

Safety nets are one component of a social protection strategy. In the past, safety nets—which, as discussed earlier, typically involve a targeted

WFP defines social protection as integrated systems of institutionalized national measures which may include contributory pensions, insurance schemes and safety nets. Safety nets are further defined as a social protection component targeted at the most vulnerable sections of a population.¹⁰

Ethiopia Undergoes Strategic Shift on Social Protection

In Ethiopia, relief provided on an emergency basis has barely kept the poor above water. It has not built assets nor has it secured livelihoods. At best, it has simply kept people in a holding pattern.

Recognizing this, Ethiopia's leading bilateral and multilateral donors have played a key role in advocating for new strategies to assist chronically food-insecure households.

As a result, in 2005, Ethiopia initiated the Productive Safety Net Programme, a five-year social protection

scheme that represents a significant institutional transformation of the country's aid system. A critical feature is multi-annual funding commitments by donors, which will enable the Government of Ethiopia to provide predictable resources to chronically food-insecure beneficiaries. There is broad donor support for the government's decision to address chronic food insecurity through a recurring budget line item rather than an annual appeal.¹¹

social transfer such as cash, food or other input—were seen as protecting the chronically poor and most vulnerable members of society. While both food and cash are legitimate modalities for social transfers, there is debate over which to use. Programs should carefully consider each modality in the context of an overall social protection package for individuals, households and communities affected by HIV, as well as the target group’s needs and the local operating environment.¹⁴

HIV’S Effect on Local Social Protection Services and Institutions

As stated earlier, in many regions of high HIV prevalence, informal community safety nets are overstretched or have collapsed. This is occurring in countries such as Malawi where informal safety nets are critical for helping households adapt to economic crises. The strain on community safety nets also has a devastating effect on local health and educational services (see **Chapter 1: Conceptual Framework**). In such situations it is critical to expand social protection measures beyond those implemented by the community and local social services to the regional and national scale.

Externally sourced and managed food assistance programs can play an important role in social protection programs by meeting HIV-affected families’ immediate food and nutrition needs. Where food assistance is needed, implementing agencies can coordinate their efforts to scale up delivery systems so that they have wider reach and greater efficiency. For example, nutrition support can be linked to ART rollout. Coordinated efforts must harmonize targeting criteria and strategies, link institutional partners, enhance referral systems, install procurement and logistic systems, and establish common monitoring and evaluation systems to ensure accountability.¹⁶

Understanding the evolving needs of individuals, households and communities affected by HIV is crucial for effective planning for social protection.¹⁷ Using a timeline for HIV intervention planning such as that discussed in **Chapter 4: Adaptive and Integrative Programming** can foster the integration of responses across institutions and sectors. Organizational linkages and systematic referral mechanisms are essential for optimizing the continuum of care.

Social protection must be tailored to the specific sources of vulnerability and the forms that vulnerability takes. Programs should ask these key questions:

- ▶ What specific source of vulnerability are we trying to mitigate?
- ▶ What is the most appropriate social protection response to this source of vulnerability?¹²

Social Protection and Social Safety Nets

The terms *social protection*, *social welfare* and *social safety nets* are often used interchangeably. In conventional terms, they describe “social transfers to vulnerable groups in response to poverty or threats to their livelihoods.” However, recent thinking broadens the notion of social protection to that of an “overarching framework that goes beyond mere transfers and toward comprehensive policies.”¹⁵ The intent of a social protection framework is to ensure an element of predictability and national ownership while promoting adequate budget allocations and program coverage at the national level.

Along these lines, safety nets and welfare mechanisms are not equal to social protection, but are rather considered components of a social protection framework. They not only include measures to protect livelihoods, but also measures to promote livelihoods (e.g., school feeding and microfinance interventions). There are different views on the extent to which measures that promote livelihoods should be considered social protection.

CARE Zimbabwe Restores Community Seed Banks

In the past, community granaries were established in Zimbabwe to support vulnerable community members, such as the elderly and orphans, who relied on the village chief for support. Unfortunately, this traditional safety net vanished in the early 1980s after the country became independent.

Responding to the community's request, CARE Zimbabwe helped restore this traditional mechanism with the aim of supporting vulnerable community members, including those affected by HIV. The

community contributed all construction materials, while CARE supplied food and technical assistance, and helped with activity planning. The Department of Agriculture and Extension provided training and assisted with community mobilization.

Each participating farmer contributes 20 percent of his produce and seeds for the bank. Excess seed is sold and proceeds used to support seed protection interventions for participating farmers.¹⁸

Annex I: Additional Resources on Livelihood Programming in the Context of HIV

Bishop-Sambrook, Clare. (2004) *Addressing HIV/AIDS through Agriculture and Natural Resource Sectors: A Guide for Extension Workers*. Socio-Economic and Gender Analysis Programme (SEAGA), Food and Agriculture Organization (FAO) available at www.fao.org/sd/dim_pe1/docs/pe1_050103d1_en.pdf.

Food and Agriculture Organization (FAO). (2005) *Policy Brief: Impact of HIV/AIDS on Fishing Communities* available at www.fao.org/hiv/aids/publications/Policy_Brief-Final_En.pdf.

Food and Agriculture Organization (FAO). (2006) *Planning Livestock Interventions with a Gender and HIV/AIDS Lens* available at <http://www.fao.org/ag/againfo/subjects/documents/livestockaids0606.pdf>.

Food and Agriculture Organization (FAO) and the German Society for Technical Cooperation (GTZ). (2003) *Study of Practices Implemented to Mitigate the Impact of HIV/AIDS at Farm Household Level in Six African Countries (Malawi, South Africa, Tanzania, Uganda, Zambia, Zimbabwe)* available at http://www.sarpn.org.za/mitigation_of_HIV_AIDS/m0019/index.php

Endnotes

1. Stewart, J., and Greenaway, K. *Food for Assets Programming through an HIV/AIDS Lens: Manual and Checklist*. Johannesburg: C-SAFE, 2004.
2. Adapted from Stewart and Greenaway, *Food for Assets*.
3. Adapted from Bonnard, P. *HIV/AIDS Mitigation: Using What We Already Know*. FANTA Technical Note 5. Washington, DC: FANTA Project, Academy for Educational Development, 2002.
4. Adapted from Gardner, A., Greenblott, K., and Joubert, E. *What We Know About Exit Strategies: Practical Guidance for Developing Exit Strategies in the Field*. Johannesburg, South Africa: C-SAFE Regional Learning Spaces Initiative, 2005.
5. Kayira, K., Greenaway, K., and Greenblott, K. *Food for Assets: Adapting Programming to an HIV & AIDS Context*. Draft. Johannesburg: C-SAFE Learning Center, 2004.
6. Greenblott, K. *Social Protection in the Era of HIV & AIDS: Examining the Role of Food-Based Interventions*. Prepared for the World Food Programme (WFP), 2006.
7. USAID Office of Food for Peace. *P.L. 480 Title II Program Policies and Proposal Guidelines*. Washington, DC: Bureau for Democracy, Conflict and Humanitarian Assistance Office of Food for Peace, May 2006.
8. FANTA Project. *Review of Food-Aid-Assisted Livelihood Program Interventions in Communities with a High Prevalence of HIV/AIDS*. Washington, DC: FANTA Project, Academy for Educational Development, 2006.
9. Greenblott, *Social Protection*.
10. World Food Programme (WFP). *WFP and Food-Based Safety Nets: Concepts, Experiences and Future Programming Opportunities*. Policy Issues Agenda Item 4. Rome: WFP, 2004.
11. Harvey, P. "HIV/AIDS and Humanitarian Action," *Human Policy Group Research Report 16*. London: Overseas Development Institute, 2004.
12. Devereux, S. "Cash Transfers and Social Protection," paper prepared for the Regional Workshop on Cash Transfer Activities in Southern Africa, co-hosted by the Southern African Regional Poverty Network (SARPAN), Regional Hunger and Vulnerability Programme (RHVP) and Oxfam GB, Johannesburg, South Africa, October 9-10, 2006.
13. Harvey, *HIV/AIDS and Humanitarian Action*.
14. Greenblott, *Social Protection*.
15. Ibid.
16. Ibid.
17. Ibid.
18. Stewart and Greenaway, *Food for Assets*.

Chapter 13: Emergency Response Sector-Specific Program Design Considerations

Chapter 13: Emergency Response

Sector-Specific Program Design Considerations

Key Concepts

13.1 Applying an HIV Lens to
Emergency Food Assistance Programs

13.2 Programming Emergency Food Assistance
in High HIV Prevalence Contexts

In This Chapter

As is true for many aspects of food assistance programming in the context of HIV, effective program design for emergencies is still evolving. Much of the literature on HIV and emergencies is focused on conflict and refugee situations, with very little on natural disasters.

This chapter offers guidance to help plan and implement emergency responses in a variety of settings where HIV-related challenges and opportunities should be considered. The chapter first looks at modifications to food assistance program design and implementation needed to ensure that the food security needs of PLHIV and affected households are appropriately addressed. It then outlines specific guidelines for HIV interventions in emergency settings.

This chapter identifies approaches that could be employed in quick-onset emergencies where international organizations and government are likely to provide large amounts of food assistance to refugee camps, the internally displaced or communities affected by conflict or natural disaster. For slow-onset emergencies, the guidance provided in other sector-specific chapters (**Chapter 10: Health and Nutrition**, **Chapter 11: Education** and **Chapter 12: Livelihood Strategies and Social Protection**) can be applied.

The chapter also discusses specific program design steps and key considerations in developing or adapting food assistance programs in high HIV prevalence contexts. These include the importance of conducting HIV rapid risk and vulnerability assessments to fully understand the local context, as well as the need to reconnect the HIV-affected to services.

13.1 Applying an HIV Lens to Emergency Food Assistance Programs

Applying an HIV lens to food assistance programs in emergency situations helps to address the constraints and needs PLHIV and HIV-affected households face and supports food security outcomes in a high-prevalence context. This is especially important because PLHIV and affected households may be more vulnerable during emergencies. For example, emergencies often aggravate the vulnerability of children affected by HIV. In addition, displaced people and refugees may become more vulnerable to HIV and its impact because of changes in social structures and livelihoods caused by emergencies.

Relief operations and other emergency settings provide unique opportunities to implement tailored interventions to directly address the vicious cycle of HIV, AIDS and vulnerability. Because refugee or displaced people interact with their host communities in one way or another, it is crucial to establish programs that take this interaction into account and are in line with host government protocols, guidelines and strategic plans.

When designing interventions for emergency settings program managers have several opportunities to modify food assistance programs to address HIV considerations and needs. Some are listed in the UNHCR/WFP publication *Development of Programme Strategies for Integration of HIV, Food and Nutrition Activities in Refugee Settings*, including:²

- ▶ Support to enable and encourage participation in PLHIV groups
- ▶ Modification of a general food distribution program to better meet the nutritional needs of people affected by HIV
- ▶ Modification of a SFP or TFP to better meet the nutritional needs of HIV-affected subgroups
- ▶ Support for OVC by providing complementary rations to foster families and orphanages
- ▶ Awareness campaigns and prevention education at distribution sites

The prevailing context within the country or region, as well as situation and capacity assessments, will help determine how these interventions can be implemented and which additional HIV responses are needed.

WFP defines emergencies as “urgent situations in which there is clear evidence that an event or series of events has occurred which causes human suffering or imminently threatens human lives or livelihoods and which the government concerned has not the means to remedy; and it is a demonstrably abnormal event or series of events which produces dislocation in the life of a community on an exceptional scale.”¹

Key Actions for Responding to HIV in Emergencies

The *Guidelines for HIV/AIDS Interventions in Emergency Settings*, produced by the UN Interagency Standing Committee (IASC) in 2003, include a matrix that establishes key actions for responding to HIV in emergencies by program sector (see Table 1). The matrix is divided into three parts: emergency preparedness, minimum response and comprehensive response. The country's or region's situation and capacity assessment will help determine which additional HIV responses are needed.

The matrix covers the requisite design steps for responding to HIV in emergencies. For more detail on the emergency preparedness steps, and/or comprehensive response steps, the full IASC Guidelines are on the IASC website: www.humanitarianinfo.org/iasc/content/products/docs/FinalGuidelines17Nov2003.pdf.

Table 1: Matrix of Guidelines for HIV Interventions in Emergency Settings

Sectoral Response	Emergency Preparedness	Minimum Response (to be conducted even in the midst of an emergency)	Comprehensive Response (stabilized phase)
1. Coordination	<ul style="list-style-type: none"> ▶ Determine coordination structures ▶ Identify and list partners ▶ Establish network of resource persons ▶ Raise funds ▶ Prepare contingency plans ▶ Include HIV in humanitarian action plans and train accordingly relief workers 	1.1 Establish coordination mechanism	<ul style="list-style-type: none"> ▶ Continue fundraising ▶ Strengthen networks ▶ Enhance information sharing ▶ Build human capacity ▶ Link HIV emergency activities with development activities ▶ Work with authorities ▶ Assist government and non-state entities to promote and protect human rights
2. Assessment and Monitoring	<ul style="list-style-type: none"> ▶ Conduct capacity and situation analysis ▶ Develop indicators and tools ▶ Involve local institutions and beneficiaries 	2.1 Assess baseline data 2.2 Set up and manage a shared database 2.3 Monitor activities	<ul style="list-style-type: none"> ▶ Maintain database ▶ Monitor and evaluate all programs ▶ Assess data on prevalence, knowledge attitudes and practice, and impact of HIV ▶ Draw lessons from evaluations
3. Protection	<ul style="list-style-type: none"> ▶ Review existing protection laws and policies ▶ Promote human rights and best practices ▶ Ensure that humanitarian activities minimize the risk of sexual violence, exploitation, and HIV-related discrimination ▶ Train uniformed forces and humanitarian workers on HIV and sexual violence ▶ Train staff on HIV, gender and non-discrimination 	3.1 Prevent and respond to sexual violence and exploitation 3.2 Protect orphans and separated children 3.3 Ensure access to condoms for peacekeepers, military and humanitarian staff	<ul style="list-style-type: none"> ▶ Involve authorities to reduce HIV-related discrimination ▶ Expand prevention and response to sexual violence and exploitation ▶ Strengthen protection for orphans, separated children and young people ▶ Institutionalize training for uniformed forces on HIV, sexual violence and exploitation, and non-discrimination ▶ Put in place HIV-related services for demobilized personnel ▶ Strengthen IDP/refugee response
4. Water and Sanitation	<ul style="list-style-type: none"> ▶ Train staff on HIV, sexual violence, gender and non-discrimination 	4.1 Include HIV considerations in water/sanitation planning	<ul style="list-style-type: none"> ▶ Establish water/sanitation management committees ▶ Organize awareness campaigns on hygiene and sanitation, targeting people affected by HIV
5. Food Security	<ul style="list-style-type: none"> ▶ Contingency planning/pre-position supplies ▶ Train staff on special needs of HIV-affected populations ▶ Include information on nutritional care and support of PLHIV in community nutrition education programs ▶ Support food security of HIV-affected households 	5.1 Target food assistance to affected and at-risk households and communities 5.2 Plan nutrition and food needs for populations with high HIV prevalence 5.3 Promote appropriate care and feeding practices for PLHIV 5.4 Support and protect food security of HIV-affected and at-risk households and communities 5.5 Distribute food assistance to affected households and communities	<ul style="list-style-type: none"> ▶ Develop strategy to protect long-term food security of HIV-affected people ▶ Develop strategies and target vulnerable groups for agricultural extension programs ▶ Collaborate with community and home-based care programs in providing nutritional support ▶ Assist the government in fulfilling its obligation to respect the human right to food
6. Shelter and Site Planning	<ul style="list-style-type: none"> ▶ Ensure safety of potential sites 	6.1 Establish safely designed sites	<ul style="list-style-type: none"> ▶ Plan orderly movement of displaced

7. Health	<ul style="list-style-type: none"> ▶ Map current services and practices ▶ Plan and stock medical and reproductive health supplies ▶ Adapt/develop protocols ▶ Train health personnel ▶ Plan quality assurance mechanisms ▶ Train staff on the issue of sexual and gender-based violence (SGBV) and the link with HIV ▶ Determine prevalence of injecting drug use ▶ Develop instruction leaflets on cleaning injecting materials ▶ Map and support prevention and care initiatives ▶ Train staff and peer educators ▶ Train health staff on RH issues linked with emergencies and the use of RH kits ▶ Assess current practices in the application of universal precautions 	<p>7.1 Ensure access to basic health care for the most vulnerable</p> <p>7.2 Ensure a safe blood supply</p> <p>7.3 Provide condoms and establish condom supplies</p> <p>7.4 Establish syndromic STI treatment</p> <p>7.5 Ensure appropriate care for injecting drug users</p> <p>7.6 Manage the consequences of SGBV</p> <p>7.7 Ensure safe deliveries</p> <p>7.8 Universal precautions</p>	<ul style="list-style-type: none"> ▶ Forecast longer-term needs; secure regular supplies; ensure appropriate training of the staff ▶ Palliative care and home-based care ▶ Treatment of opportunistic infections and TB control programs ▶ Provision of ARV treatment ▶ Safe blood transfusion services ▶ Ensure regular supplies, include condoms with other RH activities ▶ Reassess condoms based on demand ▶ Management of STI including condoms ▶ Comprehensive sexual violence programs ▶ Control drug trafficking in camp settings ▶ Use peer educators to provide counseling and education on risk reduction strategies ▶ Voluntary counseling and testing ▶ Reproductive health services for young people ▶ Prevention of mother-to-child transmission ▶ Enable/monitor/reinforce universal precautions in health care
8. Education	<ul style="list-style-type: none"> ▶ Determine emergency education options for boys and girls ▶ Train teachers on HIV and sexual violence and exploitation 	<p>8.1 Ensure children's access to education</p>	<ul style="list-style-type: none"> ▶ Educate girls and boys (formal and non-formal) ▶ Provide life-skills-based HIV education ▶ Monitor and respond to sexual violence and exploitation in educational settings
9. Behavior Change Communication and Information, Education and Communication	<ul style="list-style-type: none"> ▶ Prepare culturally appropriate messages in local languages ▶ Prepare a basic BCC/IEC strategy ▶ Involve key beneficiaries ▶ Conduct awareness campaigns ▶ Store key documents outside potential emergency areas 	<p>9.1 Provide information on HIV prevention and care</p>	<ul style="list-style-type: none"> ▶ Scale up BCC/IEC ▶ Monitor and evaluate activities
10. HIV in the Workplace	<ul style="list-style-type: none"> ▶ Review personnel policies regarding the management of PLHIV who work in humanitarian operations ▶ Develop policies when there are none, aimed at minimizing the potential for discrimination ▶ Stock materials for post-exposure prophylaxis 	<p>10.1 Prevent discrimination by HIV status in staff management</p> <p>10.2 Make post-exposure prophylaxis available for humanitarian staff</p>	<ul style="list-style-type: none"> ▶ Build capacity of supporting groups for PLHIV and their families ▶ Establish workplace policies to eliminate discrimination against PLHIV ▶ Post-exposure prophylaxis for all humanitarian workers available on regular basis

Source: Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings (IASCTF). *Guidelines for HIV/AIDS Interventions in Emergency Settings*, 2003.

Assessing the Local Context

Historically, food assistance is used in emergencies to prevent increases in malnutrition and unnecessary deaths. While these objectives will always apply, the food assistance response strategy will depend on the nature of the crisis and its impact on people, their livelihoods and assets.

Understanding the ecology of HIV in crises and emergencies is important for effective programming. In fact, some of the same factors that cause food insecurity and humanitarian emergencies drive the HIV epidemic. In addition to standard emergency assessments, programs should conduct an HIV rapid risk and vulnerability assessment to identify risk groups, assess existing risks and determine specific factors that make the risk groups more vulnerable to HIV transmission. This information will guide program design and policy implementation. As much as possible, agencies should agree on standardized terminology, survey methodologies, definitions and forms, and they should develop a common database that respects confidentiality.

An assessment of the local epidemiology of HIV—in both the displaced population and the host communities—and how it interacts with the current and anticipated food security situation should underpin the design and implementation of interventions. The epidemiology of HIV varies widely in displaced-population settings, with some populations exhibiting a low HIV prevalence except in defined high-risk groups, while other populations struggle with a more generalized epidemic. HIV epidemics may also be associated with different patterns of food and nutritional insecurity among vulnerable groups. In situations involving displaced populations, both the displaced population and the host communities should be assessed. Initial HIV-prevalence rates and the nature of displaced populations' interactions with host communities can be significant determinants of HIV risk in both populations. UNHCR/WFP's *Integration of HIV/AIDS Activities with Food and Nutrition Support in Refugee Settings* describes outputs that should be included in a situational assessment:³

- ▶ Epidemiological patterns of disease and identification of high-risk groups
- ▶ Risks associated with refugee-host interaction
- ▶ Principal routes of transmission
- ▶ Roles of knowledge and behaviors
- ▶ Identification of priority strategies for HIV interventions, including prevention, care and support for affected families, health care and treatment interventions

Key Considerations for Program Design in High HIV Prevalence Contexts

These considerations should be taken into account when programming food assistance in high HIV prevalence emergency settings:⁴

Unintended consequences. Programs should follow the principle of “First, do no harm.” Effective emergency programming requires consideration of both short- and long-term consequences to make sure that expedient responses today do not create problems in the future. To help avoid unintended consequences, all phases of an emergency response plan should include HIV technical support and cross-sectoral approaches. Whenever possible, large-scale distribution activities should be linked to sensitization, prevention awareness and stigma reduction.

Avoiding stigmatization. It cannot be overemphasized that avoidance of stigma and discrimination should be a priority at every stage of a program. Particularly in an emergency context, providing humanitarian assistance, whether it be food rations or training in vocational skills, can contribute to the stigmatization of PLHIV and HIV-affected households or be seen as giving preferential treatment to these groups. Programs should engage the community to dispel the fear and myths that fuel stigma and denial; in particular, PLHIV and their families can play a key role in deciding how to design sensitive programming that addresses stigma. In addition, wherever possible, assistance should be provided based on transparent, multiple-vulnerability criteria and in ways that do not single out PLHIV or affected families.

Aligning humanitarian strategies with host community norms. While ensuring at least minimum standards of prevention activity, provision of HIV-specific care and support services, and access to appropriate treatment to primary beneficiaries, be mindful of the HIV response in the local community. Providing services to refugee populations and not to host populations may spark tensions or hostility between the groups. Working toward parity with the host community in service availability and quality is very important and will help avoid creating a double standard that marginalizes one group over the other.

Effective collaboration mechanisms. Effective collaboration and coordination mechanisms are key to the success of any emergency response, especially one implemented amid the complexities of HIV. For example, ensuring a continuum of care for PLHIV, their families and at-risk groups during an emergency requires interagency collaboration, a common agenda and the authority and political will to deliver. As a mandatory first step, programs must ensure collaboration at the regional, national and local levels between UN agencies, NGOs and government bodies, and establish point persons for different aspects of the response.

Facilitating linkages across sectors. Collaboration is essential within agencies to bridge the “inter-sectoral divide.” Emergency response arms of UN agencies and NGOs traditionally do not have HIV specialists on staff, and the responsibility for addressing HIV is often

Serving Refugees and the Community in Zambia

Where possible and practical, extremely vulnerable host populations can be considered for programmes provided to refugees that combine food and HIV prevention, treatment, care and support. In northern Zambia, for example, host community members living near the Kala and Mwanze refugee camps are eligible for free care, integrated maternal and child health (MCH) services and VCT services at health clinics in the refugee camps.

As with refugee programs, the decision to provide external support to a host population should be based on a needs assessment. Host populations may have lower, equal or higher HIV prevalence rates, and often exhibit poorer health status than stable refugee populations.

delegated to health staff within the development arm of many agencies. Regular inter-sectoral meetings in-house and with partners—including government and civil society—should ensure that humanitarian actions minimize risk of transmission and maximize personnel and resource costs.

Internal capacity and staff. Staff must be adequately trained in HIV-related programming as part of an organization's emergency preparedness, and relevant organizational policies must be up to date. Many organizations have regional or global technical resource people who serve a specific region or work in a particular program sector. Field offices should collaborate with these technical advisors to train field staff on programming for PLHIV in emergency response. In addition, the technical advisors should be called on to provide program guidance during an emergency response. Programs also should consider creating point-person positions specifically to manage HIV-related interventions and ensure adequate technical back-stopping. In addition, because staff in any humanitarian response are often stretched thin, additional staff may be needed to implement HIV-related strategies and meet minimum standards for food security program performance. Programs also should recognize that capacity-building should not be limited to the needs of refugee or displaced PLHIV in emergencies. Workplace policies and training in prevention, treatment and care of HIV for all levels of field staff involved in emergency contexts also are an essential part of any emergency response.

Continuum of care. Individuals and households must be allowed to move in and out of programs as their circumstances change. Especially where chronic food insecurity and high prevalence of HIV intersect, affected families often face a thin line between relative wellness and illness, chronic malnutrition and acute hunger; chronic poverty and destitution, and coping and not coping. Movement in and out of programs allows them access to a continuum of care that is crucial to their well-being.

Continuity between emergency and recovery phases. Where possible, HIV emergency activities should be linked from the outset with development activities and longer-term social protection mechanisms, preferably those that are government-supported. Purposeful capacity-building of local social welfare structures is encouraged.

Site planning. Emergency sites may be dispersed settlements, mass accommodation in existing shelters or organized camps. Programs should consider how sites' location and layout affect beneficiaries' safety and the delivery of food. For example, households that have chronically ill members or are headed by children should be placed near the food distribution point and should be ensured safe passage once they collect their rations.

Sexual and gender-based violence. The risk of sexual exploitation, abuse and gender-based violence often dramatically increases in emergency situations. Sexual and gender-based violence (SGBV) not only harms its victims, but also often contributes to the spread of HIV during protracted crises.⁵ Some important safety-related issues are covered in the IASC Code of Conduct on Sexual Violence and Exploitation (see box on page 274).

HIV awareness, prevention and care. IEC and BCC in emergency situations are essential to help people maintain or adopt behaviors that minimize their risk of contracting HIV or accessing services and assistance if they are living with or affected by HIV. Food assistance agencies can collaborate with IEC and BCC specialists to provide information at food distribution sites, as well as to transporters and food distribution staff.

Meeting dietary and nutrition needs. As discussed in **Chapter 10: Health and Nutrition**, PLHIV have specific dietary and nutritional needs. HIV can increase rates of malnutrition and mortality in emergencies, raising the importance of nutritional considerations when designing rations for populations with a high prevalence of HIV.

Sexual Exploitation: Being Part of the Solution, Not the Problem

In 2002, the international community was rocked by allegations of widespread sexual exploitation and abuse of refugee and internally displaced women and children by humanitarian workers and peacekeepers in Liberia, Sierra Leone and Guinea. Human Rights Watch and other NGOs called for a full investigation, action against the perpetrators and comprehensive protection measures to prevent such abuse.

Because of these events and the obvious implications for HIV infection, it is highly recommended that all humanitarian workers, food distributors, and international, national and local partner organizations receive training on the IASC Code of Conduct on Sexual Violence and Exploitation, whose core elements include:⁶

- ▶ Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.
- ▶ Exchange of money, employment, goods or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior, is prohibited. This includes exchange of assistance that is due to beneficiaries.
- ▶ Sexual activity with children (persons under the age of 18) is prohibited, regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defense.
- ▶ Sexual relationships between humanitarian workers and beneficiaries are strongly discouraged because they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work.
- ▶ Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, s/he must report such concerns via established agency reporting mechanisms.
- ▶ Humanitarian workers are obliged to create/maintain an environment that prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems that maintain this environment.

For additional information on workplace issues, see Chapter 9: Operational Modalities.

Modifying ration size and mix. Where food rations are involved, they should be designed to help meet the special nutritional needs of PLHIV and other household members. Especially where participants are selected because of chronic illness in the household, a fortified, nutrient-dense commodity such as CSB should be included in the ration. (For more information, see **Chapter 6: Ration Design.**)

Improving food utilization for PLHIV. Providing food assistance in a high HIV prevalence context should go beyond simply improving access to food. It must also influence food utilization by supporting better hygiene practices, facilitating access to deworming (including adults living with HIV) and sharing information about child feeding and care practices, nutrition and food preparation.

Prioritizing high-risk groups with targeted interventions. Programs should remember that in emergencies, certain individuals may be more at risk than others. These are often the same people whose food insecurity is exacerbated by HIV and may include female-, child- and elderly-headed households; families hosting orphans; and families caring for the chronically ill. Where possible, programs should partner with or seek complementary resources from organizations such as schools, orphanages, churches, hospitals, maternal and child health (MCH) clinics and HBC programs already involved with HIV-affected households. In addition, in large-scale emergencies, some agencies map “hot spots”—areas where food insecurity overlaps with other indicators of vulnerability, such as high rates of HIV prevalence—to help prioritize high-risk groups.

Joint IEC Programming Reaches Swaziland Communities

In Swaziland, WFP and UNFPA, in partnership with the MOE, jointly implemented a project to raise awareness and understanding of HIV and related issues among communities through relief committees (RCs) that are responsible for food distribution and management.

There are 179 RCs, each composed of 11 women and two men. Two leaders each from 163 RCs participated in a five-day training of trainers (TOT) by UNFPA and the MOH, which included participatory methods and videos. The training modules were developed by WFP and UNFPA and covered a range of topics including

HIV (including PMTCT and ART), nutrition education, gender issues, SGBV, sexual/reproductive health, family planning, safe motherhood, adolescent health and child abuse. After the TOTs, RC leaders were expected to train their fellow committee members, who were then mandated to educate the general community at food distribution points.

The project also developed IEC materials such as posters on male involvement, family planning, adolescent health and SGBV and disseminated them to clinics.

Reconnecting the HIV-Affected to Services

When displacement occurs, regardless of whether it is in a rapid or slow-onset emergency, PLHIV and their families are separated from the medical, social and other services that help sustain them. For example, it is difficult to provide ARVs to PLHIV in most post-disaster settings, although this may become more feasible in the future. Where ART is not available, humanitarian response programs should provide basic health care and palliative care to PLHIV. Once the situation has stabilized, humanitarian agencies should also introduce comprehensive surveillance, prevention, treatment, care and support services in conjunction with HIV protection and education programs to reduce stigma and discrimination.

Although typically not feasible in the earliest phase of an emergency response, a stabilized situation provides opportunity for several HIV initiatives, many of which can benefit from the integration of food assistance, including:

- ▶ Integration of a supplementary ration, supported by nutrition and PL education, into ART, HBC, TB control or PMTCT programs
- ▶ Support for inpatient hospital/clinic feeding programs with nutrition training and the establishment of a hospital/clinic demonstration garden for vegetables, fruit and medicinal herbs
- ▶ Support for nutrition education training and other capacity-building activities for formal and traditional/community-based HBC providers
- ▶ Incorporation of food and nutrition resources to support the establishment or continuation of community HIV-related activities, including peer education and treatment supporters
- ▶ Support for training in topics such as nutrition, treatment literacy, PL, SGBV, stigma reduction, gender, substance abuse, etc.

Connecting the Displaced to HIV Services

UNAIDS and UNHCR recommend that refugee programming include culturally and linguistically relevant community-based prevention interventions (UNHCR 2005). In Uganda, where more than 220,000 refugees share health services with 135,000 people

from surrounding communities, UNHCR works with the government to provide refugees with access to VCT, screening and treatment for STIs, and PMTCT services.

Annex I: Additional Resources on Food Assistance and HIV in Emergency Settings

Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings (IASC TF). (2003) *Guidelines for HIV/AIDS Interventions in Emergency Settings* available at www.unfpa.org/upload/lib_pub_file/249_filename_guidelines-hiv-emer.pdf.

Smith, Ann. (2002) *HIV/AIDS and Emergencies: Analysis and Recommendations for Practice*, HPN Network Paper #38 available at www.odi.org.uk/Africa_Portal/pdf/networkpaper038.pdf.

Sphere Project. (2004) *Humanitarian Charter and Minimum Standards in Disaster Response* available at <http://ocw.jhsph.edu/courses/RefugeeHealthCare/PDFs/SphereProjectHandbook.pdf>.

UNAIDS. (2006) *The Development of Programme Strategies for Integration of HIV, Food and Nutrition Activities in Refugee Settings*, UNAIDS Best Practice Collection available at www.unhcr.org/protect/PROTECTION/44bcad592.pdf.

United Nations High Commissioner for Refugees (UNHCR) and World Food Programme (WFP). (2004) *Integration of HIV/AIDS Activities with Food and Nutrition Support in Refugee Settings: Specific Programme Strategies* available at http://data.unaids.org/pub/Manual/2004/integration_hiv_nutrition_strategies_manual.pdf.

United Nations High Commissioner for Refugees (UNHCR) and World Food Programme (WFP). (1999) *Guidelines for Selective Feeding Programmes in Emergency Situations* available at www.unsystem.org/SCN/archives/rnis26/ch7.htm.

United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Food Programme (WFP) and World Health Organization (WHO). (2003) *Food and Nutrition Needs in Emergencies* available at <http://whqlibdoc.who.int/hq/2004/a83743.pdf>.

World Food Programme (WFP). (2002) *Programming in the Era of AIDS: WFP's Response to HIV/AIDS* available at www.wfp.org/eb/docs/2003/wfp013221~2.pdf.

World Health Organization (WHO). (2003) *Nutrient Requirements for People Living with HIV/AIDS: Report of a Technical Consultation* available at www.who.int/nutrition/publications/Content_nutrient_requirements.pdf.

Endnotes

- 1 World Food Programme (WFP). *Consolidated Framework of WFP Policies*. Executive Board, Second Regular Session. Rome: WFP, 2005.
- 2 UNAIDS. *The Development of Programme Strategies for Integration of HIV, Food and Nutrition Activities in Refugee Settings*. UNAIDS Best Practice Collection. Geneva: UNAIDS, May 2006, available at www.unhcr.org/protect/PROTECTION/44bcad592.pdf.
- 3 United Nations High Commissioner for Refugees (UNHCR) and World Food Programme (WFP). *Integration of HIV/AIDS Activities with Food and Nutrition Support in Refugee Settings: Specific Programme Strategies*. Geneva: UNHCR, 2004.
- 4 Adapted from UNHCR/WFP, *Integration of HIV/AIDS Activities*.
- 5 Created by Kara Greenblott for WorldVision US to facilitate the use of IASC Guidelines for SGBV by field staff.
- 6 Inter-Agency Standing Committee (IASC) Task Force on Sexual Exploitation and Abuse. *Report of the Standing Committee Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises*. June 2002.

There is increasing acknowledgment in the development community of the links between food insecurity and HIV, and the corresponding need to integrate food and nutritional support into a comprehensive response to the epidemic. The goal of Food Assistance Programming in the Context of HIV is to improve capacity to design and implement food security programs that respond to HIV-related challenges and HIV programs that respond to food security challenges. The guide provides a set of tools, promising practices and key considerations that enhance the flexibility and appropriateness of program design and implementation modalities.

