Guidelines for integrating HIV / AIDS concerns in agricultural emergency interventions

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Guidelines for integrating HIV / AIDS concerns in agricultural emergency interventions

elaborated by

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Cover photo: Children from May-Chena refugee camp in a rehabilitated field of finger millet, which has been cultivated with seed relief providing the local, drought-resistant variety "walye" (Tigray, Ethiopia).

SYNOPSIS

These guidelines aim at supporting HIV/AIDS sensitive approaches in agricultural emergency interventions. They respond to the fact that HIV/AIDS represents increasingly a key concern in humanitarian emergencies. As a matter of fact, HIV/AIDS is already merging with natural and social disasters, such as drought and civil strife, and creating complex humanitarian emergencies, largely in Africa. In essence, HIV/AIDS and emergency situations are mutually aggravating phenomena that require tailored responses in agricultural emergency operations, especially as it affects the rural poor.

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1. INTRODUCTION

HIV/AIDS, rural development and humanitarian crisis

In many countries, the HIV/AIDS epidemic is not only a public health problem, but also a major development issue. In fact, it constitutes a unique disease because of its devastating and cumulative development impact, especially as it affects the rural poor. HIV/AIDS sets apart from other major diseases, like malaria, because of the scale of morbidity and mortality in the most active and productive segment of society. AIDS thus poses a serious threat to rural development, particularly in poor rural communities, because it disrupts agricultural dynamics, expands livelihood vulnerability, and increases food insecurity.

Emergency situations aggravate the agricultural and development impact of HIV/AIDS, whilst impairing the household's ability to cope with the entire situation. Consequently, poor rural people result trapped in a downward cycle of poverty, food insecurity, and despair. That is particularly grave in Sub-Saharan Africa, where 70% of world's population with HIV/AIDS lives (over 28 million people), poverty and food insecurity are widespread and expanding, and complex emergencies are most frequent and increasing (including civil strife, war, and drought). In general, poverty, chronic food insecurity, HIV/AIDS, and humanitarian crisis are mutually aggravating phenomena, which generate complex scenarios that require committed, integrated, and cross-sectoral responses. In emergency situations, the HIV/AIDS epidemic constitutes an additional burden to communities and households because it exacerbates their emergency situation, impairs their prospects of emergency recovery, and places them at the edge of survival. Accordingly, there is a pressing need to address emergencies in the context of HIV/AIDS and hence to implement tailored responses.

HIV/AIDS: Infected and affected people

The development impact of HIV/AIDS requires simultaneous consideration of both the infected and the affected people, as follows:

a) *Infected people* are the persons suffering from HIV/AIDS. The disease impairs their health conditions, labour capacity, social and family responsibilities, emotional state, and overall quality of life. This is particularly dramatic among poor people because they lack access to basic healthcare and social services, mostly due to world inequalities.

b) *Affected people* represent the different persons affected, directly or indirectly, by the epidemic, including infected people, members of households having a person suffering from HIV/AIDS, and even entire rural communities with high HIV/AIDS prevalence rates (Figure 1).

Poor households having an infected person result entirely affected by the disease because of loss of workforce (due to morbidity and mortality), increasing need to divert time and resources to care for sick people, and growing economic expenses owing to AIDS (such as medical care and reduced income due to labour loss). When prevalence rates are significantly high, probably over 15%, an entire rural community could qualify as heavily affected by the disease, because the scale of morbidity and mortality is likely to impair community dynamics and social reproduction systems.

In development action, therefore, HIV/AIDS requires adequate consideration to both the people suffering from, and the people affected by HIV/AIDS. This is remarkably important for the agriculture and rural development sector, especially as it affects poor people and people more vulnerable to the epidemic's impact (e.g. rural women, orphans, elderly foster parents). In essence, HIV/AIDS creates a tremendous health, labour, economic, livelihood and emotional burden among the rural poor. Accordingly, the agricultural sector needs to address the circumstances and most pressing needs of AIDS-affected people, households and communities. In particular, a focus on the different AIDS-affected households is probably the most suitable approach.

Figure 1. AIDS-affected groups in poor rural areas

From a development perspective, AIDS-affected households in poor rural communities comprise a wide range of groups, such as particularly:

- households with an infected person (or a productive adult recently dead from HIV/AIDS)
- AIDS orphans
- female-headed households owing to HIV/AIDS
- orphan-headed households owing to HIV/AIDS
- poor foster households (families fostering AIDS orphans)

List of orphans in a village of central Tanzania, kept in the office of the village AIDS committee in order to monitor their situation in foster homes.

2. KEY ISSUES

In poor rural areas, HIV/AIDS is not only a public health issue, but also a critical development concern. The concurrence of AIDS and poverty has a devastating impact on the agriculture, food security and livelihood of the rural poor, all the more in emergency situations. The deployment of emergency relief and rehabilitation efforts needs due consideration of a number of food, agriculture and livelihood issues.

Labour stress

AIDS causes a significant scale of morbidity and mortality in the most productive and active segment of the rural society, thus eroding the workforce and the whole social fabric. In particular, AIDS creates increasing and cumulative pressures on the household labour economy due to sickness and death among productive adults, aside from demanding additional care-giving efforts. In other words, ill people cannot perform their full agricultural and other productive activities, whilst healthy people need to divert time and resources to fulfil missing tasks and to care for the sick. Overall, AIDS causes severe labour shortages for farm, off-farm and domestic work. This labour scarcity tends to constrain agricultural practices, force a reduction in farm area, decrease productivity, and increase vulnerability to agroecological risks. Consequently, AIDS increases food insecurity and livelihood vulnerability.

Rural women are particularly affected by AIDS-related labour stresses. They generally assume an overwhelming amount of responsibilities and tasks in farming, off-farm income activities, and household work. The also absorb most of the care-giving needs in the household related to HIV/AIDS, such as caring for sick people and AIDS orphans.

In emergency situations, AIDS-related labour stresses represent a critical concern, as it may aggravate the emergency situation and impair rehabilitation prospects. In fact, as emergency rehabilitation is highly dependent upon available labour, AIDS is likely to impair the success of rehabilitation. Accordingly, emergency assistance needs to strongly consider the labour stress owing to AIDS and thus implement tailored responses.

Figure 2.
Suggested agricultural strategies to alleviate AIDS-related labour stress

- Promote non-labour intensive crops and livestock (with due regard to overall nutritional needs).
- Promote agricultural diversification to better diffuse workload through time.
- Implement community water harvesting and management systems to improve the production/labour ratio.
- Conduct livestock restocking to aid agricultural practices (e.g. oxen)
- Implement gender sensitive approaches, placing special attention to the specific agricultural practices and needs of rural women.
- Encourage community actions oriented to support food security and nutrition among the most vulnerable households and people (e.g. community-based seed systems, community-based school feeding programmes).

Economic stress

Poor AIDS-affected households suffer an increasing economic stress due to a number of AIDS-related factors, including as follows:

- Labour stress reduces income sources, basically due to the associated decrease in agricultural production and in off-farm employment.
- AIDS-related health problems generate expensive medical costs.
- AIDS leads to additional expenses, such as funerals and fostering orphan children.

AIDS thus furthers impoverishment among the rural poor. In emergency situations, this underlying impoverishment represents an important development, health and emotional burden. Its most relevant effects are as follows: (a) food insecurity aggravates, (b) people are forced to the edge of despair and survival, (c) risks of HIV transmission increase, especially as women are forced to engage in commercial sex as survival strategy, and (d) the prospects of emergency recovery diminish. Tailored emergency responses are required, including the reinforcement of subsistence agriculture and the promotion of suitable income activities.

Figure 3. Suggested actions to alleviate AIDS-related economic stress

- Promote low-input agriculture.
- Implement adequate microcredit schemes that specifically tackle the economic conditions and capacities of AIDS-affected households.
- Strengthen subsistence agriculture to improve the food security base.
- Promote small-scale income generating activities, such as poultry raising and bee-keeping.
- Promote food processing, preservation, and marketing systems.
- Conduct re-stocking of agricultural capital, such as livestock, seeds, and access to land.

Food insecurity

AIDS aggravates food insecurity because of the associated labour and economic stress, more dramatically in emergency situations. In addition, agricultural disruption owing to labour shortages may result in further vulnerability to agroecological conditions and risks. Critical action to arrest increased food insecurity is required, potentially considering the following recommendations:

- Promote crops and cropping systems that are suitable with the labour stress that AIDS-affected households suffer, such as non-labour intensive crops.
- Promote crops and farming systems that reduce vulnerability to ecological and social factors, such as: (i) crop genetic resources that are resistant to drought and are non-dependent on external inputs, and (ii) agricultural diversification as a means to strengthen subsistence and reduce livelihood vulnerability to erratic market fluctuations.
- Enhance food utilisation, such as ensuring that vegetable production does not serve only marketplace options but also household nutritional needs.
- Increase food equity within the household, ensuring equal access to food and adequate nutrition among all family members, particularly children, women, orphans, and ill people.
- Implement nutrition-oriented agricultural systems and projects.

Nutrition and healthcare

In the context of HIV/AIDS, nutrition is a key issue and requires priority action. This is due to the fact that malnutrition facilitates the progression of HIV infection, which results in a deterioration of the immune system, the spread of opportunistic diseases, and a decline in overall health quality. Good nutrition is thus a fundamental healthcare component for people suffering from HIV/AIDS. It provides the following benefits: (a) controlling the progression of HIV infection; (b) mitigating AIDS health impact, such as opportunistic infections; and (c) maintaining a better and enduring quality of life. For instance, micronutrient adequacy seems important to building the immune system and help the physiological fight against both HIV progression and AIDS-related opportunistic diseases. Furthermore, the development impact of HIV/AIDS increases pressures on the nutrition of vulnerable people, such as orphans, female-headed households, and aged people. Finally, the use of medicinal plants is highly relevant and recommended to fight HIV/AIDS, especially in rural areas where medicinal plants and associated knowledge about their use are available and affordable.

In emergency situations, hunger and malnutrition often expand and rise. Interventions that are sensitive and oriented to nutrition are thus fundamental, including the fight against micronutrient deficiencies. Overall, integral action in the whole agriculture-food-nutrition-health complex is highly and urgently required to mitigate HIV/AIDS impacts.

Awareness and prevention

The HIV/AIDS epidemic entails silence, stigma and discrimination. Unlike most diseases, the HIV/AIDS epidemic has not generated enough social compassion and support for the infected and sick people. The silence, stigma and discrimination surrounding this epidemic impedes prevention, constrains care, and impairs mitigation. That is particularly critical in rural areas because of greater political, socio-economic and geographical marginalisation. Emergency actors need to deploy imaginative responses to break this barrier.

Emergency situations tend to increase the risk of HIV transmission, most heavily among women. In fact, HIV spreads faster in conditions of poverty, powerlessness, and conflict, which often intensify during emergencies. For instance, emergency situations frequently erode women's sexual security, force commercial sex as survival strategy, and disrupt social structures and customs that may represent preventive mechanisms.

Figure 4. Causes of increased HIV transmission in emergency situations

- Higher risks of sexual violence and abuse, particularly in cases of civil strife, war, and refugee populations.
- Increased levels of casual or commercial sex as survival strategy to gain access to food, money, and other basic needs that are missing or scarce due to the emergency.
- Damage of existing services for HIV/AIDS prevention, care, and mitigation.
- Increased levels of displaced people, mobility, and migration, which disrupt family and social structures, hence increasing the likelihood of HIV high-risk behaviour.
- Mobilisation of soldiers, especially in cases of civil strife and war, who generally represent a vector for widespread HIV infection, particularly in rural areas.
- Presence of high loads of alien people in emergency areas, such as peacekeeping troops and relief workers, which may disrupt local customs and increase HIV-risk behaviour among local people.

Agricultural emergency operations can be instrumental in the prevention of HIV/AIDS. Relevant actions comprise: (a) enhance women's food security and livelihood to curtail high risk behaviour owing to destitution (e.g. support women's agricultural activities, implement women-oriented income-generating activities, and direct micro-credit to poor rural women); and (b) incorporate awareness and prevention components in agricultural interventions.

Gender dimensions

Gender inequalities and HIV/AIDS are mutually aggravating phenomena, more so in emergency situations. The two main aspects of women's increased vulnerability to HIV/AIDS in emergency situations are as follows:

(i) *Women vulnerability to HIV infection.* In emergency situations, women are victims of sexual violence and abuse on a significant scale, particularly in cases of war, civil strife, and formation of refugee populations. In addition, as emergencies aggravate poverty and food insecurity, women often feel forced to engage in casual or commercial sex to fulfil basic food and economic needs of their families. Existing gender inequalities aggravate this situation, as women are more likely to be poorer and more food insecure, whilst less powerful to access alternatives.

(ii) *Women vulnerability to AIDS impact.* In emergency situations, women are more vulnerable to AIDS impact, as they have less means to mitigate it. For instance, women often suffer discrimination in access to productive resources, such as land and credit. Women livelihoods are often dependent on men, and therefore they have little control of their food security. Women-headed households are subject to higher food insecurity and livelihood vulnerability as a consequence of prevailing gender inequalities. Household labour loss generally places utmost pressures on women, who are likely to assume an overwhelming number of responsibilities on farm, off-farm, and household work, including care-giving for the sick. However, women play vital roles in the care and mitigation of HIV/AIDS, particularly in household food security, nutrition, and care-giving. Innovative gender approaches will help overcoming this paradox.

In general, women suffer a much higher vulnerability to HIV/AIDS during emergencies, requiring both direct support and stronger gender approaches. Consequently, the perverse concurrence of gender inequalities and HIV/AIDS requires in-depth gender approaches in emergency situations. Relief components that are women-oriented and gender-sensitive will help reducing women's vulnerability to HIV and mitigating AIDS impact on women.

Figure 5. Examples of the dense workload of rural women in Sub-Saharan Africa

- Subsistence agricultural activities
- Cultivating home gardens (which is a critical household nutritional source)
- Management of agricultural genetic resources
- Post-harvest activities (e.g. food preservation and processing)
- Income-generating activities (e.g. sale of farm products)
- Household nutrition (through meal preparation)
- Education of children and transmission of indigenous knowledge
- Care-giving (e.g. care for HIV-infected people, and fostering of AIDS and war orphans)

Additional considerations

In emergency operations, community mobilisation is required to generate and strengthen community responses, which may be useful to mitigate AIDS impact. However, AIDS reduces the ability of people to engage in community institutions and dynamics, more so in emergency situations. Accordingly, emergency assistance should find suitable means to build or re-build community organisations and social support systems as a mechanism for HIV/AIDS care and mitigation.

As AIDS is a recent and rapidly expanding epidemic, emergency assistance should incorporate components that enable AIDS-sensitive rural reconstruction. In view that AIDS poses many impacts and threats on rural livelihoods, tailored rural reconstruction is highly required to prevent AIDS becoming a chronic factor of food insecurity or even a trigger for further emergencies. Emergency interventions should thus envision the process of emergency rehabilitation and rural reconstruction, with due regard to the circumstances and needs related to HIV/AIDS.

Finally, the fight against HIV/AIDS requires the identification and implementation of means that are ethically and socially acceptable. As mentioned earlier, HIV/AIDS is surrounded by enormous silence, stigma, and social discrimination. Breaking this stigma and discrimination is essential to combating HIV/AIDS, let alone a human rights need. However, the process may create excess social resistance and tensions. In many cases, emergency projects that required the public identification and targeting of HIV-infected people are undesirable because they could violate the right to confidentiality and even increase social discrimination. Targeting relief specifically to HIV/AIDS infected and affected people may thus generate personal anxieties, social discrimination, and the failure of the project. Consequently, imaginative approaches are required to address HIV/AIDS in cases where significant social stigma exists, so to subtly benefit AIDS-affected people. Suggested approaches may be "public health" focus and comprehensive "household food security and nutrition" interventions, among others. At the same time, raising awareness and psycho-social support for HIV/AIDS through agricultural interventions is very necessary to help eliminating stigma, eradicating discrimination, facilitating social integration, and expanding the spaces for fighting the disease and its impact.

Meeting of the Aloet village group of UWESO (Ugandan Women's Efforts to Save Orphans), in an area of significant prevalence of AIDS orphans and displaced people (Soroti, Uganda).

Figure 6. The HIV/AIDS response framework

The response to HIV/AIDS epidemic comprises three main areas: prevention, care, and mitigation. They are all critical in emergency situations, especially as emergencies constrain the local ability to address them. The agricultural sector has a role to play in them all, predominantly in care and mitigation.

a) Prevention

There is a fundamental need to arrest the expansion of the HIV/AIDS epidemic through adequate prevention measures, especially in emergency situations, which increase significantly HIV transmission risks. The contribution of the agricultural sector in this area is comparatively limited, though there are some suitable options: (i) incorporating awareness creation in food and agricultural training, (ii) implementing projects that curtail high risk behaviour like commercial sex as survival strategy, and (iii) promoting local income-generating activities to avoid forced migration in search of employment, among others.

b) Care

For people suffering from HIV/AIDS, care is a fundamental need to control the progress of the infection, mitigate AIDS health impact (e.g. opportunistic diseases), and improve the overall quality of life. Care comprises a wide range of aspects, such as access to adequate drugs, nutritional quality, and psycho-social support. The agricultural sector has a relevant role to play in this area, especially as follows: (i) design and deploy adequate agricultural strategies to enhance nutritional quality, as that represents a healthcare priority among HIV-infected people; and (ii) promote agricultural activities that are suitable for moderately-ill people, as a joint food security and social inclusion process.

c) Mitigation

AIDS has a profound social, economic and development impact, especially among poor rural people. The agricultural sector has a fundamental role to play in mitigating AIDS impact on poor households and communities. That requires to implement both AIDS-sensitive interventions and supplementary targeted projects aiming at alleviating labour losses, mitigating AIDS-related economic crisis, arresting agricultural disruption, advancing food security, enhancing nutrition as basic HIV/AIDS healthcare component, and maintaining community dynamics. In the long term, mitigation also comprises tailored rural reconstruction efforts, enhancing the local capacity to address AIDS impact.

3. EMERGENCY AND NEEDS ASSESSMENT

After a disaster, and prior to emergency intervention, relief organisations conduct an assessment of both the scale of the emergency and the required priority needs. The integration of HIV/AIDS dimensions in this "emergency and needs assessment" is fundamental to accomplish an HIV/AIDS sensitive emergency response. Some recommendations for the agricultural sector follow.

Assessment of the humanitarian situation

a) Provide data or reliable estimates on HIV prevalence among the emergency-affected population. Whether possible, disaggregate HIV prevalence data for urban-rural areas, for the type of affected people (e.g. refugees, population hosting refugees, pastoralists, along-road communities), and for regional level (e.g. districts). UNAIDS, national HIV/AIDS thematic groups, governmental agencies, and local organisations are potential sources for HIV/AIDS data. Some careful consideration on available data is required, as surveying methods for HIV/AIDS are often inaccurate because of lack of established censing systems, low number of people surveyed, fragmented surveys (e.g. population estimations based on women attending pre-natal centres), and high stigma on the disease, among others.

b) Evaluate the epidemiological, demographic, and social dimensions of HIV/AIDS in the emergency area, including scale of morbidity and mortality, proportion of vulnerable households, number of orphans, and evolving demographic trends.

c) Describe the existing and potential socio-economic impact of AIDS on the scale of the emergency, including aggravated food insecurity, increased difficulties for agricultural rehabilitation, household economic crisis, and further gender inequalities.

d) Describe the potential effects of the emergency on HIV/AIDS, including: (a) increased risks of HIV transmission, (b) most vulnerable people to increased HIV-transmission risk, and (c) deterioration of malnutrition and healthcare.

Assessment of the agricultural situation

a) Collect and review information on agricultural and rural livelihood dimensions of HIV/AIDS at the national, regional, and local levels. This documentation will complement the basic literature available, allowing to better understanding the interface between HIV/AIDS and agriculture in the emergency setting.

b) Evaluate the conditions of the household labour economy in relation to AIDS, analysing AIDS-related labour stress in farm, off-farm and domestic work.

c) Conduct a comparative evaluation of the household labour system between AIDS-free and AIDS-affected households, and between pre-emergency and emergency situations, if base-line information is available.

d) Explore existing coping strategies to labour stress, including both positive coping responses and distress responses.

e) Examine the type and scale of labour stress among poor women in AIDS-affected households.

f) Use labour constrains as indicator of vulnerable population in need of agricultural emergency assistance. Provide estimates of likely labour constrains in the context of AIDS, such as: (i) percentage of households that report suffering labour stress; (ii) percentage of households with chronic ill productive adults; (iii) percentage of female-headed and mono-parental households; (iv) percentage of foster households; and (v) percentage of households headed by orphan children.

g) Evaluate food and livelihood vulnerability according to the agroecological conditions of the emergency-affected area, especially in cases of significant adverse agroecological features (e.g. drylands, low-fertility soils). Agroecological constraints are likely to aggravate food and livelihood vulnerability in the context of AIDS.

h) Consider the potential impact of AIDS in available agricultural assets, since AIDS-related household economic pressures often force the sale of productive resources such as land and livestock.

Assessment of emergency assistance needs

a) Explore agricultural and seed assistance for non-labour intensive agriculture, so to help alleviating labour stresses in AIDS-affected households. That includes seed distribution of non-labour intensive crops, as well as support for farming systems that diffuse labour through time (e.g. intercropping systems).

b) Explore means for strengthening subsistence agriculture, as it increasingly becomes the basis for household food security in the context of AIDS, whilst generally representing a principal activity among rural women.

c) Explore common emergency needs and potential joint collaboration with nutrition centres and the local health sector, as nutrition is an important component for the control of HIV infection and the mitigation of AIDS health impact. In particular, examine emergency needs in the health emergency sector to explore potential cross-sectoral collaboration.

d) Consider the promotion of home gardening, including seed distribution and training activities, as a pragmatic means for improving both food production and nutritional quality in AIDS-affected households.

e) Consider training to promote and improve non-labour-intensive farming systems.

f) Explore the existing and potential contribution of water and soil conservation systems to optimise the natural resource use for food security, including community water harvesting and distribution mechanisms.

g) Consider training on nutrition with a focus on: (i) integrated approaches to agriculture, food production, meal preparation, and household nutrition; and (ii) raising awareness on the direct relationships between HIV/AIDS, nutrition and healthcare.

h) Consider training to enhance household and community capacities on post-harvest aspects, including storage, food processing and preservation, co-operative institutions, marketing, and accounting. In particular, explore the potential of supporting and improving local practices for food preservation, processing, storage, and marketing. That could help a more efficient use of available labour to strengthen household food security and broaden income-generating options.

i) Identify organisations and initiatives that address the interface between HIV/AIDS and agriculture, as potential collaborators and source of experience for the emergency intervention.

j) Evaluate the degree of integration of HIV/AIDS concerns among the existing agricultural emergency organisations. Examine potential effects of such agricultural emergency activities in AIDS-affected households. Identify and highlight missing emergency assistance activities that could be relevant to mitigate food and livelihood vulnerability in AIDS-affected households.

4. CO-ORDINATION ASPECTS IN EMERGENCY SITUATIONS

In emergency interventions, co-ordination is a relevant task to optimise the response. In the agricultural sector, FAO plays two types of emergency co-ordinating roles: (a) responsibility for the agricultural relief and rehabilitation component of the entire United Nations humanitarian intervention, and (b) in some cases, serving as umbrella for governmental and non-governmental efforts in the agricultural emergency sector. Adequate co-ordination and collaboration among all sectors and partners is fundamental to improve emergency responses, as well as to better address the cross-sectoral dimensions of HIV/AIDS action.

HIV/AIDS and agricultural emergency co-ordination

Selected aspects for incorporating HIV/AIDS issues through agricultural emergency co-ordination activities comprise as follows:

a) Raise awareness on AIDS impact in agriculture and rural livelihoods, including labour loss, food insecurity, and nutritional concerns among poor AIDS-affected households.

b) In agricultural co-ordinating meetings, include HIV/AIDS dimensions in the agenda, and invite organisations involved on AIDS, such as UNAIDS, national HIV/AIDS Thematic Group, UNICEF, ministry of health, and AIDS organisations.

c) Participate actively in AIDS-related meetings, particularly those convened by UNAIDS and national HIV/AIDS thematic groups, so to explore potential collaborative and cross-sectoral efforts.

d) In information and reporting activities, integrate data and analysis of HIV/AIDS as it affects agriculture, rural livelihoods, food security, and household nutrition. Food security notes and joint emergency information releases are useful tools.

e) Promote the generation, discussion and dissemination of information on the interface between HIV/AIDS, agriculture and the emergency situation.

f) Promote the integration of AIDS concerns in agricultural emergency projects, as well as the design of agricultural emergency projects that specifically mitigate HIV/AIDS impact.

g) Explore inter-agency and cross-sectoral collaboration to address the food and livelihood security of AIDS-affected households.

h) Consider the needs of the health emergency sector in relation to food and nutrition.

Reporting and communication

The integration of HIV/AIDS concerns in reporting and communication is a relevant task for the agricultural and rural sector. Potential benefits include as follows: (a) raising and increasing awareness on the interface between AIDS and agriculture, (b) promoting discussion on means to mitigate AIDS impact in agriculture and food security, (c) facilitating

cross-sectoral collaboration, and (d) encouraging AIDS-sensitive policies and programmes. Suggested actions for AIDS-sensitive reporting and communication in the agricultural sector comprise, among others, as follows:

- Diffuse prevalence data and other information about the evolving trends of the epidemic in rural areas.
- Describe the type and scale of AIDS impact on agriculture, household food security, and rural livelihoods.
- Disseminate existing AIDS-sensitive and AIDS-oriented interventions in the agricultural sector.
- Suggest further action for the agriculture sector, including cross-sectoral approaches.

Relations with governments, donors and partners

In emergency interventions, dialogue and collaboration with governments, donors, and emergency partners is critical because there is an urgent need for financial and technical support in order to deploy the agricultural emergency response. Suggested action includes as follows:

- Integrate HIV/AIDS information and concerns in project profiles, information notes, press releases, documents, and reports, mentioning the studies previously conducted and the existing efforts to address HIV/AIDS concerns in agriculture and rural development.
- Conduct field visits, since that will help reluctant actors to visualise AIDS impact and become aware of the need for AIDS-sensitive emergency interventions.
- Identify and co-operate with donors and partner organisations that are sensitive to HIV/AIDS issues.
- Increase cross-sectoral and inter-agency collaboration, as this may enhance and broaden the integration of HIV/AIDS concerns.

5. PROJECT DESIGN AND EXECUTION

HIV/AIDS challenges agricultural emergency projects. An increasing focus on HIV/AIDS will be required as poor affected households are likely to suffer the highest constrains for food security and agricultural rehabilitation, and hence are likely to become priority recipients of agricultural assistance. Relevant components and practices for HIV/AIDS sensitive emergency assistance projects are next suggested.

Seed relief

Seed relief is a central component in agricultural emergency interventions, since it represents the primary basis for agricultural rehabilitation. In the context of AIDS, emergency action requires the design and deployment of seed relief in accordance with the needs of AIDS-affected households. Relevant practices comprise as follows:

- Promoting non-labour intensive crops to help coping with AIDS-related labour shortages.
- Providing seed relief for a diversified set of crops in order to support household nutrition and restore the specific agricultural practices of women, among other benefits.
- Providing a diversity of seed resources that can assist every AIDS-affected household to plan an agricultural system that better suits their needs and possibilities, helping them to balance labour, agroecological management, income, and nutrition, among others.
- Promoting seed varieties that enable low-input agricultural systems, so to safeguard the household economy and help AIDS-affected households to better absorb the economic burden owing to HIV/AIDS.
- Conduct seed relief that is ecologically and culturally sensitive, conforming to the indigenous knowledge systems, farmer seed systems and local food habits. This practice will optimise agricultural rehabilitation, as AIDS-affected households need access to seeds that they know and trust.
- Deploying a seed relief combination that aims at rebuilding farmer seed systems, including components for creating community-based seed systems.

A final consideration around seed relief in the context of HIV/AIDS is related to the need of strengthening farmer seed dynamics. In development practice there is an extended belief that the more complex a problem is, the more sophisticated the solution should be. In the seed sector, this legitimates the systematic deployment of modern seed types, even most recently genetically-modified seeds. These modern seeds are supposedly superior to local ones and are encouraged as a means to overcome labour shortages, productivity limits, drought and other constrains. Indigenous and local seed types are disregarded as "useless" to meet the needs of poor rural people, and increasingly displaced as result of modern development discourses and emergency interventions. However, neither modern varieties constitute an agricultural miracle, nor traditional varieties are hopeless residues from the past. In fact, small-scale farmers have for decades managed their crop genetic resources to meet their circumstances and needs, with notable success as demonstrated by their rich crop genetic diversity and their success to develop agriculture in the most extreme conditions. Accordingly, there is an urgent need to design and deploy seed relief in ways that truly restore farmer seed systems and farmer seed autonomy.

In essence, households suffering emergencies, HIV/AIDS and other difficult conditions need first and foremost that their customary seeds and seed dynamics are restored and

functioning again, rather than "experimenting" with new or exogenous genetic resources. This is an urgent need, yet often ignored or poorly attended. In addition, building community-based seed systems would represent an advanced strategy to enhance local mechanisms for seed access. In particular, grassroots seed systems would facilitate AIDS affected households a better access to a broad diversity of seeds, from different crops and varieties, which would help them to deploy farming in accordance with their circumstances and needs (e.g. available labour, agroecological conditions, women's crops, nutritional needs, market options).

Figure 7. Crop diversity in Ethiopia: An integral approach

Selected crops	Labour demand	Drought resistance	Tolerance to poor soils
Barley	moderate		
Chickpea	low	moderate	high
Faba bean	low		
Finger millet	low	high	high
Lentil	low		high
Maize	low		
Oat	moderate		
Sorghum	low	high	moderate
Teff	high	high	moderate
Wheat	moderate		

Source: Field research, Ethiopia, September 2001.

Members of a farmer group examine their yam multiplication plot, which was set up to facilitate local access to yam seedlings after a disease devastated cassava fields (Busia, Uganda)

Figure 8.
Ecologically and culturally appropriate seed relief:
Analysis of seed relief in Aga-Terke village (Gulomahda), Ethiopia

In the village of Aga-Terke, and in surrounding areas of Martha P.A., in Eastern Tigray (Ethiopia), farmers cultivate two main local varieties of wheat: *teselemo* [black] and *shahan* [white]. *Teselemo* is an early-maturing variety (*circa* 3 months) that is resistant to drought, poor soils, and some local diseases. *Shahan* is less resistant to agroecological constraints but, under favourable climatic conditions, can provide a higher yield, aside from having excellent properties for making bread.

As result of war in the late 1990s, wheat seed relief in this village consisted basically in the supply of the variety HAR-1685, which is a high-yielding variety (HYV) developed by the formal crop breeding sector. Governmental regulations and, in some cases, unavailable local seeds in the markets encouraged the distribution of this high-yielding variety to the detriment of farmers seed types.

Farmers in Aga-Terke lack both knowledge and custom around the distributed HAR-1685 variety. In addition, this modern variety requires the use of chemicals to ensure growth. Although conventional agronomists may regard HAR-1685 as an advanced wheat variety for increasing wheat productivity, farmers have to deal with an alien variety that is at odds with their agricultural dynamic and may render them more vulnerability. In particular, this modern variety entails the following paradoxes:

- It is not connected to the farmers' agroecological systems and practices.
- As a high-yielding variety, it is highly dependent on chemical inputs (e.g. fertilisers, pesticides), which may generate a vicious debit and impoverishment circle among poor farmers.
- It is likely to be more vulnerable to adverse local agroecological conditions, so that farmers may suffer increased food insecurity.
- Its high-yielding potential is probably dependent on depleting soil nutrients, thus undermining the prospects of agricultural sustainability and long-term food security, particularly in arid lands and poor soils such as in the highlands of northern Ethiopia.
- As the case for many high-yielding varieties, its yield potential will start declining after a few cropping seasons owing to genetic segregation, thus forcing farmers to purchase seed again, incurring in further expenses and loosing their seed autonomy.

Farmers of Aga-Terke, when asked about which type of seed relief they would prefer, tended to say that they would like to receive seed of the three mentioned wheat varieties: their two native varieties (to reconstruct their seed system) and the improved variety ("to experiment it"). However, when requested which variety they would choose if seed relief was limited, farmers tended to say that they preferred the *teselemo* variety because they know it is resistant to the local agroecological constraints (mainly drought and poor soils) and, thus, it is more reliable in providing a minimum amount of wheat grain for the family.

This case illustrates that understanding, respecting, and supporting farmers' rationale, concerns and needs is highly relevant for a successful agricultural rehabilitation process. This is more critical in the context of HIV/AIDS, as households suffer heavy and manifold constrains in their labour, agricultural, economic, and food security systems. Enhancing farmers' autonomy in seed access is essential for the recovery process.

In other areas of Ethiopia, seed relief comprised an organised seed market, which allowed farmers to purchase seeds according to their criteria and needs, and therefore plan a tailored agricultural rehabilitation. Accordingly, farmer-based seed relief systems, such as distribution of seed vouchers and organisation of local seed fairs, would prove particularly valuable in the context of HIV/AIDS, yet they are not still the norm in seed relief. They would strengthen the autonomy of every household to plan a tailored agriculture and rehabilitation process according to their specific needs, constrains and priorities, with due regard to their specific agroecological conditions, labour availability, nutritional needs, and food security concerns.

Overall, seed relief systems that support, rather than undermine, customary seed systems and farmers' decision-making are fundamental in the context of HIV/AIDS. They are more likely to enhance the autonomy and capacity of poor households to develop coping strategies tailored to their specific conditions.

Source: Field research in East Trigray, Ethiopia, September 2001.

Picture: Farmer with local wheat variety *teselemo* in East Tigray (Ethiopia).

Home gardens

The promotion and improvement of home gardens represent a suitable strategy for agricultural rehabilitation in the context of HIV/AIDS. Home gardens contribute directly to household food security, nutrition and healthcare. Diversified home gardens represent an excellent source of balanced nutrition, including micronutrients (vitamins and minerals), which will aid in the control of HIV infection and to mitigate AIDS health impact. As a space managed by women, their promotion would equally empower rural women.

Although home gardens may demand considerable labour efforts, adequate planning and some low-cost improvements can help to diffuse labour requirements over time and, therefore, result in an activity with a balanced labour/production ratio, which is very appropriate in a context of HIV/AIDS impact. Their usual location near the homestead makes home gardening an activity compatible with women's household duties, such as care-giving for children and the sick. Home gardens may also constitute a good income-generating activity, particularly in peri-urban areas that supply food to growing urban populations. In that case, however, food utilisation aspects need to be considered to avoid that a narrow focus on market exchange undermines the equal role of home gardens in household nutrition. Finally, home gardens can accommodate medicinal plants, which are relevant to combat HIV/AIDS.

Home gardening has increasingly become recognised as a key force for household nutrition, food security, and rural development, particularly among poor people. For instance, FAO has edited a comprehensive and practical series on home gardening in Southeast Asia, in Sub-Saharan Africa, and in Latin America and the Caribbean, respectively. Rural women generally hold knowledge and resources that are useful for home gardening and represent a good basis for improving home gardens. Some local NGOs have an established experience on home gardening, which should be capitalised during agricultural emergency interventions. Promoting and improving home gardens will benefit from training activities and technical assistance, especially if tailored to the needs of groups in higher risk of malnutrition.

The improvement of home gardening depends on associated soil and water management activities, often including low-cost innovations such as pumps and community water harvesting systems. That is more relevant in the context of HIV/AIDS, where these small-scale innovations could benefit very significantly the "labour/production/nutrition" equation in home gardening. It is also critical in drylands, where home gardening is traditionally more limited because of agroecological conditions, so that specific action on soil and water management could render significant benefits. Emergency assistance projects should thus incorporate these aspects as possible, since they would truly launch rural reconstruction in harmony with the needs of poor rural people and AIDS-affected households.

Suggested practices for home garden action in emergency assistance comprise as follows:

- Provision of seeds and seedlings of a diversity of home garden crops (e.g. vegetables, legumes, fruit trees), taking into account the agroecological conditions (e.g. soil, water), nutrition (e.g. vitamins), and cultural criteria (e.g. traditional crops, food habits).

- Provision of training components for improving and optimising home gardening, with a focus on the needs and constraints of AIDS-affected households.

- Support to small-scale water conservation and management at community level, such as water pumps, community wells, small water harvesting structures, and river diversion.

Figure 9. Home gardens: Household food security, nutrition and healthcare

- Home gardens constitute an excellent agricultural space to enhance household nutrition and healthcare, as they can grow a diversity of valuable plants, such as micronutrient-rich crops and medicinal plants.
- If adequately managed, home gardens can provide a regular and critical supply of food, which is particularly relevant during lean seasons, when staple crop failure occurs, or in cases of reduced farm area owing to AIDS-related labour shortages.
- Home gardens allow for optimum distribution of labour through time, helping AIDS-affected households to cope with labour constraints. In essence, home gardens provide a superior production/labour ratio.
- As home gardens are often located close to the homestead, their farming is easily compatible with domestic work, particularly with women's household roles, Home gardening thus results compatible with the labour stress and the care-giving needs in AIDS-affected households.
- Home gardens may constitute a good income-generating activity, particularly in peri-urban areas, in view of the expanding vegetable markets resulting from growing urban populations. However, adequate food utilisation is required to avoid narrow market focus that may undermine the fundamental role of home gardens in household food security and nutrition, particularly in the HIV/AIDS context.
- Home gardens often accommodate medicinal plants, which are increasingly relevant to combat AIDS health impact, such as immuno-depression conditions and opportunistic diseases, particularly among millions of poor people that cannot access available drugs because of unjust economic and trade barriers.
- Supporting home gardens is likely to empower women, which is a group suffering greater vulnerability in the context of AIDS. Home gardens are often an agricultural space created and managed by rural women, and hence any support and improvement will enhance women's role in agriculture, livelihood and nutrition.

Ethiopian peasant in her small home garden.

Community water well that also serves to irrigate surrounding vegetable gardens in a village in northern Ethiopia.

Miscellaneous agricultural and rural project components

There is a number of emergency interventions that would contribute to agricultural rehabilitation and launch rural reconstruction with a potential to simultaneously benefit AIDS-affected households. Some of them are outlined next:

- *Diversification of agricultural systems.* That is likely to help diffusing agricultural labour evenly throughout time, whilst improving household nutrition and enhancing local environmental risk management, among other socio-ecological benefits.

- *Support to traditional crops and customary farming systems.* Many traditional and neglected crops, local crop varieties, and customary farming systems provide socio-ecological benefits of high relevance to subsistence farmers and AIDS-affected households. Benefits include a good adaptation to local ecological conditions, lower labour requirements, and high nutritional properties.

- *Promotion of medicinal plants*. Promoting medicinal plants, whether through cultivation or sustainable wild harvesting, represents a fundamental healthcare component for the rural poor, especially those suffering from HIV/AIDS with no access to medical services and modern drugs. In particular, the promotion of medicinal plants is recommended for a number of reasons: (a) medicinal plants are useful, affordable and often available in rural areas, (b) healthcare needs are expanding due to the intricate health implications of HIV/AIDS, and (c) modern healthcare services and therapies are unavailable or very costly for the rural poor.

- *Support to livestock, forestry, and fisheries sectors*. These agricultural sectors constitute the food security and livelihood basis for many rural people, aside from important food, nutrition and income sources for many others. Adequate consideration of technical support and relief provision is required in cases where these productive sectors are relevant or have a potential. As practical recommendation, small ruminants, such as goats, are useful livestock resources in relief operations because they proportionately require low management, provide food and income, are well adapted to a wide range of environmental conditions, and can become very helpful for poor rural women.

- *Promotion of small-scale technologies*. Small-scale technologies, such as community water management systems and threshing machines, can enhance food production and reduce labour at a low investment cost.

- *Income-generating activities.* In the context of AIDS, income is important to face the associated economic crisis. Suggestions include promoting activities that can help poor and vulnerable households to broaden their income sources, such as bee-keeping, poultry raising, food processing, home gardening, and meal sale. The promotion of small-scale income generating activities needs a reformulation of microcredit schemes, with special attention to: (i) avoid unnecessary or excess indebtedness in AIDS-affected households, and (ii) encourage the socio-economic inclusion of such households through AIDS-sensitive credit schemes. Microcredit schemes focusing on women and women's groups are likely to have many positive effects in the mitigation of HIV/AIDS impacts.

- *Promotion of food processing and storage*. These practices enhance household food security and nutrition in a wider time period, allowing coping mechanisms for food shortages and "famine seasons". Suggested efforts include: promotion and improvement

of traditional food processing and storage practices, training, introduction of appropriate technologies, and support for small-scale agroindustrial initiatives.

- *Restoring rural market networks and systems.* The rehabilitation and support of rural market networks and systems is highly valuable because they are generally disrupted by emergencies, and because they are important spaces for income generation in rural areas. Considering the specific market capacities and needs of poor AIDS-affected households would be desirable for a more successful rehabilitation.

- *Support of community-based organisations*. Co-operating with, and supporting community organisations will enhance community mobilisation and social safety nets at the grassroots level. Community organisations thus represent a valuable force to mitigate AIDS impact, capable of providing socio-economic and emotional support for AIDS-affected families, and protecting social support and social reproduction systems.

left - Oxen are an important labour and agricultural support asset in many poor rural areas (picture: central Ethiopia).

right - Head of household next to her traditional grain storage facility; she argues that it works finely, but she lacks enough of these structures to safeguard sufficient food for her children, due to labour shortages and poverty (picture: central Uganda).

Strategies to avoid distress coping responses

The impact of HIV/AIDS forces poor rural people to adopt coping strategies that, in the long term, undermine their prospects of food security and rural development. These distress coping mechanisms, or short-sighted responses, are likely to expand in emergency situations, as destitution and despair grow. Some suggested interventions follow:

- Promote agricultural activities in connection with school feeding programmes to curtail "de-scholarisation" as a mechanism to save school fees.
- Distribute seed-protection food rations in emergencies with risk of famine.
- Implement social control of livestock provision to prevent that the economic crisis of AIDS-affected households causes the sale of livestock relief. If the mechanism for social control of livestock relief consists in the donation of first offspring in the village, a suggested practice would be to channel such donation to another vulnerable household (such as a female-headed household or an orphan-headed household).

Implementing partners and selection of beneficiaries

The identification of implementing partners for emergency projects is relevant to enhance HIV/AIDS sensitiveness and effectiveness. For instance, NGOs that have experience in integrating HIV/AIDS concerns in agricultural projects are a key implementing partner. In addition, it is recommended to co-operate with grassroots organisations that are sensitive to HIV/AIDS issues and that are likely to handle HIV/AIDS issues beyond stigma and social taboos. In particular, local associations with a social support orientation are relevant partners in agricultural emergency operations because they are likely to know, be used to work with, and benefit AIDS-affected households. For instance, organisations and associations that support care-giving services, community fields, co-operatives, nutrition awareness, children-care centres, or other collective initiatives are more suitable to target and support people affected by the AIDS epidemic impact. Incorporating them in agricultural emergency projects will further enhance the cross-sectoral approach to HIV/AIDS. Finally, women associations are also useful partners because women are among the most vulnerable groups to HIV/AIDS and a key actor in AIDS-sensitive action.

An important issue in emergency project design and execution is the selection and targeting of beneficiaries, more so in a scenario of heavy HIV/AIDS prevalence. Some recommendations follow:

a) When HIV/AIDS entails enormous stigma and social discrimination, confidentiality in the selection of beneficiaries becomes imperative. Every agricultural emergency project needs to consider the best means to integrate and target AIDS-affected people through socially and ethically appropriated approaches.

b) The targeting of AIDS-affected households can be conducted through the use of indirect criteria, such as: (i) households that report having a chronically sick adult, (ii) households with a productive adult that died in the previous year, (iii) female-headed and monoparental-headed households, (iv) orphan-headed households, and (v) foster households.

c) Joint work with AIDS-sensitive local organisations may facilitate the targeting of AIDS-affected households in need of agricultural emergency assistance.

d) Targeting foster households is a useful approach. AIDS has dramatically escalated the number of orphans, whilst eroding community support mechanisms that could absorb the new reality. These orphan children are often at a higher risk of malnutrition and destitution. In addition, supporting foster households would help recognising the fundamental roles of such households in the social development of AIDS-affected communities.

Figure 10. Supporting AIDS and war orphans through agricultural support:
The case of Partage-Tanzania

In Kagera, northwest Tanzania, the non-governmental organisation Partage supports about 4,000 orphans in the aftermath of AIDS and regional conflicts. Its main goal is to secure the rural future of orphans. Partage-Tanzania started in 1990 with a focus on social support activities, but has increasingly incorporated agricultural dimensions in orphan support. Therefore, their renovated efforts connect orphan support, agricultural development, community mobilisation and overall HIV/AIDS mitigation. This illustrates the potential and relevance of agricultural interventions for the socio-economic inclusion of orphans, as well as for the overall mitigation of HIV/AIDS. For instance, Partage-Tanzania has a team of 5 agronomists that support the rehabilitation of about 600 *shamba* [family fields] annually in direct support to orphans and foster families. It also has 15 workshops for training young people, 60 village-based teaching volunteers, 40 community groups, 250 scouts, and 14 experimental farms. The emphasis on agricultural development in the context of food insecurity, poverty and HIV/AIDS reveals new prospects for the livelihood of the poorest and most marginalised people in rural Africa.

Activities	Goals
Legal protection of land inheritance (orphans)	Food security
Early rehabilitation of orphans' fields	Food security
In situ learning workshops for children	Transfer of indigenous knowledge
Support to village-based women groups	Sustain small-scale agriculture; promote community mobilisation
Post-primary scouting	Rural integration of young farmers
Demonstration farms	Strengthening traditional and subsistence agriculture; dissemination of agrobiodiversity resources
Food processing plant (forthcoming)	Improve income generation
Local marketing of surplus (forthcoming)	Improve income generation

Source: Field research in Kagera region, and personal communications with Philippe Krynen (field manager of Partage). Tanzania, 2001.

Rural reconstruction and post-emergency considerations

Emergency interventions should encompass a broad vision of the emergency recovery process, more so in a context of significant HIV/AIDS prevalence. It is thus recommended to incorporate rural reconstruction components that address the continued health and development pressures that HIV/AIDS will pose in the post-emergency scenario. Accordingly, the planning and execution of the agricultural emergency response should provide AIDS-affected people with the capacity to reconstruct and maintain an autonomous food security and livelihood system. That is more relevant in view that many humanitarian crisis in poor rural areas tend to expand HIV levels and aggravate AIDS impacts, thus creating a different development scenario compared to the pre-emergency situation. In a context of significant HIV/AIDS pressures, emergency actions will only succeed if they leave rural people with more awareness and capacity to address HIV/AIDS.

Furthermore, emergency interventions often represent a precious opportunity to incorporate HIV/AIDS concerns in the whole agricultural and rural development process. This is more

relevant in view that many poor rural communities may not have other opportunities for agricultural development assistance that is sensitive to, and address HIV/AIDS. Accordingly, emergency interventions may be a unique opportunity to launch agricultural and rural development modes tailored to the circumstances and most pressing needs of poor rural households and communities affected by HIV/AIDS.

Figure 11. Emergency prevention and preparedness

Emergency prevention and preparedness is part of the agricultural emergency portfolio. Depending on its scale, HIV/AIDS impact could require due regard in activities of emergency prevention and preparedness. A suggested task would be to collect and diffuse information on HIV/AIDS prevalence and its likely socio-economic impacts (e.g. proportion of orphans, labour losses, and AIDS-related agricultural changes). In addition, emergency prevention would benefit through raising awareness on the interface between HIV/AIDS and agriculture, especially among the rural poor, and accordingly encouraging AIDS-targeted interventions to restraining a development crisis.

Figure 12. HIV/AIDS as a humanitarian emergency

In some circumstances, the scale of HIV/AIDS prevalence and impact may represent a humanitarian crisis that would deserve an emergency intervention. In particular, heavy HIV/AIDS prevalence in poor rural areas often constitutes a development crisis where people and households suffer dramatically food insecurity, economic impoverishment, agricultural collapse, and despair. Accordingly, the international community should increasingly consider the HIV/AIDS epidemic as a type of humanitarian emergency. This would legitimate urgent and strategic interventions, focusing on issues such as health, nutrition, agricultural assistance, community support, and the promotion of gender equality.

6. CONCLUSIONS

In Sub-Saharan Africa, and increasingly in parts of Asia and the Caribbean, HIV/AIDS is not only a serious public health problem, but also a major development issue. This epidemic, therefore, requires responses from the entire development spectrum, addressing prevention, care and mitigation needs. The most relevant roles of the agricultural sector in the fight against HIV/AIDS, especially under conditions of rural poverty, comprise as follows: (a) mitigating AIDS impacts, particularly labour stress, impoverishment and food insecurity; (b) improving nutrition, as both a key healthcare component for people suffering from HIV/AIDS, and a pressing need for people affected by AIDS, such as many orphans and female-headed households; and (c) supporting HIV prevention and AIDS mitigation through integrated efforts around gender equality, HIV/AIDS awareness-building, and community mobilisation.

HIV/AIDS and humanitarian emergencies are mutually aggravating phenomena. On the one hand, emergency situations often increase the transmission of HIV and exacerbate the scale of AIDS impact. On the other hand, HIV/AIDS worsens the scale of natural and social calamities, while constraining the prospects of emergency recovery. Accordingly, emergency interventions require adequate consideration of the HIV/AIDS epidemic, especially in areas of significant HIV/AIDS prevalence and in poor households and communities.

The roles of the agricultural sector in HIV/AIDS action, as mentioned above, are all applicable in emergency interventions, all the more as emergencies are likely to boost HIV infections, exacerbate AIDS impacts, constrain the local ability to confront AIDS impacts, and accentuate nutrition and healthcare needs. The agricultural sector can integrate HIV/AIDS concerns in humanitarian emergencies through both HIV/AIDS sensitive and HIV/AIDS targeted interventions, depending on the circumstances and the appropriateness of every potential action. The targeted population comprises both people suffering from HIV/AIDS and people affected by the AIDS epidemic impact, especially those under conditions of poverty, food insecurity and social exclusion.

The consideration of HIV/AIDS is necessary from early stages of the emergency intervention cycle. The "emergency and needs assessment" should pay adequate attention to HIV/AIDS as an issue that may be both connected to the emergency situation and relevant in the emergency response. Since HIV/AIDS impacts may differ, tailored and imaginative responses are needed according to: (a) the socio-economic, cultural, gender, environmental, and agricultural conditions in the emergency area, and (b) the type and scale of emergency. Consequently, consideration of HIV/AIDS from the "emergency and needs assessment" stage may result in better identification of emergency priorities and suitable responses.

HIV/AIDS considerations are also required in the co-ordinating role that agricultural organisations often play in humanitarian emergencies, as frequently is the case for FAO. It is recommended that actors responsible for the coordination of agricultural and rural interventions in humanitarian crises proceed as follows: (i) integrating the health sector and others in the planning and execution of food and agricultural emergency operations, and (ii) actively participating in the health sector response to the emergency.

Agricultural emergency projects are the main instrument for alleviating the humanitarian emergency and launching agricultural rehabilitation. They need to place special attention to HIV/AIDS because this represents one of the most severe and pressing development issues,

especially as it affects the rural poor. Certain actions and approaches are particularly relevant to address the circumstances and most urgent needs of poor rural people affected by HIV/AIDS. Some of them are required to contain or mitigate the HIV/AIDS impact. Others are useful to facilitate the success of emergency interventions and to truly launch reconstruction in a context of significant HIV/AIDS prevalence and impact. Suggested actions for agricultural emergency interventions comprise as follows:

(1) Design emergency assistance projects that pay attention to, are sensitive to, and, if possible, tackle directly the labour stress and economic impoverishment that AIDS affected households tend to suffer.

(2) Give priority attention to nutrition, placing emphasis on agriculture-based and gender-sensitive approaches to improve household nutrition.

(3) Increase collaboration with the health sector, focusing on restoring an integrated agriculture-food-nutrition-healthcare system in poor rural households.

(4) Incorporate gender approaches in order to curtail women's vulnerability to both HIV infection and AIDS impact.

(5) Foster community mobilisation in order to arrest the disruption of social support mechanisms and reorient them towards HIV/AIDS prevention, care and mitigation.

(6) Design and provide a seed relief package that meets the needs and circumstances of AIDS-affected households, including non-labour intensive crops, nutritious crops, and seed types that will facilitate the rebuilding of farmer seed systems. In particular, disseminate a diversity of seed resources so that every household affected by AIDS can plan and conduct farming according to their specific conditions and priority needs.

(7) Support and improve home gardens as an agricultural system with potential in addressing some pressing needs in AIDS-affected households and communities: e.g. improving household food security and nutrition, strengthening the agricultural roles of rural women, and increasing the flexibility of the rural labour system.

(8) Promote the diversification of agricultural systems and rural productive activities in order to diffuse labour loads, improve nutrition sources, enhance environmental management, increase income options, and strengthen sustainable rural livelihoods.

(9) Give priority to supporting and improving customary farming systems, because people affected by emergencies, HIV/AIDS and other difficult conditions need first and foremost that their habitual agricultural systems work well (rather than "experimenting" with new or exogenous crops and farming systems, which entail uncertainty and may waste scarce human and economic resources).

(10) Promote the cultivation and use of medicinal plants in order to strengthen traditional healthcare systems, especially in view that modern healthcare services and drugs are generally unavailable or unaffordable for the rural poor.

(11) Promote food processing and storage practices to broaden the means for household food security and nutrition, supporting both traditional practices and new appropriate/affordable technologies.

(12) Implement strategies and activities that avoid or curtail "distress coping responses" due to HIV/AIDS.

(13) Engage in close co-operation with development actors that have local experience in, or sensitiveness to HIV/AIDS (e.g. specific non-governmental organisations, women associations, and social-support organisations at the grassroots level).

(14) Deploy interventions that directly aid and benefit AIDS-affected people and households, when such targeted action does not entail discrimination, violate confidentiality rights, or generate excess cultural or social tensions. Deploy imaginative projects to ensure the use of socially and ethically appropriate means in supporting and benefiting AIDS-affected people and households.

(15) Incorporate components for HIV/AIDS awareness and prevention in agricultural emergency projects.

Emergency interventions should normally contain a vision and components for launching rural reconstruction. This is more crucial in the context of HIV/AIDS, all the more as many complex emergencies tend to expand HIV infections and aggravate AIDS impacts. Accordingly, agricultural emergency assistance should enable rural people and communities to cope with HIV/AIDS impact, deploying rehabilitation and development modes adjusted to their evolving circumstances and needs.

In addition, emergency interventions offer a unique opportunity to deploy AIDS-sensitive and AIDS-oriented practices, especially in marginalised rural areas that normally receive little development assistance and suffer heavy HIV/AIDS impacts. In this sense, the emergency intervention can simultaneously serve to deploy agricultural and rural development strategies suitable to combat HIV/AIDS, which otherwise would never arrive on time.

Finally, HIV/AIDS may represent an emergency situation itself and, accordingly, legitimate the mobilisation of emergency relief. In particular, HIV/AIDS may constitute a major factor triggering a humanitarian crisis, or worsening the scale of any eventual emergency. Depending on the scale of poverty and livelihood vulnerability, communities above a certain HIV/AIDS threshold may suffer devastating agricultural and socio-economic impacts that demanded emergency support. In essence, HIV/AIDS should be also considered as a type of emergency, which would justify an emergency intervention if a significant level of humanitarian and development crisis occurs.

In conclusion, HIV/AIDS represents one of the latest world's development crises and it is increasingly a key issue in humanitarian emergencies. As a matter of fact, HIV/AIDS is already merging with natural and social calamities, such as drought and civil strife, and creating complex humanitarian crises. HIV/AIDS and emergency situations are thus mutually aggravating phenomena that require HIV/AIDS sensitive approaches in agricultural emergency operations. The present guidelines are a first attempt to help adjusting agricultural emergency operations to the evolving scenarios owing to the HIV/AIDS crisis. However, the situation challenges every agricultural emergency actor to use their experience and make every possible effort to urgently adapt their tasks to this critical pressure. In essence, agricultural emergency interventions may not only require, but should also become instrumental to advance HIV/AIDS sensitive development modes, especially because countless poor rural people affected by HIV/AIDS are already in a race against time.

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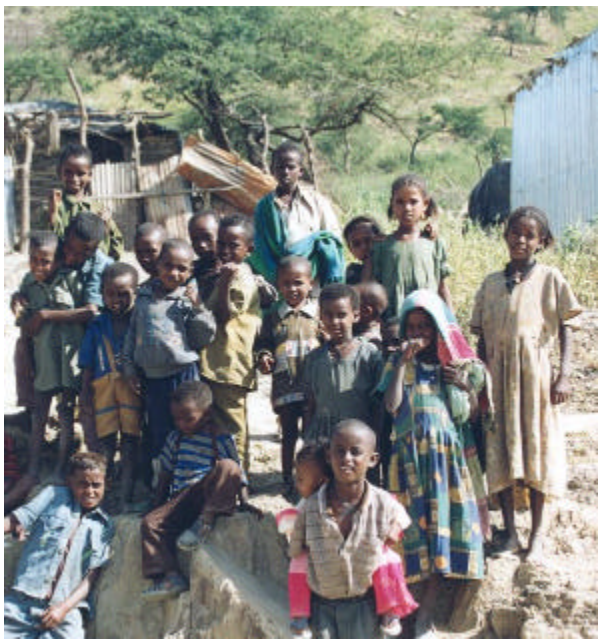

Children in a refugee camp in Ethiopia. Their survival and rural reconstruction prospects rely on tailored food, seed and agricultural assistance.

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