HIV/AIDS Programming for the most vulnerable populations in humanitarian crisis

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Background

• Complex emergencies - on the increase
  • result of conflict and natural disasters

• 42m refugees and internally displaced people

• Feb. 2000 during Interagency Standing committee working group - reference sub-working group on HIV/AIDS in Emergency settings - chaired by WHO
Southern Africa

- Devastating food crisis unfolding
  - estimated 14.5m in need of food aid
- Food crisis exacerbated by high HIV prevalence
  - prevalence rates more than 20% in many of the countries
Humanitarian Crisis in Zimbabwe

- Economic recession
  - inflation; unemployment; poverty
- Current drought; residual effects of Cyclone Eline (Feb-Mar 2000)
  - food insecurity
- Land reforms
  - Population movements; internally displaced persons; disrupted crop production
- HIV/AIDS pandemic
Impact of drought on HIV/AIDS

- Hunger exacerbates HIV/AIDS
  - increased likelihood of infection in malnourished
  - progression to AIDS increased in HIV positive

- Affected families - less access to food
  - Women and children resort to sex women in exchange for food
  - Shift from cultivation of cash crops to food crop cultivation for basic survival resulting in further poverty
HIV/AIDS and population movement

- Increased HIV risk in refugee and displaced populations (est. 1.8m affected)

New settlements
- most unplanned - no basic social services - HIV awareness and prevention limited
- food production - unstable
- disruption of social/family norms
- prone to violence - increase in rape
HIV/AIDS and poverty

As a result of crisis - increased poverty

Direct link between poverty and HIV/AIDS
- decreased level of education, decreased access to information, access to health
- Economically active age group most affected
- Child labour increases - increased risk of infection
- Household income used for care and burials of infected - less available for education, food, labour etc
- shift from cash crops to food for survival
Humanitarian Assistance and Recovery Programme (HARP)

- establishment of Relief and Recovery Unit in UN Resident Coordinator’s family
- whole UN family in partnership with NGOs, government departments and private sector conducted rapid needs assessment
- use comparative advantage of agencies to address different sectors
Response (2)

- e.g. WHO - health; UNICEF - nutrition, water and sanitation; UNAIDS - HIV/AIDS in all sectors;
  NGOs - food aid; identification of most vulnerable

- Consolidated appeal
- Development of sectoral plans
Other experiences

**Strengthening district response to HIV/AIDS**

- Project through United Nations Fund for International Partnerships (UNIFIP)
- support six districts - Buhera, Bikita, UMP, Rushinga, Bulilimamangwe, Gokwe North
- poorest districts
- utilizing and supporting existings structures
Major achievements

- Joint needs assessment
- Joint planning - different agencies support their area of technical expertise
- Development of district planning manual - now adopted by all districts
- Strengthening of existing structures - NAC
- Advocacy taskforce
WHO support

- Training of staff in care of the infected
- In development of standardized home based care kit
- In development of minimum training package for home based care providers
- Support for establishment of “youth friendly corners in clinics”
- Staff training in provision of youth friendly services
- Work with MoH and other partners in supporting PMTCT - Buhera