



Self-Assessment Checklist: HIV in Emergencies

HIV and humanitarian crises can co-exist in a vicious cycle - HIV is a global pandemic and exacerbates the vulnerability of communities towards the effects of an emergency and the very nature of a humanitarian crisis can fuel HIV transmission.

The Code of Good Practice for NGOs Responding to HIV/AIDS (the 'Code') notes that the dynamics of HIV in humanitarian emergencies are complex and depend on many factors including HIV prevalence, the type of emergency (political, natural, rapid onset, gradual), and levels of displacement, resettlement and recovery. Depending on the context of the country's HIV pandemic and the impact of the emergency on population vulnerability, there may be different outcomes in terms of HIV transmission.

It is however generally recognised that: disaster affected populations are more vulnerable to HIV infection¹, and population groups that are already at a high-risk, become even more vulnerable during emergency situations². Widespread human rights abuses, displacement, food insecurity, sexual and gender-based violence, alongside pre-existing poor social and economic infrastructures, can all exacerbate the effects of the emergency on HIV transmission and on people living with HIV (PLHIV) and affected communities.



The Code identifies five key principles on HIV in emergencies:

- We review our development and humanitarian programmes to assess their relevance to reducing vulnerability to HIV infection and addressing the consequences of HIV.
- We work in partnerships to maximise the access of PLHIV and affected communities to an integrated range of programmes to meet their needs.
- We ensure that our humanitarian programmes reduce vulnerability to HIV infection and address the needs of PLHIV and affected communities.
- We advocate for an environment that supports effective mainstreaming of HIV.
- We advocate for an enabling environment that addresses the underlying causes of vulnerability to HIV.

This self-assessment checklist will help you assess the degree to which your organisation is successfully building the capacity of the communities that you work with. The questions are designed to be thinking points or guidelines to help you identify areas that are already at a 'good practice' level, and areas that need to be developed and strengthened.

author

This checklist was developed by TearFund.

1. Samuels, F. et al, HIV and AIDS in Emergencies: Draft literature review, ODI, September 2007
2. Spiegel, P. UNAIDS / UNHCR HIV and Refugees Policy Brief, January 2007



Self-Assessment Checklist: HIV in Emergencies

Self-Assessment Instructions

This checklist should be completed by a group of three to five staff members who are involved with HIV in emergencies at your organisation.

Please indicate your answer to each question by marking the appropriate box.

- Y** Yes, we undertake this work/activity
- I** Insufficient, in preparation, or is not followed in practice
- N** No, we've not yet tackled this work/activity
- NR** Not relevant to our work

Each section has questions that are relevant to responding to HIV in an emergency within a specific sector. All organisations involved in emergencies should be able to complete Sections A (Emergency Preparedness) and H (Early Recovery), however there may be questions in other sections that may not apply directly to your activities, so you should mark 'NR'.

Additionally, there may be questions in this checklist that can only be considered within certain types and/or phases of an emergency. It is up to the organisation to understand the context that they are working in and refer to the *IASC Guidelines for HIV/AIDS Interventions in Emergency Settings* in order to ascertain which activities apply to them. It is also important to note that the approach of HIV interventions will differ according to HIV prevalence and nature of emergency in a particular country. In this way, the context of services provided to address a sudden onset natural disaster will not be the same as the level of services provided in a long term complex humanitarian setting.

Please be honest in completing this checklist. It is expected that your scoring will vary between modules, depending on your area of expertise.

There is no formalized scoring process for this assessment. Instead, we suggest that you look at the questions that you answered 'no' or 'insufficient' to, and then select areas that are most relevant for your organisation to improve upon in the short-term.

the Code

The Code of Good Practice for NGOs Responding to HIV/AIDS (the 'Code') was created by a broad consortium of NGOs to provide a shared vision of good practice to which NGOs can commit and be held accountable.

The Code outlines principles and practices that are informed by evidence and underscore successful NGO responses to HIV. It identifies a series of areas that are key to HIV programming and articulates fundamental principles that should be applied to HIV programmes in each of these areas.

These principles are aspirational, setting out examples of good practice that NGOs can work towards over time.

For more information on the Code, go to www.hivcode.org

Action Plan

We challenge you to use this tool to identify areas that your organisation needs to strengthen in order to reach a 'good practice' level, and then develop a brief Action Plan that highlights examples of HOW you will improve your work on HIV in emergencies over the next six months. You can use the Action Plan template provided at the end of this module or create your own.

There are ten Key Questions highlighted in the checklist in red. These questions address fundamental issues that you need to consider first when assessing how well your organisation is addressing HIV in emergencies. As you develop your Action Plan, keep these questions in mind. If you have answered 'no' to any of them, addressing these issues is a good starting point for improving your programmes.

How to save the Action Plan:

Complete the self-assessment module and Action Plan electronically, save the file and submit it to the Code Secretariat by email. The Secretariat will credit all NGOs that submit Action Plans as 'Implementing' NGOs and full signatories of the Code. After the period of six months, we will ask you to measure your progress against your Action Plan.



Checklist

Please indicate your answer by marking the appropriate box.

Y Yes, we undertake this work/activity

I Insufficient, in preparation, or being considered

N No, we've not yet tackled this work/activity

NR Not relevant to our work

A

Organisational Emergency Preparedness

Organisations working in humanitarian settings should be prepared to implement an effective response to HIV. Equally, organisations involved in HIV work in disaster-vulnerable countries should be prepared to reorganise their activities to address the additional needs caused by an emergency. In both cases, this requires adequate pre-planned strategies, training, logistical organisation, awareness-raising at the national and local level, technical capacity building, partnership and coordination.

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<p>1. Does your organisational strategy include HIV programming as part of your emergency response?</p>
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<p>2. Does your organisation have a HIV workplace policy that is well understood and used by all your staff?</p>
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<p>3. Does your organisation work to support national government policies / protocols / HIV and AIDS programmes?</p>
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<p>4. Does your organisation have access to all national HIV baseline data and national situation analysis reports, as well as data from other organisations and agencies working in the area?</p>
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<p>5. Do all staff members have a basic understanding of HIV, including issues of stigma and discrimination and gender inequality?</p>
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<p>6. Do all new staff members receive training and materials on HIV in emergencies?</p>
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<p>7. Are staff members aware of and ready to use the following guidelines:</p> <ul style="list-style-type: none"> • Inter-Agency Standing Committee (IASC) Guidelines for HIV/AIDS Interventions in Emergency Settings³ • The Sphere Project Guidelines⁴ • UN Commitment of Elimination of Sexual Exploitation and Abuse? • The Convention on the Rights of the Child?

3. www.unfpa.org/publications
 4. www.sphereproject.org



Checklist

Y I N NR

8. **Has your organisation created linkages with key local and national stakeholders doing HIV work (including NGOs, community-based organisations, faith-based groups, etc)?**

Y I N NR

9. Is your organisation familiar with the focal person(s) at the UN (such as the humanitarian resident coordinator and/or civil society coordinator at UNAIDS), relevant NGOs and/or government departments that can provide technical assistance on HIV in emergencies and help you to coordinate your response with other HIV actors?

Y I N NR

10. **Does your organisation have assessment systems in place to identify the most vulnerable, at-risk populations in communities where you work, and the groups that would be the most vulnerable during an emergency situation?**

Y I N NR

11. **Do staff members have a concrete understanding of and are ready to use assessment systems that assess vulnerability to HIV in an emergency context?**

Y I N NR

12. Has your organisation assessed the potential hazards and threats (flood, drought, conflict, etc) that can affect your target population, including the affects those situations could have HIV transmission?

Y I N NR

13. **Does your organisation have an HIV intervention strategy for HIV programming in an emergency phase?**

Y I N NR

14. **Has your organisation considered what the minimum response for HIV in an emergency should be in each sector and for each phase of the disaster management cycle you are working in?**

Y I N NR

15. Has your organisation determined the differential impact of emergency situations on women and men, young people and older people, and on other key populations such as sex workers, men who have sex with men and injecting drug users?

Y I N NR

16. **Has your organisation considered and listed the equipment and resources you would need to support HIV activities as part of your emergency response, and do you have an adequate supply chain for these resources?**

Y I N NR

17. Is your organisation aware of the logistics structures and procedures in emergency settings, especially relating to technical agreements for the provision of logistical services (for example, between UN agencies, NGOs, and the International Committee of the Red Cross)?

Y I N NR

18. Has your organisation set up a funding strategy that includes HIV activities that may be needed in an emergency?



Checklist

Y I N NR

19. Does your organisation have a system of standardised data collection, and monitoring and evaluation for any HIV interventions that you will implement?

Y I N NR

20. Has your organisation established strong links with PLHIV organisations in the community to ensure that projects are responsive to the real needs of beneficiaries, including women, men and young people living with HIV?

Actions needed to support Section A:



Checklist

B

Health

In an emergency, particularly in complex emergencies and post-conflict settings, health infrastructure is often weak. Providing or linking to HIV-related health care and other basic services in such contexts is difficult, yet critically important.

Y I N NR

1. Are your organisation's health services accessible to everyone, including the most vulnerable populations?

Y I N NR

2. Does your organisation provide targeted care and support for the following vulnerable populations:

• injecting and non-injecting drug users?

Y I N NR

• sex workers?

Y I N NR

• men who have sex with men?

Y I N NR

• women and girls?

Y I N NR

• young people?

Y I N NR

• people living with HIV?

Y I N NR

• people with disabilities?

Y I N NR

3. Do your organisation's health services prevent and treat infectious diseases that are common in emergencies (or refer clients to a local service), including diseases that severely affect the health of PLHIV?

This includes:

Y I N NR

• diarrhoeal diseases

Y I N NR

• acute respiratory infections, including tuberculosis (TB)

Y I N NR

• malaria

Y I N NR

• measles

Y I N NR

• malnutrition

Y I N NR

• sexually transmitted infections (STIs)



Checklist

Y I N NR

4. Are all staff members trained in universal precautions?

Y I N NR

5. Does your organisation have adequate supplies (such as gloves, disposable needles, safe waste disposal) to ensure safe procedures are implemented?

Y I N NR

6. Does your organisation have clear protocols and guidelines for all procedures, particularly in relation to blood safety and waste management?

Voluntary Counselling and Testing (VCT)

Y I N NR

7. Has your organisation assessed the cultural appropriateness of and the need for VCT?

Y I N NR

8. Has your organisation consulted with beneficiaries and VCT experts and created a strategy for the provision of VCT in different types of emergencies, whilst also considering issues of sustainability?

Y I N NR

9. Has your organisation determined the most appropriate location for providing VCT, depending on the type of emergency and context (for example, a stand-alone service or one within a healthcare setting)?

Y I N NR

10. Does your organisation have equipment and an adequate supply chain for providing VCT services as necessary in an emergency?

This includes:

Y I N NR

- rapid tests on capillary blood (two tests plus a tie breaker)

Y I N NR

- free-of-charge testing

Y I N NR

11. If your organisation does not provide VCT, do you have adequate information and referral systems to help people access this service?

Management of Opportunistic Infections

Y I N NR

12. Does your organisation provide prophylactic treatment (at least a minimum package) to treat opportunistic infections (for example, TB and fungal infections)?

Y I N NR

13. If your organisation does not provide prophylactic treatment, do you have adequate information and referral systems to help access the treatment?



Checklist

Providing Antiretroviral (ARV) Drugs

- Y I N NR
- Y I N NR
- Y I N NR
- Y I N NR
- Y I N NR
14. Does your organisation provide accessibility to antiretroviral (ARV) medication (at least a minimum package) including:
- post-exposure prophylaxis (PEP)?
 - prevention of mother to child transmission (PMTCT)?
 - sustaining ARVs for people already on treatment?
15. If your organisation does not provide ARVs, do you have adequate information and referral systems to help people access this service?
16. Has your organisation considered sustainability in the provision of ARVs?

Sexual and Gender Based Violence (SGBV) Case Management

- Y I N NR
- Y I N NR
- Y I N NR
- Y I N NR
- Y I N NR
- Y I N NR
- Y I N NR
17. Does your organisation have adequate facilities and skilled personnel (with a gender balance and cultural sensitivity) to offer medical care that does no further harm to SGBV survivors?
- This includes:
- documentation of injuries
 - collection of forensic evidence
 - treatment of injuries
 - evaluation of STIs and preventative care (PEP)
 - evaluation of risk of pregnancy and prevention
 - psychological support, counselling and follow-up (including evaluation of further risk)
18. If your organisation does not provide the above, do you have an adequate information and referral system to help people access these services?



Checklist

Management of Sexually Transmitted Infections (STIs)

Y I N NR

19. Does your organisation provide confidential STI treatment to affected populations, especially women and girls (with consideration of the fact that some cultures or insecure contexts may limit access to these groups in particular)?

Y I N NR

20. If your organisation does not provide treatment for STIs, do you have an adequate information and referral system to help people access this service?

Y I N NR

21. Does your organisation provide health education and condoms as part of your STI service?

Access to condoms

Y I N NR

22. Does your organisation promote free access to both male and female condoms?

Y I N NR

23. Does your organisation consider the following:

• condoms policy and protocols?

Y I N NR

• adequate and sustainable supply of condoms (calculated according to IASC Guidelines)?

Y I N NR

• coordinated and appropriate distribution of condoms according to culture and context?

Y I N NR

• adequate instructions of condom use?

Y I N NR

• monitoring of procurement and quality of condoms?

Actions needed to support Section B:

C

Education

Schools (informal or formal) can provide protection for children and provide them with access to HIV information and preventative resources. In an emergency context, it is important that this protection continues and schools do not become a place of coercion and exploitation. During emergencies, access may be denied for marginalised and vulnerable children, particularly those affected by HIV, and resources and school personnel may be limited.

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Does your organisation use the Inter Agency Network on Education in Emergencies minimum standards for education in emergencies, chronic crisis and early reconstruction ⁵ as a basic framework?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. If it is not possible to establish schools, has your organisation considered setting up temporary informal education?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. Has your organisation ensured that children (particularly girls) affected by the emergency and/or HIV can access education that is non-discriminatory and non-exploitative?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	For example: <ul style="list-style-type: none"> • Are fee waivers available and free educational materials?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • Can children access school if they do not have identification, birth certificates or other documents?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. Has your organisation ensured that class schedules are flexible in order to reach learners who have domestic and income-generating responsibilities?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. Has your organisation ensured that all the services you provide follow national policies, regulations and codes of conduct related to human rights and child protection?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. Does your organisation have a system of referral for children and adolescents that need psychosocial support, counselling and/or access to other services (for example, STI treatment or PEP)?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. Has your organisation ensured a healthy learning environment where children can access safe water and there are separate latrines for girls and boys and teaching staff in safe locations?

5. www.ineesite.org



Checklist

Y I N NR

8. Have you ensured availability of and access to child-friendly spaces for recreational learning?

Y I N NR

9. Has your organisation ensured that the ratio of male and female teachers, and/or volunteers, is appropriate to the male to female student ratio?

Y I N NR

10. Have teachers been trained in child-focused methods, HIV and life skills education, and do they receive ongoing professional support in these areas?

Y I N NR

11. Have you ensured that HIV education is included in the curriculum using a life skills-building approach (for example, is it participatory, reflective, inter-personal and learner-centred)?

Y I N NR

12. Does the curriculum provide adequate information on basic health, hygiene, nutrition and cultural and age-appropriate sexual health education?

Y I N NR

13. In the absence of skilled teachers, has your organisation mobilised community members to assist with the provision of learning opportunities?

Actions needed to support Section C:



Checklist

D

Food/Nutrition Support and Livelihood

It is widely accepted that there is a fundamental relationship between food security, nutrition and HIV. As good nutrition is a key contributing factor to the survival rate of PLHIV, ensuring that PLHIV have access to food security during emergency situations is vital.

Targeting and distribution of food aid to populations affected by HIV is complex for many reasons, notably the fact that many people do not know their HIV status and the fear of stigmatisation where HIV status is known.

Food security

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Has your organisation done or do you have access to an analysis report on the impact of an emergency on household food security and on the community at large, taking into account HIV, culture and gender considerations?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. Is your organisation providing appropriate humanitarian aid (food aid, seeds, tools, livestock) to ensure short- to medium-term access to food for the most vulnerable households?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. Does your organisation have a longer term strategy for ensuring household food security and community resilience (including the empowerment of the most vulnerable groups and the promotion of other livelihood and income generation activities)?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. Has your organisation ensured that, where possible, women have access to land, property and credit?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. Does your organisation contribute to the strengthening of agricultural knowledge and the promotion of labour saving practices and technologies to reduce the burden of household and agricultural tasks?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. Have you incorporated HIV prevention awareness activities within food security programmes?

Food distribution - In areas of high HIV prevalence

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. Did your organisation consider the Food and Nutrition Technical Assistance Guidelines ⁶ when deciding what type of food rations to distribute? This includes:
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • nutrient requirements
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • ready cooked or partially cooked food

6. www.fantaproject.org



Checklist

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• fortified foods
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	8. Has your organisation considered how you are distributing food rations? For example:
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• Are you ensuring that those who are too weak or ill to collect the ration can access the distribution; that women get equal access to food rations?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	9. Has your organisation considered distributing smaller rations on a more frequent basis, increasing the number of distribution points and/or shortening the distance beneficiaries have to travel to receive food?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	10. Has your organisation considered partnering with community-based organisations that are already involved with PLHIV and their families to distribute food (as a measure against stigma and discrimination)?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	11. Has your organisation considered other ways of targeting vulnerable groups in your food distribution activities (including the distribution of Unimix/ Corn Soya Blend /supplementary feeds?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	12. Has your organisation considered utilising the following possible food distribution points:
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• schools?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• orphanages?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• churches?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• hospitals?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• mother and child health clinics?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	13. Has your organisation considered awareness-raising activities and the provision of education to the general population with regard to additional food supplements/nutrients supplied to PLHIV, in order to reduce/avoid stigma and discrimination?



Checklist

Food distribution - In areas of high and low HIV prevalence

14. Has your organisation ensured your vulnerability criteria for food distribution includes the following groups:

Y I N NR

• female, child and elderly headed households?

Y I N NR

• orphans and vulnerable children (OVC) and families hosting OVC?

Y I N NR

• families caring for a chronically ill person?

Y I N NR

• vulnerable male-headed households?

Actions needed to support Section D:



Checklist

E

Water, Sanitation and Hygiene

When planning for water and sanitation programmes in humanitarian settings, careful attention needs to be paid to design. This includes considering the safety and protection of women and girls from sexual violence and exploitation, and the accompanying risk of HIV infection, as well as installing facilities that accommodate PLHIV with reduced muscular capacity.

PLHIV are especially susceptible to infections so safe clean water and hygiene promotion is also essential and must be accessible.

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Has your organisation consulted with women and children to ensure that water points and latrines are built in safe locations?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. Are the facilities well lit?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. Are the facilities fenced to keep out animals?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. Is there a system of maintenance and cleaning of sanitation facilities by the community?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. Has your organisation considered whether PLHIV are represented within water committees or other bodies responsible for the water point?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. If there is a system of payment for use of the water pumps, has your organisation considered a vulnerability criteria that includes concessions or waivers for PLHIV?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. Has your organisation considered increasing the amount of water provided for PLHIV and HIV-affected families?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	8. Has your organisation considered whether jerry cans and buckets provided are easy to carry for PLHIV, women or children?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	9. Are water pump mechanisms easy for PLHIV, women and children to use?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	10. Has your organisation considered whether the sanitation facilities built encourage easy access for chronically sick beneficiaries (for example, utilising ramps rather than steps, seats and hand rails)?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	11. Have animators/facilitators been trained on the special needs and hygiene considerations of PLHIV?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	12. Has your organisation considered training more water committee members and facilitators/animators to allow for drop-outs due to illness?

Actions needed to support Section E:

F

Protection

In high prevalence countries and communities, humanitarian agencies may find a significant number of unaccompanied minors and separated children during an emergency. These children are at high-risk of abuse. This situation can be particularly intense in conflict and post-conflict settings, where women and children may be subject to physical violence (including sexual violence), exploitation, discrimination, threats and intimidation - all of which can increase their vulnerability to HIV.

PLHIV are also in need of protection during humanitarian crises as they are often subjected to discrimination, stigma and social exclusion as a result of their HIV status and barred from accessing certain resources.

Y I N NR

1. Have your organisation's staff members, contractors and consultants signed a code of personal conduct?

PLHIV

Y I N NR

2. Has your organisation integrated human rights principles and standards that provide protection for PLHIV into your programmes/activities⁷?

Y I N NR

3. Has your organisation ensured that PLHIV (including women and men, girls and boys) and members of key populations are able to access all services and resources that your organisation provides?

Y I N NR

4. Does your organisation have or have access to a system where PLHIV and other vulnerable populations can lodge complaints / allegations of sexual coercion and other violations of rights?

Y I N NR

5. Has your organisation informed the community about this complaints procedure and do you regularly engage the community in using it?

Gender

Y I N NR

6. Has your organisation considered the Guidelines for Gender-Based Violence Interventions in Humanitarian Settings⁸ in your activities?

Y I N NR

7. Have staff members at your organisation received training on gender issues?

Y I N NR

8. Is your organisation aware of the national and traditional laws concerning sexual abuse and are you abiding by these within your organisation, as appropriate?

7. See IASC Guidelines, www.unfpa.org/publications.

8. www.humanitarianinfo.org



Checklist

Child Protection

Y I N NR

9. Does your organisation have a child protection policy and are all staff, contractors and consultants trained on this policy?

Y I N NR

10. Has your organisation considered seeking opportunities to train local authorities, peacekeepers and military personnel on child protection issues?

Y I N NR

11. Has your organisation considered the impact of the emergency situation on the vulnerability of children to HIV?

Y I N NR

12. Has your organisation assessed whether there are unaccompanied and separated children in the community, including child-headed households?

Y I N NR

13. Are you aware of where unaccompanied or separated children can be registered and do you have a system of facilitating this?

Y I N NR

14. Are you aware of how unaccompanied or separated children can be traced and reunited with siblings and extended families?

Y I N NR

15. Are you familiar with systems of fostering or encouraging communities to take in unaccompanied minors and/or separated children if their relatives cannot be found?

Y I N NR

16. Have you ensured that unaccompanied minors or separated children have access to basic health care services (including sexual and reproductive health services), food, water, sanitation and shelter?

Y I N NR

17. Have you ensured that unaccompanied minors or separated children are provided with child-friendly spaces where children can meet, play and access psychosocial support?

Actions needed to support Section F:

G

Shelter

The organisation of shelters and camp/settlement sites can have a significant impact on PLHIV and their families, who may be faced with discrimination and/or are too weak physically to build, rent or secure their own shelter(s).

In addition, initial decisions on location and layout of sites can have long-term effects on protection of key populations and increasing vulnerability to HIV.

Site or camp design/management

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Is your organisation familiar with local laws, national land policies and property rights?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. Do you advocate for the property rights for widows, child-headed households, displaced people and refugees?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. Have you included men, women, young people and PLHIV in your assessment, planning and implementation of shelter activities?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. Are PLHIV and women represented on camp committees?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. Have you ensured that vulnerable populations (such as orphans, unaccompanied minors, separated children, female-headed households, chronically ill persons, and transgenders) are considered in the registration of displaced people and refugees?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. Have you ensured that key populations are included in a site/camp map?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. Have you ensured that any documentation of shelter and settlement sites does not include information on HIV status?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	8. Have you ensured that the distribution of shelter materials and the allocation of land are done in a non-discriminatory manner?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	9. At transit centres, have you ensured protection measures for vulnerable groups such as unaccompanied children, adolescents and female-headed households – including providing a separate shelter for these groups?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	10. Have you selected and designed sites that enable ready and safe access to the following communal services, including:
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• health facilities
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• food distribution
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• water points



Checklist

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• markets
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• schools
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• latrines
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• places of worship
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• social services
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• fuel resources
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	• recreation activities (including child-friendly spaces)
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	11. Have you considered whether the host communities, displaced people and refugees all have equal and safe access to communal services?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	12. Have you set up a system of monitoring for the delivery of services in the site/camps?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	13. Have you consulted with national/local government and/or the lead agency to ensure displaced persons are included in the national HIV and AIDS policies and programmes?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	14. Have you ensured HIV prevention activities are conducted within the sites/camps?

Shelter

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	15. Have you consulted with PLHIV (including men and women, boys and girls) and considered their special needs in your shelter design?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	16. Has your organisation consulted with women and members of other key populations and considered their special needs in your shelter design?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	17. Have you established a system of supporting vulnerable people, such as PLHIV or families affected by HIV, who are unable to build their own shelter?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	18. Have you ensured that vulnerable people who are unable to build their own shelters are not exposed to coercion when relying on other community members to assist them?

Actions needed to support Section G:



Checklist

H

Early Recovery

Early recovery aims to generate and/or reinforce nationally owned processes (for example, the re-establishment of governance) for post-crisis recovery that are resilient and sustainable. Integrating HIV into early recovery essentially establishes a continuum of HIV services. It ensures that linkages and coordination are established with national HIV and AIDS strategies during and after the emergency phase to facilitate the process of recovery and longer-term development planning. Some of these activities may not be able to be implemented in certain emergencies, however they can be planned and prepared for when the setting is more stable.

Y I N NR

1. Does your organisation advocate for the mainstreaming of HIV and gender issues within emergencies with local authorities and other key stakeholders?

Y I N NR

2. Have you considered supporting and/or advising local authorities and other key stakeholders on the importance of mainstreaming HIV and gender within key sectors/clusters?

Y I N NR

3. Have you assisted local authorities to integrate and strengthen HIV and gender issues in the re-establishment of policies and governance?

Y I N NR

4. Have you ensured that any data collected is available and in a format that is useful for local government?

Y I N NR

5. Are you contributing to the national government's mechanisms for data collation?

Y I N NR

6. Have you considered integrating HIV and its impact into conflict prevention and peace-building activities?

Y I N NR

7. Have you ensured that all support services initiated during the emergency are appropriately re-assigned and transferred to relevant service providers in the area to continue the provision of these services (for example, VCT and ARV) in a sustainable manner?

Actions needed to support Section H:



Action Plan: HIV in Emergencies

In completing this self-assessment checklist, you are likely to have identified some areas that are in need of improvement and some that are already at a 'good practice' level.

Please complete the Action Plan table on the next page and highlight examples of how

you will improve your organisation's work on HIV in Emergencies over the next six months, thinking first about the Key Questions below. If you answer 'no' to any of these questions, it would be important for you to start here in improving your work!



Key Questions

1. Does your organisational strategy include HIV programming as part of your emergency response?
2. Does your organisation work to support national government policies / protocols / HIV and AIDS programmes?
3. Do all staff members have a basic understanding of HIV, including issues of stigma and discrimination, and gender inequality?
4. Are all staff members aware of and ready to use the IASC Guidelines for HIV Interventions in Emergency Settings?
5. Has your organisation created linkages with key local and national stakeholders doing HIV work (including NGOs, community-based organisations, faith-based groups, etc)?
6. Does your organisation have assessment systems in place to identify the most vulnerable, at-risk populations in communities where you work, and the groups that would be the most vulnerable during an emergency situation?
7. Do staff members have a concrete understanding of and are ready to use assessment systems that assess vulnerability to HIV in an emergency context?
8. Does your organisation have an HIV intervention strategy for HIV programming in emergency phase?
9. Has your organisation considered what the minimum response for HIV in an emergency should be in each sector and for each phase of the disaster management cycle you are working in?
10. Has your organisation considered and listed the equipment and resources you would need to support HIV activities as part of your emergency response, and do you have an adequate supply chain for these resources?

Please remember to save your completed action plan and email it to **info@hivcode.org** or send it to **PO Box 372, 1211 Geneva 19, Switzerland.**

Name of Organisation	Contact Person	Email Address
Signed		Date



Action Plan: HIV in Emergencies

Expected Outcomes
(What do we want to achieve?)

Key Activities
(What do we need to do?)

Action Points
(How do we do it?)

Resources
(What kind of support do we need to do it?)

Timeframe
(When will we do it?)
