



Self-Assessment Checklist: HIV in Emergencies

INTRODUCTION

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, informed by evidence, that 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 good practices that NGOs can work towards over time.

SELF-ASSESSMENT

This self-assessment checklist will help your NGO measure how your programmes measure up to the Code's good practice principles.

It will help you to identify areas in your organisation and programmes that are already at a 'good practice' level, as well as areas that need to be developed and strengthened to meet the Code's global standards.

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

We challenge you to use this tool to identify areas that your organisation needs to improve upon and then develop a brief Action Plan that highlights HOW you will make improvements in this area over the next year.

An Action Plan template is provided at the end of the checklist, which identifies Key Questions that can help you get started in improving your programmes. Resources on HIV in emergencies are available on the Code website (www.hivcode.org), as well as examples of good practice projects, news, reports and topics of current discussion.

After completing the Action Plan, please submit it to the Code Secretariat by email (info@hivcode.org) or in hard copy. We will then credit you as an 'Implementing NGO' and full signatory of the Code. After the period of one year, we will ask you to measure your progress against your Action Plan

HIV IN EMERGENCIES¹

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 further spread the virus. 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 with regards to HIV transmission. However, it is generally recognised that: disaster affected populations are more vulnerable to HIV infection² and; population groups that are already at a high-risk, become even more vulnerable during emergency situations.³ 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 presents a number of principles that relate to 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 provide and/or advocate for voluntary counselling and testing services that are accessible and confidential.
- Our HIV prevention programmes ensure that individuals have access to and information about the use of commodities to prevent HIV infection.
- We enable PLHIV and affected communities to meet their treatment, care and support needs.
- We protect and promote human rights in our work.

The additional principles below, adapted from the IASC 'Guidelines for HIV/AIDS Interventions in Emergencies' and guidance provided by World Vision International, are also important:

- Our interventions for HIV in humanitarian crises are multi-sectoral responses.
- We establish coordination and leadership mechanisms prior to an emergency, and each stakeholder's strengths identified, so that an effective response can be made.
- We involve local and national governments (where possible), institutions and target populations in planning, implementation and allocating human and financial resources.
- Our HIV activities that are targeted at displaced, refugee and any other vulnerable populations are also available to host populations to the maximum extent possible.
- When planning an intervention, we consider the cultural sensitivities of the beneficiaries and the context to determine what activities are appropriate and achievable.
- We ensure that humanitarian workers are well informed, prepared, protected and are able to protect others from exposure to HIV.
- We endeavour to mainstream HIV lenses into disaster management cycle from early warning to transition and recovery stages within humanitarian sector.
- We work to ensure that humanitarian interventions reduce HIV related stigma and discrimination.

¹ This checklist was developed by Tearfund.

² Samuels, F. et al, HIV and AIDS in Emergencies: Draft literature review, ODI, September 2007

³ Spiegel, P. UNAIDS / UNHCR HIV and Refugees Policy Brief, January 2007

- We are committed to documenting and sharing best practices in HIV in emergency settings.

SELF-ASSESSMENT INSTRUCTIONS

The following self-assessment tool will help your organisation and programme staff to assess the degree to which you are successfully addressing HIV in emergencies. The questions are designed to be thinking points/guidelines to highlight HIV issues that need to be addressed in a humanitarian crisis.

The tool has been divided into sections according to the main clusters/sectors identified by the United Nations. Each cluster has specific questions that are relevant to responding to HIV in an emergency within that sector. Whereas preparedness and early recovery should be considered by all organisations involved in emergencies, not all organisations will be implementing activities within each sector, so it is suggested that you put N/R to those areas that do not directly apply to your activities. It should be noted, however, that even if you are not specifically involved in a particular sector, there may be questions within that section that apply to you. For example, you should be aware of national and traditional laws concerning sexual abuse even if you are not working in the protection sector.

Additionally, there may be some activities within this checklist that can only be considered within certain types and 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 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.

This checklist is divided into eight sections:

- A)** Organisational emergency preparedness
- B)** Health
- C)** Education
- D)** Food/nutrition support and livelihoods
- E)** Water, sanitation and hygiene
- F)** Protection
- G)** Shelter and site/camp management
- H)** Early recovery

The questionnaire uses the following scoring framework:

- Y** Yes, we undertake this work/activity
- I** Insufficient, in preparation, or being considered
- N** No, we've not yet tackled this work/activity
- N/R** Not relevant to our work

Don't forget to develop a work plan that highlights HOW you will make improvements in this area over the next year and submit it to the Code Secretariat.

CHECKLIST

Section A: Organisational Emergency Preparedness

Organisations working in humanitarian settings should be prepared to implement an effective response to HIV. Equally, organisations providing HIV programmes/services 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.

Emergency Preparedness	Assessment			
	Y	I	N	NR
1. Has your organisation included HIV in its organisational strategy?				
2. Does your organisation have a strategy for integrating HIV interventions into your emergency response?				
3. Do all field staff have a basic understanding of HIV, including issues of stigma and discrimination?				
4. Do all new staff members receive training and materials on HIV in emergencies?				
5. Does your organisation have a HIV workplace policy that is well understood and used by all your staff?				
6. Do your field staff have a concrete understanding of assessments and assessment tools (analytical tools) that assess vulnerability to HIV in an emergency context?				
7. Has your organisation assessed the potential hazards and threats (flood, drought, conflict etc) that can affect your target population, including the affect those hazards/threats could have on the spread of HIV?				
8. Has your organisation prepared contingency plans and appropriate responses to potential hazards/threats in your programmes?				
9. Does your organisation have assessment systems in place to identify the most vulnerable, at-risk groups in the communities where you work, and who would be the most vulnerable during an emergency phase?				
10. Is your organisation aware of key local and national stakeholders that work in HIV (including NGOs, CBOs, faith-based groups, etc) and have you considered collaborating/coordinating with them?				
11. Does your organisation know 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 department(s) that can provide technical assistance on HIV in emergencies and can coordinate your response with other HIV actors. Do you have access to their assistance?				
12. Is your organisation aware of any home-based care organisations working with PLHIV in the area, and are they trained and equipped to care for PLHIV in emergency contexts?				
13. Is your organisation familiar with national government policies/ protocols/ AIDS programmes?				
14. 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?				
15. 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?				
16. 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 ICRC)?				
17. Has your organisation set up a funding strategy that includes HIV activities that may be needed in an emergency?				
18. Has your organisation set up a system of standardised data collection, and monitoring and evaluation for any HIV interventions that you will be doing?				
19. Has your organisation established strong links with PLHIV organisations in the community to ensure that projects are responsive to the real needs beneficiaries?				
20. Are your staff aware of and are they ready to use the following guidelines: <ul style="list-style-type: none"> • IASC guidelines for HIV/AIDS Interventions in Emergency Settings • The Sphere Project Guidelines • UN Commitment of Elimination of Sexual Exploitation and Abuse • The Convention on the Rights of the Child 				
<u>Action needed to support Section A:</u>				

Section 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.

Emergency Response	Assessment			
	Y	I	N	NR
1. Are your organisation's health services accessible to the most vulnerable populations?				
2. Is your organisation providing appropriate care and support for the following vulnerable populations? <ul style="list-style-type: none"> • Injecting and non-injecting drug users (IDUs) • Sex workers • Men who have sex with men (MSM) 				
3. Do your organisation's health services prevent and treat infectious diseases that are common in emergencies, including diseases that also affect PLHIV? This includes: <ul style="list-style-type: none"> • Diarrhoeal diseases • Acute respiratory infections, including TB (or referral system) • Malaria • Measles • Malnutrition • Sexually transmitted infections (STIs) 				
4. Are all staff trained in universal precautions?				
5. Does your organisation have adequate supplies (gloves, disposable needles, safe waste disposal) to ensure safe procedures are implemented?				
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)				
7. Has your organisation assessed the cultural appropriateness of providing VCT?				

8. Has your organisation consulted with beneficiaries and VCT experts and created a strategy for providing VCT in different types of emergencies, considering issues of sustainability?				
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 within the health settings)				
10. Does your organisation have equipment and an adequate supply chain for providing VCT services as necessary in an emergency? This includes: <ul style="list-style-type: none"> • Rapid tests on capillary blood (two tests plus a tie breaker) • Free-of-charge testing 				
11. If your organisation does not provide VCT, do you have adequate information and referral systems to help people access the services?				
Management of Opportunistic Infections (OI)				
12. Does your organisation provide prophylactic treatment (at least a minimum package) to treat opportunistic infections (for example PCP, TB, Antifungal medications)?				
13. If your organisation does not provide prophylactic treatment, do you have adequate information and referral systems to help access the treatment?				
Providing Antiretroviral (ARV) drugs				
14. Does your organisation provide accessibility to ARVs (at least a minimum package) including: <ul style="list-style-type: none"> • Post exposure prophylaxis (PEP)? • Prevention of Mother to Child Transmission (PMTCT)? • Sustaining ART for people already being treated? 				
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				
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: <ul style="list-style-type: none"> • 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 the services?				
Management of Sexually Transmitted Infections (STIs)				
19. Does your organisation provide 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)?				
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?				
21. Do your organisation provide health education and condoms as part of your STI service?				

Access to condoms				
22. Does your organisation promote access to condoms and consider the following: <ul style="list-style-type: none"> • Condoms policy and protocols • Adequate supply (calculated according to IASC guidelines) • Coordinated and appropriate distribution according to culture and context • Adequate instructions of use Monitoring of procurement and quality				
<u>Action needed to support Section B:</u>				

Section C: Education

Schools (informal or formal) can provide protection for children as well as 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 (as has happened in Liberia for example). During emergencies, access may be denied for marginalised and vulnerable children, particularly those affected by HIV, and resources and school personnel may be limited.

Emergency Response	Assessment			
	Y	I	N	NR
1. Does your organisation use the INEE ⁴ minimum standards for education in emergencies, chronic crisis and early reconstruction as a basic framework?				
2. If it is not possible to establish schools, has your organisation considered setting up temporary informal education (for example, school in a box)?				
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 (for example, are there fee waivers available, free educational materials, can they access school if they do not have identification, certificates or other documents)?				
4. Has your organisation ensured that class schedules are flexible in order to reach learners who have domestic and income generating responsibilities?				
5. Have you ensured that all the services you provide follow national policies, regulations and codes of conduct related to human rights and child protection?				
6. Do you have a system of referral for children and adolescents that need psycho-social support, counselling and/or access to other services (for example, STI treatment, PEP and PMTCT)?				
7. Have you ensured a healthy learning environment where children can access to safe water and there are separate latrines for girls and boys and for teaching staff in safe locations?				
8. Have you ensured availability of and access to child-friendly spaces for recreational learning?				
9. Has your organisation ensured there are male and female teachers, and/or volunteers appropriate for the male to female student ratio?				

⁴ Inter Agency Network on Education in Emergencies

10. Have teachers been trained in child-focused methods, HIV and life skills education and do they receive ongoing professional support in these areas?				
11. Have you ensured HIV education is included in the curriculum using a life skills building approach (for example, is it participatory, reflective, inter-personal and learner-centred)?				
12. Does the curriculum provide adequate information on basic health, hygiene, nutrition and culturally-appropriate sexual health education?				
13. In the absence of skilled teachers, have you mobilised community members to assist with the provision of learning opportunities?				
<u>Actions needed to support Section C:</u>				

Section 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.

Emergency Response	Assessment			
	Y	I	N	NR
Food security				
1. Have you done or do you have access to an analysis report on the impact of an emergency on household food security and on the different livelihood groups in the community, with an eye on HIV, culture and gender considerations?				
2. Are you providing appropriate humanitarian aid (food aid, seeds, tools, livestock) to ensure short- to medium-term access to food for the most vulnerable households?				
3. Do you 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)?				
4. Have you ensured that, where possible, women have access to land, property and credit?				
5. Does your organisation contribute to the strengthening of agricultural knowledge and the promotion of the use of labour saving practices and technologies to reduce the burden of household and agricultural tasks?				
6. Have you incorporated HIV prevention awareness activities within food security programmes?				
Food Distribution - In areas of high HIV prevalence				
7. Did you consider the FANTA guidelines ⁵ when deciding what type of food rations to distribute? This includes: <ul style="list-style-type: none"> • Nutrient requirements • Ready cooked or partially cooked • Fortified foods 				
8. Have you considered <u>how</u> you are distributing food rations (for example, are you ensuring that those who are too weak or ill to collect				

⁵ Food And Nutrition Technical Assistance

the ration can access the distribution)?				
9. Have you 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?				
10. Have you 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)?				
11. Have you considered other ways of targeting vulnerable groups in your food distribution activities (including the distribution of Unimix/ Corn Soya Blend (CSB)/Supplementary feeds (SF)? Possible distribution points are: <ul style="list-style-type: none"> • Schools • Orphanages • Churches • Hospitals • Mother and Child Health (MCH) clinics 				
12. Have you considered awareness raising activities and 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?				
- In areas of high and low HIV prevalence				
13. Have you ensured your vulnerability criteria for food distribution includes the following groups: <ul style="list-style-type: none"> • Female, child and elderly headed households • OVC and families hosting OVC • Families caring for a chronically ill person Vulnerable male-headed households				
<u>Actions needed to support Section D:</u>				

Section 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 exploitation and the accompanying risk to 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.

Emergency Response	Assessment			
	Y	I	N	NR
1. Has your organisation consulted with women and children to ensure that water points and latrines are built in safe locations?				
2. Are the facilities well lit?				
3. Are the facilities fenced to keep out animals?				
4. Is there a system of maintenance and cleaning of sanitation facilities by the community?				
5. Has your organisation considered whether PLHIV are represented within water committees or other bodies responsible for the water point?				
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?				

7. Has your organisation considered increasing the amount of water provided for PLHIV and HIV-affected families?				
8. Has your organisation considered whether jerry cans and buckets provided are easy to carry for PLHIV or children?				
9. Are water pump mechanisms easy for PLHIV and children to use?				
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)?				
11. Have animators/facilitators been trained on the special needs and hygiene considerations of PLHIV?				
12. Has your organisation considered training more water committee members and facilitators/animators to allow for drop-outs due to illness?				
<u>Actions needed to support Section E:</u>				

Section 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 for abuse. This situation can be particularly intense in conflict and post-conflict settings, where 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.

Emergency Response	Assessment			
	Y	I	N	NR
1. Have your organisation's staff members, contractors and consultants signed a code of personal conduct?				
PLHIV				
2. Has your organisation integrated human rights principles and standards that provide protection for PLHIV into your programmes/activities? (see IASC HIV guidelines)				
3. Has your organisation ensured that PLHIV and vulnerable groups are able to access all services and resources that your organisation provides?				
4. Does your organisation have or have access to a system where PLHIV and other vulnerable groups can lodge complaints/ allegations of sexual coercion and other human rights violations and protection threats?				
5. Has your organisation informed the community about this complaints procedure and do you regularly engage the community in using it?				
Gender				
6. Has your organisation considered the guidelines for gender-based violence interventions in humanitarian settings in your activities?				
7. Have your organisation's staff received training on gender issues?				
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?				
Child Protection				
9. Does your organisation have a child protection policy and are all staff, contractors and consultants trained on this policy?				

10. Has your organisation considered seeking out opportunities for training local authorities, peacekeepers and military personnel on child protection issues?				
11. Has your organisation considered the impact of the emergency situation on the vulnerability of children to HIV?				
12. Has your organisation assessed whether there are unaccompanied and separated children in the community, including child-headed households?				
13. Are you aware of where unaccompanied or separated children can be registered and do you have a system of facilitating this?				
14. Are you aware of how unaccompanied or separated children can be traced and reunited with siblings and extended families?				
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?				
16. Have you ensured that unaccompanied minors or separated children have access to basic health care services (including reproductive health services), food, water and sanitation and shelter?				
17. Have you ensured that unaccompanied minors or separated children are provided with child friendly spaces where children can meet, play and access psychological support?				
<u>Actions needed to support Section F:</u>				

Section 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 increasing vulnerability to HIV.

Emergency Response	Assessment			
	Y	I	N	NR
Site or camp design/management				
1. Is your organisation familiar with local laws, national land policies and property rights?				
2. Do you advocate on behalf of property rights for widows, child-headed households, displaced people and refugees?				
3. Have you included men, women, young people and PLHIV in your assessment, planning and implementation of shelter activities?				
4. Are PLHIV represented on camp committees?				
5. Have you ensured that vulnerable groups (such as orphans, unaccompanied minors and separated children, female headed households and chronically ill persons) are considered in the registration of displaced people and refugees?				
6. Have you ensured that these vulnerable groups are included in a site/camp map?				
7. Have you ensured that any documentation of shelter and settlement sites does not include information on HIV status?				
8. Have you ensured that the distribution of shelter materials and the allocation of land are done in a non-discriminatory manner?				
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?				
10. Have you selected and designed sites that enable ready and safe access to the following communal services? <ul style="list-style-type: none"> • Health facilities • Food distribution • Water points • Markets • Schools • Latrines • Places of worship • Social services • Fuel resources • Recreation activities (including child-friendly spaces) 				
11. Have you considered whether the host communities, displaced people and refugees all have equal and safe access to communal services?				
12. Have you set up a system of monitoring for the delivery of services in the site/camps?				
13. Have you consulted with national/local government and/or the lead agency to ensure displaced persons are included into the national HIV policies and programmes?				
14. Have you ensured there are HIV prevention activities conducted within the sites/camps?				
Shelter				
15. Have you consulted with PLHIV and considered their special needs in your shelter design?				
16. Have you established a system of supporting vulnerable groups such as PLHIV or families affected by HIV who are unable to build their own shelter?				
17. Have you ensured that those vulnerable groups who are unable to build their own shelters are not exposed to coercion when relying on other community members to assist them?				
<u>Actions needed to support Section F:</u>				

Section 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, ensures that linkages and coordination are established with national 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.

Response	Assessment			
	Y	I	N	NR
1. Does your organisation advocate for the mainstreaming of HIV issues within emergencies with local authorities and/or other key stakeholders?				
2. Have you considered supporting and/or advising local authorities and other key stakeholders on the importance of mainstreaming HIV within key sectors/clusters?				
3. Have you assisted local authorities to integrate and strengthen HIV issues in the re-establishment of policies and governance?				

4. Have you ensured that any data collected is available and in a format that is useful for local government?				
5. Are you assisting the national government's mechanisms for data collation?				
6. Have you considered integrating the HIV dimension and impact in conflict prevention and peace building activities?				
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?				
<u>Actions needed to support Section H:</u>				



ACTION PLAN

Please email the completed Action Plan to info@hivcode.org.

Name of Organisation: _____

Contact Person: _____

Email Address: _____

1. Key Questions

The Key Questions below address baseline issues that need to be considered first when implementing HIV interventions in emergencies. If you answer 'no' to any of these questions, this would be a good starting point for improving your programmes!

Key Questions

1. Does your organisational strategy include HIV programming as part of your emergency response?
2. Do all staff at your organisation have a basic understanding of HIV?
3. Have all staff been trained in the use of the IASC Guidelines for HIV Interventions in Emergency Settings?
4. Have you identified those who would be most vulnerable and most at risk during an emergency?
5. Does your organisation have an HIV intervention strategy for HIV programming in emergency phase?
6. 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?
7. Do the field staff of your organisation know how to use assessment tools to consider the impact of emergencies on the vulnerability of your target population to HIV infection and on the lives of PLHIV?
8. Have all staff, contractors and consultants been trained on gender-based violence and child protection and have they signed a code of conduct?
9. Have you created linkages with key stakeholders working in HIV, particularly at the United Nations, local NGOs and government focal points?
10. Are you working within national government HIV and emergency policies/protocols?
11. Have you considered what equipment and resources is needed in an emergency and are aware of the logistics structures and procedures, especially relating to technical agreements for the provision of logistical services?

2. Strengths

In completing the Self-Assessment, we have identified the following strengths in our programmes:

Strength	Description (as needed)

3. Areas of Improvement

We have also identified some areas that need to be strengthened. We have prioritised what needs to be done first and have created an action plan for the next year.

Area of improvement	Action Plan

Signed: _____

Date: _____