Addressing HIV Effectively in Humanitarian Settings
Learning Day Report

Introduction

The HIV in Humanitarian Settings Learning Day was held on 25 October 2011 and organised by the Dóchas HIV and AIDS Working Group and DTALK Learning.

The objective of the Learning Day was to increase participants' understanding of how organisations can best address HIV in humanitarian settings. The Learning Day was intended to review the effectiveness of existing guidelines in supporting organisational responses to address HIV in humanitarian settings as a "cross cutting issue" and will also explore some examples of how organisations have successfully addressed HIV in their humanitarian work.

The expected outcomes were that participants would

1. Understand how HIV and humanitarian crises co-exist (HIV exacerbates the vulnerabilities of communities in humanitarian crises and, in turn, humanitarian crises fuel HIV transmission and worsen AIDS impact).
2. Appreciate how existing guidelines are effective in supporting organisations address HIV in humanitarian settings.
3. Explore examples of how organisations have applied these guidelines in their programme responses, with particular reference to food security, women and children.
4. Generate some "lessons learned" about how best to address HIV in humanitarian settings.

Áine Costigan (DTALK) opened the event and acted as overall facilitator for the day.

Setting the Scene...

Enida Friel (Chair of Dóchas HIV and AIDS Working Group) welcomed all and introduced the Working Group to the assembly. She explained the rationale behind the choice of topic - Addressing HIV in Humanitarian Settings: In order to realise UNAID's vision of 'getting to Zero' by 2015, given the global burden of HIV and AIDS, the degree to which sub-Saharan Africa is bearing the brunt of the pandemic, and the increase in situations and behaviours that occur in humanitarian settings that increase the risk of HIV transmission and vulnerability to AIDS, it is essential that HIV and AIDS are adequately addressed in humanitarian settings. The Dóchas HIV and AIDS Working Group wanted to promote a better understanding of the importance of and the issues involved in the mainstreaming of HIV in Humanitarian Situations
(Click here for more information on Enida Friel's presentation including statistics relating to HIV and AIDS, issues to be considered and evidence related to HIV in humanitarian settings.)

Áine Costigan (DTALK) then introduced Hilary Homans, Director of the Centre for Sustainable International Development at the University of Aberdeen. Hilary is the author/editor of four books, over thirty published papers and numerous technical reports for DFID and the UN. Hilary also worked with UNAIDS to revise the Inter-agency Standing Committee (IASC) Guidelines for HIV/AIDS interventions in Emergency Settings.

Addressing HIV in Humanitarian Settings

Hilary began by identifying 2 particular threats posed by HIV in humanitarian settings: the danger to security and stability, and the danger to human development. The UN recognises that conflict situations undermine the achievement of the MDGs.

The Role of Uniformed Personnel: She highlighted the role that uniformed service personnel play in HIV transmission. The prevalence of HIV among uniformed personnel depends on a range of factors including command structures, military and medical policies, and the rate of HIV prevalence in deployment areas. She argued that emphasis needs to be placed on the command structure – a zero tolerance approach to to GBV from above and proper education on HIV is essential.

The Importance of Knowing Your Epidemic: Hilary emphasised that one needs to "know one's epidemic" when addressing HIV in humanitarian situations. The factors that affect HIV transmission vary by context, are complex and are dynamic. For example risk of HIV transmission appears to be limited in places with a low HIV prevalence at the beginning of a humanitarian crisis. Also, conflict and insecurity may accelerate HIV transmission in places where rape and sexual exploitation are superimposed on high levels of HIV before the beginning of an emergency. Therefore to effectively address HIV in a humanitarian situation, one must know

- the modes of transmission
- the vulnerable populations
- the prevalence levels of HIV
- where the NGOS are/were located

before the humanitarian crisis began

The Central Role of GBV: Hilary outlined the the factors that facilitate the transmission of HIV which she pointed out are very context specific. She highlighted an example that showed that curfews can decrease HIV transmission. She pointed out however out that often epidemiologists focus on an increase in HIV transmission during and post conflict, but neglect to refer to the real causal link between conflict and HIV i.e. an increase in gender-based violence. Single, divorced and widowed women are particularly vulnerable especially in places where gender inequality prevails. HIV and GBV must be more closely linked she argued. She also cited the role of transport workers as another overlooked aspect of HIV transmission in conflict situations.
(Click here to see Hilary's slideshow on the above)

IASC Guidelines
Hilary then went on to give an overview and background to the IASC taskforce and the guidelines it produced. The aim of these guidelines is to assist humanitarian and AIDS organisations to plan the delivery of a minimum set of HIV prevention, treatment, care and support services to people affected by humanitarian crises. The 'minimum' aspect however posed a difficulty for some agencies. The structure of the UN means that its agencies are hesitant to aim to deliver anything less then 'gold standard' responses - even in emergency situations.

When planning and coordinating a humanitarian response Hilary highlighted in particular, the importance of an NGO or UN agency that is already on the ground (prior to emergency) to take the lead in the emergency response.

The IASC guidelines took 2 years to prepare and involved UN agencies and NGOs in its development and field testing. Regarding the adoption of the guidelines by agencies, a survey (8 respondents) showed that 2 used the guidelines frequently, 3 occasionally, 1 had seen them but not used them, and 2 had not seen them.

Hilary agreed with a participant in the room who expressed concern that there was low involvement of local governments and of people living with HIV in the development of guidelines. She pointed out however that these guidelines were for contexts where local government was not functioning. She suggested that this be fed back to the IASC steering committee.

The possibility of IASC link with SPHERE was brought up by a participant. The participant pointed out that while the IASC guidelines were very good there was nowhere at the moment to refer staff for training as one can for SPHERE training. LEGS was also suggested as another organisation that could be followed up for disseminating the guidelines. Hilary responded that there was a

disappointing uptake on the guidelines and expressed doubt over a budget for certified training. The 'minimum response' aspect of the guidelines is not attractive to many agencies

Another participant criticised the guidelines as being aspirational and suggested that the Oxfam guidelines were more practical. Another participant however disagreed saying that Concern did find them useful for a minimum and an expanded response.

The issue of reporting on indicators of outcomes and attribution was also highlighted by participants. It was claimed that indicators are often found to be process oriented rather than results oriented which is problematic when reporting to donors. Hilary responded that indicators posed a difficulty and not knowing the baseline is a common issue - there is too much pressure on agencies to show indicators of success and to show their own contribution. It was pointed out that Oxfam has developed indicators of protection at output and outcome level as well as mainstreaming indicators.

One participant suggested that it is more appropriate to think about “contribution” as opposed to “attribution”. Another participant argued that this needs to be communicated to donors and questioned whether it was ethically appropriate to spend funds on attribution. A participant pointed out that donors want to know the impact of the organisation it supports but in reality this can never really be easily demonstrated.

The action framework matrix and more details on on the background to the IASC guidelines in Hilary's slideshow can be viewed by clicking here.

Case Studies

Case Study 1: ***Application of IASC Guidelines in Kenya: A case of Post Election Violence in 2007/08*** by James N. Njuguna HIV&AIDS Programme Manager, **Concern Worldwide.**

James began by presenting a background to the humanitarian crisis in Kenya which included post-election conflict and an influx of Somali refugees. Few organisations had anticipated the scale of violence because of under reporting in the media, and while some did have a response plan, HIV was not integrated into these plans.

The Ministry of Health publicised health issues through local media e.g. radio ads telling people that they could show up at clinics for ARV treatment whether or not they had their medical documents. This was very effective. Also the Red Cross and Concern found that they could use the emergency situation to scale up their intervention:

- More people volunteered for testing.
- People were given a supply of ARV drugs to last 1.5-2 months.
- Community Health Workers and HIV networks began playing a greater role

Now however Kenya is facing a slowly-developing drought emergency and the response is not so swift. In 2011 northern Kenya has experienced drought and an influx of more than 500,000 refugees from Somali. 3.7 million need food aid. NACC and UNAIDS are 'missing in action', the cluster system has been slow and there is no focus on HIV.

James made several recommendations for dealing with the currently developing emergency including the development of a national contingency plan which integrates HIV, adaptation of IASC guidelines to the Kenyan context and tackling GBV beyond rape (e.g. transactional/survival sex). James concluded by arguing that while rapid emergencies cannot be ruled out, Kenya is likely to be facing slowly-unfolding emergencies over the coming years - HIV needs to be integrated in Disaster Risk Reduction.

Click here to view James N. Njuguna's slideshow which includes Concern's Action Framework for Kenya in the post election violence emergency and recommendations for dealing with the currently developing emergency.

Case Study 2: ***Oxfam's approach to HIV Mainstreaming*** by Enida Friel, HIV & AIDS Programme Coordinator, **Oxfam Ireland**.

Enida presented how Oxfam have mainstreamed HIV at all levels of the organisation including in its fundraising and retail operations, proposal appraisals and training programmes. Oxfam has 'embraced the mainstreaming culture'. Oxfam has designed its own guidelines 'Humanitarian Programmes and HIV and AIDS: A Practical Approach to Mainstreaming' which includes sections on indicators and on how to mainstream in emergencies which it has found to be very practical. In addition partners can use 3% of their budgets on developing guidelines for their own contexts. Oxfam also has a policy of 'practising what it preaches' in the workplace e.g. condoms are made available for staff.

Enida outlined how Oxfam's has mainstreamed in HIV in its awareness raising, WASH, food security and livelihoods, protection and shelter programmes as well as its own workplace programmes. More details of these can be viewed by clicking here to view Enida's slideshow.

Case Study 3: ***How to address HIV effectively in Humanitarian Settings?*** by Nazma Kabir, Head of Programme Development, **Christian Aid Ireland**.

Nazma's presentation focused on Christian Aid's policy in relation to HIV. Christian Aid's corporate HIV objectives include prevention, provision of care and support, and reduction of stigma and discrimination. Christian Aid mainstreams HIV in the workplace also, recognising that HIV affects all aspects of life including social structures, education, sexual violence, health etc. Nazma outlined the relationship between HIV, emergency situations and humanitarian response programmes.

Christian Aid has developed a policy document specifically on HIV in emergencies outlining its understanding and commitments. In addition, Christian Aid developed "Tools for Mainstreaming HIV in emergency and Humanitarian work". Some of the challenges faced include a gap between theory and practice, awareness levels of the policy document amongst field staff and effective use of the tools. Christian Aid's experience has shown that the

- tools and policies alone do not improve the work in the field.
- staff awareness on policy is imperative and training is required.
- documentation of best practice and sharing examples are important for future learning.

Nazma's slideshow can be viewed by clicking here.

Some Additional Points Arising From the Plenary Discussion

- Clusters – we need to be in clusters as we can't all be everywhere
- Context and culture is everything. Community conversations i.e. dialogue with the people is essential
- If we are limited by counting the financial cost of effective mainstreaming we will all count the human cost later. A commitment of 2-5% of budget for mainstreaming HIV is essential
- It appears that we can respond to sudden disasters such as the 2004 tsunami but struggle mobilise for slow onset emergencies.
- It is very important that IASC feedback must be communicated back.