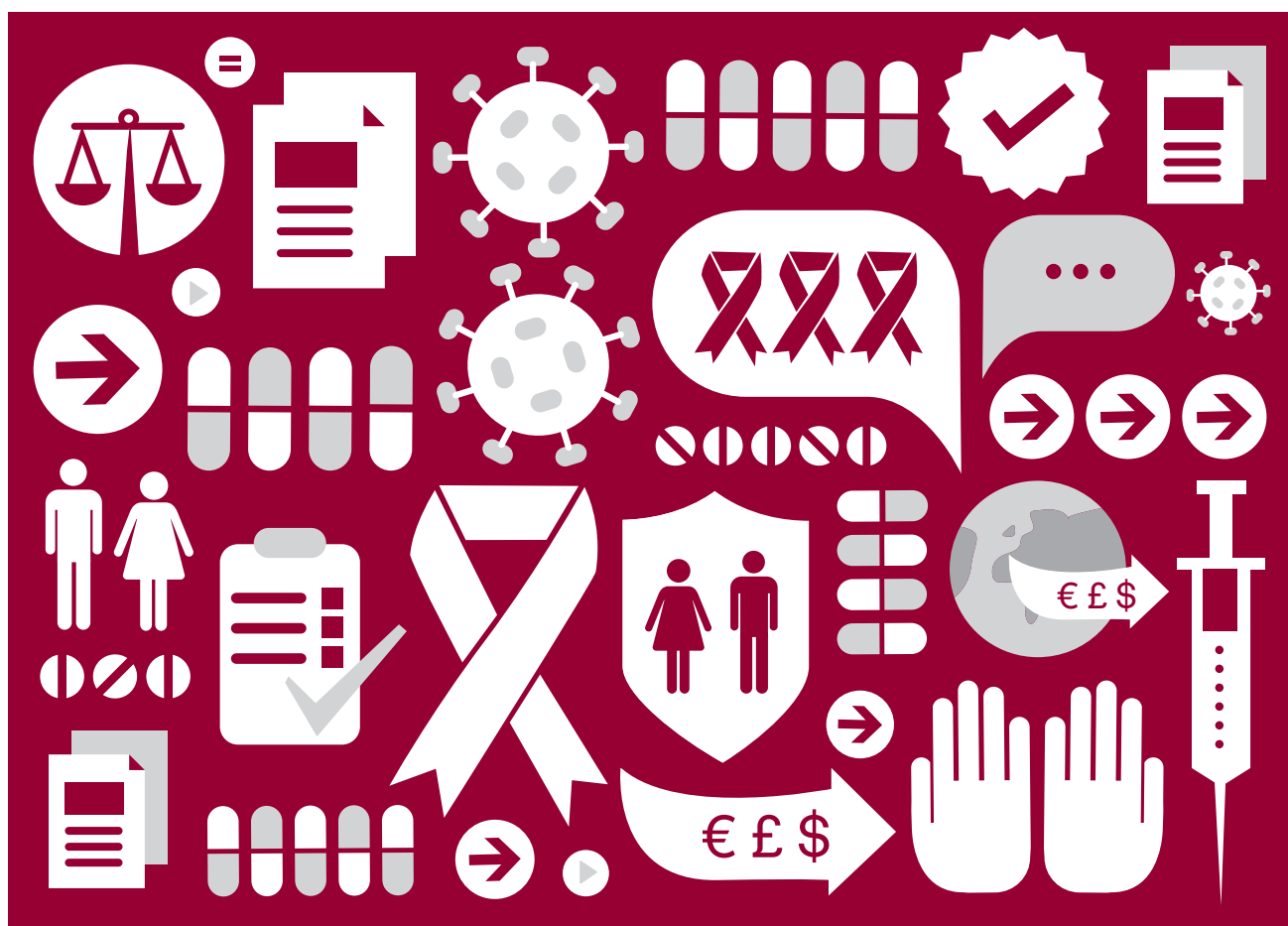


# BUILDING HIV AND AIDS RESILIENCE

A checklist for development and humanitarian practitioners





# INTRODUCTION

The AIDS response has reinvigorated interest in global health and now has a new face of *hope, resilience, courage and responsibility* (World AIDS Day Report I 2011)

Increasingly, the concept of ‘resilience’ has achieved significant attention within the development and humanitarian sectors. This is based on the growing recognition that different types of risks – violence and conflict, climate change, food insecurity, human immunodeficiency virus (HIV), gender-based violence (GBV), and rising inequality - are inter-connected. Working on single issues and in silos no longer delivers sustainable results or outcomes. If these issues are to be clearly understood and addressed, a more comprehensive framework is required, moving from risk reduction towards resilience building interventions.

Resilience building facilitates an opportunity for different practitioners and policy makers to work in a way that responds to needs and empowers individual men and women, and their communities. Resilience as a common goal has the potential to bring together humanitarians, development actors, those working on conflict prevention and climate change; and others working on social development and human rights. Fundamentally however, this approach affords the opportunity to place at its core the men, women and communities who are required to build resilience in order to withstand shocks in times of stress and disaster.

In countries with a generalised HIV epidemic, it is impossible to conceive of resilient persons or communities without closely assessing their vulnerability to HIV infection and the impacts of HIV and AIDS. This is also the case in all countries, in relation to certain populations who are often more vulnerable to HIV than the general population: people living with HIV (PLHIV); adolescent girls and young women; prisoners; migrants; people who inject drugs; sex workers; gay men and men who have sex with men; transgender people; children and pregnant women living with HIV; displaced persons; people with disabilities; and people aged 50 years and over.

This checklist is intended for use by Dóchas members and partners that may be grappling with what resilience actually means in the context of HIV, those providing technical support to HIV interventions in a variety of contexts, both now and in the longer term, to foster resilience among programme participants, target communities and the partner organisations that we work with.



# CHECKLIST

## A. ORGANISATIONAL LEVEL

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### 1. ORGANISATIONAL COMMITMENT AND CAPACITY

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#### Commitment

- ▶ Does your organisation have a mission statement that recognises the relevance of HIV and AIDS to your operations?
- ▶ Are there members of your organisation's senior leadership and/ or board with a background in HIV and AIDS and a mandate to identify the relevance of HIV to your organisation's mission?
- ▶ Does your organisation have dedicated financial resources for addressing and / or integrating HIV and AIDS in its poverty reduction, humanitarian programmes and in its advocacy and policy work?

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#### Capacity

- ▶ Does your organisation have specific policies outlining how it will address HIV and AIDS in its operational context? (For example, a dedicated HIV and AIDS policy and strategy; is HIV and AIDS clearly addressed in dedicated equality or gender policies? Is HIV and AIDS clearly addressed in partnership policies?)
- ▶ Does your organisation provide training for staff (and partner staff) on addressing HIV and AIDS in their operational contexts?
- ▶ Can your organisation draw on HIV and AIDS expertise regularly – either in house or through networks and alliances? Can you be assured that you are up-to-date on the global epidemic response and related issues?
- ▶ Has 'AIDS competence' in the organisation been assessed and resourced as required?

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## 2. HUMAN RESOURCES POLICIES AND PRACTICES

- ▶ Does your organisation provide support that is specific to staff members that are living with or affected by HIV? For example, are there policies regarding non-discrimination, confidentiality, flexible work practices, adequate sick leave, health insurance coverage and bereavement leave? Is there access for staff or partner staff to post-exposure prophylaxis (PEP), voluntary counselling and testing (VCT) and anti-retroviral therapy (ART)?
- ▶ Does your organisation actively implement human resource policies and procedures that raise awareness and knowledge on HIV, including stigma and discrimination, and on rights and responsibilities? Is this monitored to ensure implementation by all staff?
- ▶ Does your organisation have a Programme Participant Protection/Safeguarding and Staff Code of Conduct implementation policy? Is this monitored to ensure active implementation by all staff?

## B. PROGRAMME LEVEL

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### Strategy and analysis

- ▶ Is a HIV assessment included in all organisational and country programme strategic planning exercises and followed up with a resourced response plan?
- ▶ Is a HIV assessment included in all contextual and programme analysis, including information on national HIV directives and policies, as well as key donor HIV policies, strategies and resource provision?
- ▶ Are appropriate strategies adapted where assessments indicate need?

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### The meaningful involvement of people living with HIV

- ▶ Have you consulted with all key stakeholders including women and men living with HIV in the programme identification and design phase?

- ▶ Have you a mechanism in place so that women and men living with HIV can assume leadership roles within the programme and the community and to ensure the strengthened voice of PLHIV and those directly affected?

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### Technical support and resourcing

- ▶ Do you have a HIV focal point person in your country or programme team?
- ▶ Do you have access to technical support on HIV through your own organisation or through a local technical support partner?
- ▶ Have you included and budgeted for HIV relevant responses within the programme design and advocacy asks to facilitate delivery of planned Results and Outcomes?
- ▶ Have you facilitated referral linkages with Government and local NGO service providers to promote the uptake of HIV related services across all of your sectoral programmes (e.g VCT; prevention-of-mother-to-child (PMTCT); sexually transmitted infection (STI) treatment; ART; harm reduction; social protection)?

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### Best practice and learning

- ▶ Have you included HIV relevant indicators and targets in your programme's M&E/Results Framework to measure change achieved through dedicated, integrated or mainstreaming responses?
- ▶ Does your programme complement National / District HIV Action Plans where appropriate?
- ▶ Have you ensured that HIV specific responses are in line with the NGO Code of Good Practice (<http://hivcode.org/>), G/MIPA Principles<sup>1</sup> and the 'Three Ones'<sup>2</sup>?
- ▶ Do programme staff have access to technical briefs on mainstreaming and integrating HIV and AIDS responses (in education; health; nutrition; WASH; livelihoods; shelter; etc)
- ▶ Do you document HIV response initiatives – successful and limited in impact, for internal learning and wider external dissemination?

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1. Greater (and now meaningful) involvement of people living with or affected by HIV and AIDS - Declaration of the Paris AIDS Summit, 1 December 1994

2. One HIV and AIDS action framework, one national AIDS coordinating body, and one monitoring and evaluation system

## C. COMMUNITY RESILIENCE: REDUCING RISK AND VULNERABILITY AND MITIGATING THE IMPACT OF HIV AND AIDS

### Inclusion and equality

- ▶ What is the status of specific minorities and key target populations<sup>3</sup> (KTPs) in daily community life? Are these groups present? Are they excluded, tolerated, or actively included as implementers, advocates and 'positive speakers'?
- ▶ How is power shared between men and women in households and in the community? Do women exercise economic or decision-making power in their own lives and in community life?

### Organisational capacity

- ▶ What structures exist at community level to manage ongoing issues? Examples include village development committees, savings and loan schemes, support groups of people living with HIV, water management committees, parents committees and so on. Are structures well-known to community members, and representative of community members?
- ▶ Are people living with HIV represented on these structures? Are they key target populations?
- ▶ Does the community manage any of its own resources for organisation and response to risk?
- ▶ Who are the leaders in the community? What are their attitudes to HIV, equality, non-discrimination? Are they mobilised to support the community response?
- ▶ Is the private sector and are other key stakeholders mobilised to support the community response?
- ▶ Has the community carried out risk or vulnerability mapping? Is HIV considered as a factor in these maps – both as a contributor to individual vulnerability, and through the risk of new infections? Are differentiated vulnerabilities considered – between men and women, younger people and older people, and specifically for KTPs?

### HIV-awareness and access to services

- ▶ What is the level of knowledge on how HIV is transmitted and prevented in the community?

3. UNAIDS identifies 12 specific communities of people left behind in the AIDS response: People living with HIV/ Adolescent girls and young women/ Prisoners/ Migrants/ People who inject drugs/ Sex workers/ Men who have sex with men/ Transgender people/ Children and pregnant women living with HIV/ Displaced persons/ People with disabilities/ People aged 50 years and older.

- ▶ Has 'AIDS competence' in the community been assessed and resourced as required?
- ▶ Is ART accessible for all community members who are eligible (according to national HIV treatment policy)? What are the barriers to ART access for specific groups?
- ▶ Where specific services are not available in the community are there referral systems in place?
- ▶ Is the community included in district HIV response plans? Are service providers linked to the plans?

## **D. INDIVIDUAL RESILIENCE: LOWERING RISK AND VULNERABILITY TO HIV AND AIDS AND ITS IMPACTS**

### **Social and personal aspects**

- ▶ Does your gender or age increase your vulnerability to HIV?
- ▶ Do you have access to support structures: parents, guardians, support groups in your local community?
- ▶ Do you have access to protection methods available within the community?
- ▶ Are you informed on your rights and responsibilities regarding HIV and AIDS?
- ▶ How do you rate your self-esteem and confidence (low-medium-high?)

### **Capacities and skills**

- ▶ Do you feel that you have the capacity to lower your risk in relation to HIV?
- ▶ Have you had access to education and do you feel that you have the literacy skills you need in life?
- ▶ Do you know about HIV and can you access age appropriate information on Sexual and Reproductive Health (SRH)?

### **Access and assets**

- ▶ Do you know where and how to access to SRH services in your locality?
- ▶ Do you have the resources you need to prevent HIV infection and to know your HIV status?
- ▶ Do you have a secure livelihood and access to adequate nutrition?
- ▶ Do you have the necessary resources to access essential HIV related services?
- ▶ Do you know if there are social protection schemes available for poorest people living with HIV and affected households in your area?

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This is a living document. Omissions and suggestions for updating and improvement in 2015 to the Dóchas HIV and AIDS Working Group please contact [fiona@dochas.ie](mailto:fiona@dochas.ie).

Thank you to all contributors.

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