

## **Cluster Leads Guidance on AIDS Consolidated Appeals Process**

The partners in the AIDS response will held a workshop in September last year to look at the longer term strategic approach to address HIV within the emergency humanitarian and Consolidated Appeals Process and eventually, to other contexts, including Flash Appeals. This informed our new strategic framework which mainstreams HIV/AIDS into the emergency humanitarian response. This also informed our application for the GFATM Round 8 proposal.

The Inter-Agency Standing Committee (IASC) Task Force on HIV in Humanitarian Settings is in the process of producing updated IASC Guidelines for HIV in Humanitarian Settings to assist humanitarian and AIDS organizations to plan the delivery and scaling-up of HIV prevention and AIDS services to populations affected by crisis. The Guidelines focus on a set of minimum HIV prevention and response interventions, which should be implemented from the onset of a crisis across sectors regardless of the type of the emergency or humanitarian situation and the local context. These actions should be taken based on existing knowledge of the population and HIV epidemic. The Guidelines also include interventions that should be delivered as a full humanitarian HIV prevention and response, based on the local context and priorities, as well as the preparedness activities and contingency planning that need to be taken before any crisis.

The Guidelines have been designed for use by agencies operating in humanitarian settings, including governments, UN agencies, NGOs and community-based organizations. Some agencies may be specialized in HIV Programme implementation, while others may integrate elements of HIV programming into the humanitarian response. Not all organizations will be implementing activities within all sectors and the Guidelines have been designed in order for the user to refer to the sectors relevant to them. However, some aspects are essential for all organizations such as planning and coordination, protection and early recovery.

At the beginning of August this year, a Somali IASC workshop was jointly organized by UNICEF Somalia, UNOCHA Somalia and UNAIDS Somalia. The main purpose of the Somali field-testing workshop was to elicit country-specific feedback on the relevance and applicability of the IASC Guidelines in the Somali context to support the global review of the Guidelines. Feedback and recommendations emerging from the workshop will feed into the finalization of the Guidelines over the coming months. This has been forwarded in another attachment to the CAP participants.

**Please familiarize yourselves with these guidelines and use the guidance below to design the HIV/AIDS proposals for the 2009 CAP.**

**It is not appropriate to use the CAP to fund interventions which are longer term and already funded from GFATM, UN and other resources. NGOs and agencies are asked to prioritise AIDS interventions based on the premise that vulnerability to HIV can increase in humanitarian situations.** This stems from:

- The potential for increased HIV transmission due to increased transactional sex, SGBV, lack of PMTCT programming etc.
- The potential for increased vulnerability of those people already living with HIV e.g. through disruption to essential services, shortage of ART, disease outbreaks/ opportunistic infections etc.
- The potential for increased vulnerability of family networks affected by HIV e.g. such as orphans/ child-headed households, households with decreased coping mechanisms/ livelihood resilience due to illness of family member with HIV etc.

**The AIDS partners should seek not to overwhelm humanitarian actors by making them responsible for the entire AIDS response in a particular setting. At the same time, AIDS actors should not feel as if they are now responsible for humanitarian threats. Humanitarian and AIDS actors need to collaborate to help prevent new HIV infections as a result of the humanitarian crisis, and care for and treat those already infected among the emergency-affected population, as well as the relevant family networks also**

**impacted by HIV. Agencies need to review the Sector Cluster Checklist in this document and ensure proposals:**

- Seek to prevent new HIV infections, care for and treat those already living with HIV, and reduce the vulnerability associated with family networks also impacted by HIV and their exposure to the emergency (or hazard). There are numerous mitigation programs that may be suitable for more stable environments, such as poverty reduction schemes etc. However in humanitarian settings, emphasis should be placed on those priority interventions most likely to have the greatest impact on HIV-related morbidity and mortality in the short and medium term.
- Target the most vulnerable groups who require priority HIV interventions in the humanitarian appeal and related programming,
- Are cognizant of existing funding for HIV for the emergency-affected population and determine funding gaps,
- Determine priority interventions related to HIV prevention, care, treatment and mitigation within the context of humanitarian action, while simultaneously being mindful of longer-term structural HIV programming.
- Ensure that HIV prevention, care and treatment initiatives to be proposed as part of humanitarian action are knowledge-based, well-targeted and reach the most vulnerable groups.

## Cluster Checklists

Sector/Cluster	Possible Humanitarian Factors	Possible HIV Responses
<p><b>Health</b></p> <p>Consider the capacity and coverage of the health infrastructure in the emergency-affected area, including:</p> <ul style="list-style-type: none"> <li>➤ number of functioning health centres/ units</li> <li>➤ ratio of medical personnel to affected population</li> <li>➤ stock levels of essential drugs e.g. ARVs</li> <li>➤ barriers to access to health services among affected population e.g. physical distance; user-fees; gender disparity</li> </ul>	<ul style="list-style-type: none"> <li>• Is there a significant disruption of health services due to conflict, natural hazards or other threats?</li> </ul>	<ul style="list-style-type: none"> <li>• Mapping of health facilities providing HIV prevention, care and treatment</li> </ul>
	<ul style="list-style-type: none"> <li>• Is there a lack of qualified health personnel in areas of humanitarian concern?</li> </ul>	<ul style="list-style-type: none"> <li>• Training of health care workers in HIV prevention, care and treatment</li> </ul>
	<ul style="list-style-type: none"> <li>• Is there a shortage of essential drugs?</li> </ul>	<ul style="list-style-type: none"> <li>• Purchasing of essential drugs related to HIV OI treatment, and ART</li> </ul>
	<ul style="list-style-type: none"> <li>• Are displaced populations able to access existing health services?</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of PHC in proximity to displaced populations</li> </ul>
	<ul style="list-style-type: none"> <li>• Are existing health facilities carrying out basic HIV prevention, including blood safety, universal precautions and waste disposal?</li> </ul>	<ul style="list-style-type: none"> <li>• Training and provision of tools and commodities to achieve blood safety, universal precautions and waste disposal</li> </ul>
	<ul style="list-style-type: none"> <li>• Is PEP available for populations of humanitarian concern?</li> </ul>	<ul style="list-style-type: none"> <li>• Training and provision of PEP in health facilities</li> </ul>
	<ul style="list-style-type: none"> <li>• Is PEP available for humanitarian workers?</li> </ul>	<ul style="list-style-type: none"> <li>• Training and provision of PEP in UN designated facilities</li> </ul>
	<ul style="list-style-type: none"> <li>• Is there adequate care and treatment available for OI?</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of OI drugs/prophylactics</li> </ul>
	<ul style="list-style-type: none"> <li>• Are ARVS readily available for populations of humanitarian concern?</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of ART</li> </ul>
	<ul style="list-style-type: none"> <li>• Can populations of humanitarian concern access adequate ANC facilities?</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment or expansion of ANC programming</li> </ul>
<ul style="list-style-type: none"> <li>• Is reproductive health care readily available for populations of humanitarian concern?</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment or expansion of reproductive health care, family planning.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Can pregnant women access PMTCT?</li> </ul>	<ul style="list-style-type: none"> <li>• PMTCT programming</li> </ul>
	<ul style="list-style-type: none"> <li>• Is syndromic management of STIs available?</li> </ul>	<ul style="list-style-type: none"> <li>• STI medicines and training for health care personnel</li> </ul>
	<ul style="list-style-type: none"> <li>• Are health facilities and stand-alone VCT sites providing HIV testing and counseling, and referral services?</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate HIV testing and counseling (VCT, PITC)</li> </ul>
	<ul style="list-style-type: none"> <li>• Are there adequate home-based care programs available?</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment or expansion of HBC programming</li> </ul>
	<ul style="list-style-type: none"> <li>• Have health personnel been adequately trained in HIV prevention, care and treatment?</li> </ul>	<ul style="list-style-type: none"> <li>• Health care training programs (IMAI and others) in HIV management</li> </ul>
<p><b>Protection</b></p> <p>Consider key protection concerns in the emergency setting, including:</p> <ul style="list-style-type: none"> <li>➤ Extent SGBV (who/ where?)</li> <li>➤ Extent of forced recruitment of child soldiers</li> <li>➤ Number of OVCs</li> <li>➤ Exploitation of children including through forced labour and abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Do victims of SGBV have access to support, rape kits for legal action and PEP?</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of SGBV programming, including training for police, community leaders and others</li> </ul>
	<ul style="list-style-type: none"> <li>• Is there monitoring and reporting of GBV?</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of GBV monitoring and reporting system</li> </ul>
	<ul style="list-style-type: none"> <li>• Are children at risk of forced recruitment?</li> </ul>	<ul style="list-style-type: none"> <li>• Programming around forced recruitment of children</li> </ul>
	<ul style="list-style-type: none"> <li>• Are the needs of OVCs being adequately addressed?</li> </ul>	<ul style="list-style-type: none"> <li>• OVC programming</li> </ul>
	<ul style="list-style-type: none"> <li>• Are PLWHA and most at risk populations being adversely affected by stigma and discrimination and if so, how?</li> </ul>	<ul style="list-style-type: none"> <li>• Stigma reduction programming, including training for community leaders and others</li> </ul>
	<ul style="list-style-type: none"> <li>• Is there increased interaction between military and civilians?</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness raising, and prevention programming for civilians</li> </ul>

<p><b>Shelter/ Camp Management</b></p> <p>Consider size and location of shelter provided, and potential links with protection concerns listed above.</p>	<ul style="list-style-type: none"> <li>• Have camps/shelters been designed to reduce exposure to potential HIV risk?</li> <li>• Do shelters/camp have distribution points for condoms and AIDS information?</li> </ul>	<ul style="list-style-type: none"> <li>• Training of camp management/staff</li> <li>• Establishment of IEC, condom distribution programs within camps</li> </ul>
	<ul style="list-style-type: none"> <li>• Have the needs of OVCs for separate accommodation been addressed?</li> </ul>	<ul style="list-style-type: none"> <li>• OVC programming within camps</li> </ul>
	<ul style="list-style-type: none"> <li>• Do PLWHA have access to sufficient and safe shelter, as well as additional nutrition to meet their needs?</li> </ul>	<ul style="list-style-type: none"> <li>• Review of status of PLWHA programming and adjustments made accordingly.</li> </ul>
<p><b>Education</b></p> <p>Consider the capacity and coverage of the education infrastructure in emergency-affected area, including:</p> <ul style="list-style-type: none"> <li>• Number of functioning schools</li> <li>• Number of teachers</li> <li>• Number of pupils attending schools</li> <li>• Availability of education materials</li> <li>• Barriers to access to education e.g. insecurity; fees; children needed for labour</li> </ul>	<ul style="list-style-type: none"> <li>• Is HIV prevention/ awareness education and/or sex education being taught in schools?</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of school based HIV prevention program</li> </ul>
	<ul style="list-style-type: none"> <li>• Are teachers adequately trained in HIV information and education?</li> </ul>	<ul style="list-style-type: none"> <li>• Training for teachers on HIV</li> </ul>
	<ul style="list-style-type: none"> <li>• Are OVS and displaced children/young people able to access education?</li> </ul>	<ul style="list-style-type: none"> <li>• Programming to support education for OVCs</li> </ul>
	<ul style="list-style-type: none"> <li>• Are out of school youth able to access HIV prevention education and awareness raising programming?</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of out of school youth HIV prevention education programming</li> </ul>
<p><b>Food/nutrition support and Livelihoods</b></p> <p>Consider the capacity of the agriculture sector, including:</p> <ul style="list-style-type: none"> <li>• current and predicted food shortages</li> <li>• vulnerability to natural hazards e.g. drought/ floods/ locusts</li> <li>• possible gender disparity in household</li> </ul>	<ul style="list-style-type: none"> <li>• Is there a decline in agriculture production?</li> </ul>	<ul style="list-style-type: none"> <li>• Collection of disaggregated data</li> </ul>
	<ul style="list-style-type: none"> <li>• Is there a decline in the main categories of livelihood assets: human (labour force, financial and social (savings), natural and physical (irrigation system amnt. Of assets, and livestock owned).</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of livelihood support programs for general population</li> </ul>

responsibilities.	<ul style="list-style-type: none"> <li>• Is there a decline in food consumption and increase in food insecurity?</li> </ul>	<ul style="list-style-type: none"> <li>• Food distribution for population</li> </ul>
	<ul style="list-style-type: none"> <li>• Has there been an adoption of risky coping strategies (transactional sex, distress selling of assets and livestock that increase HIV exposure and food insecurity)?</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted interventions to support PLWHA households</li> </ul>
	<ul style="list-style-type: none"> <li>• Is lack of food impacting on HIV disease progression or ART adherence?</li> </ul>	<ul style="list-style-type: none"> <li>• Nutritional support for those infected and on treatment</li> </ul>
	<ul style="list-style-type: none"> <li>• Do food insecure households have adequate HIV awareness?</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of HIV IEC into food distribution</li> </ul>
<b>Water and Sanitation</b> Consider linkages with shelter/camp management programming	<ul style="list-style-type: none"> <li>• Are PLWHA able to access clean water and sanitation?</li> </ul>	<ul style="list-style-type: none"> <li>• Review access of PLWHA to WASH and revise programming accordingly</li> </ul>
<b>Transport and Logistics</b> Consider linkages with interventions designed to target most at risk populations, and workplace programming	<ul style="list-style-type: none"> <li>• Are the HIV prevention, care and treatment needs of mobile populations, in particular, in the transport sector being met?</li> </ul>	<ul style="list-style-type: none"> <li>• Establish HIV prevention, care and treatment programming for the transport sector</li> </ul>
	<ul style="list-style-type: none"> <li>• Is distribution of HIV and AIDS commodities (condoms, test kits, ARVs etc.) reaching populations in need?</li> </ul>	<ul style="list-style-type: none"> <li>• Develop logistics programming that will include HIV commodities for distribution</li> </ul>
<b>Security</b> Consider linkages with protection interventions	<ul style="list-style-type: none"> <li>• Are armed services receiving HIV prevention, care and treatment services?</li> <li>• Are there reported cases of discrimination or abuse committed by armed or security forces against PLWHA or most-at-risk groups?</li> </ul>	<ul style="list-style-type: none"> <li>• HIV prevention, care and treatment programming for the armed services</li> <li>• Train and sensitize armed/security forces on HIV stigma and GBV issues</li> </ul>
<b>Early Recovery</b>	<ul style="list-style-type: none"> <li>• Are HIV services in areas of return operational?</li> </ul>	<ul style="list-style-type: none"> <li>• Mapping of HIV services in areas of return</li> </ul>
	<ul style="list-style-type: none"> <li>• Is a DDR program underway?</li> </ul>	<ul style="list-style-type: none"> <li>• HIV programming for demobilised forces</li> </ul>
<b>Multi-sectoral and</b>	<ul style="list-style-type: none"> <li>• Are prevention commodities e.g.</li> </ul>	<ul style="list-style-type: none"> <li>• Purchasing and</li> </ul>

<b>Coordination</b>	condoms available?	distribution of condoms
	<ul style="list-style-type: none"> <li>Do people have access to HIV prevention information materials and campaigns?</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of HIV prevention programming including BCC</li> </ul>
	<ul style="list-style-type: none"> <li>Have most-at-risk populations been identified and programs developed to meet their HIV needs?</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of targeted interventions, including sex worker interventions, harm reduction, etc.</li> </ul>
	<ul style="list-style-type: none"> <li>Are there designated HIV humanitarian focal points to coordinate and implement programming?</li> </ul>	<ul style="list-style-type: none"> <li>Training on IASC Guidelines on HIV Interventions in Emergency Settings</li> </ul>
	<ul style="list-style-type: none"> <li>Has staff within humanitarian agencies received HIV workplace training and support?</li> </ul>	<ul style="list-style-type: none"> <li>Establishment/training on HIV in the Workplace in humanitarian agencies</li> </ul>

<b>Service Availability Matrix and Identification of Program</b>					
<b>HIV INTERVENTION</b>	Description of program	Geographical Location/Target Populations	Agency Providing Service	Funding Source	<b>IDENTIFIED GAP</b>
<b><i>Prevention</i></b>					
Universal Precautions					
Condom Distribution					
BCC					
School Education					
PMTCT					
Targeted Interventions for MARP (identify)					
VCCT					
PITC					
Safe blood supply					
PEP					
Other, please identify					
<b><i>Care / Treatment</i></b>					
Primary health care					
OI Prevention					
OI Treatment					
ART					
Psychosocial support					
Other, please identify					
<b><i>Food and Nutrition Support</i></b>					
Food packages					
Livelihood support					
Other, please identify					
<b><i>OVC</i></b>					
Education					
Health					
Life-skills programming					
Other, please identify					

<b>Priority HIV Interventions in Humanitarian Sectors / Clusters</b>
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<b>SECTOR/CLUSTER</b>	<b>KEY HIV Interventions</b>
<b>Health</b>	
<b>Protection</b>	
<b>Shelter/ Camp Management</b>	
<b>Education</b>	
<b>Food/nutrition support and Livelihoods</b>	
<b>Transport and Logistics</b>	
<b>Security</b>	
<b>Early Recovery</b>	
<b>Multi-sectoral and Coordination Activities</b>	