Public Health Promotion Briefing Paper

Mainstreaming HIV and AIDS in Humanitarian programmes

What is it?

Mainstreaming is thinking and acting about HIV and AIDS in all programmes (and considering both staff and beneficiaries). The term refers to adjusting humanitarian programmes to ensure they take into consideration causes of vulnerability that are or may be related to HIV infection and the consequences of AIDS during such responses.

The focus of such programmes (water, sanitation and hygiene promotion as well as livelihoods), however remains the original goal. But consideration, taken to address needs of HIV and AIDS infected and affected people as well as reducing potential means of transmitting the HIV virus through sensitively planned activities.

There are two ways to mainstream:

Internal

It is about addressing HIV and AIDS with staff through training on both self awareness and community mainstreaming, adapting and changing policy to promote staff welfare e.g part of Oxfam's policy on HIV/AIDS states that employees with HIV or AIDS

- Will not be discriminated against
- Have the right to confidentiality on medical status
- Will be treated the same as an employee with any other illness etc
- In event of rape, all staff is entitled to Post exposure prophylaxis (PEP), contraception and counselling.

External

Is about reducing the risk or impact of HIV and AIDS through the way we interact with the communities and deliver our programmes. Especially by

- Promoting prevention of HIV transmission within a program
- Care and support of both infected and affected people
- Mitigation of impact of the emergency on the HIV and AIDS infected and affected peoples well being
- Working with existing stakeholders in HIV and AIDS when carrying out livelihoods or PH program e.g. Red Cross, Ministry of Health etc

What mainstreaming is not

- Working only with HIV positive men and women
- Doing mass condom distribution in isolation
- Changing the focus of the humanitarian response to HIV prevention

When considering any response you should ask yourself two key questions:

1) *How will HIV and AIDS affect the programme?*
2) *How will the programme affect HIV and AIDS prevalence?*

For instance

In Turkana district in Kenya, a team of field staff were visiting a village during a routine monitoring trip. Whilst walking around and observing, they talked to several women who, when asked what sickness there was in the village, replied that some houses had very thin sick people. It turned out that these houses were the homes of men who had left the village to work in a nearby town. Away from their families and with money in their pockets, they paid for sex and subsequently contracted HIV. The team realised that their cash for work programme, where village men were paid to do bush clearance near the town, could expose these men to an increased risk of contracting the virus.

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Why mainstream HIV and AIDS in rapid or slow onset emergencies?

1. In some emergencies, there is the potential for increased vulnerability to infection with HIV and to the impacts of the HIV and AIDS epidemic, due to the following factors
   - Breakdown of family and social values and networks, with increased vulnerability and susceptibility especially of women and children;
   - Increase in rape cases/sexual violence often by military or paramilitary or due to poor siting of water and sanitation facilities e.g. in dark unlit areas
   - Breakdown in supply chain for condoms leading to more unprotected sex
   - Population movement/ increased mixing of populations with different HIV prevalence
   - Decreased availability/ utilisation of reproductive health and other services/means to prevent transmission etc

2. HIV can worsen the emergency situation (depending on the prevalence in the country before the emergency) by:
   - Undermining existing positive coping strategies in HIV-affected households, and over-burdening carers
   - Causing the host community or other cultures and ethnic groups to discriminate against people living with HIV and AIDS (PLWHA) in the new environment
   - Increasing the vulnerability of orphans and other vulnerable children affected by HIV, old people and child headed households etc

3. Increased vulnerability of potential vulnerable groups (women, men, children, older people, disabled people, PLWHA, ethnic minorities etc) to HIV transmission. For example:
   - Women may turn to commercial sex work or sex for subsistence as a coping mechanism, or because their lives have been disrupted by war, widowhood etc. As one Zimbabwean woman said: *'It is better to get AIDS than to watch your kids starving'*.
   - Some men/boys may engage in work that can entail mobility and family disruption (migrant labour, truck driving, fishing etc).
   - Loss of labour due to illness or increased caring and it may lead to selling of productive assets.
   - Disruption and displacement may lead to separation of the infected person and their carer
   - Lack of medical services, especially access to antibiotics and anti-retrovirals, will seriously affect the health of HIV positive people.

Essentially, consider the needs of both people infected by HIV and those affected by it!

Who should mainstream HIV and AIDS?

Every staff member is expected to mainstream HIV and AIDS both internally and externally in programmes. HR together with the programme manager should ensure internal mainstreaming e.g. initial assessment, rolling out HIV work place policy, and providing staff with information and an enabling supportive environment to prevent HIV and AIDS.

On external mainstreaming, it is expected that all programme technical and support staff should mainstream HIV and AIDS and the programme manager should delegate and make this happen. Some health promoters may have background information on HIV and AIDS prevention and they may be useful resource person in the process but the responsibility lies with everyone. Nominating a focal point will ensure adequate dissemination of relevant information, monitoring and feedback on progress made.

Where do we mainstream HIV and AIDS? **(Slow/rapid onset or high/low HIV prevalent areas?)**

There have been different arguments on whether it is necessary or not to mainstream HIV and AIDS in rapid onset emergency especially when there are lots of life saving activities to do; or why bother

to mainstream in areas with low prevalence? Based on the importance of how an emergency may:

- Impact negatively on vulnerable groups, increase transmission of the virus from high prevalence to low prevalence areas,
- Make PLWHA (if they exist) more vulnerable to opportunistic diseases due to lack of water, food, clean water, general hygienic facilities etc.

It is worth taking the first step in mainstreaming which is assessment and analysis of possible risk to increase in transmission of HIV (to staff and beneficiaries) and how the emergency has impacted on those infected and affected by the virus. This will ensure that the most vulnerable are heard, represented and their needs met accordingly. It will also contribute to meeting Sphere standards, promote Oxfam's right-based approach and the aim of 'Do no harm' in addition to fulfilling our corporate objective.

Oxfam has a mandatory objective to mainstream HIV and AIDS in all programmes by 2010 and in the year 2007/8 it is expected that "40% of all emergency responses mainstream HIV and AIDS effectively into their programmes"

How do we mainstream HIV and AIDS?

Like gender it is expected that programs mainstream HIV and AIDS throughout the emergency project cycle. i.e.

- Pre emergency: Collect specific information to map susceptibility and vulnerability of population to HIV and AIDS, create enabling and supportive workplace environment.
- Assessment: Integrate with PH/EFSL assessment (determine predisposing factors to HIV transmission, needs of people with long chronic illness, access to health services, condoms etc) –
- Implementation – Minimum response – "Do no harm" e.g reducing opportunities for sexual and gender based violence (SGBV), mainstream gender, raise staff awareness, coordinate with others
- Monitoring and evaluation

For details, see section 3: 'How to mainstream HIV and AIDS in emergencies' in "Humanitarian programmes and HIV and AIDS" by Walden et al (2007).

Things to consider for minimum response

- Keep the focus of your humanitarian programme
- Avoid stigmatisation during assessment (especially in the way information is collected), program analysis, implementation, monitoring and evaluation
- Find out about the HIV situation in the emergency affected country and amongst the affected population
- Based on assessment and analysis:
  - Use vulnerable households or chronically ill as a criteria in order to avoid stigmatisation
  - In water and sanitation work, consider the safety and protection of vulnerable groups as well as need for closeness of water and sanitation facilities to persons with disability/long chronic illness
  - Livelihoods work should be suited to the special needs of both those affected and infected
- Consider issues of gender and protection
- Make sure your staff are informed about HIV facts
- Make sure that there is good two – way communication and flow of information between the emergency – affected community and your organization. Use participatory ways to also involve PLWA in discreet non-threatening ways.

Some practical examples

Uganda IDP and flood responses

- Trying to ensure vulnerable (including families with a chronically ill member) people are exempt from water user fees as well as avoid the queue
- Training to community outreach workers and awareness raising with contractors on HIV.
- Protection in shelter – special provision for girls and young women as well as HIV education
- During the 2007 flood response, Oxfam distributed Jerry cans (white and wide mouth) that were similar to

the ones MOH was providing to families with PLHA. The blanket distribution helped to de-stigmatise those who already had but could not use them due to the government targeted distribution to PLHA

Sri Lanka Tsunami response

- When transitional houses were being built, the community asked for the units to be joined so that people would feel more secure.
- Locks were provided for the doors of houses. This is an ideal situation for single women and children headed households as well as those nursing chronically ill people

Zimbabwe Drought response

- Helping women to find other sources of income –so they are not dependent on sex for subsistence, vegetable gardens were successful here
- Planting of traditional herbs to provide essential micronutrients for beneficiary populations (including vulnerable people).

Zambia Floods Response

- Mobilizing and sensitising children about HIV and AIDS as part of water sanitation activities
- Using female hygiene packs distribution sessions for sensitising women on HIV transmission and prevention
- Integration of existing home based care team into community Mobilizers structure
- Distribution of additional hygiene kits to families living with AIDS patient.

Holden, S. (2004) Mainstreaming HIV/AIDS in Development and Humanitarian Programmes, Oxford:Oxfam.

Walden, V. M., O'Reilly, M. and Yetter, M. (2007) Humanitarian Programmes and HIV and AIDS. A Practical Approach to Mainstreaming. Oxfam.

Oxfam workplace policy – http://intranet.oxfam.org.uk/programme/cross_cutting/hivaids/workplace_programme/index.htm