AfP HIV AIDS Policy
(Feb 2016)

Date of next review:
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Contents

1. Introduction

HIV/AIDS pose significant threats to human development in many developing countries, having claimed more than 34 million lives across the globe so far[1]. At the end of 2014, there were approximately 36.9 million people living with the disease, with 2 million people becoming newly infected each year with HIV globally.[2]

HIV (human immunodeficiency virus) is a virus that damages the defence system of the body. HIV infects cells of the immune system and destroys their function leading to immune deficiency. A person infected with HIV may look and feel healthy for many years. However, the person is still able to pass on the virus.

Due to the virus, over time the immune system becomes seriously weakened so that the body loses its ability to fight off infection. Once a person who has HIV gets one or more opportunistic infections, that person is said to have AIDS (Acquired Immune Deficiency syndrome). Some people develop AIDS shortly after being infected with HIV, yet some live with HIV for ten or more years before developing AIDS, if indeed they develop it at all.

Conflict, displacement, food insecurity, natural disaster and poverty can increase the vulnerability of affected populations to HIV/AIDS[3]. In such contexts, fragmentation of families and communities often occurs, threatening stable relationships. The social norms regulating behaviour are often weakened. In such circumstances, women, children, and people from the LGBTIQ[4] community are particularly at risk of increased violence, including rape or coerced sexual exploitation including for survival sex.[5] As such, people at risk of or living with HIV/AIDS

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[1] WHO, http://www.who.int/mediacentre/factsheets/fs360/en/
[2] WHO, http://www.who.int/mediacentre/factsheets/fs360/en/
[3] Spiegel, P.B. (2004) 'HIV/AIDS Among Conflict-affected and Displaced Populations: Dispelling Myths and Taking Action' http://www.unhcr.org/4162693e4.pdf
[4] In Australia, the Commonwealth Government uses the initials '**LGBTI**' to refer collectively to people who are lesbian, gay, bisexual, trans, and/or intersex.
[5] ISACS, http://www.who.int/3by5/publications/documents/en/iasc_guidelines.pdf

(PLHIV) may require specific measures to protect themselves from violence, discrimination and neglect.[6]

Greater vulnerability to HIV transmission does not necessarily translate into greater HIV/AIDS infections as there are a range of complex factors impacting prevalence rates in situations of emergency or poverty.[7]

Apart from situations of conflict, disaster, displacement and poverty, there are a range of other circumstances that can increase vulnerability to HIV/AIDS. These include but are not limited to lack of access to and understanding of accurate information on the HIV/AIDS virus, rural to urban migration, low-levels of access to health care, social taboos inhibiting discussion of HIV/AIDS and its transmission, and high-rates of gender-based violence.

2. Rationale

Act for Peace (AfP) prioritises the protection of the most vulnerable with the aim of achieving safety, justice and dignity for communities threatened by conflict and disaster. As a faith-based agency, AfP are called to bring help and consolation to those in need of our support; to love our neighbours in words and deeds; to act in fundamental human solidarity with those who suffer; to uphold the dignity of the poorest and the most marginalized, and to build capacities as means of strengthening human resilience.

Accordingly, AfP is committed to mainstreaming and integrating HIV/AIDS programming across our work for the following reasons:

- We hear God's call to identify ourselves with the vulnerable and understand and meet the needs of people affected by HIV/AIDS. As representatives of Christ we are helping others to transform this human tragedy into a source of new life and love.
- AfP, as an organisation committed to working ecumenically, has a unique opportunity to work alongside other faith-based organisations to mobilise communities to take action to prevent HIV/AIDS and to reduce vulnerabilities related to associated discrimination and stigma in a sensitive and compassionate way.
- As HIV infections rise, poverty deepens. Given this, reducing the incidence and prevalence of HIV/AIDS is a prerequisite for poverty elimination and sustainable development.

3. Scope and Purpose

This policy commits AfP to promote HIV/AIDS awareness amongst its staff, partners and beneficiaries, and mainstreaming and integrating[8] HIV/AIDS awareness across our humanitarian and development programs. Specifically, this policy:

- Underscores AfP's commitment to working with our partners in striving to prevent the spread of HIV/AIDS and reducing discrimination and stigma associated with HIV/AIDS

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[6] Interagency Task Team to Address HIV in Humanitarian Emergencies, 2011, 'Assessment of HIV in Internally Displaced Situations' http://www.unicef.org/aids/files/Assessment_of_HIV_in_Internally_Displaced_Situations.pdf

[7] Spiegel, as above.

[8] Mainstreaming HIV is a cross cutting policy, an indirect approach to responding to HIV, meaning taking HIV into consideration when planning emergency (and development) programs and adapting these programs to ensure they address the underlying causes of vulnerability to HIV infection and the consequences. The focus of such programs remains the original goal (for example, providing food and shelter to the disaster affected populations).

Integrating of HIV/AIDS-specific interventions refers to direct HIV targeted work that could be included into other wider programs, i.e. broadening of health and nutrition programming to include HIV specific health and nutritional concerns. (Ref. Code of Good Practice for NGOs Responding to HIV).

- Provides guidance for AfP and partner staff in understanding the potential impact of HIV/AIDS on projects
- Commits AfP to consider the impacts of HIV /AIDS in all aspects of our humanitarian and development assistance

4. Applicable Standards & Guidance

AfP's HIV/AIDS policy is guided by our principles of non-discrimination, equality and safety. We recognise the commitments of the international community to promote healthy lives and to combat the spread of HIV/AIDS, malaria and other diseases as set out in the earlier *Millennium Development Goals* (Goal 6.A/6.B)[9] and the UN's recently adopted *Sustainable Development Goals* (Goal 3).[10]

As a member of the ACT Alliance, this policy is consistent with guidance provided in the *ACT Policy on HIV in Humanitarian Emergency Assistance Programmes*[11] and draws on best-practice experience outlined in:

- Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief: http://www.ifrc.org/Global/Publications/disasters/code-of-conduct/code-english.pdf
- IASC guidelines for HIV/AIDS interventions in emergency settings. https://interagencystandingcommittee.org/hiv-aids-emergency-settings/documents-public/guidelines-hivaids-interventions-emergency-settings
- The Core Humanitarian Standard Guidance Note and Indicators (November 2015)[12] and Sphere Project Handbook 2011: Humanitarian Charter and Minimum Standards in Disaster Response[13], pages 323 -329, Section 23: Essential Health Services – sexual and reproductive health: www.sphereproject.org.
- This policy references the practical tools developed in World Vision's HIV in Emergencies Reference Toolkit for Christian, Faith-Based Communities[14] and the ICRC's HIV/AIDS Field Guide: A Planning And Practice Guide to Integrating HIV/AIDS Into the ICRC's Health Work[15].

5. AfP Policy Objectives

AfP's approach to increasing awareness of and support towards addressing the impact of HIV/AIDS with partner organisations includes a cross cutting approach to mainstreaming and specific HIV/AIDS programming initiatives .

The core objectives of this policy are to:
- Maximise the positive impact of AfP's work with partners to reduce the effects of HIV/AIDS and tackling stigma, discrimination and denial.
- AfP partner capacity is strengthened to apply best practice in organisational and program approaches to HIV/AIDS

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[9] UN, http://www.un.org/millenniumgoals/aids.shtml

[10] UN, http://www.un.org/sustainabledevelopment/health/

[11] ACT Alliance, http://178.62.114.239/wp-content/uploads/2015/07/Policy_HIV.pdf

[12] http://www.corehumanitarianstandard.org/files/files/CHS-Guidance-Notes-and-Indicators.pdf

[13] http://www.sphereproject.org/resources/download-publications/?search=1&keywords=&language=English&category=22

[14] World Vision, http://www.wvi.org/sites/default/files/HIV_in_Emergencies_Toolkit_for_Christian_faith_communities_2010.pdf

[15] ICRC, https://www.icrc.org/eng/assets/files/other/icrc_002_0953.pdf

AfP Approach and Focus Areas

6. 1 AfP Approach

To achieve these objectives, AfP supports and hereby commits to the principles outlined in the IASC Guidelines:

- Principle 1: HIV/AIDS activities should seek to build on and not duplicate or replace existing work.
- Principle 2: Interventions for HIV/AIDS in humanitarian crises must be multi-sectoral responses.
- Principle 3: Establish coordination and leadership mechanisms prior to an emergency, and leverage each organization's differential strengths, so that each can lead in its area of expertise.
- Principle 4: Local and national governments, institutions and target populations should be involved in planning, implementation and allocating human and financial resources.
- Principle 5: Where non-state entities have control or where the government no longer has the capacity to act, activities may be undertaken in the absence of national policies or programmes.
- Principle 6: HIV/AIDS activities for displaced populations should also service host populations to the maximum extent possible.
- Principle 7: When planning an intervention, cultural sensitivities of the beneficiaries should be considered. Inappropriate services are more likely to cause negative reaction from the community rather than achieve the desired impact.

AfP takes a twin-track approach to implementing these principles:

- Mainstream: AfP seeks to *mainstream* this HIV AIDS policy, considering application to program development and implementation.
- Targeting: We also strive to integrate *targeted* HIV work into AfP's emergency and development programmes where appropriate in order to ensure that any response to HIV is maximised through specific HIV interventions i.e. broadening of health and nutrition programming to include HIV specific health and nutritional concerns.

Act for Peace acknowledges that the understanding of, and capacity to directly address HIV/AIDS as a health issue, differs between countries and partners, therefore our approach will be tailored to the cultural and environmental context.

6.2 AfP Focus Areas

AfP acknowledges that the following groups are especially vulnerable and require special consideration in planning HIV prevention and support activities:
- Women in situations of war, disaster, displacement and poverty are at increased risk of sexual violence and abuse. In severe food insecurity situations women and girls may find themselves coerced to engage in casual or commercial sex for survival;
- Children in situations of armed conflicts and displacement are particularly vulnerable to all forms of sexual exploitation and abuse. Emergencies aggravate the vulnerability of children affected by the HIV epidemic, be they orphans, HIV infected children or child-headed households, or all at the same time. They live under increased hardship, their numbers may increase while the normal community support may have broken down

and community- based services may be reduced due to damage caused by the conflict or disaster;

- Mobile populations - displaced persons, refugees and returnees are among society's most vulnerable. Many are separated from their families, spouses or partners, most are cut off from their communities. Often they live and work in conditions of poverty and social exclusion. These factors may provoke risk-taking behaviour that would not have been exhibited prior to displacement;

- Communities affected by natural disasters are particularly vulnerable to the challenges of HIV/AIDS. Disasters can destroy crops, raise food prices, and contaminate drinking water, lowering the overall health of a population and creating conditions that can weaken the ability of individuals to combat the virus. Severe weather can also destroy roads, which leaves people unable to reach medical facilities and leaves medical facilities desperate for supplies; and

- The rural poor affected by disasters are often forced to migrate towards cities and face the risk of contracting HIV, as prevalence in urban areas is often higher. But even if it is not, the risk is higher for them as they enter the urban world destitute, and disempowered. Rural populations are also often less aware of the means of prevention and even if they were aware, may lack access to those means.

Recognising our experience as a faith-based, partner-led organisation, AfP hereby commits to focusing on:

- **Working through and with partners** to promote awareness of HIV/AIDS, with a focus on non-discrimination. Promoting staff and partner awareness to ensure that all staff and volunteers are aware of their role in mainstreaming and integrating HIV awareness and control. Motivation of staff is particularly important in low HIV prevalence settings where the need to consider HIV may not be obvious.

- **Working ecumenically** to develop linkages with local governmental and non-governmental health and HIV/AIDS services as well as Faith Based Organisations (FBO) and churches working on HIV/AIDS and to seek greater Involvement of People Living with HIV/AIDS (GIPA principle) and their respective networks, in order to further develop their understanding of the local context of HIV/AIDS and ensure higher effectiveness of the relief activities.

- **Ensuring community-based protection** activities respond to the needs of people living with HIV and take into account people's vulnerability to HIV infection.

- **Mainstreaming gender** and inclusivity of sexual minorities and people with disabilities across the program-cycle to ensure those sectors within communities that are most vulnerable to HIV/AIDS (women, girls and people from sexual minorities) receive appropriate information and support.

In order to promote sustainable and transformative impacts across our programs, AfP supports increased awareness, sensitisation and direct services to help prevent the spread of HIV/AIDS in vulnerable communities affected by disaster and conflict.

6. Reporting, review and relevance to other AfP guidelines and policies

This policy should be reviewed in February 2019 This policy supports, and should be read in conjunction with, the following AfP policies; AfP's vision, mission and values, AfP's Humanitarian Protection Policy, AfP's Code of Conduct, and AfP's Code of Good Practice, AfP's Gender Policy and AfP's Human Rights Policy. These are given effect through the operating procedures contained with AfP's Operations Manual.

8. Conclusion

The present policy represents AfP's current overall organisational understanding of the issue of HIV/AIDS and outlines strategic decisions made by AfP in order to address the issue with sensitivity and offer practical support to individuals and communities in need. Various tools and guidelines to help put the policy into practice already exist and/or will be developed in response to demands expressed by staff and partners.

Annex 1. Policy Objectives and Indicators

OBJECTIVES	ACTIVITIES	INDICATORS
▪ Maximise the positive impact of AfP's work with partners to reduce the effects of HIV/AIDS and tackling stigma, discrimination and denial.	▪ Needs assessments are undertaken by partners which include assessments of awareness of HIV/AIDS and available services in vulnerable communities ▪ Partners have assessed the risk of gender-based violence (GBV) and sexual violence (SV) in their program designs, including through needs assessments.	▪ Partner project designs consider means of supporting HIV/AIDS affected populations including referrals to clinics ▪ Partners develop strategies for reducing vulnerability to infection (e.g.) anti-GBV activities and/or awareness raising regarding HIV/AIDS
▪ AfP partner capacity is strengthened to apply best practice in organisational and program approaches to HIV/AIDS	▪ AfP will provide higher level support to health program partners including through policy and best practice guidance for addressing HIV/AIDS	▪ AfP partner project design documents include analysis and contextual focus on HIV/AIDS ▪ In the case of partner programs that focus on health or other specific HIV/AIDS focused projects/programs, AfP ensures that these programs adhere to mandatory HIV/AIDS policy requirements and/or relevant national/international mandated approaches or best practice.

Annex 2. Glossary

AIDS Acquired immune deficiency syndrome

HIV Human Immunodeficiency Virus

HIV mainstreaming The process through which institutional capacity to cope with and respond to HIV is increased. This generally begins from existing work, which is then modified to take into account susceptibility and vulnerability to HIV/AIDS.

IASC Inter-Agency Standing Committee

LGBTIQ Lesbian, Gay, Bisexual, Transgender, Intersex and / or Questioning.

Prevalence The total number of specific HIV or AIDS conditions in existence in a defined population at a precise moment in time.

PLHA People Living with HIV or AIDS

Annex 3. Resources and Reference List

- **ACT Alliance,** http://178.62.114.239/wp-content/uploads/2015/07/Policy_HIV.pdf

- **ICRC,** http://www.ifrc.org/publicat/conduct/index.asp

- **IASC**, http://data.unaids.org/Publications/External-Documents/IASC_Guidelines-Emergency-Settings_en.pdf

- **Oxfam Australia**, https://www.oxfam.org.au/wp-content/uploads/2011/10/oaus-positionpolicies-0312.pdf

- **Sphere Project,** www.sphereproject.org

- **UN Millennium Development Goals**, http://www.un.org/millenniumgoals/

- **UN Sustainable Development Goals**, http://www.un.org/sustainabledevelopment/sustainable-development-goals/

- **UNHCR Note on HIV/AIDS and the Protection of Refugees, IDPS and Other Persons of Concern, 2006,** http://www.who.int/hac/techguidance/pht/io30anx%20_HIV_and%20_prot_Note_ENG_FINAL12April2006.pdf?ua=1

- **World Vision**, http://www.wvi.org/sites/default/files/HIV_in_Emergencies_Toolkit_for_Christian_faith_communities_2010.pdf