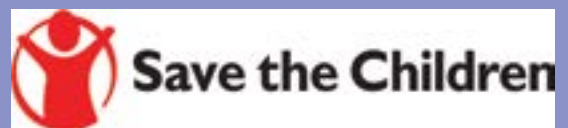


HIV IN HUMANITARIAN SETTINGS CONTINGENCY PLANNING



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PURPOSE

The purpose of this workshop is to help participants develop the contingency planning they need in order to be able to continue to provide HIV-related services in humanitarian situations (e.g. a flood, an earthquake, violence, etc.). In the best case scenario, the national contingency plan includes HIV, but this is often not the case. Therefore, after this exercise is complete, the plan should be synced into the national contingency plan.

PARTICIPANTS

This workshop is intended for:

Head of the National AIDS Control and representatives from the NAC, Representatives from the provincial Ministry of Health (and include representatives for nutrition), Health, Nutrition and HIV officers, Representatives from provincial government particularly those responsible for disaster management, representatives from community based organizations engaged with HIV services, networks of people living with HIV, relevant NGO staff, representatives from the Ministry working on water, sanitation and hygiene, representatives from the Ministry of Education. UN agency representatives (including OCHA).

Where appropriate, include cluster leads.

DURATION

It is expected that the workshop will be 2 days.

MATERIALS

The materials needed are listed under each activity.

PART I: INTRODUCTION

Explain to participants that this is a two-day workshop and the outcome will be a contingency plan for HIV-related activities. Tell participants that this will be a participatory exercise.

Review the following items with the participants:

- housekeeping (e.g. where the restrooms are)
- the agenda

Develop:

- a parking lot for issues that need to be addressed at the end of the workshop
- ground rules with participants (e.g. no cell phones)

Have each of the participants introduce themselves and get to know each other. The activities used at the beginning of a training to help the participants get to know each other are known as icebreakers or introductions.

POSSIBLE ICEBREAKERS

Shipwreck: Explain the scenario: The group has been shipwrecked on a desert island. Each person has to bring one thing with them to the island, that represents them or something they enjoy. Each person is asked to describe what object they would bring and why. This does not have to be realistic – it could be a dog, a curry, a piano etc. You can follow this with a team building exercise where participants are put in small groups of 3 or 4 and ask participants to increase their risk of survival by combining the objects they have described.

What made you smile this morning: Each participant thinks of what made her or him smile on the way to the training and one by one participants share with the rest of the group. This is a good way to have participants smile, especially on their first day when they may not know each other.

Extraordinary Greetings: Tell the group a new style of greeting has been introduced to the country where you are. Participants must walk round the room and greet each other; they must look at the ground and greet each other by stopping in front of each other; no eye contact should be made. Once they have stopped to greet someone they should move on and greet someone else; and so on. Silence must be maintained. After each person has greeted a few people in this way tell them the greeting has been modified. They must now continue to greet silently but must make eye contact and nod their heads at each other. They are not allowed to smile and must remain serious. Following this, change the greeting again; they should greet each other by shaking hands and introducing themselves with a smile. Finally, participants should greet each other with a slap on the back and a hearty laugh.

PART 1 ACTIVITY 1: SETTING THE STAGE

HIV in humanitarian settings: Identifying vulnerabilities

DURATION 1.0 HOUR

MATERIALS NEEDED:

Powerpoint slides, computer, projector, flip chart (for option 1), markers, cards, photographs, laminated cards with the headings of each sector in the IASC Action Framework (or national strategic framework)

PREPARATORY ACTIONS:

Gather context-specific photographs of recent emergencies

To introduce this work it is important to begin with an introduction to the vulnerabilities faced in an emergency by people living with HIV and their families, and the vulnerabilities of people who do not have HIV to acquiring it. Ideally, this discussion is based on the context in which this exercise is taking place and the vulnerabilities participants have experienced or witnessed in past emergencies, or those that are relevant to the communities within which they are working. There are two methods to introduce this work, detailed below.

With whichever method you choose, be sure to mention all of the sectors paying more attention to the sectors most relevant in your context.

The sectors include:

1. HIV awareness raising and community support
2. Health
3. Protection
4. Food security, nutrition and livelihood support
5. Education
6. Shelter
7. Camp coordination and camp management
8. Water, sanitation and hygiene
9. HIV in the workplace

Remind participants that good preparedness/contingency planning is key to ensuring an adequate response.

Choose one of these two options to run as the activity:

1. Ask participants to brainstorm vulnerabilities on separate cards and then work in small groups to organise them according to the sectors in the IASC Guidelines (or the national strategic plan). If the list generated is not comprehensive, lead discussion on vulnerabilities (see annex 1). It is important to be as context-specific as possible with regard to the discussion.

Example: During the 2013 flooding in Gaza Province, Mozambique (prevalence 25.1%) people living with HIV were moved far from their fields. As a result, they left their babies at home instead of taking them with them; this made it difficult (impossible) to exclusively breastfeed which therefore increased the risk of mother-to-child transmission.

This vulnerability would be written down and could correspond to "Health" or "Food Security, Nutrition and Livelihood Support". The important part of the exercise is to enable participants to think through the vulnerabilities across all sectors; some will be hard to categorise but too much time should not be spent discussing which heading to put the points under. This helps to lead into the activity in which participants will develop the actual contingency plan.

2. Show photographs and generate a group discussion – ie. A crowded camp setting, a woman walking away from the camp to get wood, a food distribution, a flooded village, makeshift plastic sheeting latrines, etc.

Local photographs from recent emergencies are best to use (see annex 1 for examples of photographs used in previous workshops).

Show all of the photographs pausing for a few moments on each. Then one by one put the photographs back up on the screen. Ask small groups to discuss:

- what vulnerabilities they see in the photographs and how they relate to HIV.
- which sectors should be involved to respond to those vulnerabilities
- what activities should be implemented.

Ask each small group to report back on ONE photograph. Ask if any other groups have anything to add and then move on to the next group.

PART II: PRIORITISING ACTIONS

The purpose of this set of activities is to help teams to familiarise participants with a minimum set of actions for an HIV response and ultimately to develop the contingency plan using the IASC guidelines and/or the national strategic plan for HIV.

PART II ACTIVITY 1: GROUPING AND PRIORITIZING THE MINIMUM RESPONSE

DURATION 2.0 HOURS

OVERVIEW:

Participants will be divided into small groups. One way to do this is to have each participant count 1-5 and all 1's are a group, all 2's, etc. Each group is provided with a complete set of all of the minimum initial response actions from the IASC guidelines.

PREPARATORY ACTIONS:

1. Type out each activity from the minimum initial response and expanded response column of the IASC guidelines onto separate cards (one per card). Leave off the numbers associated with each activities because the numbers indicate which sector the activity belongs to. Have some material to use to fix each card onto the wall (e.g. sticky tape, tack, etc.). Prepare one full set of cards for each group.
2. Prepare 9 cards with each of the sectors as written in the IASC guideline matrix and put them on the wall. Sectors are: 1) HIV awareness raising and community support; 2) Health; 3) Protection; 4) Food security, nutrition and livelihood support; 5) Education; 6) Shelter; 7) Camp coordination and camp management; 8) Water, sanitation and hygiene; 9) HIV in the workplace.
3. Provide blank cards for participants to use if they think an activity is missing.

Introduce the *IASC guidelines for addressing HIV in humanitarian settings* to participants.

Explain that the Guidelines:

1. Are generic and written for all humanitarian settings, including for situations of violence and conflict, natural disasters, complex emergencies, different types of displacement (refugee, IDP, host population etc. They therefore need to be contextualised according to each setting in which they will be implemented. The activities might also need to be revised based on the country's HIV programme.

2. Were finalized in 2010 so do not necessarily reflect the latest protocols, e.g. the most recent WHO guidelines. One specific example is that of test and treat [as soon as they test positive], e.g. testing pregnant women and putting them on treatment. If test and treat is the policy within the country (including for pregnant women), please make sure that this is addressed in the activities that will need to be included to ensure adherence to and retention in care. Where platforms such as integrated community case management (iCCM), vaccine campaigns, etc. are used for paediatric care, be sure to include this in your discussion. Similarly, if there are paediatric and/or adolescent-specific programmes available, please make sure that these are included in the discussion and subsequent prioritization.

Show the matrix from the *IASC guidelines* to the group and highlight how useful it is – at a glance you can see what to do for preparedness, initial response and expanded response, and that it goes through the interventions sector by sector. It can be a useful tool for discussing HIV in humanitarian settings for programme-focussed staff even if it needs to be adapted to the national plan and most recent guidance.

Each group of participants will be given a set of cards with each of the response actions written on them and will:

1. Identify any gaps in actions that are not represented on the cards in front of them that are important for this context

Example: Gaps identified in the Gaza Province, Mozambique workshop were insufficient focus on provision of paediatric ART, guidance on infant feeding for HIV positive women, provision of lighting in camps, and provision of ART continuation for health workers as a specific group, and were added to the cards. This is important given that the guidelines are generic, were developed in 2010 and therefore might not reflect the particular context in which this is being used.

The necessity of this point should be highlighted (see bullet 2 above) and participants encouraged to reflect on this and **participants should be URGED to write/revise actions that they have in front of them.**

2. Participants should group the response actions and place them under the sector they feel is responsible for the action.

3. Bearing in mind the particular context within which participants are working, groups should then prioritise which activities should be undertaken for Preparedness, Initial Response and Expanded Response for the next emergency. For some sectors they will prioritize around 2 activities (e.g. WASH) while for other sectors they will be asked to prioritize three to five (e.g. health).

Divide participants into groups ideally of 7-10 (no more than 10). Facilitators should circulate through the groups and make note of discussions on previous emergency experiences. Tell each group to choose a moderator and rapporteur

PART II ACTIVITY 2: PRESENTING TO THE GROUP

DURATION 2.5 HOURS

Each group will present the prioritized actions for 1 or 2 sectors (depending on the number of groups) to the larger group. The groups will be given time to affix their respective sector cards to the wall in the front of the room (if feasible).

One by one groups will present their prioritized actions for the sector they are representing. The larger group will be asked if (1) they agree that the action should go under that sector (2) they agree with the prioritized actions (3) there are any actions missing. After discussion consensus should be reached on a small group of prioritized actions (ideally 1-2 for some sectors and 5 for the larger sectors).

This is an important exercise which requires STRONG FACILITATION because it is meant to reach consensus on a select number of PRIORITIZED activities.

PART III: DEVELOPING A PLAN

DURATION 4.0 HOURS

PURPOSE: The purpose of the exercise is to fill in the matrix which will become part of the contingency plan.

PREPARATORY ACTIONS: Take the prioritized actions from Part II Activity 2 and write them on sector-specific sheets of the contingency plan matrix. So for example for food security, nutrition and livelihood support, write the prioritized actions in the first column of the matrix.

Explain to participants that they will now go into the sector that they feel the most comfortable with and for which they have the most to offer. Explain that some groups will focus on just one sector because there is a large number of actions under the sector (e.g. health), while other groups will work on two sectors because there are fewer activities required that are HIV-specific and HIV-sensitive.

Tell participants that the groups will be the following:

1. Health
2. Food security, nutrition and livelihood support
3. Education and Protection
4. Camp Coordination and Camp Management, Shelter and WASH
5. HIV awareness raising and community support and HIV in the workplace.

You might need to adjust based on the number of people in attendance. However, participants should ideally be in the group with which they have the most experience (e.g. health officer in the group working on health).

Explain the framework below with participants. The first column indicates the prioritized actions they identified in the previous session. In order to be able to provide that action in an emergency, preparedness activities need to take place. Put those activities in the second column and identify the lead agency, partners, and an indicator related to the activity. Explain to the group that there should be several preparedness activities required for most actions. Also explain that they should indicate what is a shorter-term activity and what is a longer-term activity (e.g. moving warehouses out of a flood plane is a longer term activity).

Participants will self-select by sector and get them to discuss, based on their prioritisation earlier, what actions need to be taken. Each activity on the cards will need to be broken down into further activities to contextualise and translate to action.

Action	Preparedness Activities Related to the Action	Lead Agency / Sector	Partners / Stakeholders	SMART Indicator Including Timeline and Means of Verification	Resources needed
Ensure continued access to ARVs for people living with HIV who are on treatment including pregnant women	<ul style="list-style-type: none"> - Maintain functioning of electronic database - Preposition buffer stock of ARV in strategic and safe locations - Build the capacity of medical officers/ physical assistants to prescribe and monitor ART services, including PMTCT 	Ministry of Health	X Donor Y NGO	<ul style="list-style-type: none"> - Database functional and online by end of March 2014 - 2 months worth of prepositioned ARVs available in agreed location each region by September - 80% of medical officers/ physical assistants trained by September. <p>Means of verification:</p> <ul style="list-style-type: none"> - Reports produced from the electronic database - Receipt of ARVs/delivery report from each site - Training report and list of participants. 	Human resource and supplies

PART III ACTIVITY 2: REPORT BACK

DURATION 2.0 HOURS

PURPOSE: The purpose of the exercise is to report back on the sector-specific actions in the contingency plan

METHODOLOGY: Market Place approach

Preparatory actions: Explain that one person from each sector will stay with their matrix to present it to each of the other sector groups in turn (referred to below as the 'sector representative').

Each of the sector groups walk together from one sector matrix to the next. The facilitator indicates when groups should move to the next sector; each sector representative has 5 minutes to present and then the group has 10 minutes for discussion. The sector representative presents to each group on the matrix their group has completed followed by a discussion on: 1) what's missing; 2) how it links with other sectors; 3) what would be the challenges to implementing the actions in the matrix and how they would be overcome.

The sector representative takes notes of the discussions with each of the sector groups. The notes and ideas can even be written on the flipchart on which the matrix is written.

The sector representatives will present the matrix several times so that each group has a chance to move around the room and visit each of the other groups work (presented by the sector representative).

PART III ACTIVITY 3: TAKING IT FORWARD

DURATION 2.0 HOURS

PURPOSE: The purpose of this exercise is to determine how to ensure that the writing of the contingency plan is finalized and that it is operationalized.

METHODOLOGY: Large group discussion, all together

Ideally this session is led by the government representative with some facilitation support from the workshop facilitator and will include the following:

1. How the plan will be finalized, by whom, by when and how it will be shared
2. How the participants will be engaged including on advocacy
3. How this plan will be integrated into the broader national contingency plan
4. Next steps for the participants in terms of operationalization

The discussion should be specific, with concrete actions agreed with timelines and names of individuals who will be responsible for ensuring that the deadlines agreed are met. The discussions should be captured so that there is a clear record of what has been agreed.

ANNEX 1



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