

ACT Policy on HIV in Humanitarian Emergency Assistance Programmes

(The principles outlined in this document are also relevant to development work)

*Adopted by the ACT International Emergency Committee
April 2008*

*This document was updated in March 2010 to take in account the change of name to ACT Alliance.
No substantive changes were made.*

Acronyms

HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
OVC	Orphans and Vulnerable Children
PEP	Post Exposure Prophylaxis
PLHA	People Living with HIV or AIDS ¹
VCT	Voluntary counselling and testing

Theological rationale

During crisis and emergency break outs the effects of poverty are intensified, as well as abuse and inequalities which increase vulnerability to acquiring HIV or developing AIDS². The usually stable environment provided by the family and community leadership may no longer offer security; social norms break down and, typically, children and women are at increased risk, particularly of gender and sexually based violence. In emergencies ACT Alliance members will aim to protect the most vulnerable, meeting their immediate needs, promoting moral values, respect and solidarity, and working for the return of stability.

Jesus came to bring the "good news" to the deprived and excluded, to heal them and set them free, to establish through them the new community, the new humanity, the new creation. By becoming human in Jesus Christ, God entered fully into the human and cosmic condition, including that of suffering. In his ministry, Jesus spent much time and energy relieving the suffering of the sick, the hungry and the bereaved.

In response to the challenge of the gospel we, as followers of Jesus, are asked to bring the Good News to the poor and set the captives free. We are called to bring help and consolation to those who suffer; to love our neighbors 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 work to obtain justice for the oppressed and the least powerful.

People living with HIV or AIDS (PLHA) may be particularly vulnerable during an emergency and in need of specific support and assistance. As the body of Christ, confronted by the HIV epidemic - a disaster of an unprecedented nature and scope in human history - we share the pain of HIV and AIDS. Faced by this crisis, we hear God's call to identify ourselves with the vulnerable and understand and meet the needs of people living with HIV. By sharing to the extent possible the multiple forms of pain caused by HIV, Christians are helping to transform this human tragedy into a source of new life and love.

The appropriateness and timeliness of our responses will mark us, communities and organizations as followers of Christ, who commanded us to centre our life and work in unconditional love: "A new command I give you: Love one another. As I have loved you, so you must love one another. By this, humanity will know that you are my disciples: by your love for one another." (John 13:34-35, paraphrased).

Extending this principle, given by Christ in His commandment, we underline the dignity, identity and sanctity of the persons and communities in crisis and in need of assistance, as the very reflection of God.

"I tell you the truth, whatever you do for one of the least of these brothers and sisters of mine, you do for me" (Matthew 25:40 paraphrased).

¹ We mention the term here as it is widely used in technical texts but we have chosen to limit its use out of respect for the human dignity of the people we care for.

² Nowadays, we don't speak of AIDS anymore but of HIV only, either asymptomatic (the virus) or symptomatic (the latter one replacing the term AIDS). For the sake of a wider readership who may live in places where the word AIDS is still used, we have occasionally mentioned AIDS to speak of untreated HIV that has developed into symptomatic HIV, to stress the unconditional care we as Christians have to give to people also in the truly debilitating stages of the infection.

1. Guiding principles of ACT HIV policy in humanitarian assistance settings

1.1 Mainstreaming and integrating HIV response

Mainstreaming will be used as an approach to make sure that all elements of the ACT response are considered in terms of the ways in which HIV and AIDS may affect the response and how the implementation of ACT appeals can reduce the negative impact of HIV on communities, implementing members, and members of field staff working in humanitarian response. Integration HIV work into some of the emergency programmes may be necessary in order to ensure that the response to HIV is maximised through specific HIV interventions.

Mainstreaming HIV is a cross cutting policy, an indirect approach to responding to HIV. It means 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 and 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).

To accompany this policy, two other documents, entitled “**HIV in emergency and humanitarian work: an overview**” and “**A Guide to Mainstreaming HIV in Emergency and Humanitarian Work**” have been produced. These are intended to define the terms used, provide staff with an introduction to the concept of mainstreaming HIV and integrating HIV work into programmes, and suggest ideas and resources for implementation.

1.1 The concepts of mainstreaming HIV awareness and integrating HIV work need to be understood by all relevant staff so that they can be implemented in all areas of work where it is relevant to do so. Guidelines and other materials are available to be used during training events, and basic information should be provided to all staff in the field, including implementing partners of ACT members.

1.2 The potential impact of HIV on the project, and the impact of the project on HIV, will be considered in all aspects of humanitarian assistance as well as in development work³, from policy design and programme planning through implementation of activities to monitoring and evaluation, as well as in overall operational management.

1.3 All policies relating to issues that could be affected by HIV or help to reduce the negative impact of HIV, such as HIV work place, gender and staff policies, codes of conduct and child protection policies, must be shared with staff so that they fully understand their content and implications⁴.

1.4 Existing policies and procedures of ACT members should be reviewed as applicable and regularly updated to reflect the current HIV situation in the local country and community context.

³ The present emergency policy guidelines take into account that they should lay the basis for the more long term approach that development work allows. In future, when ACT is unified, a separate document with policy principles and guidelines on HIV in development work is to be envisaged in addition to the present document. |

⁴ Members can appeal to capacity building support from the Act capacity development initiative.

2. Organisational preparedness and training

2.1 HIV mainstreaming and integrating will be supported and promoted for all members of the ACT Alliance. Training and resources to do so will be provided. Tools for monitoring and evaluating the impact of mainstreaming and integrating HIV in the project work will be provided too. ACT members will be encouraged and supported to develop their own staff and workplace HIV policies.

2.2 ACT members involved in the implementation of humanitarian or emergency work shall be aware of the **HIV situation, national HIV programmes and HIV policies**, in the countries/regions in which they work. They also need to be familiar with the policies of ACT member organisations and churches in the respective countries/regions in relation to HIV or the lack thereof.

2.3 ACT International members working in the field are encouraged to **develop linkages** with local governmental and non-governmental health and HIV services as well as Faith Based Organisations (FBO) and Churches working on HIV and to seek **Greater Involvement of People Living with HIV (GIPA principle)** and their respective networks, in order to further develop their understanding of the local context of HIV and ensure higher effectiveness of the relief activities.⁵ Formation of networks and coalitions with these and other partner organisations may help achieve mainstreaming of HIV in the programmes of all organisations involved and serve the purpose of capacity building.

2.4 Training on HIV. ACT members shall provide training on HIV to all staff, including field staff and partners as required. The training will include information on medical, psychological, spiritual, economic, social and legal aspects of HIV-infection and its implications for the life of individuals and communities. It will offer information on various HIV related activities for awareness raising, prevention and assistance in an emergency situation. Special attention will be given to training for sensitivity towards affected people living with HIV that shall include cultural, religious, gender, ethical and other aspects.

The staff training shall include information on personal HIV security, universal precautions and on means for post exposure prophylaxis as well as instruction on where and how to obtain the appropriate HIV protection means.

2.5 Staff training will include information on, and examples of, the complex relationships between HIV and programming in humanitarian emergency and development assistance.

2.6 All staff involved in emergency work or other forms of humanitarian assistance shall be made aware of the Red Cross Code of Conduct, the Code of Good Practice for NGOs responding to HIV, Sphere guidelines and the IASC guidelines on HIV in humanitarian programmes, including gender, legal and ethical issues. All staff should have signed the Code of Conduct on Sexual Exploitation, Abuse of Power and Corruption for Staff Members of the ACT Alliance, and be well aware of its contents and the personal obligations the signing entails.

- **Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief:**
<http://www.ifrc.org/publicat/conduct/index.asp>
- **IASC** guidelines for HIV/AIDS interventions in emergency settings.
www.humanitarianinfo.org/iasc
- **Sphere Project** 2004, Humanitarian Charter and minimum standards in disaster response:
www.sphereproject.org

⁵ The World Council of Churches guidelines provide a frame work of three documents to promote the meaningful participation of people living with HIV within a faith-based context. A workplace policy, guidelines and background documentation promoting 'Partnerships between Churches and Organisations of People living with HIV can be found at: <http://www.wcc-coe.org/wcc/what/mission/ehaia-documents-e.html>

- **Code of Good Practice for NGOs Responding to HIV/AIDS⁶**
ACT Codes of Conduct: www.actalliance.org

3. Programme design and HIV

3.1 The core purpose of the humanitarian programme will usually remain unchanged by considering HIV. Measures will be introduced in all programmes, however, to ensure that they:

- **Minimise the negative impact of HIV** on the programme, on the communities and individuals served by the programme, and on the member and partner organisations' staff involved in the programme.
- **Maximise the positive impact of the project** on reducing the effects of HIV, including limiting the susceptibility of all staff and beneficiaries to HIV infection and tackling fear, stigma, discrimination and denial.

For information and tools on limiting vulnerability and susceptibility to HIV in programme design, see the previously mentioned documents: “Overview of HIV in Emergency and Humanitarian Work” and “HIV and Emergencies Tool Kit”.

3.2 Specific HIV interventions within emergency programmes must be co-ordinated by individuals with the necessary skills and experience. If the relevant skills cannot be found within the organisation, links with other partners and organisations will be used and co-ordinated activities designed.

3.3 Direct HIV work will not be implemented in place of mainstreaming HIV. Mainstreaming HIV will still be necessary even in situations where direct HIV work is being carried out by partner organisations or other organisations. ACT members will endeavour not to duplicate the HIV work of other organisations but to coordinate and join efforts.

3.4 If the required expertise cannot be found within the organisation implementing the response, **links** with specialised individuals and organisations identified in the situational analysis will be used.

3.5 In order to achieve that the most vulnerable are reached and their needs are met by HIV interventions, it is essential that **people living with HIV and their networks, and other HIV vulnerable groups**, are involved in the design, implementation and monitoring of the programme.

3.6 The level of priority that is given to HIV shall be situation specific and commensurate **to the type** of emergency. HIV-associated impacts may be greater in some settings than in others, therefore the resources required to address these problems will vary from one situation to another. (Examples and information on mainstreaming and integrating HIV in different contexts can be found in the “Tool Kit for mainstreaming HIV in emergency and Humanitarian Work”). However, mainstreaming and integrating HIV should remain a priority in the majority of settings in order to prevent an increase in susceptibility and vulnerability to HIV, and to maximise the potential benefit of the humanitarian assistance.

⁶ The name of this code as we signed it was still HIV/AIDS, though it will be changed to HIV as is now common usage.

4. Activities for HIV prevention and support to people living with and affected by HIV or AIDS in emergency settings

4.1 HIV vulnerable groups of population

During an emergency the vulnerability of large sectors of the population to HIV and AIDS is increasing. The following groups are especially vulnerable and require special consideration in planning HIV prevention and support activities:

- **women** in situations of war and displacement 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.

- **the rural poor** affected by disasters are often forced to migrate towards cities and face the risk of contracting HIV, as sero-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 them.

4.2 HIV specific assistance activities

To help prevent HIV transmission and mitigate the effects of the HIV epidemic in emergency situations ACT members shall integrate the following activities into the emergency response wherever applicable:

4.2.1 Food and nutrition programmes for people living with HIV aim at preventing increases in malnutrition and excess mortality.

People living with HIV face an increased risk of malnutrition caused by the progression of the infection that is conversely associated with a faster progression of HIV infection to AIDS and ultimately death. It is important that people with HIV consistently consume adequate energy, protein and micronutrients to prevent wasting and nutritional deficiencies, and to prevent or manage opportunistic illnesses.

The food programmes within emergency interventions can provide critical support to the health and nutrition of people living with HIV. These programs may comprise:

- General direct distribution of food;
- Supplementary and therapeutic feeding for people at heightened risk of malnutrition, such as pregnant and lactating women and young children;
- School feeding of orphans and other HIV vulnerable children, such as children taking care of relatives living with HIV or children exposed to domestic violence, especially if they are malnourished.

These programmes shall give priority to the segments of the affected population whose food insecurity is exacerbated by HIV, and may include: female-, child- and elderly-headed households; orphan hosting families; families caring for chronically ill persons.

Food and nutrition programs can be modified to better meet the needs of people affected by HIV, i.e. they need to plan carefully the food baskets that accurately reflect the nutritional and dietary needs of the HIV affected population. Food and nutrition programmes may also seek to assist people living with HIV to earn food or income, such as through agriculture, income generation etc. that will enable them to better supplement their food ration.

Food and nutrition support can be part of health care and treatment services for people living with HIV (clinic-based and by community-based care providers) and of an antiretroviral therapy program. Wherever possible it shall be accompanied by nutrition education

4.2.2 Care and medical support. In times of crisis, health care services are often severely affected and easily disrupted. This may have a negative effect on the health of people living with HIV who need regular medical accompaniment and surveillance.

4.2.3 If there are already health care services in the emergency location, such as clinics or ambulant programmes, that provide home-based care and community based voluntary counseling and testing (VCT) for people living with HIV, these services shall be supported and the programmes extended to provide services that are linked to the emergency. This will ensure their continuity and sustained quality service to the HIV affected population. ACT members support may include making up for a deficiency of the necessary supplies for their activities – nutrition, medication, hygiene etc.

In emergency locations with no health care services for people living with HIV, the ACT members shall provide the minimum required assistance, observing the protocols of treatment as prescribed by the health care authorities of the affected country. The health coordinator should ensure that health care providers (doctors, medical assistants, nurses, nutritionists) are trained to provide appropriate non-stigmatizing care, support and counseling for people living with HIV and that the necessary equipment and supplies are at their disposal.

In planning the health care and medical support component of the emergency programmes, care shall be taken to avoid duplication with the existing health care services and to bear in mind future integration of their services into rehabilitation and development programmes.

4.2.4 Mother and child care and HIV.

- Special attention shall be given to the nutritional status and hygiene and sanitation conditions of infants born to mothers with HIV. This cannot be dissociated from the special care to be given to the nutrition, health and hygiene of the mothers living with HIV themselves. To define the best care and feeding for the new born child, an HIV test will be carried out soonest⁷ to determine whether the child itself is already HIV infected or not. The most suited infant feeding protocol will be adopted and breastfeeding, where possible, avoided and replaced by an infant formula.
- Prevention of the mother-to-child (vertical) HIV transmission in emergency situations shall be given high priority. The following minimum required assistance shall be provided: Antiretroviral (ARV) drugs for pregnant women and infants to prevent vertical HIV transmission (applied in line with local policy), clean delivery kits, baby formula, clean water and feeding bottles (both availability and training on proper use) for children born to HIV-positive mothers (wherever they make an informed

⁷ In many emergency situations the PCR reaction may not be available, it may be too expensive or no staff experienced to use it safely. It is nevertheless important to insist that ACT members should follow developments in this field and be aware that testing as soon as possible would be ideal.

decision to abstain from breastfeeding, See: HIV and Infant Feeding. Guidelines for Decision Makers (UNAIDS/98.3) and for Health Care Managers (UNAIDS/98.4)).

4.2.5 Hygiene, water and sanitation improvement is critical in combating diarrhoeal diseases, reducing opportunistic infections and improving the nutritional status of all persons, old or young, vulnerable to HIV or living with HIV. The emergency projects shall plan for facilitation of water and sanitation access for people living with HIV having insufficient strength to transport heavy water containers, due to their weakness by HIV, or having difficulty to gain access to water sources due to stigmatization etc. Emergency programme staff need to facilitate access to water and sanitation for families with chronically ill members, care-givers of people living with HIV as well as to (for) health care facilities.

4.2.6 Wherever applicable the emergency programs shall ensure continuous provision of the antiretroviral therapy (ART) for people living with HIV as prescribed and promote the adherence to ART. The respective national ARV protocols must be observed and appropriate medical accompaniment provided. Medicines for treatment of opportunistic diseases, especially TB shall be part of the HIV mainstreaming efforts of the emergency programs.

4.2.7 The transfusion of HIV infected blood poses a high risk of transmitting the virus. Donor blood testing can not always be effectively organized in emergency situations. Therefore high priority shall be given to ensuring the safety of blood transfusion in emergency situations (See: The Clinical Use of Blood Handbook, WHO 2001). The provision of safe blood transfusion for the affected population should be done in coordination with the local health care facilities.

4.2.8 Psychological counseling for people living with HIV, if not available through community based voluntary counseling and testing services (VCT) services shall be provided by specialized HIV counseling services as part of the emergency intervention of ACT members. Wherever crisis management and post-crisis rehabilitation counseling are offered by the emergency programme, the counselors have to receive special training for counseling people living with HIV.

4.3 Prevention of HIV transmission

4.3.1 The emergency programmes of ACT members should consider the provision of condoms and accompanying information to make them available to those who seek them. They should also inform people of this possibility when discovering people at risk to contract or spread HIV sexually who do not ask for them. Where condom use, promotion and distribution are not deemed appropriate by stakeholders, advocacy strategy needs to take this into account. The instructions on how to use condoms shall be culturally appropriate and have to be included with the consignments. The emergency programme staff must decide how best to distribute condoms to the individuals and groups at risk of sexual transmission of the virus.

4.3.2 Though ACT member shall NOT be obliged to engage in the distribution of condoms or to cooperate with the bodies that distribute them, they do have a duty to advise beneficiaries of their emergency programmes where to go to obtain them if this is in the best interest of the individuals and their families. The ethical and spiritual aspects that may stand in the way of providing condoms to the beneficiaries should be discussed with other ACT members, preferably in an ACT forum, and solutions of transfer of duty to care shall be first sought among the ACT members on the ground participating in the appeal.

4.3.3 In emergency situations, rape and exchange of sex for survival are the most visible manifestations of sexual violence and abuse and may lead to HIV transmission. Health care providers must be ready to respond compassionately to people who have been raped, sexually assaulted, or sexually abused in any other way. They shall be trained to provide appropriate care and counseling, and have the necessary equipment and supplies. PEP should be offered to victims of all forms of rape if the victim can report within 72 hours maximum after the rape. Voluntary counseling and testing (VCT) shall be offered to all victims regardless of the time that may have elapsed between the rape and the reporting on it.

4.3.4 HIV prevention activities in emergency situations shall be commensurate to the HIV transmission risks identified as typical to this particular emergency and shall target the most HIV vulnerable groups. Appropriate means of accessing these groups (i.e. peer-to-peer, health centres etc.) shall be selected. The preventive message will be kept current to the changing emergency situation and formulated in culturally and ethically acceptable language, focusing on preventive behaviours and available services. Representatives of the local community with the required skills and authority shall be involved in communicating the HIV prevention message. Religious leaders as traditional upholders of moral and spiritual values can play a crucial role in advocating for safe behaviour based on moral values, responsibility, non-violence and care.

4.3.5 All ACT members staff working in emergencies shall strictly observe the universal precautions as laid down in the standard procedures or protocols of treatment for use in the care of people living with HIV at all times, in order to minimize the risk of transmission of HIV. These procedures are essential in preventing the transmission of HIV from patient to patient, from health worker or other emergency programme staff to patient and vice versa. The universal precaution procedures include use of protective barriers (gloves and disinfectants; when exposed to large amounts of blood – blood proof gowns and aprons, masks, eye shields and boots); to prevent direct contact with blood and body fluids: cover any wounds on the hands or arms with a plaster or bandage; safe handling and disposal of sharp objects, safe decontamination of medical instruments (Ref. IASC guidelines for HIV/AIDS interventions in emergency settings). Post exposure prophylaxis (PEP) for HIV should be provided for all emergency project staff after potential HIV exposure. To that end, an adequate supply of PEP kits must be available at all times.

5. Targeted Interventions

5.1 The needs of those vulnerable to the impacts of HIV, and susceptible to HIV infection, may be greater than or different from those of the population as whole. This can be particularly relevant in high prevalence settings. As such, targeted interventions, that is, interventions **designed specifically with persons and groups vulnerable and susceptible to HIV** in mind, will be an important component of mainstreaming HIV and will help maximise the effectiveness of humanitarian work. Targeted interventions shall be based on a needs analysis which includes a participatory situation analysis in which people living with HIV and associations of such persons took part.

At the same time, efforts shall be made to ensure that **stigma and discrimination are not reinforced** as a result of HIV-associated targeted interventions, including in humanitarian emergency assistance programmes. It will be important not to label and/or isolate individuals or families affected by HIV. Therefore it may be appropriate to also specifically target interventions at households affected by other chronic diseases, or apply interventions that are equally beneficial to the whole population.

In the same vein, consideration will also be given to prevent animosity and jealousy among the assisted population against vulnerable segments receiving targeted assistance. Efforts must be made to dispel the belief that certain vulnerable groups are receiving preferential treatment or better care than others. (See case studies in Tool Kit for Mainstreaming HIV in Emergency and Humanitarian Work.)

5.2 All HIV prevention and assistance programmes shall be tailored to the emergency programme into which they are incorporated.

5.3 The response to HIV in emergency situations must be cross-cutting but also integrated into existing targeted HIV activities of local or other partner organizations

5.4 All emergency programs should be accompanied by HIV awareness raising among the overall population of concern, aimed at sensitization towards special needs of people living with HIV and overcoming the stigma related to people living with HIV.

5.5 When planning an HIV related intervention, cultural, ethical, religious sensitivities of the beneficiaries should be carefully weighed. Confidentiality of diagnosis of people living with HIV has to be strictly observed to avoid putting the HIV affected population at risk of stigmatization and discrimination.

5.6 ACT members have a duty to refer persons living with HIV who might need such assistance to places or programmes that do provide this type of care if they are not in a position for technical or ethical reasons to provide that care themselves.

5.7 HIV related activities of ACT members within emergency programmes shall conform to the national HIV protocols and regulations and be coordinated with local health care services.

6. Monitoring

6.1 Monitoring systems will be put in place to ensure that needs and rights of persons vulnerable to HIV among the population affected by an emergency and of the staff in relation to HIV are being addressed, both throughout the response to the emergency, and as humanitarian or development work continues in the longer term.

6.2 Performance and impact **indicators** with regard to HIV should be developed for the programme (*See the HIV mainstreaming toolkit*).

6.3 Training must include the development of **methods for monitoring and evaluation** of mainstreaming and integrating HIV. Sessions will ensure that the members of staff being trained devise reliable techniques and **indicators** to carry out these processes.

6.4 Staff involved in the programme will **respond to the results of monitoring**. It may be necessary to re-train staff or ensure that they are sufficiently motivated and supported in mainstreaming and integrating HIV measures. If results show that these activities are no longer effective, then methods will be re-assessed and appropriate changes made.

7. Management and coordination of HIV response

7.1 An **individual or team responsible** for co-ordinating and sustaining all aspects of mainstreaming and integrating HIV should be identified by each member organisation for all of their emergency programmes⁸.

7.2 It is the responsibility of the individual or team referred to in 7.1 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.

7.3 It is the responsibility of the individual or team referred to in 4.1 to ensure that a situational analysis to include HIV response is conducted and considered at the **earliest point** feasible. This should not be confined to the emergency response, but also undertaken, where possible, before emergencies occur, as well as in emergency preparedness and contingency planning. Where a management information system is in place or being developed, HIV data must be part of it.

⁸ This is a big responsibility, and we remind you that you can appeal to the Capacity Development Initiative to receive the training support you may need.

8. Appeals

Where applicable, the ACT appeals shall include **specific budget lines** covering HIV situational analysis, HIV training, HIV mainstreaming activities and specific HIV prevention and assistance activities as appropriate, based on the findings of the initial situational analyses.

9. Addressing rape, sexual violence and sexual coercion

9.1 For detailed advice on how to address rape and how to deal with cases we also refer to the Principles of ACT Security and Safety in the ACT Manual and the ACT Security Handbook under Resources

The potential for beneficiaries and staff to be placed at risk of rape or sexual violence will be considered when designing and implementing the project, and efforts must be made to prevent such occurrences. The Code of Conduct on Sexual Exploitation, Abuse of Power and Corruption for Staff Members of the ACT Alliance has to be observed by all ACT member staff in emergency programs. See also 2.6.

9.2 A staff person from an ACT member or a partner organisation of an ACT member, preferably female, must be identified for individuals to **report** to in the case of such occurrences. Security measures to protect these persons and ensure confidentiality of the report will be put in place.

9.3 ACT emergency response programmes will ensure that ethical issues relating to sexual exploitation and abuse are included in staff training on HIV and that beneficiaries, should they become victims of sexual exploitation and abuse are informed of their rights to appropriate care and support to obtain, or receive assistance to seek elsewhere, prophylactic treatment, counselling and legal recourse as required or requested.

10. Staff security

N.B. For staff security we refer also to the ACT security handbook and the PASS or ACT security and safety principles, which carries both a section in the main body of text as well as an annex especially focused on sexual and gender based violence.

10.1 Security for staff and volunteers involved in the appeal implementation must be considered at all times. A **member of staff responsible for monitoring and documenting** the local security situation with regard to sexual violence and abuse should be identified. This person, if a man, must have excellent skills in contacting female victims or female informants if necessary.

10.2 ACT member staff and their partner organisations should take all necessary precautions to ensure that staff are protected, such as making sure that female staff are accompanied at all times when working in situations with a high risk of assault, and providing safe transport for staff.

11. Advocacy

11.1 **Advocacy** is the act of arguing on behalf of a particular issue, idea or person. Even in situations of crises and emergencies, member organisations and church-related organisations are expected to commit themselves to: speaking out with one voice against injustice, to confronting structures of power, practices and attitudes that deprive human beings of dignity, and offering alternative visions based on the Gospel. Many resources on advocacy in the context of HIV are available from the Ecumenical Advocacy Alliance at: <http://www.e-alliance.ch/hivaid.js>. However, when ACT members are providing humanitarian assistance they have to carefully measure the impact of the advocacy activities on the reach out of their relief

programmes. If the population targeted in their relief operations will not benefit from the intended advocacy activities, they should be refrained from.

Mainstreaming and integrating HIV response will be promoted within and amongst member organisations and other locally-based and international NGOs as well as in community and faith-based groups, as a method of addressing HIV in emergency work. The development of activities and procedures that will help limit the impacts of HIV and reduce HIV transmission will be encouraged and supported.

11.2 ACT members and their partners shall promote and encourage greater involvement of people living with HIV at all levels of programme planning, implementation, monitoring and evaluation.