Workshop

HIV/AIDS Interventions in Emergency Settings

Trainer's Guide

Credits and Acknowledgments

This workshop and trainer's guide reflect the collaborative efforts of the Inter Agency Standing Committee Task Force on HIV/AIDS which includes representatives of FAO, The International Centre for Migration and Health (ICMH), ICRC, ICVA, IFRC, IOM, OCHA, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF and WFP.

Special thanks to Ailsa Holloway, University of Cape Town, for drafting the workshop and trainer's guide.

Thanks also to the following members of the IASC Task Force who formed the "Technical Advisory Committee" providing ongoing guidance, advice, review, and support for the development of these materials:

▪ Wilma Doedens	UNFPA
▪ Massimo Zucca	UNICEF
▪ Yannick Guégan	UNAIDS
▪ Michel Tailhades	WHO
▪ Marian Schilperoord	UNHCR

Overall management for the production of these materials was provided by Petra Demarin of the UN Disaster Management Training Programme (DMTP) Secretariat.

List of Acronyms

AIDS	Acquired immune deficiency syndrome
ARV	Antiretrovirals
BCC	Behaviour change communication
CAP	Consolidated Appeal Process
CBO	Community based organization
CBR	Crude birth rate
CHAP	Common humanitarian action plan
CSO	Country support offices
EPI	Expanded programme on immunization
HIV	Human immunodeficiency virus
HH	Household(s)
IDP	Internally displaced persons
IDU	Intra venous drug users
IEC	Information, education, communication
MCH	Mother and child health
MISP	Minimum initial service package
MOH	Ministry of health
MTCT	Mother-to-child transmission
NGO	Non governmental organization
PEP	Post exposure prophylaxis
PTA	Parent / teacher associations
PLWHA	People living with HIV/AIDS
RH	Reproductive health
SGBV	Sexual and gender based violence
STI	Sexually transmitted infections
TB	Tuberculosis
VCT	Voluntary counseling and testing

Table of Contents

Introduction

This *Trainer's Guide* to support *the* W*orkshop on HIV/AIDS Interventions in Emergency Settings and IASC Guidelines* is one component of a learning package to integrate HIV/AIDS interventions into emergency settings. The workshop complements the two other elements of the package that also promote the integration of HIV/AIDS interventions in emergency situations - a **policy-level briefing session** and **self-study CD ROM**. The workshop specifically focuses on strengthening the capabilities of personnel directly involved in emergency situations to integrate HIV/AIDS interventions in a coordinated way across sectors in emergencies.

Part I
Workshop Overview

1.1
Workshop Purpose and Scope

The one-day workshop aims at strengthening the HIV/AIDS-related **planning, programming and operational** capabilities of individuals involved in emergency preparedness and response.

The workshop has four main purposes.

1. To discuss the **broader context for HIV/AIDS** in emergency settings.
2. To raise awareness of the **key challenges and needs** related to HIV/AIDS in emergency situations.
3. To present **different interventions** for addressing HIV/AIDS in an emergency setting.
4. To introduce information provided in the **IASC Guidelines for HIV/AIDS interventions in emergency settings.**

1.2
Proposed Target Audience(s)

The Workshop is primarily intended for people who have a direct role in emergency preparedness and response, current or future. This includes United Nations personnel working in the field or in programming positions at national, regional or Headquarters levels, and who need to know how to use the Guidelines.

1.3 Preferred Profile for Trainers or Facilitators

It is advisable that the workshop be conducted by two people. One person should be an HIV/AIDS subject specialist, ideally with experience in complex or other types of emergency settings. The individual should be familiar with the IASC Guidelines for HIV/AIDS Interventions in Emergency Settings. The second person should ideally be an experienced trainer who is familiar with adult learning principles and approaches. If applicable, s/he will be able to advise on suitable methods to incorporate the workshop into an existing staff development or other capacity-building activity.

Such specialists may be identified from the United Nations agencies, nongovernmental organizations or relevant national ministries/departments.

Wherever possible, the specialists identified should also be familiar with the HIV/AIDS profile of the country, region or constituency concerned – including trends and infection rates in particular at-risk groups. S/he should be aware of the emergency context for the country, region or constituency concerned. This includes past as well as current emergencies, patterns of internal and cross-border displacement and issues of chronic and acute food insecurity.

It is recommended that the preferred trainer/facilitator is aware of and able to respond appropriately to cultural sensitivities related to the discussion of HIV/AIDS. It is also important that s/he is viewed as a credible authority on HIV/AIDS by those attending the session. In some situations, this may require consideration of the trainer/facilitator's gender, age and qualifications. Experience shows that different audiences will respond more favourably to resource people they perceive having greater credibility and expertise.

Lastly, both individuals should have good presentation skills.

Note: For the purposes of this document we will refer to the individual as the workshop trainer, since the design calls for the individual to have subject matter expertise –while facilitators are not necessarily required to have an instructional role.

1.4 Training Manual Organisation

The training manual is divided into 4 parts:

- **Part I – Workshop Overview**

Part I addresses the purpose and scope of the workshop, the intended audience and trainer profile and presents a general overview of the entire workshop process and timing.

- **Part II – Workshop Preparation**

Part II outlines the necessary steps which need to be taken prior to the workshop. This includes the preparation of workshop materials, revisions and ensuring that necessary equipment is available. A sample agenda for the workshop is also provided.

- **Part III – Workshop Process**

Part III takes the trainer through the step by step process of running the workshop. This section includes, instruction / discussion point sheets which have been formatted and designed in such a way that they can be easily extracted from the training manual, photocopied and distributed to participants.

Note: The discussion points are also part of the powerpoint presentations and can be projected on the main screen.

- **Part IV – Supplemental Resources**

Part IV includes additional background information on a number of potentially hot topics, including HIV and breastfeeding. These information sheets can be photocopied and distributed to participants in their workshop folders.

1.5 Workshop Context and Approach

Ideally, the workshop should be integrated into an already existing training or capacity-building activity of a specific agency or institutional programme, e.g regular course, in-service training. This is to ensure that HIV/AIDS-related emergency priorities are sustainably integrated into ongoing staff development and capacity-building programmes. This is particularly important in humanitarian assistance agencies, where personnel turn-over is high.

The workshop can also be conducted as a stand-alone activity, delivered in its entirety or as a series of individual sessions. For instance, it can be organized as part of a structured emergency preparedness training session or contingency planning exercise. It can also be implemented as part of an interagency or interdepartmental coordination and planning activity.

Similarly, the workshop is a useful platform for helping draw out HIV/AIDS-related 'lessons learned' as an emergency stabilizes. This can assist in preparedness planning to integrate HIV/AIDS in future emergency responses.

The approach utilized in this workshop is **interactive and participatory**. It views those participating in the workshop as resource people with considerable knowledge, skills and experience to share and build on. The workshop is not to be implemented as a didactic or formal teaching session.

While all the sessions are supported with already developed power-point presentations, the workshop requires active group problem-solving. It also encourages discussion, both in small groups as well as plenary.

1.6
Workshop Organisation, Structure and Timing

The workshop is organized around five inter-related sessions - an introduction to the workshop and four sessions focused specifically on HIV/AIDS in emergencies - to be conducted over a full day.

The five sessions and estimated times are shown below:

Session No Title and Duration	Objectives: "by the end of the session, participants wil":	PPT Presentation Title and no. of slides	Supplemental Materials
Session 1 Introduction (80 min)	▪ Become acquainted with each other as well as the trainer(s). ▪ Understand the workshop objectives and programme overview ▪ Have a greater appreciation of how easily HIV is spread ▪ Have a clear understanding of the administrative and logistic arrangements, as well as group norms and expectations	**Session 1** Introduction: Workshop objectives and Overview (4 slides)	**Trainer instruction sheet** for exercise "HIV: Basic Facts"
Session 2 Introducing the HIV/AIDS Context (80 min)	▪ Understand the broader context for HIV/AIDS in emergency settings. ▪ Understand the link between HIV/AIDS and emergencies. ▪ Be sensitive to issues of vulnerability to HIV/AIDS in emergencies, including an understanding of groups who are most vulnerable to HIV/AIDS.	**Session 2** The context for HIV/AIDS Interventions in Emergency Settings (15 slides)	**Trainer instruction sheet** for group discussion: Is HIV/AIDS Important in Emergencies? **Group discussion points**

Session 3 Challenges in Implementing HIV/AIDS Interventions (90 min)	▪ Be able to identify specific HIV/AIDS related problems that apply in different emergency scenarios. ▪ Know the key issues around HIV/AIDS in the workplace for responding personnel. ▪ Be able to discuss the key challenges and needs related to HIV/AIDS in emergency situations.	**Session 3** The Challenges in Implementing HIV/AIDS Interventions in Emergency Settings (10 slides)	**Trainer instruction sheet for case study exercise**: What are the challenges in Implementing HIV/AIDS Interventions in this Situation? **Case Studies (4):** **1)** Adjusting Long-term Programming for Emergency Conditions, **2)** Displacement Emergency, **3)** Famine, **4)** Civil War & Child Soldiers.
Session 4 Practical Measures for Implementing HIV/AIDS Interventions in Emergency Settings (120 min)	▪ Understand the need for multisectoral actions to reduce HIV/AIDS in emergency settings ▪ Have applied the guidelines in multi-disciplinary planning to reduce HIV/AIDS in emergencies. ▪ Be familiar with the HIV/AIDS multisectoral matrix for minimum response in emergencies.	**Session 4** Practical Measures in Implementing HIV/AIDS Interventions in Emergency Settings (17 slides - optional)	**Trainer instruction sheet: for role play activity**: What practical measures can we take to implement HIV/AIDS interventions in this situation? **Role play instructions for participants**
Session 5 Introduction to IASC Guidelines (60 min)	▪ Understand the background and context for developing the guidelines. ▪ Be familiar with the guidelines and their content. ▪ Know how to source/obtain the complementary HIV/AIDS resources developed by the IASC.	**Session 5:** Introducing the IASC Guidelines (12 slides)	**Trainer instruction sheet for discussion:** Where do we go from here?

The total amount of time for the workshop is between 7-8 hours.

It may not be necessary or even practical to set aside a full day for the workshop. In this case, individual sessions can be implemented as stand-alone units ideally integrated into existing in-service training or other capacity-building activities.

1.7 Key Points

It is very important that key messages are underlined and highlighted throughout the workshop. To facilitate this, key points for every session are provided at the end of each power point presentation as well as in the Trainer's guide. Trainers are encouraged to invite participants to recap key messages as this will not only encourage participant-trainer interaction but it will also test whether the participants have grasped the key messages of the workshop.

1.8
Adaptation Considerations

It is important that the workshop is relevant to those attending. This means adapting the sessions to the priorities and emergency realities of the country, region and/or for the constituency concerned.

The workshop provides scope, for instance, to place proportionate emphasis on complex emergencies or food security emergencies – depending on what is more meaningful to the audience. It also provides scope to explore the possible links between HIV/AIDS and other emergency situations, for instance, in countries with increasing HIV infection and a high frequency of 'natural disasters'. This is particularly relevant to parts of Asia, Latin America and the Caribbean.

We suggest contacting UNAIDS for country or context-specific HIV/AIDS information, including relevant maps and graphs. This will allow adaptation of the general presentations to local realities. We also suggest contacting relevant UN, nongovernmental and governmental authorities for recent reports/information on the emergency priorities for a specific country, region or context.

The workshop provides four case-studies and exercises for group-work. While these may be relevant in many settings, we encourage their adaptation, along with the development of case-studies that are more locally appropriate and relevant to the national/agency context.

We suggest that trainers first familiarize themselves with the basic design presented in this guide. You should then start to identify the relevant adaptations, e.g. terminology, examples, case studies that may be needed to tailor the design to the national/agency context, and to the target audience. We do not, however, encourage you, to make major revisions or modifications in the content of the sessions, since they are based directly on the content of the Guidelines.

1.9
Supplemental Resources

As part of the preparation process, we suggest that you consult the following supplemental materials for additional information:

- UNAIDS, 2004, *Report on the global AIDS epidemic.*
- Humanitarian Policy Group, 2003, Research Briefing: *HIV/AIDS and implications for humanitarian action.*
- *John Snow International (UK), 2004, A Study to Establish the Connections between HIV/AIDS and Conflict*

For more sector specific reference materials please refer to the Guidelines.

Part II
Workshop Preparation

This section addresses general preparatory tasks to be taken in advance of the workshop. More specific detail for organizing and conducting each session is provided in Part III – Workshop Process.

There are two key preparatory priorities for the trainer to address in advance of the workshop. S/he should:

- **Establish the workshop context**

  - Clarify the need for and organisational expectations of the workshop.
  - Define the participants' profile.
  - Establish the specific HIV/AIDS context.
  - Determine the emergency or disaster risk profile.

- **Organize the workshop sessions - materials and presentations**

  - Revisit and adapt presentations, activities and case-studies.
  - Consult the co-facilitator to streamline input where necessary.
  - Prepare/photocopy hand-outs and activity sheets.
  - Check venue and equipment.
  - Review the HIV/AIDS Guidelines

2.1
Establish the Workshop Context

- **Clarify organisational expectations**.

It is important that there be a clear purpose for holding the workshop and that the sponsoring agency has clearly defined outcomes for the workshop.

- **Understand the participants' profile**

It is also important to develop and/or assess the participant profile prior to the workshop. This will ensure that appropriate individuals attend the workshop and that messages are presented appropriately. It is also important for considering age and gender differences, varying levels of experience/education and likely knowledge of HIV/AIDS.

In addition, it is critical to consider whether some participants may be living with HIV and/or have colleagues or family members who are HIV positive and/or have died. This is important, to ensure the workshop is conducted sensitively and respectfully, particularly for these participants.

- **Establish the HIV/AIDS context.**

The workshop and its focus should be consistent with the relevant HIV/AIDS profile for the specific context. Contact UNAIDS, WHO or the national authorities for current information on HIV/AIDS trends and patterns.

- **Determine the emergency or disaster risk profile**

Similarly, the workshop should be oriented to the specific emergency profile of the country/region concerned, or to the types of emergency most relevant to the participants. This information can be obtained from a range of sources, including UN agencies, national authorities, non-governmental organisations, university-based and other research units.

2.2 Revise and Finalise Workshop Process

- **Revisit and revise presentations**

Based on the context for the workshop, revisit and revise the presentations and case-studies as required. Incorporate current information (graphs, maps) from UNAIDS, other UN agencies, and relevant national authorities to represent a relevant HIV/AIDS profile.

- **Consult your co-facilitator/trainer**

If the HIV/AIDS in emergencies workshop component is being incorporated into a larger capacity-building activity, this should be streamlined and integrated. The trainer/facilitator for the HIV/AIDS in emergencies component should consult with the overall course facilitator to ensure that the HIV/AIDS in emergencies component is not a conspicuous 'clip-on', but is integrated with and adds value to the larger process.

- **Prepare and photocopy handouts**

Handouts for photocopying include:

- The workshop agenda,
- PowerPoint presentations,
- Activity instruction sheets / discussion points and case-studies
- IASC Guidelines for HIV/AIDS intervention in emergency settings
- Participant contact list
- HIV/AIDS fact sheets

These should be arranged in a participant file, ordered by session. This pre-prepared workshop file then becomes a resource pack for the participants.

Other materials that should be obtained before the workshop include copies of the promotional brochures, ***The need for HIV/AIDS interventions in emergency settings***. Copies of the self-study CD ROM should also be made available. If this is not possible participants should be

informed that the CD ROM can be accessed on the UNAIDS web site (www.aidsandemergencies.org)

- **Check venue and equipment**

This is necessary for assessing the suitability of the venue, seating arrangements as well as access to break-away rooms and equipment, including flipcharts, markers and easel stands.

- **Suggested Training materials & Equipment**

- Laptop computer
- LCD Projector
- Flipcharts, paper and markers
- Writing paper and pens for participants
- Tape and/or pins (for hanging flip chart pages)
- Cards or half A4 sheets for participant expectations
- Name tags

2.3
Sample Workshop Agenda

08:30 – 09:00	Participant registration
09:00 – 09:15	**Session 1:** Introduction, Workshop Objectives and Overview
09:15 – 10:00	Participant introductions and group introductory activity "HIV: Basic Facts"
10:00 – 10:15	Group discussion: Information on HIV and how it spreads Group norms/expectations
10:15 – 10:30	Coffee Break
10:30 – 11:00	Small group discussions: "Is HIV/AIDS important in Emergencies?"
11:00 – 11:20	Feedback and plenary discussion
11:20 – 11:50	**Session 2**: Presentation: Context for HIV/AIDS interventions in Emergency Settings
11:50 – 12:30	**Session 3:** Small group case-study exercise: What are the Challenges in Implementing HIV/AIDS Interventions in this Situation?
12:30 – 13:00	Presentation: The Challenges of Implementing HIV/AIDS Interventions in Emergency Settings
13:00 – 14:00	Lunch
14:00 – 14:30	After lunch activity
14:30 – 15:00	Gallery walk and large group discussion
15:00 – 15:30	**Session 4:** Presentation: Practical Measures in Implementing HIV/AIDS Interventions in Emergency Settings presentation
15:30 – 16:15	Role play. What Practical Measures Can We Take to Implement HIV/AIDS Interventions in this Situation?
16:15 – 16:45	Coffee Break
16:45 – 17:00	Plenary Discussion Group feed-back from role-play
17:00 – 17:15	**Session 5**: Presentation: Introducing the IASC Guidelines
17:15 – 17:45	Small group discussions - Steps forward 'Where to now'?
17:45 – 18:00	Workshop closing and participant evaluation

Part III
Workshop Process

This section provides detailed outlines of the workshop process for each of the five sessions.

Each session follows the same organization:

- Objectives
- Methods and Time-frame
- Materials/Equipment
- Preparation
- Procedure
- Key Points
- Suggestions for adapting the session
- Trainer resources and instruction sheets

3.1
Session 1
Workshop Introduction

Session Purpose[1]

The introductory session aims to welcome and build trust among participants. It presents an overview of the workshop and also provides basic information about HIV/AIDS and how easily the virus is spread.

Session Objectives:

By the end of Session 1, participants will:

- Be acquainted with each other as well as the trainer(s).
- Be able to discuss the workshop objectives and follow the workshop programme
- Be able to describe how easily HIV is spread.
- Have agreed to group norms and expectations and be informed of administrative and logistic arrangements.

[1] This exercise, entitled *How HIV Can Spread* is found in *UNAIDS, Unit III: Implementing Learning Programmes on HIV/AIDS in the UN Workplace,* Section 3.1 (G) 2004

Methods/approach and Time frame

Methods Used/approach	Activity focus	Time-frame
Trainer-led welcome and trainer introductions	Welcome, trainer introductions	5 min
Powerpoint presentation (4 slides)	Session 1 Workshop Introduction and overview admin/logistical arrangements.	10 min
Trainer-led process	Participant introductions	15 min
Group introductory activity	*'HIV: Basic Facts"*	30 min
Group discussion	Information on HIV and how it spreads Group norms/expectations	15 min
Session 1 duration		**75 min**

Materials/equipment

- Data projector
- Cards or half A4 sheets for participant expectations
- Handouts of the power-point presentation
- Flip chart, markers
- Large box or suitcase, with objects listed in the activity instruction sheet on page 18.

Preparation

1. Prepare and set up power-point presentation for *Introduction: Workshop Objectives and Overview*
2. Place cards/half A4 sheets on participant folders.
3. Obtain the objects listed in the activity instruction sheet on page 18 or draw pictures.

Procedure

Step 1	Welcome participants, introduce trainers/facilitators
Step 2	Introduce the workshop and its objectives, Use **Session 1 - Introduction** ppt presentation.
Step 3	Invite general questions or comments. Clarify workshop norms/rules.

Step 4	Distribute one index card to each participant Ask participants to write their most important expectation for the workshop on a card/A4 sheet. (For example, "this workshop will be a success for me if…")
Step 5	Introduce and conduct the *"HIV: Basic Facts"* activity. Place the suitcase/box with the objects on the table, so that participants cannot see in the box.
Step 6	Divide the participants into two groups.
Step 7	Give the following instructions: ▪ When given the signal, one member of a team goes to the box and takes out an object without looking. ▪ The members of that person's team have 30 seconds to say what is the relationship between the object and the risk of HIV transmission. ▪ If the answer is correct, the team wins a point ▪ If the answer is not correct, or the team does not answer within 30 seconds, the other team has a chance to answer. ▪ If the other team is correct, it wins a point. ▪ If neither team is correct, the object is set aside for discussion later. ▪ After all objects have been withdrawn from the box, the team with the most points wins.
Step 8	When the game is over, clarify any misunderstandings or questions about the objects, including those that the teams could not explain the relationship to risk of HIV transmission, and facilitate a discussion to review the basic facts about HIV and AIDS by asking the following questions: ▪ What are the routes of transmission of HIV? ▪ Which four bodily fluids transmit HIV? ▪ What are the stages of HIV infection? ▪ What are the tests for HIV infection? ▪ What are the treatments for HIV infection? ▪ What are the treatments for AIDS?
Step 9	Summarize the discussion, or ask a participant to do so, being sure the key points listed bellow are covered.
Step 10	Ask participants to post their cards with their individual expectations onto the wall
Step 11	Wrap up the session by reviewing participant expectations, confirming group norms and clarifying any administrative/logistics questions. **Note:** This is the opportunity to clarify those expectations that are both appropriate and inappropriate for the workshop.

Key Points

- HIV spreads through: 1) unprotected sex; 2) blood exposure, including intravenous drug use; and 3) from an infected mother to her baby. Unprotected sex is the most common route of transmission of HIV.
- The four bodily fluids that transmit HIV are: 1) semen; 2) vaginal fluids; 3) blood; and 4) breastmilk.
- STIs substantially increase the risk of HIV transmission during sexual contact.
- HIV infection usually progresses through stages:
  - 1) In the first few weeks after exposure, when the virus multiplies rapidly;
  - 2) Sero-conversion, about 3 months after exposure, when the body forms antibodies. However, the antibodies are not able to overcome the infection. Many people have a flu-like illness at the time of sero-conversion, with fever and enlarged lymph glands;
  - 3) Latency, which can last for months or years. During this period, the virus reproduces slowly. Eventually, the amount of virus increases, overwhelms the antibodies and infected people develop clinical disease, often with a wide range of symptoms, and
  - 4) AIDS, or the final stage of HIV infection, occurs when the immune system is very weak. The weak immune system allows microorganisms to take the opportunity to infect the person, so these infections are called opportunistic infections.
- There are two kinds of tests for HIV:
  - HIV antibody tests, including the ELISA, rapid tests, and the "Western blot", are less expensive and used for screening blood, for surveillance, and for voluntary testing and counseling programmes; and
  - Test that detect the presence of the virus itself, which are expensive and require sophisticated laboratory support.
- At present, there is no cure for AIDS. There are treatments for the relief of symptoms, treatments for opportunistic infections, prophylactic medications to prevent opportunistic infections, and antiretroviral drugs that attack HIV itself.

* **Note**: This exercise was taken from the "Raising Awareness for Reproductive Health in Complex Emergencies" workshop produced by CARE on behalf of RHRC, 2002.

To adapt the session …

- Depending on the size of the group you may wish to discuss participant expectations in plenary rather than posting them on the wall.
- Use the participatory exercise as an entry point to provide more information on HIV/AIDS and how it spreads – especially in groups with limited knowledge of the virus.

Trainer resources and instruction sheets

HIV: Basic Facts Trainer instructions

Obtain the following objects and place them in a large box or suitcase, so participants cannot see them. If you cannot find all the objects, you may draw a picture of the object (or substitute it for something equivalent). You may also add objects relevant to the specific situation, i.e., objects that represent common incorrect beliefs about HIV transmission or common means of HIV transmission.

Object	Explanation
Empty cup or glass	No risk of transmission
Insect repellent	HIV is not transmitted by insect bites
Door knob	No risk of transmission
Toilet seat	No risk of transmission
Swimming suit	No risk of transmission
Oral contraceptives	Do not protect against HIV
Male condom	When used correctly, protects against HIV transmission
Female condom	When used correctly, protects against HIV transmission
Tooth brush	May possibly be contaminated with blood with HIV. Should not share.
Razor for shaving	May possibly be contaminated with blood with HIV. Should not share.
Latex Glove	Effective barrier against HIV.
Empty beer bottle	HIV is not transmitted through drinking alcohol or sharing glasses, but drinking alcohol may lead to unwise decisions in relation to unprotected sex or needle sharing.
Baby doll	An HIV+ woman can transmit HIV to her baby during pregnancy, delivery, or breastfeeding.
Syringe	Sharing needles and syringes transmits HIV.
Telephone	No risk of transmission
Baby bottle	When AFASS (Acceptable, Feasible, Affordable, Sustainable and Safe), replacement feeding is the recommended choice for HIV+ mothers

3.2
Session 2
Introducing the HIV/AIDS Context

Session Purpose

Session 2 introduces the context for understanding HIV/AIDS in emergency settings. It draws on the participants' own experiences to discuss vulnerability to HIV in emergencies.

Session Objectives:

By the end of Session 2, participants will be able to:

- Outline the broader context for HIV/AIDS in emergency settings.
- Explain the link between HIV/AIDS and emergencies.
- Define vulnerability, list vulernable groups, and explain how emergencies increase vulnerability to HIV/AIDS and visa verca.

Methods /approach and Time-frame

Methods Used / Approach	Activity Focus	Time-frame
Small group discussion	'Is HIV/AIDS Important in Emergencies?'	30 min
Power Point presentation (15 slides)	Session2: Context for HIV Interventions in Emergency Settings	30 min
Feedback and plenary discussion	Summary slide 2 Key summary Points	20 min
Session 2 duration		**80 min**

Materials/equipment

- Data projector
- Handouts of the Session 2 power-point presentation.
- Flipcharts
- Marker pens
- Discussion questions: *Is HIV/AIDS Important in Emergencies?*

Preparation

1. Prepare and set up power-point presentation for Session 2 *The Context for HIV/AIDS Interventions in Emergency Settings*

Procedure

Step 1	Introduce Session 2, and its focus on HIV/AIDS and emergency settings
Step 2	Divide the participants into small discussion groups 5-7 people. Distribute instructions and discussion point guidelines and clarify.
Step 3	Distribute flip chart paper and pens to each group.
Step 4	Ask groups to each appoint a recorder/spokesperson
Step 5	Allow for 30 minutes discussion and allow for 20 minutes of feedback / discussion in plenary.
Step 6	Give the presentation "**The Context for HIV/AIDS Interventions in Emergency Settings"**
Step 7	Conclude the session by summarizing (or ask a participant to do so) the key points of the presentation and previous discussion.

Key Points

- The reduction of HIV/AIDS is integral to the MDGs in all contexts, including emergency situations.
- Sadly, the very conditions that define a complex emergency – conflict, social instability, poverty and powerlessness – are also conditions that favour the rapid spread of HIV/AIDS
- In emergencies, everyone is potentially at risk from HIV/AIDS.
- High HIV infection rates increase vulnerability to external shocks such as drought or conflict.

To adapt the session …

- Consider the participants' past experiences and current areas of responsibility. For instance, if all participants are drawn from one agency with the same sectoral focus, the session might emphasize issues around HIV/AIDS vulnerability specific to this context.
- Make similar adjustments if participants' experiences are drawn from one primary emergency type (i.e. conflict, displacement, food insecurity, extreme weather events).

Instruction Sheet: Group Discussion Points 'Is HIV/AIDS Important in Emergencies?'

Group Task

In your group, consider your individual experiences in a past or current emergency.

1. Did/do you consider HIV/AIDS to be important in your different emergency experiences?
2. If yes, why?
3. If no, why not?
4. Which individuals or groups do/did you view as most vulnerable to HIV/AIDS? Why?
5. Could there be others? Who?

Write your responses on a flipchart next to/underneath the different emergencies your group members have experienced.

Identify a spokesperson for your group to report back.

3.3
Session 3
Challenges in Implementing HIV/AIDS Interventions in Emergency Settings

Session Purpose

Session 3 addresses the challenges of implementing HIV/AIDS interventions in emergency settings. It also provides scope for participants to apply their experience and knowledge in emergency case studies.

Session Objectives

By the end of Session 3, participants will be able to:

- List specific HIV/AIDS-related problems that apply in different emergency scenarios.
- Describe the key issues around HIV/AIDS in the workplace for responding personnel.
- Discuss the key challenges and needs related to HIV/ADS in emergency situations.

Methods /approach and Time-frame

Methods Used / Approach	Activity Focus	Time-frame
Small group case-study exercise	Case studies: What are the challenges in implementing HIV/AIDS interventions in this situation?	45 min
Gallery walk	Gallery walk and large group discussion'	20 min
PowerPoint presentation	Session 3 The Challenges of Implementing HIV/AIDS Interventions in Emergency Settings	25 min
Session 3 duration		**90 min**

Materials/equipment

- Data projector
- Handouts of Session 3 power-point presentation.
- Case-studies: Adjusting Long-term Programming for Emergency Conditions, Displacement Emergency, Famine, Civil War & Child Soldiers*****
- Flip charts
- Marker pens
- Cards or half A4 sheets for recording challenges.

***Note**: Depending on the size of your group and the relevance of the case study topics to the country context, you may chose to use all or only a selection of the available case studies.

Preparation

1. Prepare and set up power-point presentation for Session 3 *The Challenges in Implementing HIV/AIDS Interventions in Emergency Settings*
2. Copy and group separately the four case-studies ready to distribute to three separate groups.
3. Prepare four sets of cards or half A4 sheets to distribute to the groups.

Procedure

Step 1	Introduce Session 3, and its focus on the challenges in implementing HIV/AIDS in emergency settings. Use first slide in Session 3 PowerPoint presentation. **What are the Challenges in Implementing HIV/AIDS Interventions in this Situation?**
Step 2	Introduce and conduct the case study activity. Stress that this activity is about identifying challenges to implementing HIV/AIDS interventions in emergency situations.
Step 3	Please explain that the challenges identified in this activity will be further elaborated and discussed in an up-coming role-play activity.
Step 4	Form groups of 5-7 people.
Step 5	Distribute and clarify instructions. Distribute flip chart paper and pens to each group. Ask groups to each appoint a recorder/spokesperson.
Step 6	Assist and support group work, allowing 40 minutes for discussion.
Step 7	Facilitate gallery walk and feedback. This can either be done with flipcharts on the wall – or for the large group visiting each group to hear their respective responses.
Step 8	Encourage group interaction and discussion for each scenario. Identify recurrent issues. Also highlight any 'surprises' in the challenges identified – and differences/similarities across the case-studies.

Step 9	Drawing from the case-study exercise, present the remaining slides in Session 3, adding to this with examples from the group.
Step 10	Conclude the session by summarizing (or ask a participant to do so) the key points of the presentation and previous discussion.

Key Points

- HIV/AIDS programming in emergencies is affected by resource constraints (human, infrastructural, financial)
- Quality information to base implementation may be very limited, if at all available.
- The characteristics of the target populations may require specific tools / strategies / human resources.
- HIV/AIDS may be seen as in competition with other "life saving" priorities and be given low priority / funding.

To adapt the session …

- Change or modify the provided case-studies so they are more meaningful to your participants.
- Feel free to choose an appropriate mix of case-studies for the workshop. This might mean choosing one case-study and running it in all groups to highlight recurrent themes. It could also mean choosing different case-studies to contrast and compare the learning experience across groups.
- Consult national or regional disaster-related training organisations and resource centres for other case-studies that could be easily adapted for the session.

Case Studies
'What are the Challenges in Implementing HIV/AIDS Interventions in this Situation?'

Case-Study 1
Adjusting Long-term Programming for Emergency Conditions (45-60 minutes)

You are the Head of Programmes for an international agency based in the national capital of a developing country that is regularly affected by droughts and floods. Four days ago, a severe wind and rainstorm swept across the country, becoming the third extreme weather system in a month. There has been widespread flooding and wind-related damage in the northern and central areas of the country.

This has resulted in more than 200 000 people being displaced from their homes in outlying rural areas, as well as in crowded informal settlements near the capital city. In urban areas, cyclone-affected families are being temporarily housed in community halls and schools.

You used to think that HIV/AIDS was not a major issue for your programming. However, a recent UNAIDS report has estimated that adult HIV infection rates are 20% in urban areas. Infection rates in rural areas are thought to be lower – although there is limited health sector coverage in outlying areas. Moreover, recently you have noticed that both your programme officers have needed to take time off work for repeated illnesses and cannot seem to regain their strength.

Representatives of international and bilateral organisations in the capital city have stated that there will only be modest international humanitarian support for this emergency. Your country representative has instructed you to assess your organisation's regular programmes and adjust these immediately to accommodate the current situation.

Task (45 minutes)

Read this scenario and in your group:

1. Conduct a needs assessment of the above situation and identify the expected priorities, problems and obstacles relating to **incorporating HIV/AIDS considerations** into your multisectoral response to this emergency. Who is most vulnerable in this situation?
2. Include the implications of **HIV/AIDS in the workplace**, as it applies to this setting.
3. Write each challenge on a **separate card**.
4. **Cluster together** cards with similar challenges. Stick them on to a flipchart.
5. Give each cluster an appropriate **label.**
6. Identify a **spokesperson** to report back to the larger group.

Case-Study 2
Displacement Emergency (45-60 minutes)

You are a programme officer based in the national capital of a developing nation. Your country shares borders with another state that has experienced armed conflict for several years. During this time, many people gradually crossed the border and were absorbed into your country's villages and towns. Over the past month, however, intensifying hostilities, combined with severe food shortages in the neighboring country have resulted in an influx of 120 000 people fleeing across the length of your 250km shared border.

Many of those fleeing hostilities are women, unaccompanied children and elderly people who are exhausted and malnourished. It is reported that the women and girls especially have been victims of sexual violence and intimidation.

The national authorities have formally requested international assistance, and have begun to set up camps for the displaced. The districts affected by the sudden displacement are remote with poor and insecure road access. Until this recent influx, there was no significant international presence in the affected area.

You used to think that HIV/AIDS was not an issue in your work. However, a recent UNAIDS country report reported a high HIV prevalence rate of 18%. Recently two of your programme assistants have needed to take time off work for repeated illnesses. They do not seem to be regaining their strength. They both speak the local dialect for the area affected by the influx.

Your Head of Programmes has asked you to urgently draw up job descriptions for three more emergency posts and to advertise/fill these positions immediately. Your Human Resources Department however, has expressed concern at the possible risk of recruiting HIV/AIDS positive staff members, and has suggested that prospective employees should be tested for HIV before they are hired.

Your Head of Programmes has also asked your team to carry out an urgent field assessment in the affected areas and to submit a comprehensive report within one week.

Task (45 minutes)

Read this scenario and in your group:

1. Conduct a needs assessment of the above situation and identify the expected priorities, problems and obstacles relating to **assessing and monitoring HIV/AIDS**. Who is most vulnerable in this situation?
2. Include the implications of **HIV/AIDS in the workplace**, as it applies to this setting.
3. Write each challenge on a **separate card**.
4. **Cluster together** cards with similar challenges. Stick them on to a flipchart.
5. Give each cluster an appropriate **label.**
6. Identify a **spokesperson** to report back to the larger group.

Case – Study 3
Famine (45-60 minutes)

You are a programme officer based in the national capital of a developing country at is regularly affected by droughts and floods. Last year, severe rains and widespread flooding destroyed infrastructure and waterlogged crops. There has been a drought this year, and widespread crop failure is expected.

National strategic grain reserves are depleted and the price of basic foods is unaffordable for poor and middle-income households. Moreover, there are reports of the poorest households – especially those headed by women - barely meeting survival needs through income from transactional sex.

Governance structures are weak at all administrative levels, and government institutions actively discourage civil society mobilization.

Last year's crop losses and this year's drought have intensified already high levels of rural hardship, hunger and famine. In both rural and urban communities there are large numbers of chronically ill adults, along with households where grandparents are caring for young children. HIV/AIDS is believed to be a key factor in the increasing death rates and illness. The national adult HIV infection rate is 20%.

You used to think that HIV/AIDS was not an issue in your work setting. However, recently both your programme assistants have needed to take time off work for repeated illnesses and cannot seem to regain their strength.

Your Head of Programmes has asked you to be the focal point for a multi-agency response to this emergency, as you oversaw a recent country survey on HIV. However, she has instructed you not to reveal district-specific information on levels of sexually transmitted infections or HIV infection rates for teenage girls and boys to the other agencies. She has also asked you and your team to prepare a situation report on the most famine-affected areas for your organisation's internal use. Your report should focus on the impact of HIV/AIDS on household food security.

Task (45 minutes)

Read this scenario and in your group:

1. Conduct a needs assessment of the above situation and identify the expected priorities, problems and obstacles relating to **household food security.** Who is most vulnerable in this situation?
2. Include the implications of **HIV/AIDS in the workplace**, as it applies to this setting.
3. Write each challenge on a **separate card**.
4. **Cluster together cards** with similar challenges. Stick them on to a flipchart.
5. Give each cluster an appropriate **label.**
6. Identify a **spokesperson** to report back to the larger group.

Case Study 4
Civil War and Child Soldiers

You are a programme officer based in the national capital of a developing nation that has experienced ongoing civil war for the past ten years. There is no stable government. Although a fragile administration does exist in the capital city, the outlying areas are controlled by a number of armed militias.

In efforts to increase the territory under their control, the individual militias have over-run targeted districts, looting, assaulting, killing and displacing villagers. They have also forcibly co-opted teenagers and even younger children to become child soldiers. This widespread insecurity has had implications for your agency's deployment of experienced women field officers in camps for the displaced, who speak the local languages and are knowledgeable about protection issues. They are justifiably concerned about their personal safety and risks of sexual violence.

In recent months, international and regional peace-keeping efforts have led to a tense, but manageable cease-fire. This has been facilitated by the presence of a multi-national peace-keeping force of around 20 000 men. As a result, there is now a steady flow of teenage boys into the capital city, who have escaped from their respective militia groups. However, many have lost their families, can only recall a life of combat, assault and intimidation and have no other skills or education.

Due to the complete collapse of health and other public services nationwide, accurate information on HIV infection rates is limited. However, humanitarian agencies supporting health services in camps for displaced people in your country as well as those in refugee settlements in neighboring countries report high levels of sexually transmitted infections.

Recognising the heightened vulnerability of child soldiers, your Head of Programmes has asked that you coordinate with other key agencies to develop an integrated and multi-sectoral programme of support for demobilized child soldiers. This should be further differentiated into immediate, medium- and long-term time frames.

Task (45 minutes)

Read this scenario and in your group:

1. Conduct a needs assessment of the above situation and identify the expected priorities, problems and obstacles relating to **assessing and monitoring HIV/AIDS.** Who is most vulnerable in this situation?
2. Include the implications of **HIV/AIDS in the workplace**, as it applies to this setting.
3. Write each challenge on a **separate card**.
4. **Cluster together** cards with similar challenges. Stick them on to a flipchart.
5. Give each cluster an appropriate **label.**
6. Identify a **spokesperson** to report back to the larger group.

3.4
Session 4
Practical Measures for Implementing HIV/AIDS Interventions in Emergency Settings

Session Purpose

Session 4 focuses specifically on the practical measures involved in implementing HIV/AIDS interventions in emergency settings. It also provides scope for participants to apply their experience and knowledge to address the challenges identified in the previous case-studies.

Session Objectives

By the end of Session 4, participants will be able to:

- Explain the need for multisectoral actions to reduce HIV/AIDS in emergency settings.
- Engage in multi-disciplinary planning to reduce HIV/AIDS in emergency situations.
- Navigate through the HIV/AIDS multisectoral matrix for minimum response in emergencies

Methods /approach and Time-frame

Methods Used / Approach	Activity Focus	Time-frame
After lunch Group activity	Beach Ball Toss	30 min
PowerPoint presentation and discussion	Session 4 Practical Measures in Implementing HIV/AIDS Interventions in Emergency Settings	30 min
Role play in small groups and report-back	Activity Sheets 4.4. Role-play. What Practical Measures Can We Take to Implement HIV/AIDS Interventions in this Situation?	45 min

Plenary discussion	Group feed-back from role-play	15 min
Session 4 duration		**160 min**

Materials/equipment

- Data projector
- Handouts of Session 4 power-point presentation in file or folder.
- Case-studies *What Practical Measures Can We Take to Implement HIV/AIDS Interventions in this Situation?*
- Individual roles for each scenario cut out and paper-clipped together.
- Beach ball or some other lightweight, small ball

Preparation

1. Prepare and set up power-point presentation for Session 4 *Practical Measures in Implementing HIV/AIDS Interventions in Emergency Settings*
2. Clip the respective roles for each scenario together with the matching Activity Sheets 4.4.1, 4.4.2 or 4.4.3 for distribution to each group.

Procedure

Step 1	Introduce after lunch activity: Instruct participants to form a circle. Explain that you will throw the ball to someone within the circle. When that person catches the ball, he or she should mention a key message or concept heard during the morning's session.
Step 2	Once s/he has made a statement, s/he should toss the ball to another person within the circle.
Step 3	Suggest that participants should step out of the circle once they have participated. Continue tossing the ball until all participants have had an opportunity to participate.
Step 4	Introduce Session 4, and the planning and response matrix. **Use first 4 slides in Session 4 PowerPoint presentation***
Step 5	Introduce and the role-play activity, ask participants to return to their previous three groups and distribute roles.
Step 6	Conduct coordination meeting and prepare your plan.

Step 7	Make sure that each group identifies a representative to report back in plenary.
Step 8	Based on the group discussions, conclude the activity by revisiting sector specific slides for further clarification if needed.

Key Points

- HIV/AIDS activities should seek to build on and not duplicate or replace existing work.
- Key stakeholders and affected populations must participate in planning / implementation.
- HIV/AIDS interventions in humanitarian crises must be multisectoral.
- HIV/AIDS activities for displaced populations should also service host populations.

To adapt the session …

- Change, modify or add roles to those provided in the activity sheet so they are more meaningful to your participants.
- Restructure the role-play for your participants. This might mean reducing the number of role-plays to one group – especially if you have a small number of workshop participants – but adding more role-players and observers.
- *****Review PPT Session 4 to include the most useful/relevant appropriate slides.
  - Feel free to limit the presentation to the first six slides that introduce the matrix. This gives more time for both role-play and plenary discussion.
  - Also consider only showing slides about sectors that are the most meaningful to workshop participants – they may not need all the sectors profiled in detail.
- The after lunch activity can be presented at any point in the workshop when participant energy levels are low.

Role-play: 'What Practical Measures Can We Take To Implement HIV/AIDS Interventions in this Situation?' Participant Instructions

Tasks

1. Return to your groups for the previous activity.
2. Read the activity sheet below and assign roles from the following briefing sheets.
3. Make sure there is at least one process observer and please designate someone to chair the meeting.
4. Conduct the coordination meeting and prepare your plan.
5. Identify a group member to report back as well as two process observers

Scenario

You all work for organisations involved in development and emergency assistance. The Head of Programmes for the coordinating UN agency in this emergency requests you attend a meeting to compile a draft integrated plan that reduces HIV/AIDS and its impacts in the situation outlined in the previous case study exercise.

Keep in mind the challenges identified in the previous exercise to highlight obstacles that require specific solutions. Make sure you include responses that address HIV/AIDS considerations in the workplace.

Also, highlight different multi-sectoral methods that could be used to provide protection for the most vulnerable population groups (i.e. education, camp design, health interventions)

In your group, you must prepare a written outline on flipcharts that arranges your response in an unambiguous way – for example...

Identified problem or priority	Sector(s) best placed to respond	Specific response/action	Lead agency or partner (optional)
-	-	-	-
-	-	-	-

Role Play: Description of Roles

Head of Programmes

You have been in this position for 2 years and have a good understanding about the roles of different sectors. You have some emergency experience, but with a bias towards relief and distribution of food and basic household items. You have been instructed by your senior management to prepare an integrated emergency response plan that incorporates HIV/AIDS actions in all sectors and agencies/partners concerned. You have never done this before.

Health and Nutrition Programme Officer

You have had extensive experience in both emergency and development situations and are acutely aware of the importance of HIV/AIDS in this setting. You have tried on several occasions to encourage other sectors to integrate HIV/AIDS actions into their development work. However, your colleagues have had difficulty in making these links. Some say that HIV/AIDS is mainly a 'health' issue and should be managed primarily by the health sector.

Food Security Officer

You began your career working as a food logistics officer and have worked in many humanitarian crises. Your top priority is to calculate accurate food requirements for the affected population in this emergency. You are also anxious about the logistics and targeting of food assistance. You fully appreciate the need to integrate HIV/AIDS considerations into emergencies – but believe the first priority is to alleviate prevent hunger and hardship in this situation.

Engineer

You normally work in partnership with your government counterparts to establish essential water and sanitation infrastructure in underserved rural areas. As local technical capacity is limited, your engineering team is often overstretched. Essential parts and equipment are not readily available in-country, and must be imported. You fully appreciate the need to integrate HIV/AIDS considerations into emergencies – but believe the first priority here is to establish/restore safe water supplies and sanitation for the affected population.

Role Play: Description of Roles

Protection Officer

You are responsible for liaising with national authorities, law enforcement officials and the armed forces to strengthen awareness of and respect for the human rights of at-risk individuals, including internally displaced people and refugees. In this emergency, you are particularly concerned for the well-being and protection of women and children. You are anxious about the safety of children who have become separated from/lost both parents. You know that women and children who are not protected or who have insecure access to food and shelter are at risk from sexual exploitation. You feel these issues are an urgent priority in the emergency response.

Education Officer

You work closely with national education authorities to support formal education programmes for children and teenagers. You also work with nongovernmental and faith-based organisations to provide development opportunities for children and young people outside of formal education processes. You know that the current emergency has overwhelmed the capacities of the available schools in the affected area – and that there are many children who have either lost or been separated from their parents. You know that children who are not involved in some form of structured learning environment are at great risk from sexual and other forms of exploitation. You feel these issues are an urgent priority in the emergency response.

HIV/AIDS Programme Officer

Your work emphasises the development of national HIV/AIDS policies and programmes, as well as the mainstreaming of HIV/AIDS concerns into key government departments and sectors. You are also a resource person to nongovernmental, international and bilateral agencies on HIV/AIDS – including the development of supportive policies and processes concerning HIV/AIDS in the workplace. The current emergency troubles you greatly, as the national HIV infection rate has been increasing steadily over the past five years. You believe it is essential to incorporate HIV/AIDS considerations into the response.

National Government Representative

You are a representative of the Ministry of Interior in the national government. You are responsible for coordinating the national response to the current crisis. You are aware of the high HIV prevalence rate in your country however, your government does not wish to draw public and international attention to this issue. Your priority is to stabilize the current situation as soon as possible and to maintain your country's image in a favourable light.

3.5
Session 5
Introducting the IASC Guidelines

Session 3.5 focuses specifically on introducing the guidelines and their content. It also introduces the complementary HIV/AIDS resources developed by the IASC.

Session Objectives

By the end of Session 5, participants will be able to:

- Navigate through the guidelines and their content.
- Source/obtain the complementary HIV/AIDS resources developed by the IASC.

Methods /approach and Time-frame

Methods Used / Approach	Activity Focus	Time-frame
PowerPoint presentation	Session 5 Introducing the IASC Guidelines (11 slides)	15 min
Small group discussion	Refer questions on Slide	20 min
Plenary discussion	Steps forward 'Where to now'? Concluding points for workshop Workshop evaluation	20 min
Session 5 duration		**60 min**

Materials/equipment

- Data projector
- CD ROM containing *Workshop: HIV/AIDS Interventions in Emergency Settings and IASC Guidelines*
- Handouts of Session 5 PowerPoint presentation in file or folder.

Preparation

1. Prepare and set up PowerPoint presentation for Session 5 *Introducing the IASC Guidelines*

Procedure

Step 1	Introduce Session 5, and its focus on introducing the IASC Guidelines. Use the slides in Session 5 PowerPoint presentation, **Introducing the IASC Guidelines.**
Step 2	Provide the presentation, inviting comment and questions.
Step 3	Ask participants to discuss the questions on slide 8 in groups of 3-4 with their immediate neighbors
Step 4	Initiate a plenary feedback discussion on steps forward. Suggest resources to assist in this process.
Step 5	Conclude the workshop. Thank participants for their engagement Invite participants to complete end of workshop evaluation

Key Points

- Reconfirm the key messages that HIV/AIDS is a **multi-sectoral responsibility** in all settings, including emergencies – even those in which HIV/AIDS appears less obvious.
- Wherever possible, **HIV/AIDS considerations** should always be factored into emergency response.
- **Resources now exist** to facilitate capacity building is this area. They may be obtained from UNAIDS.

To adapt the session …

- Assess the energy level of the group. Participants may find it more useful to substitute the small group activity with a five-minute 'buzz' with their neighbors and conduct a general discussion in the larger group.

IASC HIV/AIDS in Emergency Settings Workshop Evaluation Form

Name _____
Organisation _____
Your comments will help us assess the quality of the workshop. Please respond to the following questions:
1 = Not at all, 2= Somewhat, 3=Fair, 4= Good, 5= Excellent
1) How well did we address the objectives of the workshop?
 1 2 3 4 5 
2) How did the resource team perform?
 1 2 3 4 5 
3) How relevant is the workshop theme to your job?
 1 2 3 4 5 
4) Was the workshop content presented in a logical flow?
 1 2 3 4 5 
5) Was there an adequate balance of presentations and discussions?
 1 2 3 4 5 
6) Were there sufficient opportunities to exchange experiences and ideas with colleagues?
 1 2 3 4 5 
7) How would you rate the length of this workshop?
 1 2 3 4 5 
8) How would you rate the flow between the different sessions?

 1 2 3 4 5 
9) The workshop materials and hand-outs.
 1 2 3 4 5 
Comments on the above:
Evaluation by session:
10) Session 1: Introduction, Workshop Objectives and Overview
 1 2 3 4 5 
11) Participant introductions and group introductory activity "How Can HIV spread?"
 1 2 3 4 5 
12) Group discussion: Information on HIV and how it spreads Group norms/expectations
 1 2 3 4 5 
13) Session 2: Context for HIV/AIDS interventions in Emergency Settings
 1 2 3 4 5 
14) Small group discussions: "Is HIV/AIDS important in Emergencies?"
 1 2 3 4 5 
15) Small group case-study exercise: What are the Challenges in Implementing HIV/AIDS Interventions in this Situation?
 1 2 3 4 5 
16) Session 3: The Challenges of Implementing HIV/AIDS Interventions in Emergency Settings
 1 2 3 4 5 

17) Role play : What Practical Measures Can We Take to Implement HIV/AIDS interventions in this Situation?
 1 2 3 4 5 
18) Session 4: Practical Measures in Implementing HIV/AIDS Interventions in Emergency Settings
 1 2 3 4 5 
19) Session 5: Introducing the IASC Guidelines
 1 2 3 4 5 
General Comments:
20) Recommendations to improve the workshop?
21) Would you envision conducting this workshop in your organization? If yes, who would be trained?

Please circle three words that best sum up your overall opinion of this workshop:

Interesting	Easy	Useful
Entertaining	Waste of time	Inspiring
Clear	Valuable	Exhausting
Irrelevant	Stimulating	Changed my life
Enjoyable	Over-ambitious	Revealing
Thorough	Exciting	Difficult
Comprehensive	Confusing	Practical
Unfocussed	Realistic	Nothing new
Challenging	Innovative	Boring

Part IV
Supplemental Resources and Materials

Part IV includes additional background information on a number of potentially hot topics, including HIV and breastfeeding. These information sheets can be photocopied and distributed to participants in their workshop folders. The section concludes with a list of useful additional resource materials and suggested websites or other sources for accessing additional information.

4.1
Information Sheet: Infant Feeding and Transmission of HIV

Between **30% and 40%** of overall mother-to-child transmission (MTCT) of HIV occurs postnatally through breast-feeding (adding 20 percentage points to MTCT between pregnancy, labour and delivery). HIV transmission may occur for **as long as a child is breastfed**. At the same time, lack of breastfeeding exposes children to increased risk of malnutrition, diarrhoea and pneumonia, especially in the first year of life.

Given the need to **minimize the risk of HIV transmission to infants while at the same time not increasing their risk to other causes of morbidity and mortality**, UN recommendations are:

1) Breast-feeding by HIV-infected mothers should be **avoided** *whenever replacement feeding is acceptable, feasible, affordable, sustainable, and safe*

2) In all other cases, exclusive breast-feeding is **recommended** during the first months of life and should then be discontinued as soon as feasible.

Box 1: Definitions of acceptable, feasible, affordable, sustainable and safe (AFASS).

Acceptable: The mother perceives no barrier (cultural or social reasons, fear of stigma or discrimination) to replacement feeding.

Feasible: The mother (or family) has adequate time, knowledge, skills and other resources to prepare the replacement food and feed the infant up to 12 times in 24 hours.

Affordable: The mother and family, with community or health-system support if necessary, can pay the cost of purchasing/producing, preparing and using replacement feeding, including all ingredients, fuel, clean water, soap and equipment, without compromising the health and nutrition of the family.

Sustainable: Availability of a continuous and uninterrupted supply and dependable system of distribution for all ingredients and products needed, for as long as the infant needs it, up to one year of age or longer.

Safe: Replacement foods are correctly and hygienically prepared and stored, and fed in nutritionally adequate quantities, with clean hands and using clean utensils, preferably by cup.

A 2001 observational study in South Africa found that exclusive breast-feeding during the first **three months** of life was associated with a lower risk of MTCT than mixed-feeding.

A sub-study of the larger ZVITAMBO study in Zimbabwe found an overall transmission rate of HIV of 12.1% between 6 weeks and 18 months of age, and that:

- the risk of HIV infection was lowest in the group that was **exclusively breast-fed**. Mixed feeding **doubled the hazard ratio of postnatal HIV transmission** and infant mortality even when adjusted for infant birth weight, maternal CD4 count, maternal age, and maternal death.
- **68% of the postnatal transmission occurred after age 6 months**. Thus, two thirds of postnatal HIV transmission could have been avoided by **stopping breast-feeding at 6 months**.

Table 1: Estimated risk and timing of MTCT in the absence of interventions

During pregnancy	5–10%
During labour and delivery	10–15%
During breastfeeding	5–20%
Overall without breastfeeding	15–25%
Overall with breastfeeding to 6 months	20–35%
Overall with breastfeeding to 18 to 24 months	30–45%

References

UNICEF/UNAIDS/WHO/UNFPA, (2003) "HIV and infant feeding. Guidelines for decision-makers. Geneva: World Health Organization, 2003. Available at: http://www.who.int/child-adolescenthealth/New_Publications/NUTRITION/HIV_IF_DM.pdf Accessed September12, 2004.

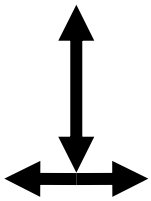
Sahai Burrowes, (2004), *Infant Feeding and the Prevention of Mother-to-Child Transmission (MTCT) of HIV-1*, HIV InSite's Coverage of the XV International AIDS Conference, 26 July, http://www.hivinsite.org/InSite?page=cfaids-04-01#ref3

4.2
Information Sheet: Conflicts, emergencies, HIV and AIDS

Overview: Conflict and HIV

Conflict, displacement, food insecurity and poverty have the **potential** to make affected populations more vulnerable to HIV infection. However, assumptions that this vulnerability **necessarily** translates into more HIV infections and fuels the epidemic are not supported by data. Whether or not conflict and displacement affect HIV transmission depends upon **numerous competing and interacting factors**.

Table 2- Factors related to HIV Infection in Conflict

Key Factors		
• HIV prevalence in area of origin (of displaced people) • HIV prevalence in area of stay (host population/ non-displaced population) • Characteristics of environment (IDP camps, urban/rural setting, etc) • Phase of emergency • Length of time		
Positive Correlation		**Negative Correlation**
• Increased interaction b/w military and civilians		• Isolation of communities.
• Decreased availability of reproductive health and other services/ means to prevent HIV transmission.		• High risk groups may suffer increased death rates.
• Decreased utilization of reproductive health and other services/ means to prevent HIV transmission.		• Decreased casual sex due to trauma and depression
• Increased commercial and casual sex		• Improved protection and services in camps.
• Increase in malnutrition.		• Disruption of sexual networks/ partners
• Population movement/ Increased mixing of populations with different HIV prevalence.		• Reduction in urbanisation of communities
• Increased sexual violence, exploitation, rape as instrument of war.		• Reduction in accessibility of populations (e.g. reduced trucking)

Do Refugees and IDPs have higher prevalence rates than the surrounding population?

UNHCR and its partners conducted HIV sentinel surveillance among pregnant women in more than 20 camps in **Kenya**, **Rwanda**, **Sudan** and **Tanzania**. Refugee populations had significantly lower (3 of 4 countries) or comparable (1 country) HIV prevalence rates.

Since 1990, the republic of **Guinea** has hosted approximately 450,000 refugees from primarily Sierra Leone and Liberia. Reports in the media stated that Liberian refugees are blamed for spreading HIV. However, HIV prevalence has never been measured among refugees in Guinea. Furthermore, condom use and knowledge of HIV/AIDS were much lower among Guinean youth than Liberian refugees.

The return to **South Sudan** of refugees and IDPs was reported widely in the media and particular attention was given to the fear that refugees living in host countries with high prevalence rates will return and exacerbate the epidemic in South Sudan. However, **Sudanese** refugees living in Kenya have better knowledge and less risky behavior than some Sudanese living in South Sudan. In 1998, Sudan reported ANC sentinel surveillance in El Gedarif as 4.0%; almost identical to the 4.1% reported among the refugees.

Sources:

Spiegel, Paul B. (2004) "HIV/AIDS among Conflict-affected and Displaced Populations: Dispelling Myths and Taking Action", *Disasters* 28 (3), 322-339.

Mock, Nancy B. et al (2004) "Conflict and HIV: A framework for risk assessment to prevent HIV in conflict-affected settings in Africa" *Emerging Themes in Epidemiology* 2004, 1:6
IRIN. Guinea: refugee influx adds fuel to AIDS crisis in southeast Guinea.26-8-04

Sudan Epidemiological Fact Sheet 2002;
http://www.who.int/emc-hiv/fact_sheets/pdfs/sudan_en.pdf

4.3
Information Sheet: Nutritional Requirements of PLWHAs

Malnutrition and HIV/AIDS are interrelated on many levels. Nutritional status is affected not only by the presence of HIV infection, but by the stage of the disease, the incidence and severity of opportunistic infections, and the treatments undertaken.

- HIV infection can cause lack of appetite and difficulty with eating, resulting in decreased food consumption.
- HIV infection also causes metabolic changes that alter how the body absorbs and uses food.
- Finally, the enormous burden of supporting the body's immune response to HIV infection and opportunistic infections increases nutritional needs.

Conversely, malnutrition is associated with a faster progression of HIV infection to AIDS and death through several mechanisms: wasting, metabolic changes and micronutrient deficiencies. Consumption of adequate energy, protein, vitamins and minerals is thus essential for people with HIV/AIDS to support their immune function and slow progression of the illness.

Table 3: Changes in dietary requirements due to HIV/AIDS

Nutrient	Population	Recommendation *
Energy	Asymptomatic HIV-positive adults (including pregnant/ lactating women)	Increase of ~10%
	Adults with symptomatic HIV infection or AIDS (including pregnant/lactating women)	Increase of ~20-30%
	Asymptomatic HIV-positive children	Increase of ~10%
	Children who are losing weight (regardless of HIV status)	Increase of ~50-100%
	Children with severe acute malnutrition WHO guidelines	No change
Protein	All population groups	No change (10-12% of total energy intake)
Fat	Individuals who are HIV-negative or HIV-positive but not taking antiretroviral drugs	No change (17% of total energy intake)
	Individuals who are taking antiretroviral drugs or have persistent diarrhoea	Specific recommendations to be provided by care providers

Micronutrients	HIV-infected adults and children should consume diets that ensure micronutrient intakes at RDA levels. However, this may not be sufficient to correct nutritional deficiencies in HIV infected individuals. Periodic vitamin A supplementation has been shown to reduce all-cause mortality and diarrhoea morbidity in vitamin A-deficient children, including HIV-infected children. 6 to 59-month-old children born to HIV-infected mothers living in resource-limited settings should receive periodic (every 4-6 months) vitamin A supplements (100 000 IU for infants 6 to 12 months and 200 000 IU for children >12) Current protocols for micronutrient fortification of blended foods and therapeutic products are inadequate to correct micronutrient deficiencies, even in non-HIV/AIDS-infected people. Micronutrient fortification of food aid commodities should be complemented by interventions that help households to purchase other foods to diversify their diet.
Hygiene	To maintain hygiene, hands should be washed before and after cooking. Fresh fruits and vegetables should be washed in clean water. Other foods should be cooked thoroughly.
Illness	Emphasize foods that patients find easy to eat when they are sick, or when they have pain or difficulty with chewing and swallowing, nausea, vomiting or diarrhoea.
Water	Patients should drink plenty of clean water every day.
Sources: WHO. *Nutrient requirements for people living with HIV/AIDS.* Geneva: WHO, 2003. FAO, WHO. *Living well with HIV/AIDS:a manual on nutritional care and support for people living with HIV/AIDS.* Rome: FAO, 2003. For the most up-to-date recommendations, see the WHO Website, www.who.int.	

Sources:

WHO, UNHCR (2004) "Integration of HIV/AIDS activities with food and nutrition support in refugee settings: specific programme strategies", December, 1st version.

4.4
Trainer's Evaluation Form

1) Please describe briefly the context in which you used the Trainer's Guide. (Include the participants, language, trainers, country, context and activities used.)

2) Is adequate guidance provided on how to prepare for the workshop? If not, what additional information should be included in the trainer's guide?

3) Does the trainer's guide provide adequate instructions on how to adapt or tailor the workshop for different regional/national contexts, emergency settings, target audiences? If not, please provide suggestions for improvement.

4) The probability that I, or my organization will use this Trainer's Guide again, in part or in whole, is: (please circle one)

NOT VERY LIKELY POSSIBLY VERY LIKELY DEFINITELY

Thank you for taking the time to complete this form. We greatly appreciate your feedback.

Please return the completed form to:

UNAIDS
20, avenue Appia
1211 Geneva 27, Switzerland
Fax: +41 22 791 4784
Email: unaids@unaids.org

4.5
Microsoft Word Document Formatting – Guidelines for adding content

This document is a guideline to the authors for adding additional content to the HIV/AIDS Interventions in Emergency Settings – Trainer's Guide.

FONT

The font used for the text of the document is Arial, size 11-point. Line spacing is single. After a blank line, the body text begins. There is no paragraph indent. The text alignment is set to justify. A blank line separates paragraphs within a section. Before a new heading two blank lines are inserted.

The headings for the different sections of the paper are in Arial, size 14-point and boldface (style "Heading 2"). The title is centered.

TABLES

Please do not use Text Boxes for the Headings and the Tables, use only the insert Excel table option of Word Use one free line to separate them from the text before and after. Tables and table titles should be centered on the document page. The table title should be Arial, 11-point, bold. Tables should have 1.5-point borders. Internal table cells should have 0.75-point borders. The table is centered between the left and right margins.

All of the lists in this document, including the table of contents, are created in tables. Please be aware that if you are adding information to these lists you should select the "add row" function from the table feature in the tool bar before doing so.

GENERAL SETTINGS

The paper size of the document must be set to A4. The side margins are set to 25 mm, the top and bottom margins are set to 20 mm. Word processor features for automatic section numbering should not be used.

Table 1: Styles to be used

Use for	Style	Font
Normal text (content)	Body Text	Arial 11 pt, justified
Section's Headings	Heading 2	Arial 12 pt, bold, centered, white with red background (RGB 204,0,0)
Tables and table titles	Heading 2	Arial 11 pt, bold, justified, with a light pink background (RGB 249, 237, 240)
Notes	Footnote Text	Arial 8 pt, justified