

HIV IN EMERGENCIES REFERENCE TOOLKIT FOR CHRISTIAN FAITH-BASED COMMUNITIES



CONTENTS

INTRODUCTION	3
FLOWCHART	4-6
CHAPTER 1 HIV awareness	7-15
CHAPTER 2 HIV preparedness, disaster risk reduction and HIV strategy for emergencies	16-19
CHAPTER 3 Biblical understanding of HIV	20-21
CHAPTER 4 HIV, stigma and discrimination	22-23
CHAPTER 5 Understanding gender and HIV	24-25
CHAPTER 6 Gender-based sexual violence	26-30
CHAPTER 7 HIV and child participation	31-32
CHAPTER 8 HIV and youth participation	33-35
CHAPTER 9 HIV and male participation	36
CHAPTER 10 Inter-faith and inter-denominational HIV programmes	37
ACKNOWLEDGEMENTS	38

INTRODUCTION

A collaborative study between the Overseas Development Institute (ODI), World Vision and Tearfund in 2009 aimed to understand the role of Christian faith-based communities (FBCs) in responding to HIV in humanitarian crises. It consisted of a global literature review followed by field studies in Democratic Republic of Congo (DRC), South Sudan and Kenya countries selected to provide a range of country, emergency and HIV contexts. The main findings of this research were:

- FBCs may be the first port of call for local people during a crisis, and often continue to provide HIV services when emergency response organisations leave a country.
- Humanitarian actors need to help FBCs build up their emergency capacity on HIV services.
- To work effectively with humanitarian actors, FBCs should address stigma, theological misunderstandings and discrimination.

Recommendations were provided that emphasise the need to ensure FBCs are equipped and have the capacity to prepare and respond to HIV in emergencies. This toolkit has been designed based on these recommendations.

Who should use this toolkit?

The toolkit can be used by any church leader and leader of a faith-based organisation or other network within the faith-based community.

How do you use the reference toolkit?

The toolkit has two components:

- A flow chart assessment questionnaire
- Tool list

The flow chart is to be used by the reader as a self-assessment questionnaire to understand the gaps in the organisation regarding with HIV in emergencies. As the reader answers the questions, they are guided to tools that can help fill the gaps.

Once the reader has identified the gaps in the assessment in part one, he or she can find a description of available tools and a link to the complete resource in part two.

The tools referenced have been developed by many different organisations, and there has been an intentional effort to ensure there is no reinventing of the wheel if the tool has already been developed.

The tools are very practical – usually a training manual or set of guidelines that can ensure the reader and his or her team can build their knowledge and skills in the area of HIV in emergencies.

Further Information

The full project briefing of the research findings can be found on the following website:

<http://www.odi.org.uk/resources/details.asp?id=4821&title=hiv-aids-religious-groups-emergencies>

This toolkit has been developed by Fiona Perry, HIV Advisor for Emergencies and Food Programming, World Vision International.

A soft copy of this toolkit is available on the following website: www.wvi.org/health

FLOWCHART

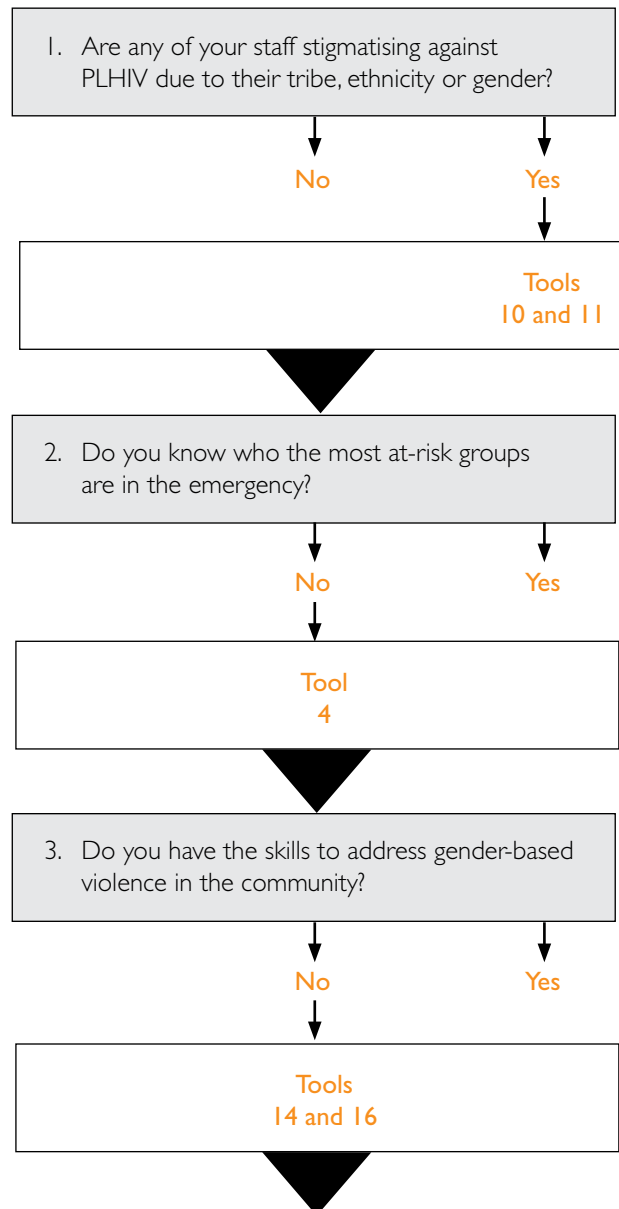
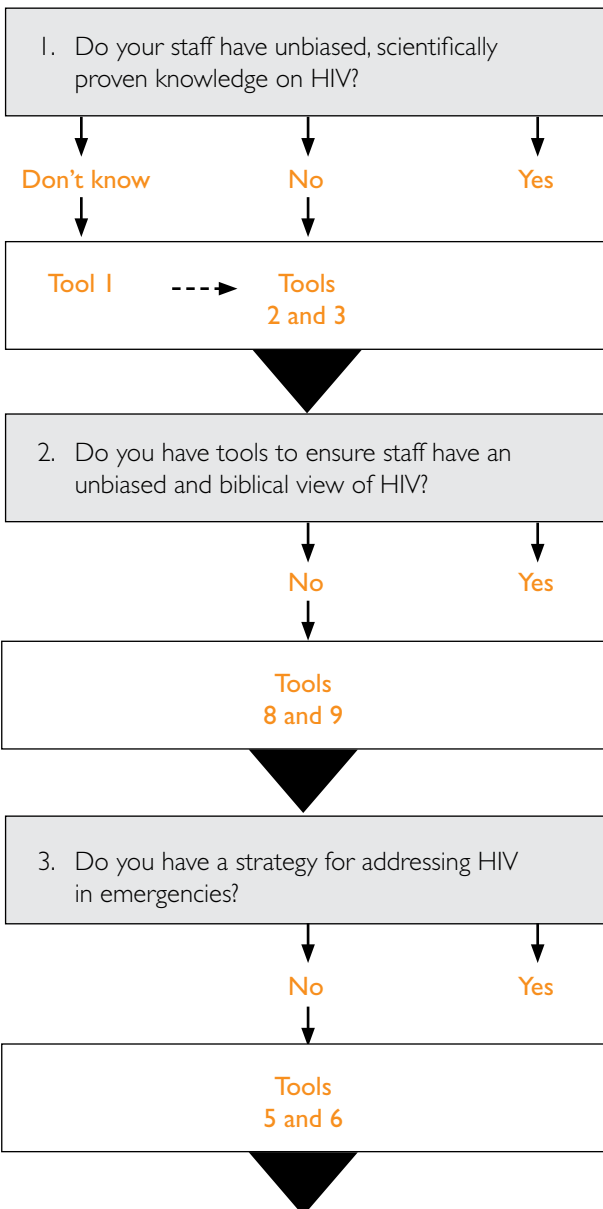
FLOWCHART QUESTIONNAIRE TO ASSESS EXISTING GAPS.

There is a need that churches and FBCs consider the following:

- All staff should have unbiased scientifically proven knowledge of HIV.
- Consider HIV preparedness and disaster risk reduction initiatives.
- Address stigma and discrimination and detrimental cultural practices.
- Address underlying gender inequality – roles of men, women and children.
- Consider initiatives for children, youth and men.
- Address gender-based sexual violence – reporting and a safe haven for those affected.
- Consider working with other denominations, faiths and people living with HIV (PLHIV) support groups.

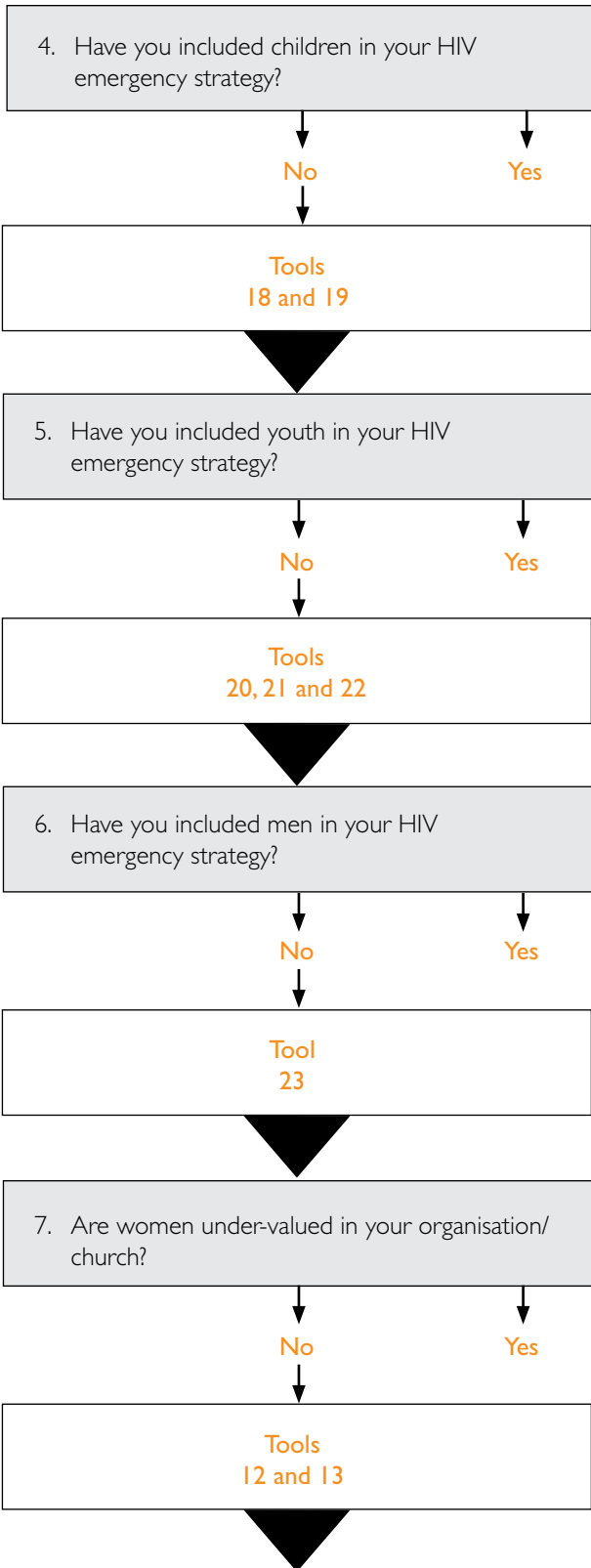
Preparedness

Emergency/Post Emergency

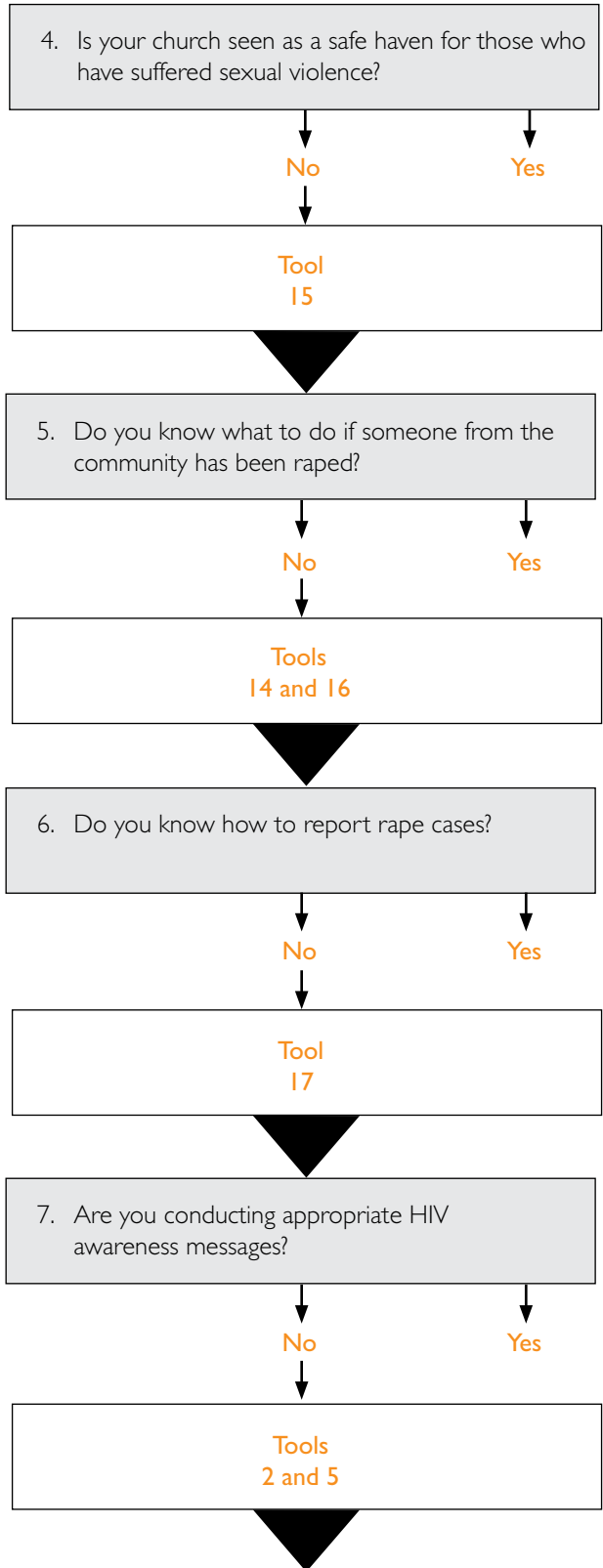


Flowchart questionnaire continued

Preparedness

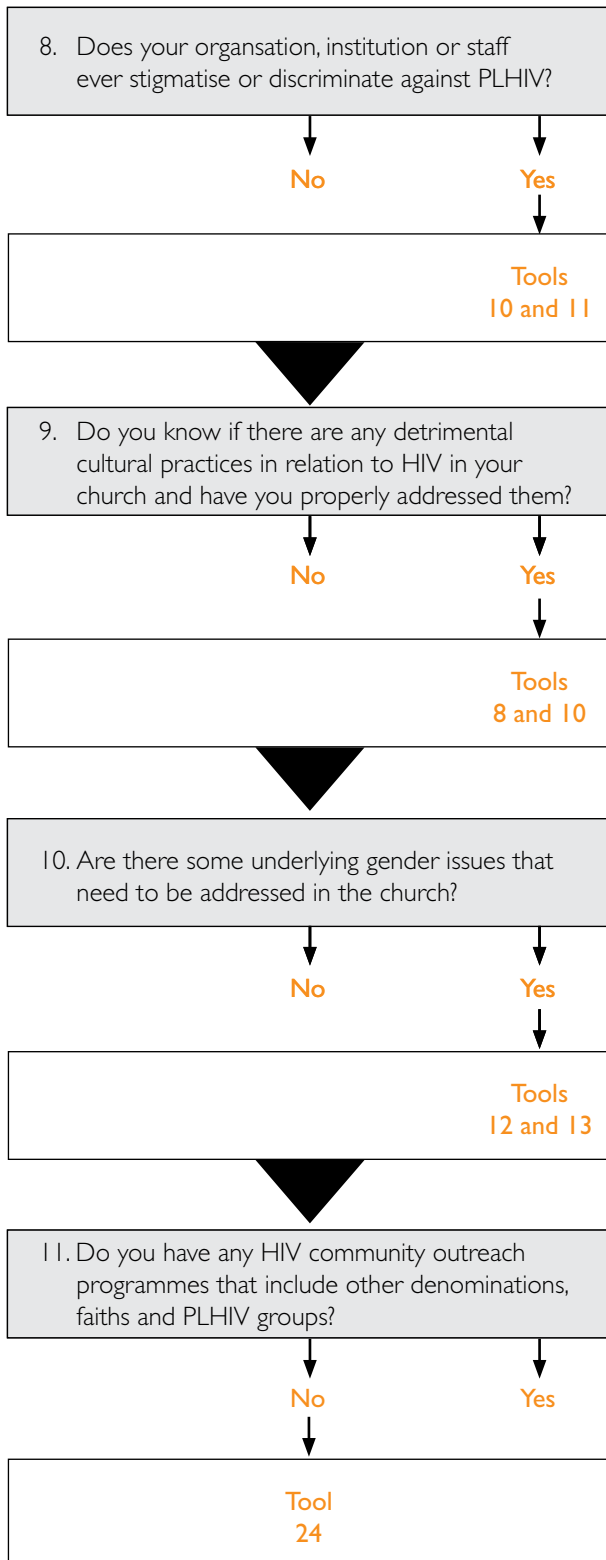


Emergency/Post Emergency

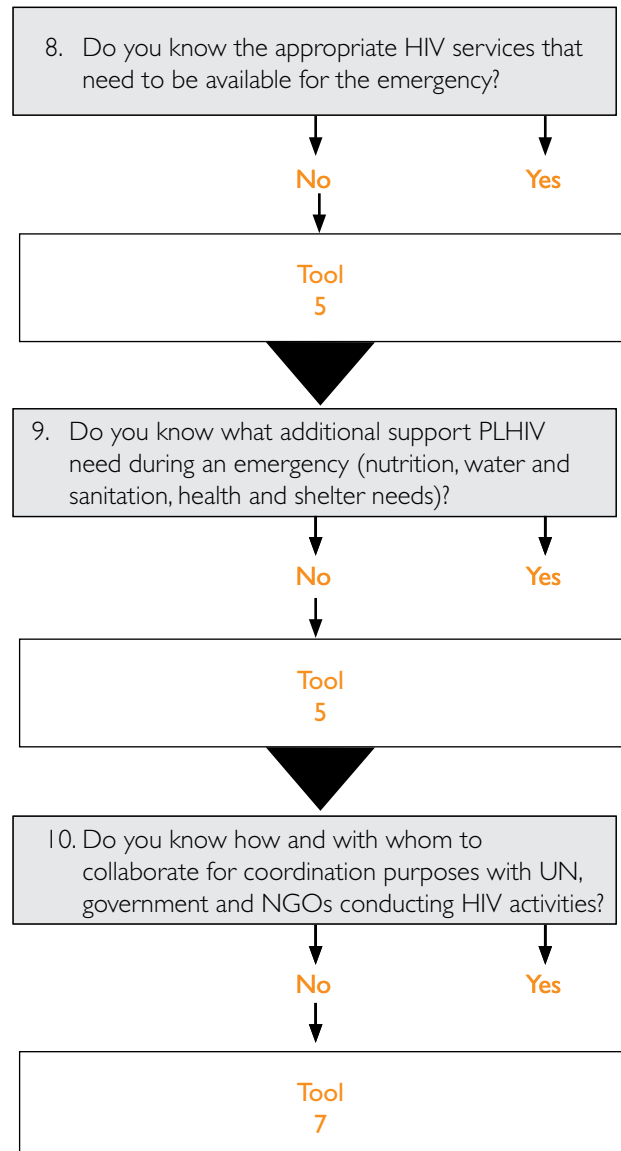


Flowchart questionnaire continued

Preparedness



Emergency/Post Emergency





STAFF ASSESSMENT CHECK LIST TOOL ON
HIV AWARENESS

TOOL
01

This tool is to assess the staff members' level of basic HIV awareness, including transmission, prevention and treatment of HIV as well as some telling attitude questions. Results can influence the need for further training for staff.

STAFF AND MANAGEMENT KNOWLEDGE AND SKILLS CAPACITY OF HIV IN EMERGENCY SELF-ASSESSMENT FORM (WITH ANSWERS)

A. EMERGENCY PREPAREDNESS (FOR MANAGEMENT)

Emergency Preparedness	Y	N	NR
Internal			
Are you aware of a World Vision HIV work place policy? If so, is it well used and well understood by all your staff?			
Do all staff members have a basic understanding of HIV, including stigma, discrimination and gender inequality?			
Do all new staff members receive training and materials on how to integrate HIV into emergencies and/or food programming?			
Are all staff aware of and ready to use the following international guidelines <ul style="list-style-type: none"> • <i>Inter-agency Standing Committee (IASC) Guidelines for Responding to HIV in Humanitarian Settings</i> • <i>The Sphere Project Guidelines</i> • <i>UN Commitment of Elimination of Sexual Exploitation and Abuse</i> • <i>The Convention on the Rights of the Child</i> 			

B. STAFF CAPACITY– HIV AWARENESS (KNOWLEDGE AND ATTITUDE)

1. What do the letters H I V stand for?
Human Immunodeficiency Virus.
2. What do the letters A I D S stand for?
Acquired Immunodeficiency Syndrome.
3. Is there a difference between HIV and AIDS? (tick one answer only)

A	Yes	X		
B	No			
C	Not very much			

4. Look at the following list and select which of these ways (there are more than one) you think that HIV is transmitted:

A	Mother-to-baby transmission during breastfeeding	X		
B	Sitting on a chair that has been used by an infected person			
C	Sharing food, plates and cups			
D	Mother to baby transmission during pregnancy/childbirth	X		
E	From a toilet seat			
F	Mosquito or insect bites			
G	Penetrative sexual contact	X		
H	Kissing an infected person			
I	From the sneeze of an infected person			
J	Direct contact with blood, blood products or other body fluids of a person with HIV	X		
K	Talking, shaking hands and hugging an infected person			
L	Sharing offices, telephones or writing equipment			
M	Bathing and swimming in the same pool with an infected person			
N	When a new needle is used to take blood from you			
O	Traditional cutting (circumcision or marking)	X		

5. What are the main ways to prevent spread of HIV through sexual transmission?

1	Abstinence
2	Being faithful to one partner
3	Condoms (male and female)
4	Delay sex debut
5	Male circumcision (reduces risk by 60%)
6	Treating sexually transmitted infections immediately
7	Prevention of mother-to-child transmission (PMTCT)
8	Prevention of gender-based sexual violence (GBSV) and gender equality and empowering women

6. Which gender do you think is most at risk of contracting HIV? (tick one answer only)

A	Men			
B	Women	X		
C	Both equally			

7. What do you think are some of the effective ways to reduce transmission of HIV?

A	Condoms	X		
B	Be faithful to one partner	X		
C	Avoiding eating from the same plate as a person with HIV			
E	Giving anti-retroviral drugs to pregnant mothers	X		
F	Abstinence from or avoiding sex	X		
G	Clean needles for injection	X		
H	Screening blood for transfusion	X		
I	Don't have sex at an early age	X		
J	Treat other sexually transmitted infections quickly	X		
K	New needles and syringes for drug users	X		
L	Do not share the same toilet as a person with HIV			
M	Female circumcision			
N	Male circumcision	X		
O	Avoid kissing			
P	Empowering women	X		

8. How can you tell by looking at them if someone is infected with the HIV virus? (tick one answer only)

A	Because of the way they act			
B	They look tired and ill			
C	You cannot tell	X		

9. How many people would you estimate are living with HIV today (globally)? (tick one answer only)

A	12 million			
B	33 million	X		
C	49 million			
D	70 million			
E	Don't know			

10. How many people would you estimate become infected with HIV daily (globally)? (tick one answer only)

A	1,700 people			
B	6,800 people	X		
C	14,200 people			
D	Don't know			

11. Is there a cure for AIDS?: (tick one answer only)

A	Yes			
B	No	X		
C	Not sure			

If Yes, please give a reason for your answer _____

12. Do you think that a person living with HIV would feel comfortable working at your organisation? (tick one answer only)

A	Yes			
B	No			
C	Not sure			

13. Please indicate whether you agree or disagree with each of the following statements?

Place a tick for each line below. You can say that you are not sure.

	Agree Strongly	Agree	Not Sure	Disagree	Disagree Strongly
I would be uncomfortable sharing food with a person living with HIV.					
I would be uncomfortable hugging a person living with HIV.					
I would be uncomfortable praying with a person living with HIV.					
I would be uncomfortable working with a person living with HIV.					

14. Do you know if your organisation has currently an HIV work place policy currently implemented? (tick one answer only)

A	Yes			
B	No			
C	Don't know			

15. Do you think HIV in your country of work is: (tick one answer only)

A	Not a problem			
B	A small problem			
C	A serious problem			
D	Don't Know			

16. Do you think that many people dying from AIDS could be a problem in the future in your country of work?

A	Yes			
B	No			
C	Don't know			

17. Do you think your organisation is doing enough to respond to HIV?

A	Yes			
B	No			
C	Don't know			

18. What are your current sources of HIV information? (tick all that they apply)

A	NGO			
B	Hospital or clinic			
C	Traditional healer			
D	Friends			
E	Family			
F	Radio			
G	Television			
H	Newspaper			
I	No source of information			
J	Other			

19. Do you think that you are vulnerable to sexually transmitted infections and/or HIV? (tick one answer only)

A	Definitely			
B	Very likely			
C	Likely			
D	Perhaps			
E	Not likely			

C. STAFF CAPACITY – PROGRAMMATIC KNOWLEDGE ON HIV RESPONSE IN EMERGENCIES AND FOOD PROGRAMMING

1. Why do emergency settings increase vulnerability?
 - Conflict increases risk of rape.
 - Displacement causes women and girls to be vulnerable to sexual abuse.
 - Supposedly "trusted" members of communities – such as military, police, peacekeepers and humanitarian organisations – can be perpetrators.
 - Male peers during conflict have a lack of social and moral guidance, and demasculation can contribute to sexual violence.
 - Fleeing populations generally have a high proportion of unaccompanied minors .
 - Youth in refugee camps tend to become sexually active at an earlier age.
 - Forced migration results in higher population in urban areas where HIV prevalence is higher.
 - In emergency settings, the risk of HIV transmission through the transfusion of contaminated blood may be high.
 - Essential HIV services that existed before may be disrupted by the humanitarian crisis such as (PMTCT, anti-retrovirals).

2. Who are the most vulnerable to HIV in humanitarian settings?
 - Marginalised high-risk groups such as men who have sex with men (MSM), sex workers, drug users, street children/youth, people with disabilities and those who have been displaced.
 - Women and girls, especially single mothers with limited access to resources (at risk of transactional sex)
 - Police, military, truck drivers and humanitarian workers.

3. How can you prepare in order to be ready to respond to the increased vulnerability to HIV in emergencies?

4. What are some of the situations/scenarios in humanitarian settings that can increase a person's vulnerability
 - Lack of access to basic resources and services such as food, water, shelter and health. People may use sex as a transaction for services.
 - Conflict and political instability
 - Tribalism or marginalisation based on ethnic group

5. How would you address these issues in your programmatic activities within your sector

Water, sanitation and hygiene (WASH)	
Food security, nutrition and livelihoods	
Health and health promotion	
Shelter	
Protection/ accountability	
Education	



HIV AWARENESS LEAFLET

TOOL 02

This leaflet is a basic list of the most common questions and answers that can assist team members in their HIV awareness.

BRIEFING FACT SHEET ON HIV AND AIDS

1. WHAT IS HIV?

HIV stands for:

- "Human", meaning it infects people
- "Immunodeficiency", meaning it reduces the body's response to disease
- "Virus", meaning it is caused by viral infection

HIV is a virus that infects and attacks the human immune system.

2. WHAT IS AIDS?

AIDS stands for:

- "Acquired", means it is the result of an infection caught from someone else
- "Immune", means it affects the human immune response
- "Deficiency", means it attacks and reduces a person's ability to resist disease
- "Syndrome", means it results in a number of symptoms of other diseases

HIV is the underlying cause of AIDS.

The amount of HIV, the level of the "CD4" immune cell in the body and the appearance of symptoms of certain infections are used as indicators that HIV infection has progressed to AIDS.

3. WHAT ARE THE SYMPTOMS?

A person infected with HIV may not know it right away. Symptoms do not develop soon after the infection. An HIV-infected person can easily transmit the virus to another person right away. The only sure way to determine if HIV is present in a person's body is to take an HIV test.

4. WHEN DOES A PERSON HAVE AIDS?

The term AIDS applies to an advanced stage of HIV infection. Most people infected with HIV will develop signs of AIDS within four to 10 years if they are not treated.

5. WHERE IS HIV FOUND?

HIV can be found in body liquids such as blood, semen, fluids in the vagina and breast milk.

6. HOW CAN HIV BE PASSED ON?

HIV can be passed on through:

- Sex that penetrates the anus, vagina or mouth
- Blood transfusion
- Using needles more than once, for instance in health care, tattooing or injecting drugs
- Sharing blades that have not been sterilized, for instance in shaving, circumcision, piercings or surgery
- Between mother and infant, during pregnancy, childbirth and breast-feeding

7. HOW IS HIV NOT TRANSMITTED?

HIV is not transmitted by:

- Sharing cups, plates, bowls, forks, knives and spoons
- The bites of animals or insects (including mosquitoes)
- Touch, including hugging, handshakes or kissing
- Seats
- Sharing towels
- Swimming or bathing in water shared with others
- The air, even by sneezes or coughs
- Eating food prepared by someone with HIV

8. HOW CAN HIV INFECTION BE PREVENTED?

Getting HIV can be prevented, or made more unlikely by:

- Not having sex
- Only having sex with one person, who only has sex with you
- Having sex in a way that does not penetrate the anus, vagina or mouth
- Always correctly using male or female condoms
- Quickly treating other infections that are passed on through sex
- Male circumcision
- The person with HIV taking anti-retroviral drugs

Additional ways to avoid infection:

- Health workers, or drug users who inject, should always use new needles and syringes that are disposable or are properly sterilised before re-use.
- New or sterilised blades and instruments should be used and properly cleaned or disposed of after traditional markings, tattoos or piercing have taken place.

Preventing mother-to-child transmission:

- All pregnant women should get an HIV test if they can
- A pregnant woman who is HIV-positive can take special drugs to reduce the presence of HIV while she is pregnant and when she delivers, and they can be given to the baby after the delivery, to help prevent the baby being infected
- Mothers who are HIV-positive can choose to feed their babies with infant formula if it is acceptable, possible, safe, accessible and affordable. Where water may be unsafe, it is better if mothers breastfeed their babies for six months and then stop breastfeeding completely. It is never recommended that mothers give a baby both breast milk and bottled milk at the same time.

9. WHERE CAN YOU FIND OUT IF YOU HAVE HIV?

Testing is available through a Voluntary Counselling and Testing (VCT) clinic. Staff at these clinics know they must keep the results of your test so that no-one else can find out your results.

10. WHAT DO YOU DO IF YOU HAVE HIV?

Thanks to new treatments, many people with HIV are living longer, healthier lives.

Anti-retroviral therapy

Research is continuing but there is no cure for AIDS. HIV can be slowed down but not stopped completely. Drugs that slow HIV down are called *anti-retroviral drugs*, or ARVs. The mix of drugs you are given is called your *anti-retroviral therapy* or ART. This therapy must be taken regularly or it will not work properly.

In addition to drug treatment, there are other ways for people living with HIV to remain healthy:

- Ensure all immunisations are up to date and treat any infectious disease quickly.
- Stop smoking and do not use drugs unless prescribed by a health worker.
- Do not drink alcohol excessively.
- Eat healthy foods and keep yourself clean.
- Exercise regularly to stay strong and fit.
- Get enough sleep and rest.

11. WHAT TO DO IF YOU ARE EXPOSED TO BODY FLUIDS

You should seek medical advice if you are raped or are injured by a needle you think may not be clean. You will receive medication, laboratory tests and counselling right away, which will continue for around four weeks afterward. This treatment is called post-exposure prophylaxis and is designed to reduce the chance that you will be infected by HIV.



STEPPING STONES

TOOL 03

A TRAINING PACKAGE IN HIV/AIDS, COMMUNICATION AND RELATIONSHIP SKILLS

Stepping Stones is a training package in gender, HIV, communication and relationship skills. It is also sometimes described as a life-skills training package, covering many aspects of our lives, including why we behave in the ways we do, how gender, generation and other issues influence this, and ways in which we can change our behaviour, if we want to.

Stepping Stones workshops are like a journey, or like a path of stones across a river. All the sessions use a participatory approach of non-formal learning through shared discussions and accompanying creative activities. All the exercises are based on participants' own experiences. Role play and drawing exercises enable everyone to take part: no literacy is needed, so everyone relies on their own experiences equally. Participants discuss their experiences, act them out, analyse them, explore and consider alternative outcomes, develop strategies for achieving them and then rehearse these together and reflect on them in a safe, supportive group. Thus Stepping Stones moves well beyond simple "knowledge" programmes, to higher-order questioning and analyse, which enable all participants to develop powers of "critical literacy", to understand why we behave in the ways we do – and to work out, assess the potential consequences and rehearse together ways in which we can change in future.

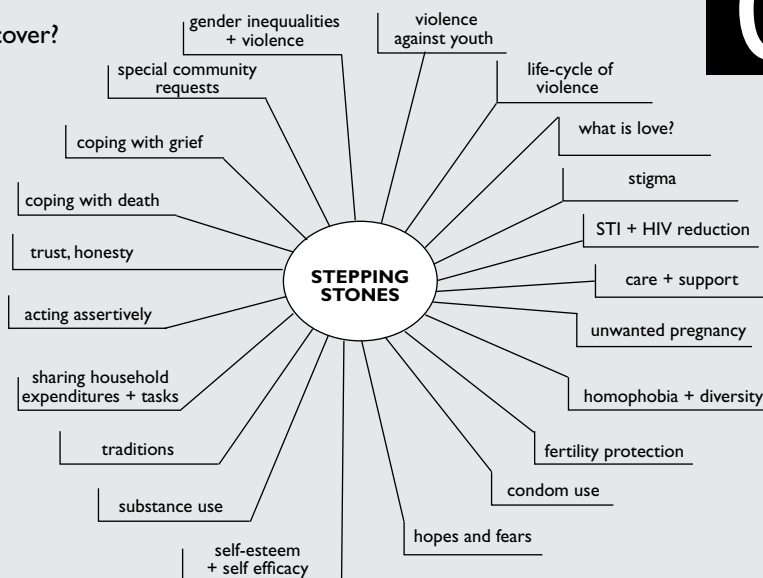
People feel safe because most sessions take place in groups of their own gender and age, with facilitators of the same gender and similar age. Participants also enjoy the sessions because there is a lot of fun and laughter as well as the more challenging work.

There are several distinctive characteristics of the Stepping Stones process:

- Workshop Structure: Fission and Fusion
- Working with community members
- Using the creative arts
- Having fun



What topics does it cover?



The original manual and the accompanying video, filmed in Uganda are available from TALC: www.talcuk.org/ PO Box 49, St. Albans, Hertfordshire, AL1 5TX, UK. Telephone (+44) 1727 853869. Fax (+44) 1727 846852.

The manual can also be found on the following webpage: <http://www.stepsstonesfeedback.org/>



VULNERABILITY AND RISK ASSESSMENT AND MANAGEMENT TOOL FOR HIV AND EMERGENCIES

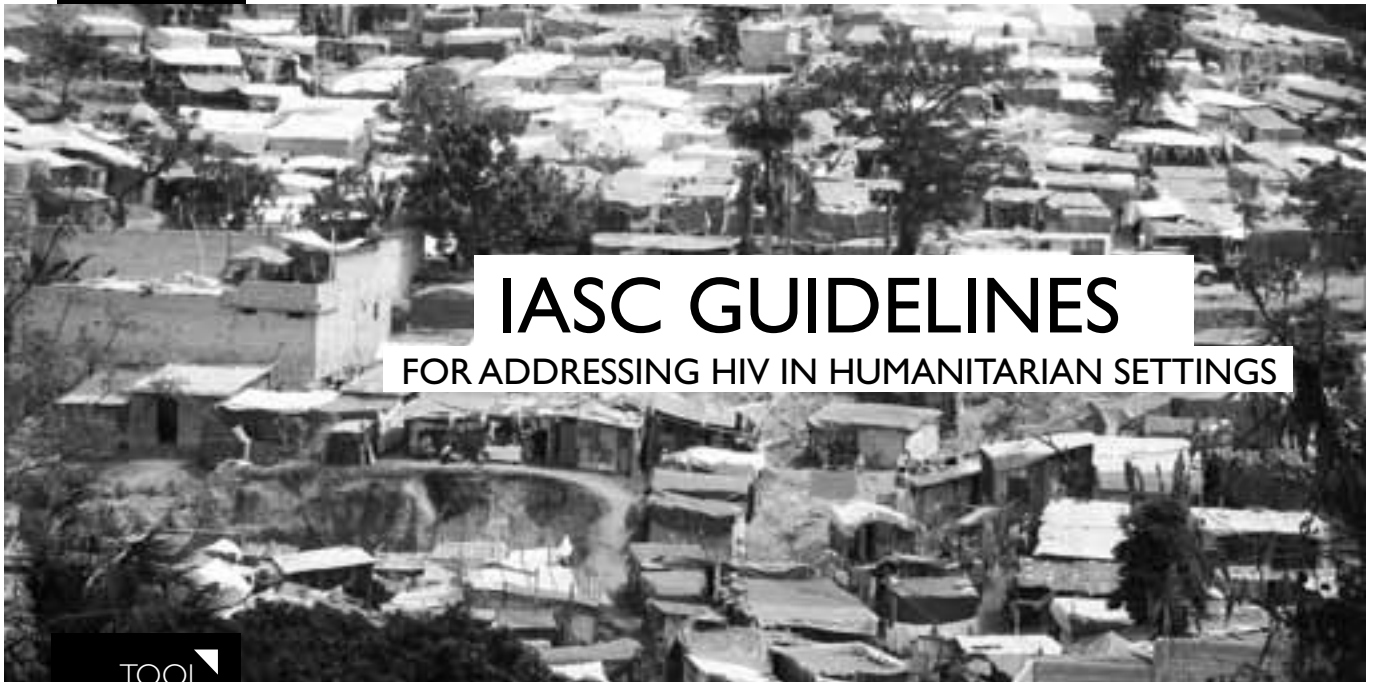
TOOL 04

TOOL
04

Assessment of HIV vulnerability and risk in a given emergency context should include the affected population, the host population and those assisting the affected communities. Particular attention should be given to the composition of the displaced and surrounding host population to establish, for example, whether they are mostly women and children, single women, unaccompanied children or armed men. As part of a wider risk assessment, agencies should also determine which factors might heighten vulnerability to HIV, and which should be targeted with specific interventions, such as cultural beliefs, attitudes and practices concerning sexuality and sexual health, use of illicit drugs etc.

The following table is a very simple and basic tool that can be used to assess vulnerability/and the plan of action to reduce this vulnerability.

Intended activity:		Purpose:	
Possible vulnerabilities to HIV	Likelihood of HIV infection occurring (Likely = 5 Unlikely = 1)	Severity of consequences (Very Severe = 5; Not severe = 1)	Management plan



IASC GUIDELINES

FOR ADDRESSING HIV IN HUMANITARIAN SETTINGS

TOOL 05

These guidelines aim to assist humanitarian and AIDS organisations to plan the delivery of a minimum set of HIV prevention, treatment, care and support services to people affected by humanitarian crises.

These guidelines concentrate on the integration of HIV interventions into the humanitarian response to crises, with a particular focus on two phases: The minimum initial response, which outlines a set of HIV-related interventions to be carried out during the early stages of any emergency regardless of the specific local or epidemiological context of the epidemic; and the expanded response, during which additional core HIV interventions should be planned and implemented as soon as possible, taking into account the local contexts and priorities, the epidemiological profiles and the capacity of different sectors to deliver the interventions.

The guidelines consist of four chapters:

Chapter 1: Information on HIV and humanitarian crises

Chapter 2: Coordination arrangements, planning and resource mobilisation.

Chapter 3: Sectoral response to HIV in humanitarian settings for nine key sectors:

- HIV awareness raising and community support
- Health
- Protection
- Food security, nutrition and livelihood support
- Education
- Shelter
- Camp coordination and camp management
- Water, sanitation and hygiene
- HIV in the workplace

Chapter 4: Key monitoring and evaluation activities for the response to HIV in humanitarian settings

These guidelines can be found on the following webpage:

<http://www.humanitarianinfo.org/iasc/downloaddoc.aspx?docID=5145&type=pdf>



SELF ASSESSMENT CHECKLIST

HIV IN EMERGENCIES (NGO CODE OF GOOD PRACTICE)

TOOL

06

This self-assessment checklist will help to evaluate the degree to which an organisation is successfully building the capacity of the communities with which they work. The questions are designed to be thinking points or guidelines to help identify areas that are already at a “good practice” level, and areas that need to be developed and strengthened.

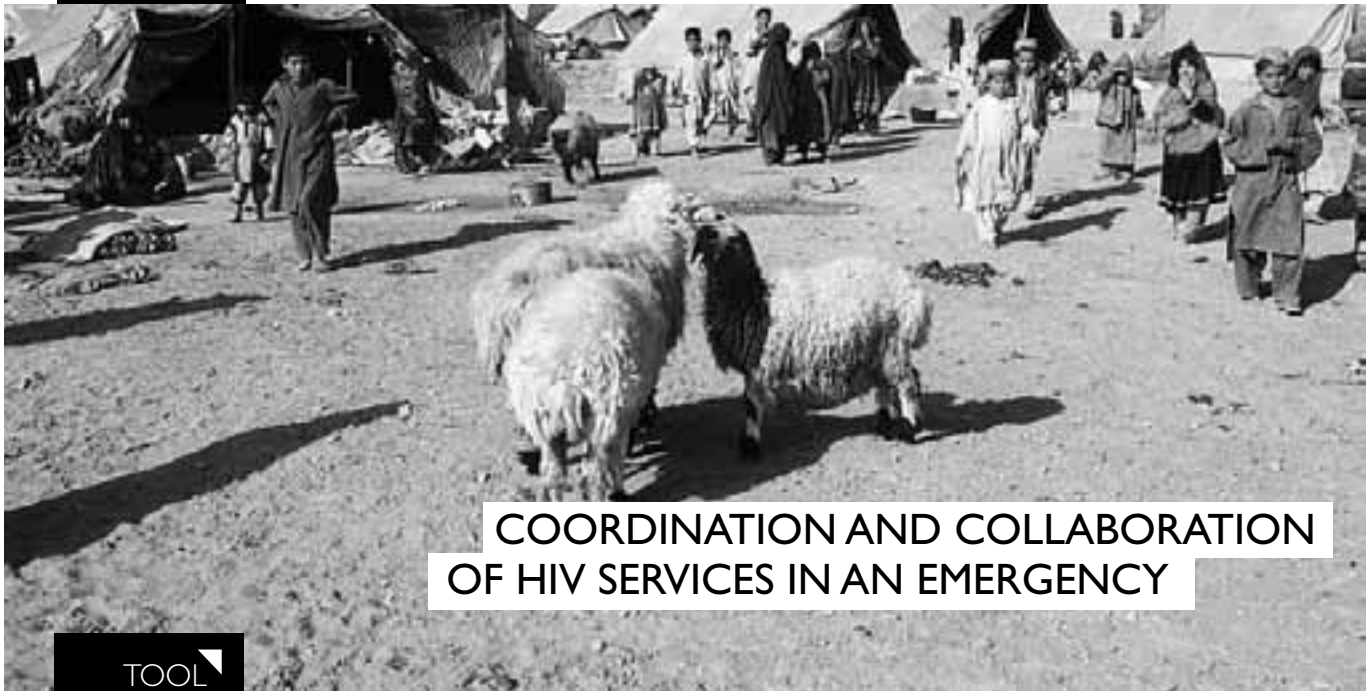
This checklist is designed to be completed by a group of three to five staff members who are involved with HIV in emergencies in the organisation. Each section has questions that are relevant to responding to HIV in an emergency within a specific sector:

The sections are as follows:

- Organisation emergency preparedness
- Health
- Education
- Food/nutrition support and livelihoods
- Water, sanitation and hygiene
- Protection
- Shelter
- Early recovery
- Action plan

Not all organisations are doing all the above sectors. However, all organisations involved in emergencies should be able to complete the preparedness section and the early recovery section. Any gaps identified should be considered in the action plan. The IASC Guidelines for addressing HIV in humanitarian settings can be used as a guide to help address the gaps.

The checklist can be found on the following webpage:
<http://www.hivcode.org/silo/files/final-emergencies-.pdf>



COORDINATION AND COLLABORATION OF HIV SERVICES IN AN EMERGENCY

TOOL

07

When a new humanitarian crisis occurs, the humanitarian country team, under the leadership of the United Nations (UN) Humanitarian Coordinator and in consultation with the government, normally adopts the cluster approach for the coordination of the humanitarian response. In this approach humanitarian actors are grouped in sectors that are normally called “clusters”. The usual clusters are: protection, camp coordination and management, water sanitation and hygiene, health, emergency shelter, nutrition, emergency telecommunications, logistics, early recovery, education and agriculture. Each cluster is headed by a cluster lead agency whose role is to facilitate a coordinated response in support of national capacity. During emergencies a cluster coordination meeting will happen at least once a week. There is often an HIV subgroup that meets within the health cluster.

The UNAIDS Country Coordinator will become a member of the Humanitarian Country Team, and it is his or her role to ensure a link between the humanitarian response, existing pre-crisis HIV coordination mechanisms and programming capacities in the country.

The heads of the Cluster Lead Agencies are accountable to the UN Humanitarian Coordinator for ensuring that HIV as a priority cross-cutting issue is appropriately addressed in all aspects and stages of the response.

HIV should be mainstreamed across all clusters, and there should be a focal person in each cluster who helps to ensure this happens.

It is important that all organisations working on HIV in the country use the cluster system to coordinate their activities and share their data with the humanitarian coordinator; the focal person for each cluster and the HIV subgroup of the health cluster; if there is one.

For more information refer to the IASC Guidelines for addressing HIV in humanitarian settings which can be found on the following webpage: <http://www.humanitarianinfo.org/iasc/downloaddoc.aspx?docID=5145&type=pdf>



HAND IN HAND BIBLE STUDIES TO TRANSFORM OUR RESPONSE TO HIV

TOOL
08

TOOL 08

This manual has 23 different studies, chosen by experienced church leaders, who are aware of issues churches should consider.

The book takes a fresh and challenging look at many passages from the bible in order to help Christians gain helpful insights into the impact of HIV in our societies and churches. The church has a key role in informing its members with biblically inspired teaching about HIV.

Church leaders are well placed to challenge stigma, unhelpful attitudes and damaging myths, and to advocate more support for healthcare and for vulnerable children.

The bible studies are designed to equip pastors and church leaders with the resources and knowledge to be able to help their congregation to have a deeper understanding of HIV and a true, unbiased biblical perspective of the issues around HIV.

Topics

- The body of Christ living with HIV
- Understanding disease and suffering
- Understanding Christian and typical world views
- Healing and anti-retroviral therapy (ART)
- Stigma, discrimination and denial
- Self-stigma
- Forgiveness
- Care and support for people living with HIV
- God's plan for married couples: the place of love and sex
- God's plan for single people and unmarried couples: the place of love and sex
- Sexual exploitation and violence against women
- Protecting young people: their vulnerability to HIV
- A healthy marriage leads to a healthy family
- Good Christian parenting
- Gender and restoring relationships
- HIV discordant couples
- Full participation of people living with HIV
- Care and support for vulnerable children
- Leadership and advocacy
- Preparations in case of death
- The reality of death
- Adjusting to life after bereavement
- Celebrating life in all its fullness

This manual is published by Tearfund and can be found on the following webpage:

<http://www.aidsportal.org/repos/HIVBibleStudies.pdf>



THEOLOGICAL EDUCATION BY EXTENSION (TEE) HIV AND AIDS CURRICULUM AND MODULES

Various theologians, NGOs and UN organisations produced a curriculum aimed at the long-distance and non-residential type of training that TEE implements. Their basis is the *HIV and AIDS Curriculum for Theological Institutions in Africa* which was produced to assist residential theological institutions.

The ten modules within the curriculum assist with the mainstreaming of HIV throughout the TEE.

These modules are grouped into the four following categories:

- Part 1, (2 modules): "Facts about HIV and AIDS"
- Part 2, (3 modules): "The Bible and African Indigenous Religions in the HIV and AIDS Context"
- Part 3, (3 modules): "The Theology of HIV and AIDS"
- Part 4, (3 modules): "Applied Theology in the HIV and AIDS Context"

Apart from the accompanying modules, the TEE curriculum will also build on earlier resources such as *HIV and AIDS and the Curriculum: Methods of Integrating HIV and AIDS in Theological Programs and Africa Praying: A Handbook on HIV and AIDS Sensitive Sermon Guidelines and Liturgy*, which were produced to accompany the *HIV and AIDS Curriculum for Theological Institutions in Africa*.

TEE programmes are operational throughout the world. TEE is a distance learning type of study method however it is not merely correspondence or distance education as it is supported by a tutorial structure which enables the study to become contextualized.

For more information on courses and the above curriculum visit the following websites:

www.oikoumene.org

www.tee.co.za

www.theteenet.net



TOOL
10

The Channels of Hope (CoH) methodology is used to mobilise the infrastructure, organisational capacity, pool of current and potential volunteers, and unmatched moral authority of local churches and faith communities towards positive action on HIV and AIDS. Once they have been mobilised, work can begin with churches and faith-based organisations to co-ordinate and equip sustainable, community-based HIV and AIDS programmes with an emphasis on reaching orphans and vulnerable children (OVCs) in need of care and support.

TOOL 10

Training CoH facilitators

The Channels of Hope methodology begins with the training of people to facilitate life-changing CoH workshops. (Between 2003 and 2007, 1,050 facilitators were trained through intense, eight-day events.) During these events, prospective facilitators are assessed on their knowledge, facilitation skills, and understanding of a faith response towards HIV and AIDS. This training is followed by a mentoring process in which the facilitators practice their skills by presenting workshops in their countries.

PHASE 1: SENSITISE

During this phase, faith leaders from a specific community walk through a life-changing, three-day workshop where they are challenged to move towards compassionate involvement with HIV and people living with HIV (PLHIV). During these workshops, participants receive in-depth information about HIV and Aids. Stigma and attitudes are addressed, and participants are introduced to the strategy formation phase, when congregations can develop their own action plans.

PHASE 2: STRATEGISE

Once faith leaders have been sensitised and mobilised, work begins with churches and faith communities to form Congregational Hope Action Teams (CHATs) within their congregations with the intention of developing implementation plans.

PHASE 3: EMPOWER

Once implementation plans have been developed, the need for additional empowerment is identified, and congregations are linked to other existing training and empowerment opportunities. One common avenue is the training of volunteers within the congregation to be home visitors for orphans and vulnerable children and people living with HIV.

For more information and training opportunities, contact:

CABSA (Caring Christian Communities mainstreaming reconciliation and hope in a world with HIV) <http://www.cabsa.org.za>



UNDERSTANDING AND CHALLENGING HIV STIGMA

TOOLKIT FOR ACTION

TOOL



This toolkit is a collection of participatory educational exercises for use in raising awareness and promoting action to challenge HIV stigma. Trainers can select from the exercises to plan their own courses for different target groups—both AIDS professionals and community groups.

The toolkit is designed for participatory learning:

- Sharing feelings, concerns and experience
- Discussing and analysing issues
- Solving problems
- Planning and taking action

The toolkit uses a wide variety of participatory training methods and materials:

- Discussion
- Presentations
- Small groups
- Buzz groups
- Report backs
- Card storming
- Rotational brainstorming
- Pictures
- Stories and case studies
- Stop-start drama
- Drama or role plays
- Warm-up games and songs

A revised edition builds on the original toolkit and includes the experience of the International HIV and AIDS Alliance's Regional Stigma Training Project. New modules address stigma as it relates to treatment, children and youth, and men who have sex with men.

The original and revised toolkits can be found on the following webpage:

<http://www.icrw.org/publications/understanding-and-challenging-hiv-stigma-toolkit-action>



WOMEN, GIRLS, BOYS AND MEN

DIFFERENT NEEDS – EQUAL OPPORTUNITIES

IASC GENDER HANDBOOK FOR HUMANITARIAN ACTION

TOOL

12

This Handbook contains standards for the integration of gender issues from the outset of a new complex emergency or disaster. It aims to provide actors in the field with guidance on gender analysis, planning and actions to ensure that the needs, contributions and capacities of women, girls, boys and men are considered in all aspects of humanitarian response. It also offers checklists to assist in monitoring gender equality programming.

TOOL 12

The handbook is divided into two sections:

SECTION A: FUNDAMENTAL PRINCIPLES

This section includes four chapters covering the core principles, mandates, definitions and frameworks for gender equality:

1. Basics of Gender in Emergencies sets forth the overarching framework of gender equality programming.
2. International Legal Framework for Protection provides information on mandates coming from human rights, humanitarian and refugee law.
3. Coordination on Gender Equality in Emergencies describes the elements of effective coordination and the establishment of gender networks in emergencies.
4. Participation in Humanitarian Action discusses the importance of ensuring the equal participation of women, girls, boys and men in all aspects of humanitarian action.

SECTION B: AREAS OF WORK

This section provides sector- and cluster-specific guidance. The IASC clusters at headquarters have prepared these chapters as a practical tool to ensure that gender equality programming is undertaken and monitored in each sector at field level. Each chapter is divided into the following parts:

- Gender analysis
- Actions
- Checklist
- Resources

These guidelines (available in English, French, Spanish, Arabic, Farsi, Mandarin and Russian) can be found on the following webpage: <http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-products-products&productcatid=3>



GENDER WORKSHOP FOR THE LOCAL CHURCH

LESSONS LEARNT FROM TEARFUND'S PILOT PROJECTS IN ZIMBABWE AND BUKINA FASO

TOOL
13

TOOL 13

The workshop highlighted in the case study challenges damaging aspects of cultural expectations, gender roles and traditional practices which can increase people's vulnerability to infection. It builds on positive cultural values and practices which reduce people's vulnerability.

The aim is for churches to work with communities to address culturally sensitive issues such as gender and HIV, and to look afresh at God's intentions for relationships between men and women.

The case study outlines the workshop activities used and gives ideas for discussion questions. The topics are as follows:

- What is gender?
- Gender roles
- Stereotypes
- Gender and HIV

The case study can be found on the following webpage:

<http://tilz.tearfund.org/webdocs/Tilz/Topics/Gender/Gender%20HIV%20and%20Church%20web.pdf>



GUIDELINES FOR GENDER-BASED VIOLENCE INTERVENTIONS IN HUMANITARIAN EMERGENCIES

FOCUSING ON PREVENTION AND
RESPONSE TO SEXUAL VIOLENCE

TOOL

14

TOOL 14

The primary purpose of these guidelines is to enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multisectoral interventions to prevent and respond to sexual violence during the early phase of an emergency.

While these guidelines focus on the early phase of an emergency, they also aim to inform and sensitise the humanitarian community to the existence of gender-based violence (GBV) during emergencies, identify it as a serious and life-threatening protection issue, and offer concrete strategies for including GBV interventions and considerations in emergency preparedness planning and during more stabilised phases of emergencies.

EMERGENCY PREPAREDNESS PHASE

A number of actions should be taken that can enable rapid implementation of minimum prevention and response to sexual violence in the early stages of an emergency. The left column in the matrix in chapter three provides summary information about key recommended actions for emergency preparedness.

MINIMUM PREVENTION AND RESPONSE

These minimum interventions and implementation details are the focus of these guidelines and are described in the middle column of the matrix in chapter three. For each action in this phase, there is a detailed action sheet in chapter 4.

COMPREHENSIVE PREVENTION AND RESPONSE

This section focuses on the stabilised phases of an emergency, after the initial crisis and into recovery and rehabilitation. The right column in the matrix in chapter three provides a summary of key interventions in this phase.

Implementation details are available in resource documents referenced throughout the guidelines, many of which are included in the CD-ROM accompanying these guidelines.

These guidelines (available in English, French, Spanish, Arabic, and Bahasa) can be found on the following webpage:
<http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-products-products&productcatid=3>

A TRAINING MANUAL ON MOBILISING RELIGIOUS COMMUNITIES

TOOL

15

TO RESPOND TO GENDER-BASED VIOLENCE AND HIV

Women of faith have called attention to gender-based violence in their communities, citing a need for religious leaders to raise awareness of the issue and address it. Religious leaders and women of faith are well positioned to identify, validate and promote best practices to prevent and reduce gender-based violence (GBV) as it relates to HIV. Under the USAID Health Policy Initiative Task Order I, Futures Group and Religions for Peace initiated a multi-religious activity to prevent and reduce GBV and HIV for women, girls and other vulnerable groups.

This manual has been designed to guide trainers in conducting workshops for religious leaders and women faith leaders on GBV and HIV.

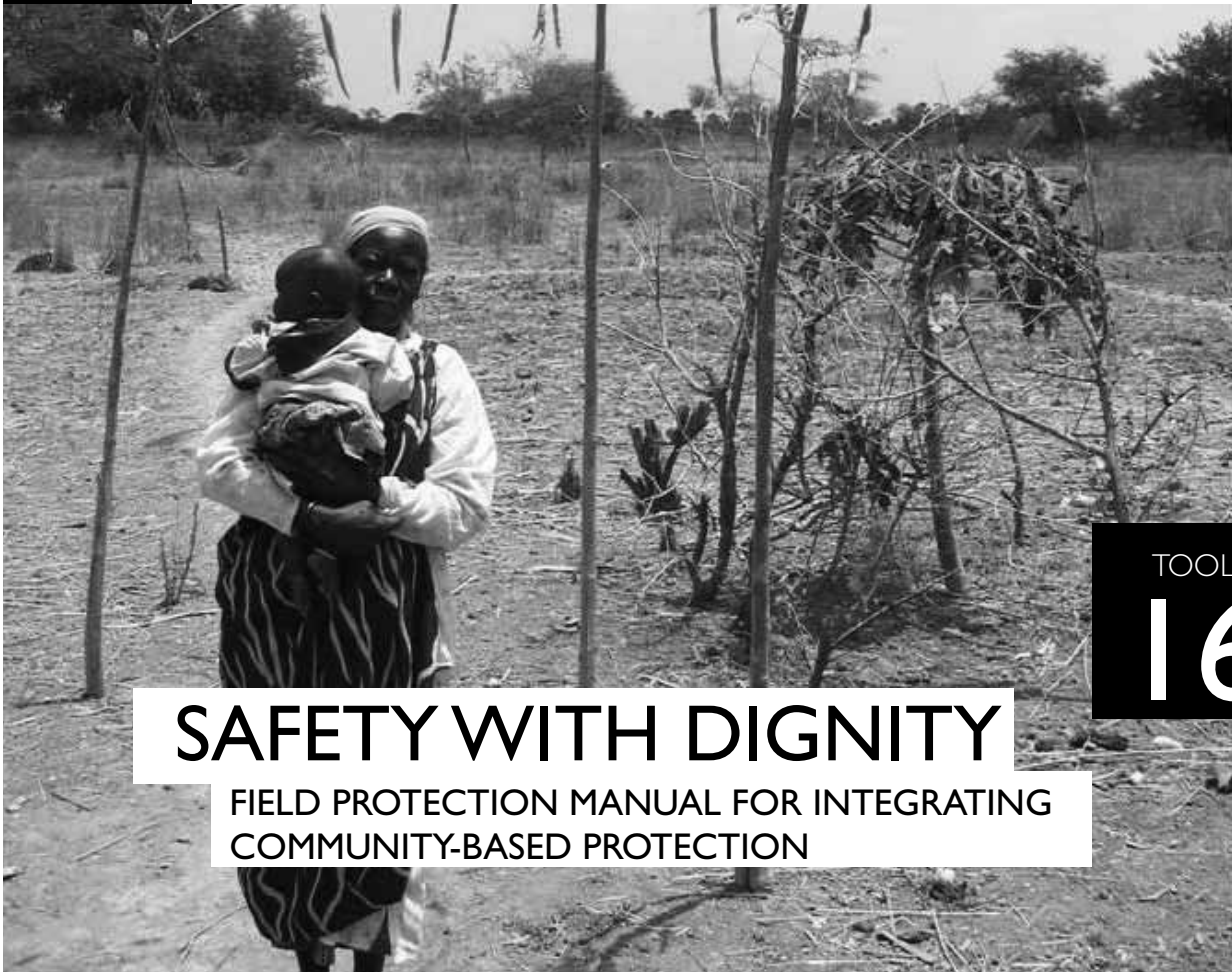
The overall objective of the training is to raise awareness among religious leaders and women leaders of faith about GBV as it relates to HIV and motivate action planning to address the issues in their own organisations or communities. At the end of the workshop, participants should be better able to:

- Identify different types, causes, and consequences of GBV;
- Understand the link between GBV and HIV;
- Name approaches for addressing GBV through religious organisations, institutions, and/or communities; and
- Initiate dialogue on how religious leaders and women leaders of faith can mainstream GBV into faith-based interventions.



The manual can be found on the following web page:

http://www.healthpolicyinitiative.com/Publications/Documents/1020_I_FBO_GBV_Training_Manual_FINAL_I_27_10_acc.pdf



Safety with dignity is a field manual developed by Action Aid to integrate community-based protection across humanitarian programmes. The manual aims to contribute to international efforts to improve protection of individuals and communities at risk in disasters, conflicts, displacement and protracted crisis contexts.

The manual provides practical guidance for NGO staff on how to integrate a community-based protection approach into programmes.

This manual can be found on the following webpage:
<http://www.actionaid.org.au/field-protection-manual.html>

RESPONDING TO
ABUSE

TOOL

17

This document is the minimum response that organisation staff should give when they encounter abuse. There is also a helpful table of dos and don'ts as well as a list of other helpful resources to guide organisations.

Introduction

Abuses can be attacks on or a failure to protect a person (such as killing, mutilation, torture and rape), his or her freedom (such as illegal detention, forced recruitment into armed forces or groups, abduction, or forced labour), on livelihood and property (such as destruction of crops, looting, or denial of humanitarian assistance).

MINIMUM ACTIONS TO BE FOLLOWED

Never respond alone. Ensure your own safety and that of other staff. Always seek guidance from protection staff, your manager, or from specialist protection agencies.

Do not undertake in-depth interviews, try to investigate incidents, monitor or document individual cases of human rights abuses, or pass on confidential personal information about alleged abuses to external parties (such as police or other agencies) without the informed consent of the affected individual or group.

Provide survivors with information about how to access specialist protection services (medical, legal, and psychosocial) where these are available.

Report all abuses internally within your organisation (ensure there is a focal person already set up to do this).

DOs	DON'Ts
<p>Be well prepared:</p> <p>Ensure there is a staff code of conduct and child protection policy, and that all staff have signed up to these. Ensure communities know about these so they know what to expect from the organisation.</p> <p>Map and document referral pathways to specialist government and non-government protection services (medical, legal, psychosocial, and agencies with specific protection mandates such as UNHCR, UNICEF and ICRC that exist in your area of operations.</p>	<p>Don't undertake in-depth interviews or investigations of incidents.</p>

TOOL 17

Ensure that you and other staff members are safe. Always follow security protocols.	Don't investigate, monitor or document individual cases of human rights abuses. These should only ever be undertaken by trained protection or human rights monitors who have the skills, capacity, information systems and necessary protocols in place to do this.
Maintain privacy and confidentiality of sensitive information at all times. Don't speak loudly, or write information down that can't be stored securely.	Don't attempt to verify whether or not the alleged abuse is "true" or reliable.
Assess whether the affected person is safe by asking him or her, or the person who has alerted you to the abuse. If they are not immediately safe, alert medical or emergency services and obtain consent to do so, where possible. Offer first aid if required, if it is safe to do so, and if you are trained.	Don't attempt to interview the alleged perpetrator to find out if the alleged abuse is "true" or reliable.
Report all abusive incidents that you witness or hear about to your office's protection point person and/or your manager as immediately as possible, and always within 24 hours. This must happen regardless of who the alleged perpetrator is. They will help decide whether further action is required, and, if so, guide you in how to respond.	Don't pass on personal information about the alleged abuse to external individuals or agencies, such as the police, without gaining informed consent of the affected person. (Note, where the child protection policy instructs you differently, follow the policy in relation to alleged abuse against children.)
The point person should collate and analyse reported information about abuses to help your office understand trends and patterns of abuses in your areas of operations, and to inform and improve programming and advocacy.	Don't act or make decisions alone. Always report incidents to a protection specialist or manager and get advice on how to respond.
Provide accurate information about available services and how to access them to individual survivors. In situations where the survivor is inaccessible or unknown, provide this information, to the person who told you or to community groups, such as women's groups.	Don't encourage the affected person/s to report abuses without ensuring they have fully assessed and understand the potential risks and consequences of doing so. If the risks have not been assessed, or are unclear, do not encourage reporting.
If appropriate and feasible, offer assistance to survivors so they can access specialist services, such as facilitating transport or making phone calls on their behalf. Check with your manager if unsure.	Don't write any sensitive data down in order to avoid loss or theft, unauthorised access, disclosure, copying, use or modification in any format in which it is kept.
Review the design and implementation of programmes in the area where the incident occurred. Is there anything that needs to be changed to improve safety, or reduce people's vulnerability to abuse? Get help from experienced protection staff if required.	

Further information

International Committee of the Red Cross, Professional Standards for Protection Work Carried out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence, (2009) <http://www.icrc.org/Web/Eng/siteeng0.nsf/html/protection-faq-101209> at 16 February 2010; CARE Australia, Caritas Australia, Oxfam Australia and World Vision Australia.

Minimum Agency Standards for Incorporating Protection into Humanitarian Response: Field Testing Version, (2008) <http://www.icva.ch/doc00002448.pdf> at 16 February 2010; ActionAid.

Safety with Dignity: A Field Manual for Integrating Community-Based Protection Across Humanitarian Programmes (2009) http://www.actionaid.org.au/images/stories/docs/publications/2009/safety_with_dignity_actionaid_2009.pdf at 16 February 2010; Hugo Slim and Andrew Bonwick.

"Protection: An ALNAP Guide for Humanitarian Agencies" (London, Overseas Development Institute, 2005) <http://www.odi.org.uk/alnap/publications/protection/index.htm> at 16 February 2010; Timor Leste Interagency Protection Initiative.

Draft Response to Abuse Policy and Procedures (2009), unpublished; Sorcha O'Callaghan and Sara Pantuliano.

Protective Action: Incorporating Civilian Protection into Humanitarian Response, HPG Policy Brief 29, December 2007 <http://www.odi.org.uk/resources/details.asp?id=1084&title=civilian-protection-humanitarian-response> at 16 February 2010.



CHILD PARTICIPATION

TOOL

18

This book developed by Tearfund focuses on children between the ages of 6 and 18 years and shows that child participation is an essential part of good development practice. The involvement of children in development projects and community life can reveal new perspectives on problems, create more unity and trust within the community, and develop the skills of the next generation of community leaders and members. Child participation can provide the roots for sustainable development.

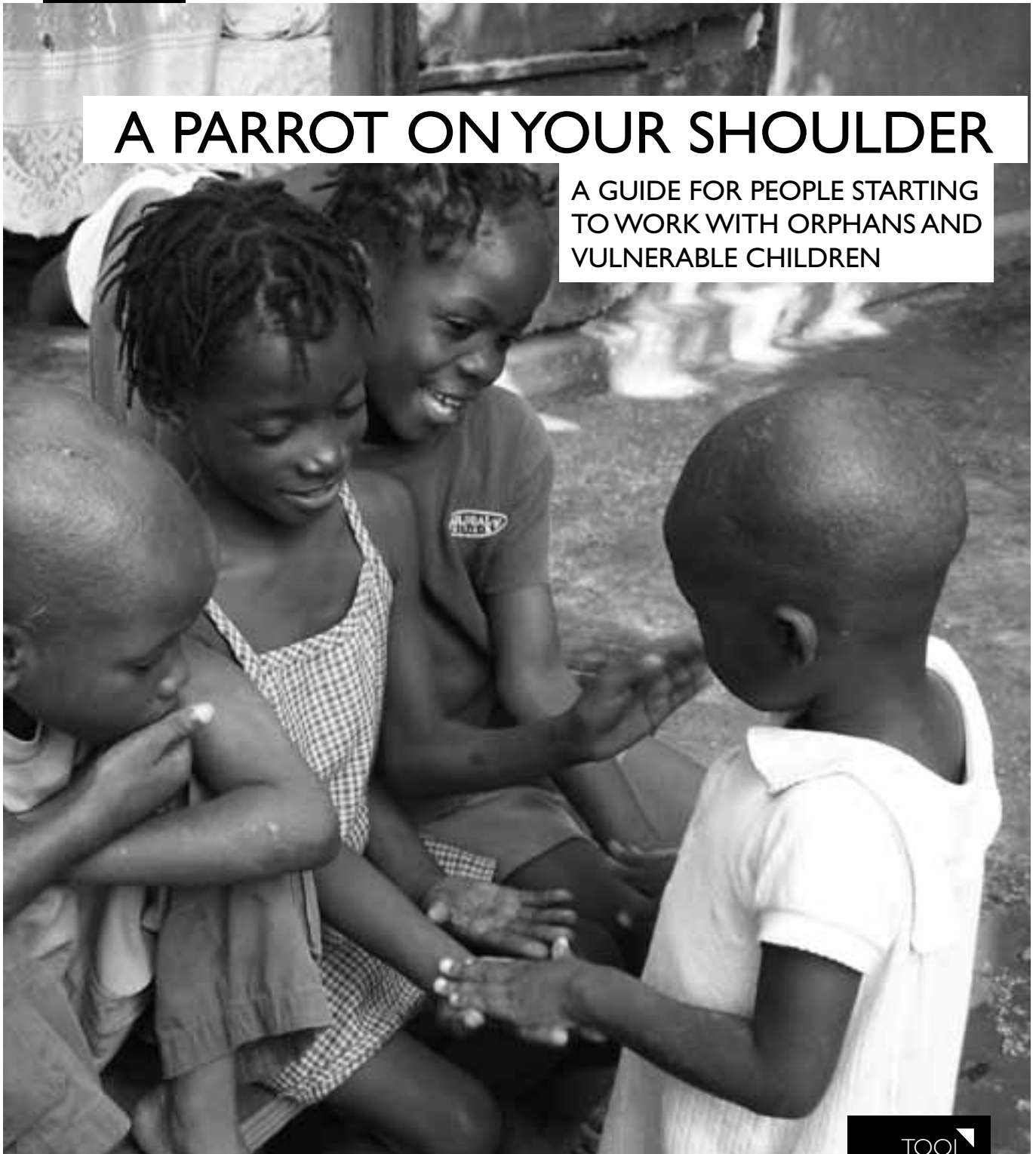
This book explores child participation and how it can be facilitated. It describes experiences of successful child participation, and shares ideas and tools that can help organisations in their work with children. These are described within a project cycle framework to help organisations to integrate child participation into their planning.

The book can be found on the following webpage:

http://tilz.tearfund.org/webdocs/Tilz/Roots/English/Child%20participation/Child_participation_E.pdf

A PARROT ON YOUR SHOULDER

A GUIDE FOR PEOPLE STARTING
TO WORK WITH ORPHANS AND
VULNERABLE CHILDREN



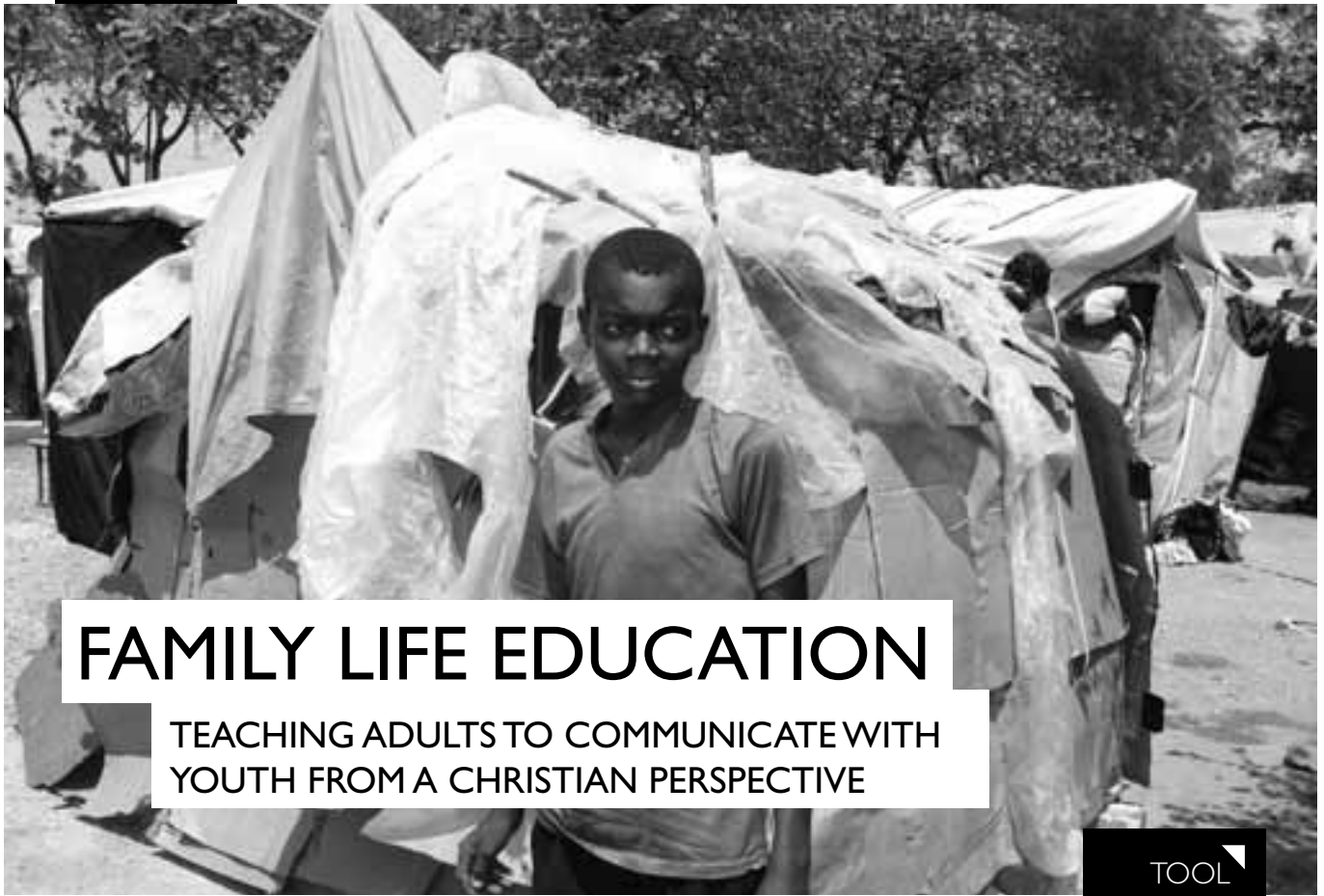
TOOL

19

Parrot on Your Shoulder is one of a series of resources to encourage participation in practice. It seeks to support individuals and organisations working with orphans and other vulnerable children living in a world with HIV and AIDS.

This resource aims to meet the needs of people who want more meaningful engagement with children by providing activities that will help them get started.

The manual can be found on the following web page:
http://www.aidsalliance.org/includes/Publication/poys0704_parrot.pdf



FAMILY LIFE EDUCATION

TEACHING ADULTS TO COMMUNICATE WITH YOUTH FROM A CHRISTIAN PERSPECTIVE

TOOL
20

This manual has two purposes: 1) to educate adults about reproductive health and HIV issues, and 2) to help adults learn how to communicate with youth about these issues within the context of shared faith. The manual is intended to encourage open discussion in faith communities about sexuality, reproductive health and HIV. It provides a forum to clarify Christian values around reproductive health and HIV prevention, while providing accurate technical information on these topics. It is not designed to promote religion.

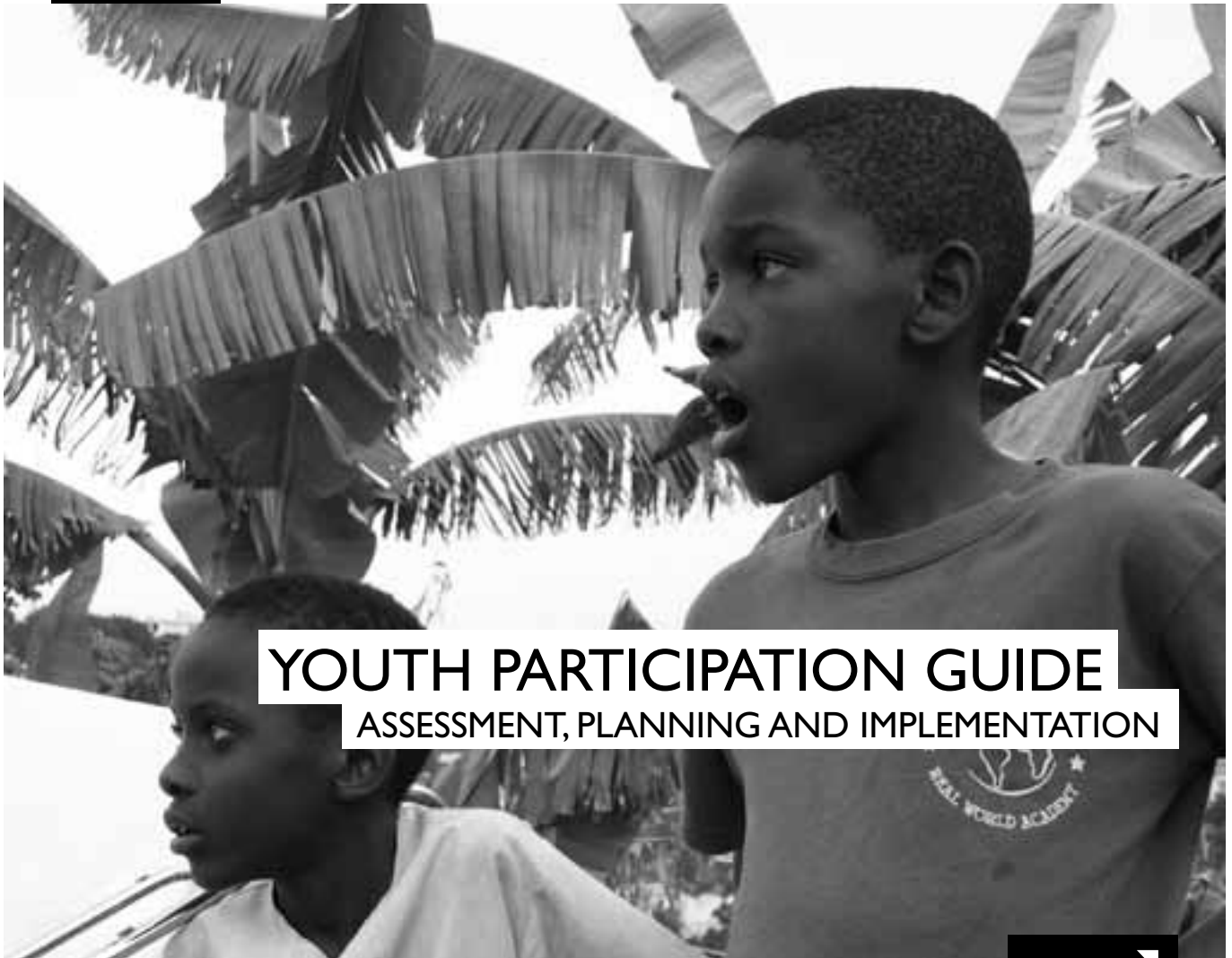
The manual is intended for use by any church or organisation wanting to build the confidence and skills of adults. These adults would in turn provide a supportive and knowledgeable resource for young people related to decisions about reproductive health and HIV prevention. Appropriate participants for the workshops are adults who interact regularly with youth. This includes parents and other relatives, choir leaders, youth leaders, religious teachers, pastors, priests, and nuns.

The manual is divided into two major sections:

- 1) Workshops – six all-day workshops written for the workshop facilitators covering the following topics:
 - Communicating with young people
 - Growing and changing – basic sexual development
 - Prevention of sexually transmitted infections and HIV
 - Safety and your future
 - Family life
 - Resources, responsibilities, graduation and next steps
- 2) Participant handbook — referenced in the workshops and designed for participants to keep and use in talking about reproductive health and HIV with youth.

This manual can be found on the following webpage:

<http://www.fhi.org/NR/rdonlyres/eowaszx53opdgvkckhucvpnzayoj4qwcttpar3pomym4t2d5b6gzkoo26apddvqhdhoh4h-v3c72iia/CFLEcurriculumenyt.pdf>



YOUTH PARTICIPATION GUIDE

ASSESSMENT, PLANNING AND IMPLEMENTATION

TOOL
21

The *Youth Participation Guide* by Food for the Hungry International (FHI) seeks to increase the level of meaningful youth participation in reproductive health (RH) and HIV and AIDS programming at an institutional and programmatic level. The target audience includes senior and middle management, programme managers, staff involved in implementing activities, and youth who may be engaged at all levels of an organisation's work.

The *Youth Participation Guide* also helps to foster individual and institutional commitment to involving youth in meaningful ways.

The guide has four sections:

- Section 1: Conceptual overview
- Section 2: Background handouts
- Section 3. Institutional Assessment and Planning Tool (IAPT)
- Section 4: Youth-Adult Partnership Training

The guide helps organisations evaluate the level of youth participation in their institutions and plan for greater youth participation in the future.

The training curriculum is designed to build the skills of individuals and organisations to engage and involve youth and adults more fully in youth reproductive health and HIV and AIDS programme design, development, implementation and evaluation.

The guide can be found on the following webpage:

<http://www.fhi.org/en/Youth/YouthNet/rhtrainmat/ypguide.htm>



GAMES FOR ADOLESCENT REPRODUCTIVE HEALTH

This book is designed to fuel the imagination of educators with guidance, tips, and 45 games that are fun, easy-to-use and educational. Collected from experts and organisations around the world, these games can meet the needs of a wide range of programmes, places and types of players – from Kalamazoo to Timbuktu.

These tools equip youth for a lifetime of high self-esteem, physical and emotional strength, loving relationships, planned families, and positive sexuality. These tools can protect them from HIV and other sexually transmitted infections (STIs), AIDS, unwanted pregnancy, abortion, rape, and emotional and physical violence.

The book can be found on the following webpage:
<http://www.path.org/files/gamesbook.pdf>

TOOL
22



MEN AS PARTNERS

A MANUAL DESIGNED TO BE USED BY EDUCATORS TO LEAD WORKSHOPS WITH GROUPS OF MEN

TOOL

23

The Men as Partners (MAP) programme is a global initiative designed by Engender Health to work with men on reproductive health issues within a gender framework.

This manual includes a variety of interactive educational activities for the MAP master trainer to use in his or her work. Some of the activities are intended for use in internal staff training, and others are intended for use by the MAP life skills educators.

This programme approaches men in a gentle, respectful and open-minded manner. Efforts that engage and motivate men should be used to draw in their involvement in an area that has traditionally focused on women.

The manual can be found on the following webpage:
<http://www.engenderhealth.org/files/pubs/gender/ppasamanual.pdf>



GUIDELINES FOR PARTNERSHIPS BETWEEN CHURCHES AND ORGANISATIONS OF PEOPLE LIVING WITH HIV.

TOOL

24

In keeping with the World Council of Churches (WCC) commitments to take an active role in the response to HIV and AIDS, these guidelines have been developed by the WCC in conjunction with the African Network of Religious Leaders Living With or personally Affected by HIV and AIDS (ANERELA+) and the Global Network of People Living with HIV and AIDS (GNP+).

These guidelines aim to foster partnerships so both the churches and partnering organisations can nurture and sustain their collaboration. The focus is on the challenges and ways forward in creating partnerships between churches and PLHIV organisations, while giving a broader perspective on partnerships. These guidelines are to help churches to reach out to others skilfully and in a planned way, highlighting the reasons for forming partnerships, possible challenges and ways forward, providing examples of existing partnerships and initiatives.

The guidelines can be found on the following webpage:

<http://www.oikoumene.org/fileadmin/files/wcc-main/documents/p4/guidelines-e.pdf>

Acknowledgements

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. As followers of Jesus, World Vision is dedicated to working with the world's most vulnerable people. World Vision serves all people regardless of religion, race, ethnicity or gender.

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