

Global Alliance on HIV



RED CRESCENT SOCIETY OF DJIBOUTI



**INTEGRATED HIV AND AIDS PROGRAMME
2008-2010**

1. Executive summary

Through the years, the Red Crescent Society of Djibouti's (RCSD) activities have been in disaster preparedness and response, community mobilization and education, peer education, provision of safe water and sanitation facilities, provision of health services, and the implementation of HIV and AIDS education, stigma reduction and impact mitigation program.

Within the HIV and AIDS program the RCSD has been able to reach more than 120,000 persons living along the transport corridor with HIV messages and currently has about 240 PLHIV receiving food support on a regular basis. Through the global alliance initiative RCSD intends to revamp and scale up its HIV-focused activities with a purpose reducing vulnerability to HIV and its impact in Djibouti.

The purpose of this programme is to reduce vulnerability to HIV and its impact in Djibouti through the following outputs:

- Preventing further infection.
- Expanding care, treatment and support.
- Reducing stigma and discrimination.

In order to achieve these three outputs, the capacity of the RCSD will be strengthened to enable more effective outreach to the communities being targeted.

The programme will focus on information, education and communication (IEC), peer education and OVC and/or PLHIV care and support. The RCSD intends to train 45 trainers and 140 peer educators in HIV prevention, care and support targeting 220,000 community members with prevention messages and provide support to 500 OVC and/or PLHIV for a period of 3 years.

The integrated HIV and AIDS programme seeks **CHF 1,967,247** as budget support for the three-year implementation period

This Programme is part of the Eastern Africa Zone HIV and AIDS programme which is a component of the Red Cross and Red Crescent Global Alliance on HIV.

2. The Magnitude

2.1 Background

With a perennially harsh semi-desert climate, it is estimated that only 20 to 30 of Djibouti's 800,000 people live in rural areas. A large part of the urban population comprises the urban poor.

Countries that border Djibouti are currently suffering from internal and external tensions and/or conflict leading to high migration into Djibouti and compounding the poverty problem. In addition, Ethiopia which is a much larger but landlocked country and Northern Somalia which is rocked by conflict, relies on the port at Djibouti-Ville to access all its imports hence huge truck traffic crosses through the borders each day.



2.2 The HIV and AIDS situation

Table 1: Key HIV and AIDS data in Djibouti 2006

National data	
National population	793,000
Human Development Index	150
Percentage of people with less than USD2 per day	-
HIV and AIDS indicators	
Number of people (all ages) living with HIV	15,000 (3,900-34,000)
Adults (15-49 years) HIV prevalence rate	3.1%
Adults (15 and over) living with HIV	14,000 (3700 - 31,000)
Women (15 yrs and over) living with HIV	8,400
Deaths due to AIDS	1,200 (350-2,800)
Children (0-14 years) living with HIV	1,200 (260-3,600)
Orphans (0-17 years) due to AIDS	5,700 (1,900-12,000)
Percentage of pregnant women receiving treatment to reduce mother to child transmission	-
Percentage of HIV-infected women and men receiving ART	16%
Percentage women and men separately (15-24 years) who correctly identify ways to prevent HIV	-
Percentage women and men separately (15-24 years) who used condom last time they had casual sex	-

Source: (UNAIDS 2006)

2.3 The determinants of the epidemic

Djibouti's HIV situation is actually a generalized epidemic with pockets of concentration. The populations at higher risk and thought to have higher rates of prevalence are the port and/or dock workers, the military and border patrols, the long distance truck drivers and the relatively large group of local and immigrant female commercial sex workers.

The epidemic in Djibouti is largely driven by;

- The high levels of poverty with a large population of urban poor and limited opportunities for meaningful economic activity.
- Existence of a large vibrant port and busy transport corridor with large numbers of male casual and permanent port and/or dock workers, transporters and loaders.
- The presence of naval and military bases populated with soldiers with relatively large disposable incomes.
- Large community of commercial sex workers in the quarter two and Arbela sections of Djibouti-Ville; and the general tolerance in these areas.
- Instability in the neighbouring countries especially Ethiopia and Somali – which has led to migration, especially of women and children in search of peace and/or stability and opportunities for employment.
- A prevailing lack of awareness of the existence of HIV and its modes of transmission.
- Socio-cultural factors such as gender bias, polygamy and high divorce rates, extramarital sexual engagements, frequent partner changes and/or multiple partners and transactional and/or commercial sex.
- High levels of stigma and denial coupled with fear of being a social outcast once ones status is known.
- The convivial atmosphere of communal Khat chewing and sheesha smoking that usually leads to a loss of inhibition and promotes indulgence in casual sex.

3. The Impact

Although there is very limited information regarding HIV and AIDS and its societal impacts, the HIV epidemic in Djibouti may be said to be stable at 2.9 percent prevalence overall and 3.1 percent amongst those aged 15 to 49. Within this stratification, the hardest hit age group is 20 to 29 years. Previous data had shown that at an average national prevalence of 2.9 percent, the urban prevalence was higher at 3.4 percent while prevalence among the rural communities was 1.1 percent. Prevalence among the 20 to 34 age group averaged 5 to 6 percent. Women are more vulnerable and are more hard hit than men because of various factors: historical gender biases against them, limited opportunities for gainful economic engagement, the fact that they are frequently part of a polygamous or multi-partner relationship, and the prevalent practice of female genital mutilation (FGM). Immigrant women from Ethiopia and Somalia who come into Djibouti are even more disadvantaged. HIV infected adults who are women comprise 56 percent of the total.

Although there are two government hospitals and/or centres that offer anti-retroviral therapy (ART) and voluntary counselling and testing (VCT), not much data is available regarding uptake.

4. The policy on HIV

The Government of the Republic of Djibouti (GoRD) policy statement puts the fight against HIV and AIDS as one of the national priorities and it is committed to (a) prevent the HIV and AIDS and/or /STI epidemic and maintain the adult HIV prevalence rate under 4 percent until 2007 and (b) minimize the impact on society. The fight against HIV and AIDS is mainly funded through the Global Fund for AIDS, tuberculosis and malaria (GFATM) since September 2003. The implementation is coordinated by the executive secretariat for Global Funds at the Prime Minister's Office.

The RCSD HIV programme is part of the Eastern Africa Regional HIV Programme which is a component of the Red Cross and Red Crescent Global Alliance on HIV.

The **purpose of our programme** is to reduce vulnerability to HIV and its impact in Djibouti through achieving the following **outputs**:

- Preventing further HIV infection
- Expanding HIV care, treatment and support
- Reducing HIV stigma and discrimination

bolstered by a fourth output;

- Strengthening National Red Cross / Red Crescent Society capacities to deliver and sustain scaled-up HIV programme.

This is very much in line with national efforts focussed on prevention and impact mitigation that are led and coordinated by the executive secretary in the prime ministers office.

The RCSD will work in accord with the established principles of the International Red Cross and Red Crescent Movement to support the country's HIV policies and programmes. The specific scope of the activities in this programme has been developed in coordination with executive secretary of the Ministry of Health and harmonized with tasks agreed under international assistance arrangements in Djibouti including UNAIDS and other UN agencies, non-governmental organizations, civil society groups and donors.

5. Track record and lessons learned

The comparative advantages of the RCSD lie in its recognition by the government and Ministry of Health as an important player in public health, its acceptance by the community and its network of branches and volunteers in all the regions of Djibouti.

The RCSD in cooperation with Save the Children (US) implemented a HIV and AIDS awareness project along the Djibouti-Ethiopia corridor, which ended early 2005. Its main activities were peer education, the distribution of condoms and IEC development and dissemination. This initiative targeted an estimated 200,000 persons living in the towns, villages and settlements along the transportation corridor.

More recently, the National society has been involved in food distribution for PLHIV in the Belbala section from June 2006 to date. The programme, supported by the Ministry of Health and the World Food Program (WFP) has already reached 220 families.

Key lessons learned were:

- The importance of community engagement in defining, planning and executing projects, which in turn strengthens their ownership of the project and participation.
- The necessity of close collaboration and networking with other indigenous community groups (such as women's groups), that allows for greater penetration and reach, eases project implementation and provides avenues for reinforcing messages initially passed on by the Red Cross.
- That continuous comprehensive message is important if behaviour is to change.
- The use of different and innovative approaches such as video and/or film and pictorial representations to introduce and tackle difficult topics as well as to reinforce the understanding of those who cannot read or write.
- The importance of monitoring, supervision and mentoring.

The challenges faced by the CRD from within include:

- An organizational and management structure that needs restructuring to better manage projects.
- Lack of a HIV and AIDS strategic plan to guide the National Society's programs and activities.
- Lack of sustainable financing for projects.

Challenges presented by the community:

- The high mobility of the rural nomadic populations, as well as the general seasonal migration during the hot summer months.
- And the fact that HIV is usually not seen as a priority especially in the face of other 'pressing' public health concerns such as the availability of safe and clean water, sanitation, drought and/or food security and seasonal cholera epidemics.

The recommended improvements and approaches for future programming are thus;

- A restructuring of the *organogram* and the recruitment of key technical personnel.
- Continuous professional development and capacity building of the staff and volunteers including learning exchanges to other National Societies (NS) with similar projects.
- The application of the participatory hygiene and sanitation transformation (PHAST) technique and other methodologies for community mobilization to improve community participation and increase uptake and/or ease implementation.
- The inclusion of specific interventions to vulnerable groups within the wider project.
- The need to integrate projects so as to respond to as many community issues as possible.

6. The HIV Scaling-up Programme

Output 1: Further HIV infection is prevented

Approach 1.1: Life-skills focussed peer education and community mobilization

Key activities

- Identify 185 volunteers and staff for training as trainers and peer educators.
- Hold two workshops to train 45 trainers (15 Djibouti-Ville and six from each of the remaining five districts).
- Hold six workshops to train 140 volunteers (40 Djibouti-Ville and 20 from each of the remaining five districts) as peer educators.
- Reach 21 schools (six in Djibouti-Ville and three in each of the five districts) and 20,000 young people in these schools through in-school peer education.
- Reach out-of-school youth through peer education.
- Hold six town hall meetings focussing on HIV related issues in Djibouti-Ville (two in Belbala and two in quarter two) and two meetings for each district to reach 1,400 members of the general population during each year of project activity.
- Identify and train six music drama and dance (MDD) teams.
- Conduct six HIV focussed music and drama edutainment events in each district to reach 3,600 members of the general population during each year of project activity.
- Development and airing of informative radio public service announcements (PSA).

Approach 1.2: IEC for targeted vulnerable groups

Key activities

- Design, develop and produce 250 sets of teaching aids for community education.
- Develop, produce and distribute 200 posters.
- Design and erect 50 informative signboards and/or billboards.
- Produce and distribute 3,000 t-shirts.
- Design, develop, produce and distribute 10,000 brochures.
- Conduct 12 mobile video outreaches.

Approach 1.3: Voluntary counselling and testing (VCT)

Key activities

- Referral for voluntary counselling and testing
- Conduct sensitization sessions on importance of VCT.

Output 2: HIV care, treatment and support is expanded

Approach 2.1: Providing livelihood and food support to the most vulnerable

Key activities

- Conduct community sensitization and identification of PLHIV and OVC.
- Define components of support.
- Provide psychological and food support to 500 OVC and/or PLHIV.

Approach 2.2: Providing treatment, support and care to PLHIV

Key activities

- Train volunteers on HBC and support.
- Support training of families of PLHIV on care and support.
- Provision of support to clients.
- Formation of anti-AIDS clubs.

Output 3: HIV stigma and discrimination is reduced

Approach 3.1: Develop community support groups and networks of PLHIV and partnerships with PLHIV organizations.

Key activities

- Mapping of the support groups.
- Establish networking mechanisms.
- Support four reproductive health and/or HIV networking meetings.

Approach 3.2: Ensuring that HIV in workplace policy and programmes for all staff and volunteers are in place in the Djibouti Red Crescent Society.

Key activities

- Develop HIV workplace policy.
- Dissemination of the policy.
- Provide HIV education and IEC material to staff and volunteers.
- Conduct monthly HIV and AIDS education sessions per year in all five branches and the RCSD headquarters.

Output 4: The Red Crescent Society of Djibouti's capacities to deliver and sustain scaled-up HIV programme is strengthened.

Approach 4.1: Improve governance, accountability and leadership of RCSD in discharging planned commitments.

Key activities

- Support governance periodical meetings.
- Training of 12 RCSD governance and management and/or leadership on roles and responsibilities.

Approach 4.2: Improving volunteer and staff support and management

Key activities

- Develop volunteer policy.
- Develop staff service regulations.
- Develop volunteer database.
- Hire and/or recruit technical support staffs are in place.

Approach 4.3: Strengthening programme cycle management

Key activities

- Training of six key personnel on programme cycle management.
- Establish regular planning and coordination schedule and/or meetings.

Approach 4.4 Widening partnership and expanding resource mobilization

Key activities

- Dissemination of RCSD work.
- Reporting and dissemination.
- Networking with partners.

7. Scaling up Targets

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
Approach 1.1 Life-skills focused peer education and community mobilization.					
Target group 1: Trainers		45	Training	Training	45
Target group 2: Peer Educators		140	Training	Training	140
Approach 2.1 Assisting children and orphans made vulnerable by HIV.					
Target group 1: OVC		500	500+100 new OVC	600+100 new OVC	700
Approach 2.2 Providing treatment, support and care (home or community based and through health institutions) for people with HIV.					
Target group 1: Trainers		45*	Training	Training	45*
Target group 2: Volunteers		140	Training	Training	140*
Target group 3: Families and/or caretakers		500	500+100 new	600+100 new	700

*The HBC training is through modules delivered within the HIV prevention, treatment, care and support training package

8. Implementation and Management

The programme will be implemented by the Red Crescent Society of Djibouti with the support of the Federation Secretariat, Partner National Societies, the World Food Program and the Ministry of Health and/or National Executive Secretariat which oversees and coordinates all HIV and AIDS related activities. Other partners include the Association of PLHIV and the World Health Organization (WHO). A steering committee of these stakeholders will be set up and chaired by the RCSD. The in-country steering committee will meet on at least a quarterly basis.

The programme shall be under the department of Integrated Health and Care, reporting to the Secretary General, through the National Society management committee. Supervision of the programme shall be done by the head of the department, Secretary General and members of the board. Members of the alliance such as PNS shall be involved in supportive supervision and provision of technical support.

The day to day aspects of the programme will be managed by a HIV Programme Manager to be hired s/he will be assisted by an administration assistant who will also be hired. The department of administration

and finance shall take responsibility of providing finance and administrative support; however a finance officer specific for this programme shall be hired. The role of the federation will be to provide leadership and facilitation to achieve the Global Alliance objectives, in accordance with the “seven ones” and specifically to provide the following:

- Policy and strategic guidance.
- Coordination at global and regional level.
- Advocacy.
- Resource mobilization.
- Knowledge and good practice sharing.
- Technical support to enable achievement of objectives.
- Framework for monitoring, reporting and accountability.
- Management of a global financing system.

In addition, the Federation Secretariat may be requested to provide technical support during the production of materials and tools, preparation of trainings, programme evaluation and in the mobilization of finances. The role of the PNS will be to provide resources, capacities (financial and technical), and specific inputs to the RCSD HIV programme in the context of the HIV Global Alliance.

The programme will be done in close collaboration and/or coordination with the national executive secretariat that oversees and coordinates all HIV and AIDS related activities. They will also be a source of further technical support to the National Society.

9. Monitoring and reporting arrangements

This programme subscribes to the principles of the “seven ones” of the Global Alliance on HIV, including one performance monitoring system.

Regular supervision and monitoring will be conducted at all levels of the programme sites. The national health staff will monitor the activities at branch level on monthly basis while the Federation Secretariat and Partner National Societies will monitor the programme on need basis.

- Volunteers will submit weekly and monthly individual reports to the branch coordinators.
- Branch staff will submit monthly reports to the headquarters that will combine all these and prepare quarterly, semi-annual and annual reports.
- Financial reports will be prepared on a quarterly basis.

Programme reviews will be conducted on a regular basis (six-monthly and annually).

A programme completion report will be produced at the end of the programme period and an external evaluation will be conducted in the final six months of the programme period.

10. Risks, assumptions and undertakings

This programme is designed with the assumption that the existing collaboration with the Ministry of Health shall continue and that there will be no duplication of efforts in the described intervention sites. The executive secretariat shall continue to coordinate implementation of different HIV intervention to various stakeholders at country level.

The singular outstanding risk remains the availability of funding and to this end; the National Society shall engage the Federation and other PNS to secure adequate funding. The members of this programme have agreed to undertake the obligations and accountabilities agreed under the framework of the Red Cross Red Crescent Global Alliance on HIV.

11. Summary of results-based budgetary framework

OUTPUTS	2008(FRD)	2009(FRD)	2010(FRD)	TOTAL (FRD)	TOTAL (CHF)
1. Preventing further HIV infection	16,521,800	16,521,800	16,521,800	49,565,400	297,392.4
2. Expanding HIV care, treatment, and support	14,400,000	79,200,000	92,400,000	186,000,000	1,116,000
3. Reducing HIV stigma and discrimination	558,000	408,000	408,000	1,374,000	8,244
4. Strengthening National Red Cross / Red Crescent Society capacities to deliver and sustain scaled-up HIV programme	991,600	14,500	14,500	1,020,600	6,123.6
Monitoring and evaluation				235,000	1,410
Programme management	25,892,800	21,227,790	22,547,790	69,668,380	418,010.28
Programme support recovery(IFRC)					120,066.71
TOTAL					1,967,247

See Annex 3 for detailed Budget.

Notes to the budget:

- *The calendar year (January to December) is based on when the programme started.*
- *The output 4 budget includes the costs of monitoring and programme reviews and an external evaluation at the end of the programme period.*

CONTACT INFORMATION

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Annexes

1. Log frame
2. Work plan
3. Detailed budget

Annex 1: Log frame for the Djibouti Red Crescent Society HIV and AIDS Programme 2008 – 2010

Narrative Summary (NS)	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Important Assumptions
Goal: To reduce the number of deaths, illness and impact from diseases and public health emergencies.	<ul style="list-style-type: none"> HIV and AIDS prevalence rates kept at below 2.9 percent. 	<ul style="list-style-type: none"> UNAIDS Global HIV and AIDS pandemic reports National sero-prevalence survey and/or DHS. 	<ul style="list-style-type: none"> Availability of external funding
Purpose: Reduce Federation support for HIV and AIDS control programmes aimed at reducing vulnerability to HIV and its impact in Djibouti.	<ul style="list-style-type: none"> Number of persons reached by the RCSD HIV programme. Percentage of the population reached by the programme. 	<ul style="list-style-type: none"> Programme review reports (six-months and annual). Programme completion report. 	<ul style="list-style-type: none"> Availability of funding
Outputs	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Important Assumptions
1. Further HIV infections are prevented	<ul style="list-style-type: none"> Persons reached in peer education and community mobilization. Persons and/or groups reached by IEC. Persons referred to VCT. 	<ul style="list-style-type: none"> Workshop and forum reports Half-year and yearly programme reports Programme completion report 	<ul style="list-style-type: none"> Collaboration of opinion leaders Community is responsive to change
2. HIV care, treatment and support expanded.	<ul style="list-style-type: none"> Number of PLHIV and OVC identified. Number of PLHIV and OVC supported by RCSD volunteers. Number of PLHIV and/or OVC receiving support from RCSD – disaggregated by age and sex. Number of clients reached by RCSD anti-AIDS support groups. 	<ul style="list-style-type: none"> Monthly activity reports from health centres and VCT centres Half-yearly and yearly programme reports VCT reports Programme completion report Final evaluation report 	<ul style="list-style-type: none"> Participation of the local leaders Availability of funds
3. Stigma and discrimination associated with HIV and AIDS are reduced.	<ul style="list-style-type: none"> Number of support groups identified. Number of networks established. Number of branches 	<ul style="list-style-type: none"> Half-yearly and yearly programme reports Programme completion report Programme evaluation report 	<ul style="list-style-type: none"> Collaboration from local leaders and opinion leaders

	<p>applying the HIV workplace policy and staff participation in HIV education.</p> <ul style="list-style-type: none"> • Discrimination incidences reported. 		
4. The RCSD's capacity to deliver and sustain scaled-up HIV programme is strengthened.	<ul style="list-style-type: none"> • Number of volunteer hours. • Number of forums for on HIV and AIDS. • Regular reporting by the RCSD following standard guidelines. 	<ul style="list-style-type: none"> • Half-yearly and yearly programme reports • Programme completion report • Final evaluation report 	
Activities	Objectively Verifiable Indicators (OVI)	Sources of information	Activity to output
<p>1.1.1 Identify 185 volunteers and staff for training as trainers and peer educators.</p> <p>1.1.2 Hold two workshops to train 45 trainers (15 Djibouti-Ville and six from each of the remaining five districts).</p> <p>1.1.2 Hold six workshops to train 140 volunteers (40 Djibouti-Ville and 20 from each of the remaining five districts) as peer educators.</p> <p>1.1.3 Reach 21 schools (six in Djibouti-Ville and three in each of the five districts) and 20,000 young people in these schools through in-school peer education.</p> <p>1.1.4 Reach out-of-school youth through peer education.</p> <p>1.1.5 Hold four town hall meetings focussing on HIV related issues in Djibouti-Ville (two in Belbala and two in quarter two) and two meetings for each district to reach 1,400 members of the general population during each year of</p>	<ul style="list-style-type: none"> • Number of trainers and peer educators trained • Number of workshops held. • Number of community volunteers identified and trained. • Number of schools and school children reached through the in-school peer education. • Number of out-of-school PE sessions conducted • Number of out-of-school youth reached. • Number of Town hall meetings and/or public health talks conducted. • Number people reached through Town hall meetings and/or public health talks. 	<ul style="list-style-type: none"> • Training reports • Monthly program reports • List of volunteers recruited • Reports on the anti-AIDS groups activities • Partnerships agreements with local organizations and associations 	<ul style="list-style-type: none"> • Collaboration of local community and local authorities • Collaboration of the local school authorities

<p>project activity. 1.1.6 Identify and train six MDD teams. 1.1.7 Conduct six HIV focussed Music and drama edutainment events in each district to reach 3,600 members of the general population during each year of project activity. 1.1.8 Development and airing of informative radio PSA.</p> <p>1.2.1 Design, develop and produce 250 sets of teaching aids for community education. 1.2.2 Develop, produce and distribute 200 posters. 1.2.3 Design and erect 50 informative signboards and/or billboards. 1.2.4 Produce and distribute 3,000 T-shirts. 1.2.5 Design, develop, produce and distribute 10,000 brochures. 1.2.6 Conduct 12 mobile video outreaches.</p> <p>1.3.1 Referral for voluntary counselling and testing (VCT) 1.3.2 Conduct sensitization sessions on importance of VCT</p>	<ul style="list-style-type: none"> • Number and type of IEC materials developed, produced and distributed to the targeted areas • Number of mobile video outreaches conducted • Number of people reached through mobile video outreaches <ul style="list-style-type: none"> • Number of public awareness meetings on HIV and AIDS • Number of people made aware of the importance of knowing their sero-status • Number of vulnerable 	<ul style="list-style-type: none"> • Reports on IEC outreach • Training reports • Programme completion report <ul style="list-style-type: none"> • VCT reports • Report on sensitization • Branch activity reports 	<ul style="list-style-type: none"> • Availability of funds <ul style="list-style-type: none"> • Willingness of community members to visit VCT • Collaboration of partners • Participation of health workers and
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	<p>persons sensitized on the importance of VCT</p> <ul style="list-style-type: none"> • Number of people who have gone to VCT 		
<p>2.1.1 Conduct community sensitization and identification of PLHIV and OVC. 2.1.2 Define components of support. 2.1.3 Provide psychological and food support to 500 OVC and/or /PLHIV.</p> <p>2.2.1 Train volunteers on HBC and support 2.2.2. Support training of families of PLHIV on care and support 2.2.3 Provision of support to clients 2.2.4 Formation of anti AIDS clubs</p> <p>3.1.1 Mapping of the support groups. 3.1.2 Establish networking mechanisms. 3.1.3 Support 4 reproductive health and/or HIV networking meetings.</p>	<ul style="list-style-type: none"> • Number of people reached through community sensitization • Number of PLHIV and OVC identified • Number of PLHIV/OVC given psycho-social and food support <ul style="list-style-type: none"> • Number of workshops organized together with the community • Number of volunteers trained in HBC and support • Number of public-private partnerships to support PLHIV • Number of vulnerable groups receiving financial and other support • Number of anti AIDS clubs <ul style="list-style-type: none"> • Number of support groups identified • Number of interventions with support groups • Number of persons trained on HIV related stigma and discrimination 	<ul style="list-style-type: none"> • Monthly, quarterly and annually reports • Training reports • VCT centre reports • Activity reports • Network meeting minutes <ul style="list-style-type: none"> • Training report • Volunteer activity reports • VCT centre reports <ul style="list-style-type: none"> • Volunteer activity reports • Workshop reports • Training reports • Partnership agreements 	<ul style="list-style-type: none"> • Willingness of the caretakers and community to identify the OVC and PLHIV • Willingness and availability of volunteers and caretakers of PLHIV to participate in the provision of support <ul style="list-style-type: none"> • Participation of local authorities <ul style="list-style-type: none"> • Motivation and support from the government

<p>3.2.1 Develop HIV workplace policy 3.2.2 Dissemination of the policy 3.2.3 Provide HIV education and IEC material to staff and volunteers 3.2.4 Conduct monthly HIV and AIDS education sessions per year in all 5 branches and the RCSD headquarters</p>	<ul style="list-style-type: none"> • HIV workplace policy in place and disseminated • Number of IEC workshops conducted • IEC materials on HIV are disseminated to all staff at headquarter and branches 	<ul style="list-style-type: none"> • Workshop reports • Volunteer activity report • Activity report from targeted vulnerable staff 	<ul style="list-style-type: none"> • Participation of local authorities
<p>4.1.1 Support governance periodical meetings 4.1.2 Training of 12 RCSD governance and management and/or leadership on roles and responsibilities</p> <p>4.2.1 Develop volunteer policy. 4.2.2 Develop staff service regulations. 4.2.3 Develop volunteer database. 4.2.4 Hire and/or recruit technical support staffs are in place.</p> <p>4.3.1 Training of six key personnel on programme cycle management. 4.3.2 Establish regular planning and coordination schedule and/or meetings.</p>	<ul style="list-style-type: none"> • Number of workshops for governance and management conducted. • Number of government and management members trained. • Volunteer policy developed and disseminated. • Staff service regulators developed and disseminated. • Volunteer database developed. • Technical support recruited. • Number of follow up workshops on project cycle management. • Number of planning and coordination meetings conducted. 	<ul style="list-style-type: none"> • Training reports • Bi-annual and annual reports • End of programme evaluation report • Workshop reports • Meeting reports • Monthly activity report 	<ul style="list-style-type: none"> • Availability of funds

<p>4.4.1 Dissemination of RCSD work. 4.4.2 Reporting and dissemination. 4.4.3 Networking with partners.</p>	<ul style="list-style-type: none"> • Number of contacts made in search for financial support • Number of partnerships realized 	<ul style="list-style-type: none"> • End of programme evaluation report • Partnership agreements realized 	<p>Presence and willingness of partners</p>
	<p>Input and/or resources Human resources</p> <ul style="list-style-type: none"> • HIV programme manager. • Administration assistant to be recruited. • Finance officer to be recruited. • Technical support staff to be recruited. <p>Material resources</p> <ul style="list-style-type: none"> • 4wd vehicles 		

Annex 2: Work Plan for the Djibouti Red Crescent Society HIV and AIDS Programme 2008 - 2010

Approach	Activities to Implement Approach	Geographic Target Area				
		Target area - site	Target population	Coverage 2008	Coverage 2009	Coverage 2010
Output 1: Further HIV infections are prevented						
Approach 1.1: Life-skills focussed peer education and community mobilization	<ul style="list-style-type: none"> ▪ Identify and train volunteers and staff ▪ Hold workshops to train volunteers as peer educators ▪ Reach out to 21 schools and pupils in these schools through in-school peer education ▪ Hold town hall meetings focussing on HIV-related issues to reach members of the general population during each year of project activity. ▪ Identify and train MDD teams. ▪ Development and airing of informative radio PSA. 	Djibouti Town Ali Sabieh Dechal Arta Oupokh Tadjourah	Youth aged 15 to 29 Military Commercial sex workers Mobile populations Port workers	185 trained 20,000 in-school youth reached 14 town hall meetings 36 MDD outreaches 200,000 members of the general population reached.	185 trained 20,000 in-school youth reached 14 town hall meetings 36 MDD outreaches 200,000 members of the general population reached.	185 trained 20,000 in-school youth reached 14 town hall meetings 36 MDD outreaches 200,000 members of the general population reached.
Approach 1.2: IEC for targeted vulnerable groups	<ul style="list-style-type: none"> ▪ Design, develop and produce 250 sets of teaching aids for community education ▪ Develop, produce and distribute 200 posters. • Design and erect 	Djibouti Town Ali Sabieh Dechal Arta Oupokh Tadjourah	-Youth aged 15 to 29 -Military -Commercial sex workers -Mobile populations -Port workers	250 sets of teaching aids 10,000 brochures distributed 1,200 reached through mobile video	250 sets of teaching aids 10,000 brochures distributed 1,200 reached through mobile video outreaches	250 sets of teaching aids 10,000 brochures distributed 1,200 reached through mobile video

Approach	Activities to Implement Approach	Geographic Target Area				
		Target area - site	Target population	Coverage 2008	Coverage 2009	Coverage 2010
	50 informative signboards and/or billboards. <ul style="list-style-type: none"> • Produce and distribute 3,000 T-shirts. • Design, develop, produce and distribute 10,000 brochures • Conduct 12 mobile video outreaches. 			outreaches		outreaches
Approach 1.3: Voluntary confidential counselling and testing (VCT)	<ul style="list-style-type: none"> • Referral for voluntary confidential counselling and testing (VCT). 	Djibouti Town Ali Sabieh Dechal Arta Oupokh Tadjourah	Youth aged 15 to 29 Military Commercial sex workers Mobile populations Port workers	-	-	-
Output 1 Total	--					
OUTPUT 2: HIV care, treatment and support expanded						
Approach 2.1: Providing livelihood and food support for the most vulnerable	<ul style="list-style-type: none"> ▪ Conduct community sensitisation and Identification of PLHIV and OVC ▪ Define components of support ▪ Provide psychological and food support to 500 OVC/PLHIV 	Djibouti Town Ali Sabieh Dechal Arta Oupokh Tadjourah	OVC/PLHIV	500	600	700
Output 2 Total	--					

Approach	Activities to Implement Approach	Geographic Target Area				
		Target area - site	Target population	Coverage 2008	Coverage 2009	Coverage 2010
OUTPUT 3: Stigma and discrimination associated with HIV and AIDS are reduced.						
Approach 3.1: Develop PLHIV community support groups and networks.	<ul style="list-style-type: none"> Mapping of the support groups Establish networking mechanisms. Support four reproductive health and/or HIV networking meetings. 	Djibouti Town Ali Sabieh Dechal Arta Oupokh Tadjourah	General population Support groups PLWHA	Four meetings supported	Four meetings supported	Four meetings supported
Approach 3.2: Ensure implementation of a policy programme for all CRD staff and volunteers.	<ul style="list-style-type: none"> Develop HIV workplace policy. Dissemination of the policy. Provide HIV education and IEC material to staff and volunteers. Conduct monthly HIV and AIDS education sessions per year in all 5 branches and the DRCS headquarters. 	CRD HQ and branches	Staff 20 and volunteers 400	Workplace policy developed 12 meetings conducted in each branch and at HQ	12 meetings conducted in each branch and at HQ	12 meetings conducted in each branch and at HQ
Output 3 Total	--					
OUTPUT 4: Strengthening National Red Crescent capacities to deliver and sustain scale-up HIV program.						
Approach 4.1: Improve CRD governance, accountability and leadership in order to meet commitments undertaken.	<ul style="list-style-type: none"> Support governance periodical meetings Training of 12 CRD governance and management and/or leadership on roles and responsibilities 	RC HQ	HQ and five RC Branches	12 trained	-	-
Approach 4.2:	<ul style="list-style-type: none"> Develop volunteer 	RC HQ and			Enforce and	Enforce and

Approach	Activities to Implement Approach	Geographic Target Area				
		Target area - site	Target population	Coverage 2008	Coverage 2009	Coverage 2010
Improving volunteer and staff support and management.	<ul style="list-style-type: none"> policy. Develop staff service regulations. Develop volunteers' database. Hire and/or recruit technical support staffs are in place. 	branches	Review staff service regulation and volunteer policy	Implement staff service regulation and VP and establish database	maintain policies and data base	maintain policies and data base
Approach 4.3 Strengthening programme cycle management.	<ul style="list-style-type: none"> Training of six key personnel on programme cycle management. Establish regular planning and coordination schedule and/or meetings. 	RC HQ and branches	Staff and volunteers	Six trained	-	-
Approach 4.4 Increase partnership and expanding resource mobilization.	<ul style="list-style-type: none"> Dissemination of RC work. Reporting and dissemination Networking with partners. 	RC HQ and branches	Staff and volunteers PNS MoH Other partners	-	-	-
Output 4 Total	--					

Annex 3: Detailed Programme Budget
Exchange rate DJF: CHF 1:005816

Code	Outputs/Approaches/Activities	Units			2008	2009	2010	Total DJF	Total CHF
		No. days/pcs	No. participants	Unit cost					
1	Output: Further HIV infection is prevented								
1.1	Approach: Life-skills focused Peer education and community mobilization								
	Key activities								
1.1.2	Hold 2 workshops to train 45 trainers								
1.1.2a	TOT in Djibouti ville								
	Facilitation fee	7	1	5,000	35,000				
	Per diem for trainers/facilitators	7	2	6,000	84,000				
	Per diem for volunteers/participants	7	20	1,000	140,000				
	Transport for trainers/facilitators	7	2	25,000	350,000				
	Refreshments	7	22	300	46,200				
	Stationery per participant	1	22	300	6,600				
	Stationery: General (Flip Chart, Markers)	1	1	10,000	10,000				
	Other				-				
	Sub-Total (1)				671,800	671,800	671,800		
	Similar events				1	1	1		
	Sub-Total (2) for the activity				671,800	671,800	671,800	2,015,400	12,092
1.1.2b	District based TOT								

	Facilitation fee	5	2	5,000	50,000				
	Per diem for trainers/facilitators	5	2	8,000	80,000				
	Per diem for volunteers/participants	5	10	1,000	50,000				
	Transport for trainers/facilitators	1	2	25,000	50,000				
	Refreshments	5	10	300	15,000				
	Stationery per participant	1	10	300	3,000				
	Stationery: General (Flip Chart, Markers)	1	1	10,000	10,000				
	Other				-				
	Sub-Total (1)				258,000	258,000	258,000		
	Similar events				1	1	1		
	Sub-Total (2) for the activity				258,000	258,000	258,000	774,000	4,644
1.1.3	Hold 6 workshops to train 140 volunteers as peer educators								
1.1.3a	PE training in Djibouti-Ville								
	Facilitation fee	6	2	5,000	60,000				
	Per diem for trainers/facilitators	6	2	8,000	96,000				
	Per diem for volunteers/participants	6	20	1,000	120,000				
	Transport for trainers/facilitators	1	2	25,000	50,000				
	Refreshments	6	20	300	36,000				
	Stationery per participant	1	20	300	6,000				
	Stationery: General (Flip Chart, Markers)	1	1	10,000	10,000				

	Other				-				
	Sub-Total (1)				378,000	378,000	378,000		
	Similar events				1	1	1		
	Sub-Total (2) for the activity				378,000	378,000	378,000	1,134,000	6,804
1.1.3b	District based PE training								
	Facilitation fee	6	2	5,000	60,000				
	Per diem for trainers/facilitators	6	2	8,000	96,000				
	Per diem for volunteers/participants	6	20	1,000	120,000				
	Transport for trainers/facilitators	1	2	25,000	50,000				
	Refreshments	6	20	300	36,000				
	Stationery per participant	1	22	300	6,600				
	Stationery: General (Flip Chart, Markers)	1	1	5,000	5,000				
	Other				-				
	Sub-Total (1)				373,600	373,600	373,600		
	Similar events				5	5	5		
	Sub-Total (2) for the activity				1,868,000	1,868,000	1,868,000	5,604,000	33,624
1.1.4	Reach 21 schools and 1000 young people through in-school peer education								
	PE transport allowance	4	2	500	4,000				
	PE per diem	4	2	1,000	8,000				
	Other				-				

	Sub-Total (1)				12,000	12,000	12,000		
	Similar events				21	21	21		
	Sub-Total (2) for the activity				252,000	252,000	252,000	756,000	4,536
1.1.6	Hold Town Hall Meetings focusing on HIV related issues								
1.1.6a	Town Hall Meetings in Djibouti-Ville								
	Facilitators per diem	1	4	6,000	24,000				
	Hall Hire	1	1	50,000	50,000				
	Refreshments	1	100	200	20,000				
	Other				-				
	Sub-Total (1)				94,000	94,000	94,000		
	Similar events				4	4	4		
	Sub-Total (2) for the activity				376,000	376,000	376,000	1,128,000	6,768
1.1.6b	Town Hall Meetings in the 5 outlying districts								
	Facilitators per diem	1	2	5,000	10,000				
	Hall Hire	1	1	10,000	10,000				
	Refreshments	1	100	200	20,000				
	Other				-				
	Sub-Total (1)				40,000	40,000	40,000		
	Similar events				10	10	10		
	Sub-Total (2) for the activity				400,000	400,000	400,000	1,200,000	7,200

1.1.7	Identify and train 6 MDD teams								
	Facilitation fee	5	2	5,000	50,000				
	Per diem for trainers/facilitators	5	2	8,000	80,000				
	Per diem for volunteers/participants	5	10	1,000	50,000				
	Transport for trainers/facilitators	1	2	25,000	50,000				
	Refreshments	5	10	300	15,000				
	Stationery per participant	1	18	300	5,400				
	Stationery: General (Flip Chart, Markers)	1	1	20,000	20,000				
	Hall Hire	1	1	30,000	30,000				
	Hire of music equipment for training purposes	5	1	4,000	20,000				
	Other				-				
	Sub-Total (1)				320,400	320,400	320,400		
	Similar events				5	5	5		
	Sub-Total (2) for the activity				1,602,000	1,602,000	1,602,000	4,806,000	28,836
1.1.8	HIV focused music and drama edutainment events								
	Fee for the MC/Event coordinator	1	1	5,000	5,000				
	Per diem for musicians/dramatists	1	16	1,000	16,000				
	Refreshments (100 participants)	1	120	100	12,000				
	Hall Hire	1	1	40,000	40,000				
	Hire of music equipment	1	1	4,000	4,000				

	Hire of microphones/amplifiers	1	1	4,000	4,000				
	Transport of equipment to meeting venue	1	1	5,000	5,000				
	Other				-				
	Sub-Total (1)				86,000	86,000	86,000		
	Similar events				36	36	36		
	Sub-Total (2) for the activity				3,096,000	3,096,000	3,096,000	9,288,000	55,728
1.1.9	Development and airing of Radio Public Service Announcements (PSA)								
	Consultant fee for the development of Radio PSA	20	1	20,000	400,000				
	Costs related to airing radio PSA	10	5	5,000	250,000				
	Other				-				
	Sub-Total (1)				650,000	650,000	650,000		
	Similar events				1	1	1		
	Sub-Total (2) for the activity				650,000	650,000	650,000	1,950,000	11,700
1.2	Approach: IEC for targeted vulnerable groups								
	Key activities								
1.2.0	Art and Design work related to IEC materials	1	1	50,000	50,000				
1.2.1	Produce 250 sets of teaching aids for community education	1	250	800	200,000				
1.2.2	Produce and distribute 200 Posters	1	200	600	120,000				
1.2.3	Design and erect 50 informative signboards/billboards	1	20	50,000	1,000,000				
1.2.4	Produce and distribute 3000 T-shirts	1	3000	800	2,400,000				

1.2.5	Produce and distribute 4000 Brochures	1	4000	800	3,200,000				
1.2.6	Conduct 12 Mobile Video outreach								
	Facilitator per diem	12	4	5,000					
	Hire video equipment	1	1	25,000					
	Transport of video equipment	12	1	10,000					
	Other				-				
	Sub-Total (1)				6,970,000	6,970,000	6,970,000		
	Similar events				1	1	1		
	Sub-Total (2) for the activity				6,970,000	6,970,000	6,970,000	20,910,000	125,460
	TOTAL OUTPUT 1				16,521,800	16,521,800	16,521,800	49,565,400	297,392
2	Output: Expanding HIV care, treatment and support								
2.1	Approach: Providing livelihood and food support for the most vulnerable								
	Key activities								
2.1.3	Provide psychological and food support to 100 OVC/PLHIV								
	Provision of food kits	1	100	12,000	1,200,000	6,600,000	7,700,000		
	Other				-	-	-		
	Sub-Total (1)				1,200,000	6,600,000	7,700,000		
	Similar events				12	12	12		
	Sub-Total (2) for the activity				14,400,000	79,200,000	92,400,000	186,000,000	1,116,000
	TOTAL OUTPUT 2				14,400,000	79,200,000	92,400,000	186,000,000	1,116,000
3	Output: Reducing HIV stigma and discrimination								

3.1	Approach: Developing community support groups and networks of PLHIV, and partnerships with PLHIV organizations								
	Key activities								
3.1.3	Support 4 Reproductive Health/HIV networking meetings								
	Hall Hire	1	1	50,000	50,000				
	PA system hire	1	1	4,000	4,000				
	Stationery per participant	1	50	300	15,000				
	Stationery: General (Flip Chart, Markers)	1	1	5,000	5,000				
	Refreshments	1	50	200	10,000				
	Other				-				
	Sub-Total (1)				84,000	84,000	84,000		
	Similar events				4	4	4		
	Sub-Total (2) for the activity				336,000	336,000	336,000	1,008,000	6,048
3.2	Approach: Ensuring that HIV in workplace policy and programmes for all staff and volunteers are in place in the Djibouti Red Crescent Society								
	Key activities								
3.2.1	Develop HIV workplace policy								
	Hire of consultant to develop/adapt a HIV workplace policy for the DRCS				-				
	Other				-				

	Sub-Total (1)				-	-	-		
	Similar events				1				
	Sub-Total (2) for the activity				-	-	-	-	-
3.2.2	Dissemination of the policy								
	Production of copies for dissemination	3	1	50,000	150,000				
	Other				-				
	Sub-Total (1)				150,000	150,000	150,000		
	Similar events				1				
	Sub-Total (2) for the activity				150,000	-	-	150,000	900
3.2.4	Conduct monthly HIV and AIDS education sessions								
	Refreshments	6	20	100	12,000				
	Other				-				
	Sub-Total (1)				12,000	12,000	12,000		
	Similar events				6	6	6		
	Sub-Total (2) for the activity				72,000	72,000	72,000	216,000	1,296
	TOTAL OUTPUT 3				558,000	408,000	408,000	1,374,000	8,244
4	Output: Strengthening National Red Cross / Red Crescent Society capacities to deliver and sustain scaled-up HIV programme								

4.1	Approach: Improving governance, accountability, and leadership of RC for discharging planned commitments								
	Key activities								
4.1.1	Support governance periodical meetings								
	Stationery per participant	1	10	300	3,000				
	Stationery: General (Flip Chart, Markers)	1	1	10,000	10,000				
	Refreshments	1	10	150	1,500				
	Other				-				
	Sub-Total (1)				14,500	14,500	14,500		
	Similar events				1	1	1		
	Sub-Total (2) for the activity				14,500	14,500	14,500	43,500	261
4.1.2	Training of 5 DRCS Governance and management/ leadership on roles and responsibilities								
	Consultant fee/peer support from National Society	5	7	5,000	175,000				
	Per diem for participants	5	7	5,000	175,000				
	Transport for participants/facilitators	5	7	1,000	35,000				
	Refreshments	5	7	300	10,500				
	Stationery per participant	1	7	200	1,400				
	Stationery: General (Flip Chart, Markers)	1	1	4,000	4,000				
	Hall Hire	5	1	50,000	250,000				

	Other				-				
	Sub-Total (1)				650,900	650,900	650,900		
	Similar events				1	-	-		
	Sub-Total (2) for the activity				650,900	-	-	650,900	3,905
4.3	Approach: Strengthening programme cycle management								
	Key activities								
4.3.1	Training of 6 key personnel on programme cycle management								
	Consultant fee/peer support from National Society	2	7	5,000	70,000				
	Per diem for participants	6	7	3,000	126,000				
	Transport for participants/facilitators	8	7	1,000	56,000				
	Refreshments	8	7	300	16,800				
	Stationery per participant	1	7	200	1,400				
	Stationery: General (Flip Chart, Markers)	1	1	6,000	6,000				
	Hall Hire	1	1	50,000	50,000				
	Other				-				
	Sub-Total (1)				326,200	326,200	326,200		
	Similar events				1	-	-		
	Sub-Total (2) for the activity				326,200	-	-	326,200	1,957
	TOTAL OUTPUT 4				991,600	14,500	14,500	1,020,600	6,124
5	Monitoring and evaluation								

	M&E costs @5% (routine follow up, site visits etc)				-				
	Mid term Evaluation	1	1	45,000	45,000				
	Final Project Evaluation	1	2	45,000	90,000				
	Annual financial audit	1	1	100,000	100,000				
	TOTAL M&E				235,000	-	-	235,000	1,410
6	Program management and Institutional support								
6.1	Salary and benefits								
	Deputy Secretary General	12	1	94,400	1,132,800	1,132,800	1,132,800		
	Project Coordinator	12	1	295,000	3,540,000	3,540,000	3,540,000		
	Assistant coordinators	12	4	40,000	1,920,000	1,920,000	1,920,000		
	Project Accountant	12	1	94,400	1,132,800	1,132,800	1,132,800		
	District Supervisors	12	5	47,200	2,832,000	2,832,000	2,832,000		
	Sub-total Salary and Benefits				10,557,600	10,557,600	10,557,600	31,672,800	190,037
6.2	Office Support								
6.2a	Equipment				-				
	Laptop computer	1	1	300,000	300,000				
	color printer	1	1	80,000	80,000				
6.2b	Stationery				-				
	General office stationery	1	1	10,000	10,000				
6.2c	Communication				-				

	Internet connectivity	12	1	9,000	108,000				
	Telephone communication	12	1	60,000	720,000				
6.2d	maintenance				-				
	Equipment maintenance	1	1	80,000	80,000				
	purchase of Toyota Landcruiser station wagon (hard top)	1	1	6,700,000	6,700,000				
	Vehicle maintenance	1	1	200,000	200,000				
	Fuel for the car and insurance cost	1	1	1,810,000	1,810,000				
	Sub-Total Office Support				10,008,000	-	-	10,008,000	60,048
	Total Prog Mgt/Inst support				20,565,600	10,557,600	10,557,600	41,680,800	250,085
	TOTAL (1)				53,272,000	106,701,900	119,901,900	279,875,800	1,679,255
	Administration support @10%				5,327,200	10,670,190	11,990,190	27,987,580	167,925
	TOTAL (2)				58,599,200	117,372,090	131,892,090	307,863,380	1,847,180
	Federation Secretariat Support @ 6.5%								120,067
	GRAND TOTAL								1,967,247