Bangladesh Red Crescent Society

Global Alliance on HIV Programme
2008 – 2010

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Executive summary

Bangladesh Red Crescent Society (BDRCS), in its auxiliary role to the Government, plays a key role in humanitarian activities. For over a decade, BDRCS has implemented a HIV and AIDS programme, mainly focused on awareness creation in target communities and among its network of community-based volunteers. In late 2006, BDRCS initiated planning for Youth Peer Education in schools and colleges with a knowledge, attitudes, practice (KAP) baseline survey. Though the HIV prevalence in the country is <0.1 per cent, risk behaviours are very common among the general population while condom awareness and usage is very low.

BDRCS is planning to scale up its efforts under the Global Alliance on HIV Programme 2008-2010. With the support of the International Federation, BDRCS is committed to reducing vulnerability to HIV and its impact through:

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

The national society's capacity will be strengthened in order to achieve these three outputs in an effective manner. This programme target 139,700 in-school youths through peer education and life skills approaches; 94,000 vulnerable out-of-school youths through targeted interventions; and aims to reach 1,400,000 of the general population through HIV awareness, condom promotion, and voluntary counselling and testing **(**VCT) promotion through information, education and communication approaches. All efforts will be taken to ensure a minimum one third participation of women at all levels, and to promote the meaningful participation of people living with HIV (PLHIV) in programme activities.

This programme is part of the South Asia Regional HIV Programme that is a component of the Red Cross and Red Crescent Global Alliance on HIV.

The Global Alliance on HIV Programme in Bangladesh seeks **CHF 1,514,387** for a three-year implementation period (2008 – 2010).

1. The Magnitude

Bangladesh, with a population of almost 142 million, is one of the most densely populated countries in the world. Around 26.5 per cent of the population is made up of adolescents and youth between 10 to 24 years. The first HIV infection was detected in Bangladesh in 1989. Since then, 874 cases have been confirmed (up to 2006). Of these cases, women comprise less than one third. However, the estimated number of people living with HIV (PLHIV) is around 11,000 (6,400 -18,000).[1] In 1998, a national sentinel surveillance system was set up to monitor trends of HIV infection and risk behaviours that lead to HIV transmission among the most vulnerable groups and some of the bridging populations. So far, eight rounds of national HIV serological surveillance (NHSS) have been carried out. The sixth round of NHSS showed that the prevalence continues to remain less than 1 per cent among populations most at risk, such as female sex workers in brothels, hotels and streets; men having sex with men; transgender people (*hijras*); heroin smokers; and some groups of mobile workers, such as rickshaw pullers and truckers. It also showed that HIV infection among intravenous drug users (IDU) in Central Bangladesh is steadily rising and stands at 4.9 per cent. Available data indicates a high prevalence of active syphilis, high prevalence of needle sharing among IDU (29 per cent to 74 per cent), massive gap between knowledge and safe injecting behaviour, the age of first sexual experience among male clients having sex with female commercial sex workers is 16 to 19 years and condom use is distressingly low among the most vulnerable groups. The surveillance also shows the impending epidemic among the IDU that will eventually spread to other groups.

Table 1: Key HIV and AIDS data in Bangladesh – 2006

National data	
National population	141,822,000 (2005)
Human Development Index	137
% of people with less than USD2 per day	82.8%
HIV and AIDS indicators	
Number of people (all ages) living with HIV	11,000 (6,400 -18,000)
Adults (15-49 years) HIV prevalence rate	<0.1%
Adults (15 and over) living with HIV	11,000 (6,400 -18,000)
Women (15 yrs and over) living with HIV	1,400 (710 – 2,500)
Deaths due to AIDS	109
Children (0-14 years) living with HIV	NA
Orphans (0-17 years) due to AIDS	NA
% of pregnant women receiving treatment to reduce mother to child transmission	NA

2. Impact

Given the number of HIV positive people identified so far and prevalence rate of <0.1 per cent, HIV is yet to create a major social impact in Bangladesh. However, the stigma and discrimination faced by PLHIV in the community is significant and needs to be addressed urgently. A significant number of HIV positive

[1] Epidemiological fact sheet WHO & UNAIDS 2006).

people are migrant workers, and once their status has become known, have lost their employment or not been selected for further work abroad. Lack of understanding and maintenance of strict confidentiality are the major problems.

Risk behaviour is increasing among the youth in Bangladesh, due to low HIV prevalence, religious and cultural mores, and limited availability of correct information. Unattended, in the next few years, this will lead to increasing prevalence rates and HIV impact on the country.

3. Track record and lessons learnt

In November 2001, at the 13th General Assembly of the International Federation of Red Cross and Red Crescent Societies, the member societies declared that the International Federation will confront the pandemic embarking on an ambitious campaign. As an active member of the Movement, BDRCS is committed to play a major role in the fight against HIV. With the existing infrastructures like health care services and blood centres, volunteer force and vast experience in working through volunteers in the community, BDRCS started with awareness creation and information, education and communication (IEC) activities. The HIV/AIDS strategic plan 2003 -2005 was developed, and the national society commemorated World Red Cross Day addressing HIV-related stigma and discrimination. Information on HIV and AIDS was incorporated into BDRCS training programmes and five BDRCS blood centres disseminated information on HIV and AIDS during donor motivation sessions. BDRCS started developing linkages with other organizations working in the field of HIV and AIDS. From 2003-2005, BDRCS trained its midwives in sexually transmitted infections (STI) and HIV with the support of UNICEF. Under the reproductive health initiative for youth in Asia (RHIYA), supported by UNFPA, 27,000 youths were trained in reproductive health and HIV awareness. HIV/AIDS was included in the International Federation's 2006-07 Appeal and later modifications were carried out as per the regional HIV AIDS strategy.

Activities carried out under the four outputs:

Output 1: Preventing further HIV infection
In late 2006, with support from the regional HIV and AIDS programme, an HIV/AIDS baseline survey was conducted in five districts (one district from each division of the country). A total of 1,459 respondents from 38 colleges, 44 schools and 36 communities were interviewed and/or participated in focus group discussions to determine current knowledge, attitudes and practices related to STIs and HIV. Ten government and non-governmental organization health service delivery facilities from the above districts were also observed to assess the availability and accessibility of youth-friendly services. Four districts were selected for implementation of the youth peer education programme. The unit (district branch) secretaries, unit level officers, youth chiefs and school and college authorities were sensitized about the programme. Programme implementation was discussed in detail and an implementation plan was developed. Among the four districts, two have completed the selection of schools, colleges and communities and one has completed a training of trainers (TOT) (26 participants) and volunteer selection (32).

Five BDRCS blood centres together provide 10–12 per cent of the total safe blood supplies in the country. BDRCS blood centres regularly observe World Blood Donor Day. Recognition given to regular donors and the donor motivation activities together with new IEC materials has increased blood collections by 11 per cent in 2006. BDRCS plays a prominent role among other organizations involved in voluntary non-remunerated blood donor motivation and this role is well recognized by the government of Bangladesh and the World Health Organization (WHO).

Output 2: Expanding HIV care, treatment, and support
In one of the target districts, five PLHIV and their families have received clinical care, counselling and referral support. One unit (branch) was supported to acquire an ambulance to transport PLHIV at the time of need since ambulances from other health care services hesitate to carry PLHIV. The unit also received support to extend their existing building to accommodate a counselling and day care centre for PLHIV and STI patients.

Output 3: Reducing HIV stigma and discrimination
A total of 125 BDRCS governance, staff and volunteers attended sessions addressing stigma and discrimination. PLHIV network members are regularly involved in BDRCS programmes, including the baseline survey.

BDRCS targeted communities where PLHIV faced stigma and discrimination and have provided HIV community education and advocacy.

Output 4: Strengthening National Red Crescent Society capacities to deliver and sustain scaled-up HIV programme
The HIV coordinators, from headquarters and district level, have participated in HIV-related workshops conducted at the regional level.

Comparative advantages of BDRCS

- Strong BDRCS network in the field with 68 Units (branches).
- Presence of one national headquarters staff in nearly 50 per cent of the branches.
- Positive image of the national society through their role in humanitarian activities.
- Existing health facilities and blood centres.
- Existing committed and experienced volunteers engaged in various programme activities.
- Coordination and collaboration with other stakeholders.
- Low HIV prevalence and high risk behaviours of the population.

Challenges within and outside
Since the HIV prevalence level in the country among the adult population is still <0.1 per cent, there is a lack of urgency in dealing with HIV-related issues and this attitude is seen at all levels in most organizations. In the same way, HIV risk perception also seems to be very low: 82.8 per cent of the population in the country lives on less than USD2 per day and Bangladesh is one of the most densely populated countries in the world. High levels of illiteracy, religious and cultural mores, gender inequality and political instability contribute to low risk perception and high levels of stigma and discrimination related to HIV. Increasing premarital sex, sex between men, and substance abuse point to the potential for increasing HIV vulnerability and prevalence rates. Recurrent major disasters, such as annual floods and river erosions, displace thousands of vulnerable people every year and make them poorer. Many young girls from these families are forced into sex work. Lack of understanding and implementation of clear policies and guidelines on issues related to HIV, such as confidentiality, is one of the biggest challenges to be addressed immediately. Rapid turnover of trained human resources at various levels in the national society frequently hampers the progress of HIV programme activities.

4. Policy on HIV

The BDRCS HIV programme is part of the South Asia 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 country) through achieving the following **outputs**:

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

The above outputs are bolstered by a fourth:

- Strengthening national Red Crescent society capacities to deliver and sustain scaled-up HIV programme.

The BDRCS work in accordance with the established principles of the International Red Cross and Red Crescent Movement to support Bangladesh's national HIV policies and programmes. The specific scope of the activities in this programme has been developed in coordination with the National AIDS Committee and harmonized with tasks agreed under international assistance arrangements in Bangladesh, including UNAIDS and other UN agencies, non-governmental organizations and civil society groups and donors.

5. The scaling-up programme on HIV

Output 1: Preventing further HIV infection

Approach	Key activities	Geographic targeted areas	Target groups
1.1 Peer education and community mobilization	Over three years through trained BDRCS volunteers • 12,700 youth peer educators trained on HIV, STIs, SRH and life skills from 170 schools, 170 colleges and 25-30 communities • 127,000 youth are trained in HIV, STIs, SRH and life skills by youth peer educators • Culturally sensitive and targeted IEC materials are developed and distributed among the target groups • Involve PLHIV in education activities	17 districts, five blood centres, BDRCS.	• Youth in schools, colleges and communities • Youth in tea gardens, transport workers, migrants and garment factories
1.2 IEC for targeted vulnerable groups	Culturally sensitive and targeted IEC materials are developed and distributed among the target groups • Culturally sensitive IEC materials developed and distributed to target low literacy populations • General awareness creation through local electronic media for 132 days to reach approximately 1,300,000 people over three years • Billboards in 40 targeted places with HIV prevention messages	17 districts	General population and above target groups
1.3 Voluntary counselling and testing (VCT)	• VCT promotion and referral through peer education and prevention activities	One district	1,000 youth
1.4 Skills for personal protection, including condom use	• 94,000 vulnerable youth (tea garden workers, transport workers, migrants and young female garment factory workers) educated on HIV, SRH and other related health issues • Condom promotion through peer education • Prevention education with vulnerable youth workers • Life skills development and condom skills included in the above programmes	17 districts	

	• Training on universal precaution methods to health care personnel of all BDRCS health care facilities		

Output 2: Expanding HIV care, treatment, and support

Approach	Key activities	Geographic targeted areas	Target groups
2.1 Providing livelihood and food support for the most vulnerable	• Income generation activities of 45 PLHIV are supported through the PLHIV network	Two districts where PHIV network is functional	PLHIV

Output 3: Reducing HIV stigma and discrimination

Approach	Key activities	Geographic targeted areas	Target groups
3.1 Partnerships with PLHIV organizations	• Support one PLHIV network and involve PLHIV in the activities of the BDRCS • Support the meaningful involvement of PLHIV in HIV activities in communities, schools and media	17 districts	PLHIV
3.2 Ensuring that HIV in workplace policy and programmes for all staff and volunteers are in place in the national society	• Develop, adopt and implement a workplace policy for the national society by the end of 2008	National headquarter	2,000 BDRCS staff and volunteers
3.3 Tackling gender inequalities and sexual and gender-based violence	• Ensuring that minimum one third of HIV programme participants and beneficiaries are women	National headquarter and 17 districts	Women and PLHIV
3.4 Peer education, community mobilization, and population-based information, education and communication	• Integrate anti-stigma messages and the rights of PLHIV in all activities of the national society such as disaster management and organizational development and commemorating World AIDS Day and other national Red Cross events	National headquarters and all districts where BDRCS activities are present	Disaster management and organizational development programme beneficiaries and communities

Output 4: Strengthening BDRCS capacities to deliver and sustain scaled up HIV programme

Approach	Key activities	Geographic targeted areas	Target groups
4.1 Improving governance, accountability, and leadership of BRCS for discharging planned commitments	• National society's HIV steering committee established by the end of 2008 and meets regularly on a quarterly basis • Three-year (2008-2010) BDRCS HIV strategy developed by the end of 2008	National headquarter and units	BDRCS
4.2 Improving volunteer and staff support and management	• Database of volunteers trained under HIV programme in different districts and compiled at national level	National headquarter and units	BDRCS
4.3 Strengthening programme cycle management	• 50% of the staff/volunteers involved in HIV programme are trained in Programme Management cycle 75 (APPROX.) • Annual refresher courses for BDRCS volunteers • Periodic narrative and financial reporting system in place by the end of 2008 for the national society • 17 units (branches) supported to manage and administer the project throughout the project period • Documenting and sharing good practices on HIV programming • Funding development for the implementation of the HIV and AIDS programme • Develop and foster relevant and effective strategic partnerships with key stakeholders	National headquarter and units	BDRCS

6. Implementation and management arrangements

The programme will be implemented by the BDRCS with the support of the International Federation Secretariat. A steering committee of programme stakeholders, including the health director, BDRCS HIV programme manager, representative from the International Federation Secretariat country delegation, HIV district projects, PLHIV network, national AIDS programme, WHO, and the UNAIDS country theme group, will be established and chaired by the BDRCS secretary general. The steering committee will meet on a quarterly basis.

The HIV programme will use the existing management structures. The secretary general will provide overall management and oversight to the programme. The steering committee chaired by the secretary

general will support the national society in developing a holistic view of the national HIV plan and policies, and provide a platform to share information and use this for the benefit of the HIV programme by avoiding programme and resource overlap.

The head of the health division at the national headquarters will provide day-to-day management and coordination of the HIV and AIDS programme. At the national society level, the national HIV programme manager will be in-charge of implementing the programme under head of the health division. The national HIV programme manager will be supported by three staff (one training and material development officer, one monitoring and evaluation officer, and one finance and accounting officer).

The programme will be implemented at the unit (district) level through units. Divisional HIV coordinators will be responsible for planning, implementing, organizing trainings and monitoring the programme in three to five units in the division. District Red Crescent youth chief/volunteer leader will cooperate with the divisional HIV coordinator in implementing HIV youth peer education and life skills in the schools, colleges and communities, and addressing various target groups in his/her district. Divisional HIV coordinator and the district Red Crescent youth chief/volunteer leader will coordinate locally with the PLHIV network to involve them in the programme at all levels. The units will select ten schools and ten colleges for implementation of HIV youth peer education and life skills. Each school and college will have a trained Red Crescent volunteer to impart HIV youth peer education to ten students. The students in turn will disseminate the knowledge and share the skills acquired to their peer groups. The Red Crescent volunteer responsible for school/college/community will directly report to the district Red Crescent youth chief/volunteer leader. The units will also select five most vulnerable communities for HIV peer education and life skills with targeted vulnerable groups. In cooperation with the national AIDS/STD programme, a suitable location for a voluntary counselling and testing centre (VCTC) will be identified, preferably in a district where BDRCS blood centre/health facility already exists or BDRCS HIV programme is being implemented. Necessary steps in obtaining technical and financial support of the government HIV programme will be taken. Through the youth peer education and other targeted interventions, awareness will be created in seeking voluntary counselling and testing and utilizing the facilities. The VCTC will be reporting to the national HIV programme manager and will be monitored by him/her.

The national society will identify PLHIV who need support for their livelihood through PLHIV networks. PLHIV will be supported in identifying a suitable livelihood option and obtaining necessary technical and financial support. Possibilities of securing financial support through banks will be explored. The programme will be directly implemented and monitored by the national HIV programme manager.

Standard financial/auditing guidelines and procedures used by BDRCS on its current projects at various levels will be followed and used under the new HIV and AIDS integrated programme. Each unit will report on a monthly basis through the divisional HIV coordinator to the national HIV programme manager. Financial reports will then be scrutinized at the national level.

Working advances will be made to the units on a monthly basis. BDRCS will have a national annual audit in preparation of the annual report. In addition, project specific audits will be conducted in accordance with agreements reached with partners. The International Federation health delegate in-country will provide technical support and guidance to the programme and support the national society in resource mobilization within the country. Partner national society/ies within the country will be encouraged to actively take part in the HIV programme as per their expertise. BDRCS will also provide necessary support to the programmes implemented by the partner national society in addressing HIV related issues.

7. Monitoring and reporting arrangements

Monitoring and evaluation (M&E) will be a key component of the programme. This programme subscribes to the principles of the “seven ones” of the Global Alliance on HIV, including one performance monitoring system. Each unit implementing the programme will have a monthly reporting, review and planning meeting conducted by the divisional HIV coordinator. The volunteers implementing the programme in the field will give a monthly report following a standard format and will also share their experiences. The national HIV manager will conduct monitoring visits on a quarterly basis. BDRCS will develop and use

simple standard recording and reporting formats for the various levels. Programme personnel/volunteers will be trained at various levels on using the developed reporting formats. The units will develop and maintain a database of trained volunteers under the HIV programme. Systematic documentation of good practices will be supported and promoted. This system is set up with the hope to improve knowledge management and scaling-up of evidence-based success stories. Programme reviews (includes financial reporting) will be conducted on a regular basis. There will be three programme reviews; one at the end of each year at the divisional and national level to review the achievements during the year and planning for the coming year and one at the end of 2010 for evaluation. Participatory methods will be used while reviewing, planning and evaluations. The reporting will be in line with Global Alliance on HIV format and it will consist of monthly quantitative based on the indicators identified and narrative to capture good practices and case studies and financial programme reports. Quarterly, twice yearly and annual reports will be prepared and be shared with the International Federation country and regional offices. A programme completion report will be prepared at the end of the programme period.

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8. Risks, assumptions and undertakings

- It is assumed that adequate and continuous flow of funds for the implementation of all planned interventions will be mobilized by the national society.
- The government and other partners will sustain their commitment to HIV and AIDS.
- The government will continue expanding VCT services to reach areas that are currently not covered.
- Communities and targeted vulnerable groups will be receptive and willing to use the services provided under the programme.
- The national society will retain trained staff and volunteer resources.

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.

9. Summary of results-based budgetary framework

See Annex 1 for detailed budget.

Activities	**2008**	**2009**	**2010**	**TOTAL (CHF)**
1. Preventing	210,504	347,259	470,526	1,028,289
2. Care, treatment, and support	8,413	8,675	13,992	31,080
3. Reducing stigma and discrimination	4,067	2,600	3167	9,834
4. Strengthening capacities to deliver and sustain scaled-up HIV programme	90,381	121,664	140,845	352,890
5. Monitoring and evaluation*	*313,365*	*480,198*	*628,530*	1,422,093
6. Programme support recovery (6.49% of the total)				92,294
TOTAL	**313,365**	**480,198**	**628,530**	**1,514,387**

Logframe for Bangladesh Red Crescent Society HIV programme 2008-2010

Date of first formulation: Dates revised:

Narrative summary	Tracking Indicators	Means of Verification	Important Assumptions
Goal: To contribute to Global Agenda Goal 2: to reduce the number of deaths, illnesses and impact from diseases and public health emergencies	• By the end of 2010 HIV prevalence rates for the general population shows a decline • Survival and improved quality of life of PLHIV	• UNAIDS Global HIV and AIDS epidemic reports • National AIDS/STD programme reports	
Programme purpose: To scale-up the International Federation's efforts in support of national HIV and AIDS programmes to reduce vulnerability to HIV and its impact in Bangladesh	• Reduced incidence of HIV among target population of 1,634,000 • People benefiting from Red Cross Red Crescent services in targeted communities	• Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation	Sufficient national budgetary allocations, and international donor assistance resources provided, and access to targeted populations achieved
Narrative summary (Programme Outputs)	**Tracking Indicators**	**Means of Verification (MOV)**	**Important Assumptions**
1. Further HIV infections are prevented	1.1 127,000 students reached by YPE programme by the end of 2010 (1.1%) 1.2 38,500 youth reached by YPE in the community by the end of 2010 (19.7%) 1.3 94,500 people reached through targeted interventions by the end of 2010 (2%) 1.4 1,400,000 people reached by IEC programmes by the end of	• Six-monthly and annual programme Reviews • Programme completion report • End of programme evaluation	• Willingness of target population to modify their cultural beliefs about sexual behaviour • Availability of donor support to implement the programme

	2010 (3.7%) 1.5 1,000 people will utilize VCT services by the end of 2010		
2. HIV care, treatment and support is expanded	2.1 45 PLHIV will receive BDRCS support for IGA by the end of 2010	• Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation	• Willingness of government to support expansion of care treatment and support interventions. • Availability of programme resources to implement the activities
3. HIV stigma and discrimination is reduced	3.1 HIV in workplace policy is in place and implemented by the National society by the end of 2008 3.2 Discrimination incident reported by HIV positive Red Cross Red Crescent staff and volunteers with appropriate action (%) 3.3 More than one third of the volunteers and beneficiaries in the programme are women by the end of 2009	• Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation	• Willingness and commitment by government institutions and stakeholders, including communities to reduce stigma and discrimination
4. Bangladesh Red Crescent Society's capacities to deliver and sustain scaled-up HIV programme are strengthened	4.1 80% staff and volunteers recruited and retained in the programme throughout the period. 4.2 50% HIV programme staff and volunteers trained in	• Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation	• National society integrity and dignity issues may hamper implementation.

	planning, reporting, monitoring and evaluation cycle and finance management. 4.3 Updated trained volunteer data base is maintained 4.4 Timely, quality and accurate reports are produced as required by the end of 2008 and there after 4.5 100% of project offices are provided with administrative support, equipment and infrastructure. -Number of volunteer hours mobilized - HIV appeal coverage (amount and %)		
Approaches and activities		**Sources of information**	**Activity to output**
Output 1 **1.1 Peer education and community mobilization** • Training 12,700 youth peer educators from schools, colleges and out of school on life skills, sexual and reproductive health, STI, HIV and AIDS by the end of 2010 • Providing peer education to 127,000 beneficiaries by the end of 2010 • Developing and distributing culturally sensitive targeted IEC material over three years • Conducting annual refresher courses for volunteers on HIV and AIDS, STIs, sexual reproductive health, gender and other related health issues three times from 2008 - 2010 **1.2 IEC for targeted vulnerable groups**	• Number of peer educators trained • Number of beneficiaries received education from their peers	• Programme monthly reports, reviews and evaluation • Assessment reports • IEC material • VCT records	• Willingness of the local governments to support the implementation of the projects at local level • Availability of qualified staff at national and district level to manage the projects • Availability of volunteers who are willing to participate in the programme

• Developing and disseminating interactive IEC materials to reach illiterate population • General awareness creation through local electronic media for 132 days to reach approximately 1,300,000 people over three years • Billboards in 40 targeted places with HIV prevention messages **1.3 Voluntary Counselling and Testing (VCT)** • Establishing one voluntary counselling and testing centre in cooperation with BDRCS blood centre to serve approximately 1,000 clients by the end of 2009 • Sensitizing and mobilizing the community to utilize the services of VCTs **1.5 Skills for personal protection, including condom use** • Conducting health education on HIV and AIDS, sexual reproductive health and other related health issues among targeted groups such as tea garden workers, transport workers, migrants and young girls in the garment factories to benefit 94,000 by the end of 2010 • Awareness creation and condom promotion through IEC activities over a period of three years • Life skills development, condom negotiation skills, correct and consistent use of condoms during sexual intercourse for prevention of HIV and STIs are included in the HIV training programmes over three years	• Number of IEC material developed and distributed • Number of mass media campaigns conducted. • Number of people attending VCT • Number of persons referred to VCT		

• Training on Universal precaution methods to health care personnel of all BDRCS health care facilities by the end of 2010	• Number of health care personnel attended training on Universal precautions **Total budget: CHF 1032,568**		
Output 2 **2.4 Providing livelihood and food support for the most vulnerable** • Supporting Income generation activities of 45 PLHIV through their network by the end of 2010	• Number of PLHIV received support for IGA. **Total budget: CHF 25,001**	• Programme reports	
Output 3 **3.1 Developing community support groups and networks of people living with HIV, and partnerships with PLHIV organizations** • Supporting one PLHIV network and PLHIV are included in related activities of the national society • Supporting PLHIV to share their personal testimonies in communities, schools and media **3.3 Ensuring that HIV in workplace policy and programmes for all staff and volunteers are in place in Red Cross Red Crescent national societies** • Developing, adopting and implementing workplace policy for the national society by the end of 2008	• Number of PLHIV involved in national society activities • Number of PLHIV shared their experiences • National society's workplace policy developed and implemented	• Programme reports • Interviews • Availability of policies	

3.4 Tackling gender inequalities and sexual and gender based violence • Ensuring that minimum one third of the participants and beneficiaries are women • Integrating anti-stigma messages and the rights of PLHIV in all activities of the national society such as disaster management and organizational development and commemorating World AIDS Day and other Red Cross national events	• Number of women participating in the HIV related activities • **Total budget: CHF 9,834**		
Output 4 **4.1 Improving governance, accountability, and leadership of BDRCS for discharging planned commitments** • Forming national society's HIV steering committee by the end of 2008 and meeting regularly once every three months • Developing a three-years (2008-2010) HIV strategy for the national society by the end of 2008 **4.2 Improving volunteer and staff support and management** • Developing data base of volunteers trained under HIV programme in different districts and compiling it at national level by the end of 2009 **4.3 Strengthening programme cycle management**	• Number of national society HIV steering committee meetings conducted • National society's HIV strategy for three years (2008 -2010) • Number of staff and volunteers retained • Number of staff/volunteers	• HIV strategy of the national society • National society volunteer database and human resource reports • News letters • Availability of memorandum of understanding with partners and donor agreements	

• 50% of the staff/volunteers involved in HIV programme are trained in programme management cycle including reporting, monitoring and evaluation) and finance management by the end of 2010 • Developing and implementing simple and periodic narrative and financial reporting system by the end of 2008 • Supporting the units (branches) to mange and administer the project throughout the project period • Documenting and sharing good practices. • Developing and marketing proposals and fundraising for the integrated HIV and AIDS strategic plan. • Developing and fostering relevant and effective strategic partnerships with key stakeholders.	trained on programme management cycle and M&E. • Number of offices equipped. • Newsletter carrying HIV programme information • Funds raised • Partnerships and memorandums of understanding developed **Output 4: CHF 352,890** (including monitoring) **PSR: CHF 92,319** **Total budget: 1,512,612**		

Annex 1 Detailed Budget of Global Alliance on HIV programme 2008 – 2010

Budget item		Year 1 (CHF)	Year 2 (CHF)	Year 3 (CHF)	Total (CHF)
	Output 1				
1.A	Personnel	89,754	161,092	239,633	**490,479**
1.B	Capacity building / workshops, training & technical assistance	80,750	140,500	181,976	**403,226**
1.C	Capital expenses: equipment, supplies & materials	0	0	0	**0**
1.D	Transport and storage	0	0	0	**0**
1.E	Information, media, publications	40,000	45,667	48,917	**134,584**
1.F	Travel & communications	0	0	0	**0**
1.G	Other costs – specify	0	0	0	**0**
1.H	Other costs – specify	0	0	0	**0**
1.I	*Subtotal*				
1.J	***Output 1 Total***	**210,504**	**347,259**	**470,526**	**1,028,289**
	Output 2				
2.A	Personnel	1,246	1,408	1,625	**4,279**
2.B	Capacity building / workshops, training & technical assistance	6,667	6,667	11,667	**25,001**
2.C	Capital expenses: equipment, supplies & materials	0	0	0	**0**
2.D	Transport and storage	0	0	0	**0**
2.E	Information, media, publications	0	0	0	**0**
2.F	Travel & communications	500	600	700	**1,800**
2.G	Other costs – specify	0	0	0	**0**
2.H	Other costs – specify	0	0	0	**0**
2.I	*Subtotal*				
2.J	***Output 2 Total***	**8,413**	**8,675**	**13,992**	**31,080**
	Output 3				
3.A	Personnel	0	0	0	**0**
3.B	Capacity building / workshops, training & technical assistance	1,667	0	0	**1,667**
3.C	Capital expenses: equipment, supplies & materials	0	0	0	**0**
3.D	Transport and storage	0	0	0	**0**
3.E	Information, media, publications	1,700	1,800	2,000	**5,500**
3.F	Travel & communications	700	800	1,167	**2667**
3.G	Other costs – specify	0	0	0	**0**
3.H	Other costs – specify	0	0	0	**0**
3.I	*Subtotal*	0	0	0	**0**
3.J	***Output 3 Total***	**4,067**	**2,600**	**3167**	**9834**

Budget item		Year 1 (CHF)	Year 2 (CHF)	Year 3 (CHF)	Total (CHF)
	Output 4				
4.A	Personnel	25,134	33,041	38,784	**96,959**
4.B	Capacity building / workshops, training & technical assistance	5,750	6,250	6,333	**18,333**
4.C	Capital expenses: equipment, supplies & materials	16,334	10,417	4,334	**31,085**
4.D	Transport and storage	0		0	**0**
4.E	Information, media, publications	0		0	**0**
4.F	Travel & communications	13,600	20,393	25,153	**59,146**
4.G	Programme monitoring, reviews and evaluations*	26,133	45,083	56,801	**128,017**
4.H	Other costs – Office running cost	3,430	6,480	9,440	**19,350**
4.I	*Subtotal*				
4.J	***Output 4 Total***	**90,381**	**121,664**	**140,845**	**352,890**
K	**Subtotal of all Outputs**	**312,965**	**479,498**	**627,830**	**1,420,293**
L	Programme support recovery (PSR)	20,343	31,167	40,809	92,319
N	**Grand Total**	**333,308**	**510,665**	**668,639**	**1,512,612**

* O*ne CHF = 60 B*

Annex 2 **Programme Scaling up Targets**

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
OUTPUT 1: Preventing further HIV infection					
Approach 1.1 Peer education and community mobilization					
Youth in schools, colleges & communities	In 4 districts - 40 schools - 40 colleges & - 20 communities - 1,200 YPE - 12,000 beneficiaries	10 districts 100 schools 100 colleges 35 communities 2,700 YPE 27,000 beneficiaries	15 districts 150 schools 150 colleges 55 communities 4,100 YPE 41,000 beneficiaries	17 districts 170 schools 170 colleges 65 communities 4,700 YPE 47,000 beneficiaries	17 districts 170 schools 170 colleges 65 communities 12,700 YPE 127,000 beneficiaries
Migrant workers	--------	Dhaka 10,000	Dhaka – 12,000 Sylhet – 3,000	Dhaka – 12,000 Sylhet – 3,000 Chittagong – 2,000	42,000 beneficiaries
Tea garden workers	-----	Sylhet – 100 YPE beneficiaries - 2000	Sylhet & Moulvi bazar 200 YPE beneficiaries 4,000	Sylhet, Moulvi bazar 200 YPE beneficiaries 4,000	500 YPEs 10,000 beneficiaries
Transport workers	------	Jessore – 10,000	Jessore – 10,000 Brahmanbaria 1,000	Jessore – 10,000 Brahmanbaria 1,000	2 districts 32,000
Garment workers	-------	-----	------	Dhaka 10,000	10,000
Approach 1.2 IEC for targeted vulnerable groups					
Youth in schools, colleges & communities	13,200	51,800	75,300	93,900	221,000
General public	50,000	752,500	1,250,000	1,350,000	3,352,000
Approach 1.3 Voluntary Counselling and Testing (VCT)					
Youth	------	--------	500	500	1,000
Skills for personal protection (Universal precautions)	-------	25% of the BDRCS health care facilities are trained	50% of the BDRCS health care facilities are trained	25% of the BDRCS health care facilities are trained	100% of BDRCS health care facilities are trained

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
OUTPUT 2: Expanding HIV treatment, care and support					
Approach 2.4 Providing livelihood and food support for the most vulnerable					
PLHIV	----------	IGA for 10 PLHIV	IGA for 15 PLHIV	IGA for 20 PLHIV	IGA for 30 PLHIV
OUTPUT 3: Reducing HIV stigma and discrimination					
Approach 3.1 Support groups for PLHIV network and partnership with PLHIV network					
One network of PLHIV	--------	Support will be increased	Support will be increased	Support will be increased	Support will be increased
Approach 3.2 HIV in workplace policy & programmes for all staff and volunteers are in place					
Staff and volunteers of the NS	-------	BDRCS staff & volunteers	BDRCS staff & volunteers	BDRCS staff & volunteers	BDRCS staff & volunteers
Approach 3.3 Tackling gender inequalities and sexual and gender based violence					
All participants of the programme	Minimum one third of the participants & beneficiaries are women	Minimum one third of the participants & beneficiaries are women	Minimum one third of the participants & beneficiaries are women	Minimum one third of the participants & beneficiaries are women	Minimum one third of the participants & beneficiaries are women
OUTPUT 4: Strengthening National Red Cross / Red Crescent Society capacities to deliver and sustain scaled-up HIV programme					
4.1 Improving governance, accountability, and leadership of National Society for Discharging planned commitments					
Staff & volunteers of the NS and Units	Staff & volunteers of the NS and programme units	Staff & volunteers of the NS and Units	Staff & volunteers of the NS and programme units	Staff & volunteers of the NS and programme units	Staff & volunteers of the NS and programme units
4.2 Improving volunteer and staff support and management					
Staff & volunteer	----------	Trained volunteer data base in 10 districts	Trained volunteer data base in 15 districts	Trained volunteer data base in 17 districts	Trained volunteer data base in 17 districts
4.3 Strengthening programme cycle management					
Staff & volunteers of NHQ and Units	----------	Programme management cycle training for NHQ & 10 Unit	Programme management cycle training for NHQ & 15 Unit	Programme management cycle training for NHQ & 17 Unit	Programme management cycle training for NHQ & 17 Unit