

Lao Red Cross Society

HIV Programme

1. EXECUTIVE SUMMARY

The primary goal of the Lao Red Cross (LRC) HIV programme is to reduce vulnerability to HIV and its impact in the Lao People's Democratic Republic (PDR), and through this contribute to the International Federation's scale-up efforts in supporting national HIV and AIDS programmes in reducing vulnerability to HIV and its impact. This composite goal will be achieved through the main programme outputs of preventing further HIV infection; expanding HIV care, treatment, and support; reducing HIV stigma and discrimination; and by strengthening the capacity of the LRC to deliver and sustain a scaled-up HIV programme.

The main approaches used in working toward these outputs will include: peer education and community mobilization with a specific focus on uniformed services personnel and youth (as a means of preventing further HIV infection); providing treatment, care and support to people living with HIV (PLHIV) in partnership with community-based volunteers and government health resources; helping develop PLHIV community support groups and networks (as means to reducing HIV stigma and discrimination); and building the capacity of the LRC leadership and management to ensure an effective and efficient scaled-up response to the epidemic. Over the course of this three-year programme (2008-2011), the LRC aims to significantly scale-up its HIV activities to reach some 100,000 direct and indirect beneficiaries.

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

2. THE MAGNITUDE

The magnitude of HIV in Lao PDR can be a deceptive one. Although the country's HIV prevalence rate (0.1 per cent)¹ is considered low compared to its neighbours (e.g. Thailand and Cambodia), concerns have long remained that the infection rate will continue to rise unless adequate preventative action is taken. This concern appears justified given that the number of people living with HIV in Lao PDR has continued to rise over the past few years.

The statistics speak for themselves. At the end of 2005, the cumulative number of people identified with HIV in Lao PDR was 1,827 (60 per cent male and 40 per cent female). Of this number, 432 were known to be living with AIDS with 306 people receiving anti-retroviral (ARV). A total of 637 people have already died. More than 77 per cent of those infected were between the ages of 20 and 39 years. Data indicates 94.8 per cent of infections were transmitted through heterosexual sex, 3.9 per cent transmitted from mother to child, 0.7 per cent through homosexual sex, 0.3 per cent through blood products, and 0.2 per cent through unsterilized needle use.²

¹ UNAIDS 2006 Report on the Global AIDS Epidemic.

² Lao PDR National Committee for Control of AIDS, February 2006.

In 2006, it was estimated that there were 3,700 PLHIV in Lao PDR, with heterosexual sex still being determined as the main cause of transmission.

The groups considered most at risk from HIV include uniformed services personnel (i.e. military and police), sex workers and their clients, menwhohavesexwithmen (MSM), mobile and migrant populations, and drug users.³ The high rate of sexually transmitted infections (STIs) found in high-risk populations (approaching 50 per cent) is an alarming indicator of the level of unprotected sex which is taking place. There is increasing evidence of infection amongst MSM and a recognition that other marginalized groups (e.g. sex workers and drug users) need to be targeted just as equally as individuals from 'mainstream' society. In Lao PDR, gender inequalities have significantly contributed to the spread of HIV and STI; a situation which is set to continue as long as women remain disempowered, vulnerable to economic exploitation, and unable to assert their right to safe sex. And while the prevalence rate is indeed a low one, the risk of vulnerable groups to HIV is high.

2.1. Key Lao PDR HIV and AIDS Data

Lao PDR is one of the least developed countries in the world. It is a small landlocked country with an area of 236,800 km² sharing borders with Vietnam, Thailand, Cambodia, China and Myanmar.



The table below identifies key Lao demographic and HIV data.⁴

National population	5,924,000
Human Development Index	133

³ Lao PDR National Committee for Control of AIDS, February 2006.

⁴ UNAIDS 2006 Report on the Global AIDS Epidemic.

% of people with less than USD2 per day	73.2
Number of people (all ages) living with HIV	3,700
Adults (15-49 years) HIV prevalence rate	0.1
Adults (15 and over) living with HIV	3,600
Women (15 yrs and over) living with HIV	<1,000
Deaths due to AIDS	<100
Children (0-14 years) living with HIV	No data
Orphans (0-18 years) due to AIDS	No data
% of pregnant women receiving treatment to reduce mother to child transmission	2.5
% of HIV-infected women and men receiving antiretroviral therapy (ART)	49
% women and men separately (15-24 years) who correctly identify ways to prevent HIV	No data
% women and men separately (15-24 years) who used condom last time they had casual sex	No data
% of intravenous drug users reached by prevention programmes	No data
% of MSM reached by prevention programmes	No data
% of sex workers reached by prevention programmes	70.7

3. THE IMPACT

The HIV epidemic appears to have followed a predictable path in Lao PDR; beginning in the most vulnerable populations (e.g. sex workers and intravenous drug users (IDUs) and spreading through a 'bridge population' (e.g. clients of sex workers) to individuals that do not exhibit any risk behaviour i.e. spouses of clients. Low levels of awareness, limited access to prevention and protection (including access to condoms) has contributed to a rising prevalence of HIV/AIDS in the country. These factors, combined with the low socio-economic status of women, high levels of poverty and a widening generation gap have all contributed to a heightened impact of the disease among the general population.

The fact that many of the country's remote areas have opened up to economic development has caused an acceleration in the spread of the epidemic among young and migrant populations. The increasing use of recreational drugs has also contributed to an increased impact on the population, with high numbers of sex workers reportedly injecting drugs. Additionally, the high use of alcohol (reported as playing a significant role in the spread of HIV, particularly as 'under the influence' men are more likely to purchase sex and less likely to use condoms⁵) has contributed to higher infection rates. The epidemic is also having a significant impact on the Laoian society. Individuals aware of their status often increasingly face stigma and discrimination from communities, including their own families, who furthermore have limited access to treatment, or care and support services to help them deal with their situations.

To secure the country's welfare, and ensure it meets its Millennium Development Goals and aims outlined in the National Strategy and Action Plan on HIV/AIDS/STI

⁵ Lao PDR National Committee for Control of AIDS, February 2006.

2006-2010⁶, experience has shown it is essential to effectively stabilize an HIV epidemic, for which both prevention and care services are required. And while between 2001 and 2004 the overall response to the epidemic improved considerably, the number of sex workers, clients and migrant workers reached with interventions remained too low. To ensure the epidemic is effectively addressed in the coming years, prevention of new HIV infections needs to remain a high priority, with an increase in care and support services (including ARV to reduce mortality) required as a way of strengthening the entire 'prevention to care' continuum.

4. POLICY ON HIV

The LRC HIV programme is part of the Asia Pacific 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 Lao PDR through achieving the following **outputs**:

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

The three outputs are bolstered by a fourth:

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

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

5. TRACK RECORD AND LESSONS LEARNED

Since 1992, the goal of the LRC HIV/AIDS programme has been to reduce vulnerability to HIV/AIDS and alleviate the impact of HIV/AIDS for those already affected or infected. It has attempted to target the most vulnerable populations, using community approaches that place vulnerable communities and PLHIV at the centre of the response.

The main strategies of the LRC HIV/AIDS programme have been to facilitate a youth peer education process (in 11 provinces) with the objective of developing skills that ensure young women and men are equipped to make informed decisions about behaviours that place them at risk of HIV/STI infections. Between 1992 and 2006, the prevention aspect of the programme reached more than 110,175 beneficiaries. A significant part of the programme's HIV care, treatment, and support work has been home and community-based care and support for people living with HIV/AIDS in four provinces. Between 1992 and 2006 more than 1,332 beneficiaries were reached through this initiative.

⁶ National Committee for Control of AIDS.

In more recent years, the programme has been active in reducing the negative socio-economic consequences of HIV/AIDS, and has supported the development of the Lao Network of People Living with HIV (LNP+). In addition, the programme has been engaged in strengthening the national Red Cross society capacity to deliver and sustain scaled-up HIV programme through internal prevention education, health department capacity building and organizational development work.

In terms of comparative advantages, the LRC is the auxiliary to government in the field of humanitarian relief and development. The LRC works in all 17 provinces in Lao PDR and has an extensive network of community-based volunteers. The programme remains one of only two national youth HIV prevention initiatives within the NCCA's national strategy, and one of the few organizations active in care and support. Additionally, the work of the programme has been undertaken in cooperation with Lao PDR government (at national, provincial and local level), the National Committee for Control of AIDS, and relevant international organizations.

The staff members of the programme have learned a number of key lessons since 1992. The most significant of these relate to the need for ongoing support (financial and technical) from its partner national societies if momentum and impact are to be maintained; and the need to increasingly partner with other key stakeholders (specifically international non-governmental organizations) if services and resources are to be utilized to best effect and communities more effectively targeted. The programme has responded to these challenges by designing a new approach to work that addresses these lessons and better contributes to the national HIV/AIDS action plan.

The following section identifies the key outputs intended through this programme.

6. Key Programme Outputs

OUTPUT 1: Preventing further HIV infection

Key: M = Military personnel; P = Police personnel.
Abbreviations for provinces are given at the end of Section 6.

Approach	Key Activities	Geographic Target Areas⁷	Target group(s)⁸
1.1 Peer education and community mobilization to reduce risk behaviour among uniform services.	<ul style="list-style-type: none"> - Sensitization workshops for military and senior police reach 400 - Conduct baseline surveys (KAP) in target provinces 	Year 1: PSY, HPN, UMXY, XKG provinces, VNT capital (advocacy only). Year 2: CPSK, BKO, SBLY, SVKT, LNTA. Year 1: PSY, HPN, UMXY, XKG Year 2: CPSK, BKO, SBLY, SVKT, LNTA	Year 1: M: 100, P: 100 Year 2: M: 100, P: 100

⁷ For some activities, the geographic target areas will be cumulative i.e. provinces in year 1 will be carried forward to year 2, and provinces in years 1 and 2 carried forward to year 3. The detail of this will be included in an updated Programme Document post-inception phase.

⁸ Target numbers for Year 3 will be included in an updated Programme Document post-inception phase.

Approach	Key Activities	Geographic Target Areas ⁷	Target group(s) ⁸
	<p>- Curricula developed and 30 police, 30 military peer trainers, 20 Red Cross branch staff (PO) and 20 Provincial Community Control Office of AIDS (PCCOA) staff are trained.</p> <p>- Peer educators workshop targeting 1,080 peer educators</p> <p>- Peer Educators to conduct "Friend to Friend" education on HIV prevention to 10 other uniformed personnel (1 to 10), 26, 400 contacts.</p> <p>- Condom promotion and distribution</p> <p>- Life-skill workshop for peer beneficiaries reach 1,080 (M: 720, P: 360)</p> <p>- Supervision and support to peer educators quarterly</p>	<p>Year 1: PSY, HPN,UMXY,XKG, VNT capital (advocacy only) Year 2: CPSK,BKO, SBLY, SVKT,LNTA</p> <p>Year 1: PSY, HPN,UMXY,XKG, SBLY, SVKT,LNTA</p> <p>Year 1: PSY, HPN,UMXY,XKG, Year 2: CPSK,BKO, SBLY, SVKT,LNTA</p> <p>Year 3: PSY, HPN, UMXY,XKG,CPSK, BKO, SBLY, SVKT, LNTA</p> <p>Year 1: PSY, HPN,UMXY,XKG, Year 2: CPSK,BKO, SBLY, SVKT,LNTA</p> <p>Year 3: : PSY, HPN,UMXY,XKG, CPSK,BKO, SBLY, SVKT,LNTA</p> <p>Year 1: PSY, HPN,UMXY,XKG, Year 2: CPSK,BKO, SBLY, SVKT,LNTA</p> <p>Year 1: PSY, HPN,UMXY,XKG, Year 2: CPSK,BKO, SBLY, SVKT,LNTA</p>	<p>Year 1: M: 15, P: 15, Red Cross: 10, PCCOA :10</p> <p>Year 2: M: 15, P: 15, Red Cross: 10, PCCOA: 10</p> <p>Year 1: M: 320. P: 160.</p> <p>Year 2: M: 400, P: 200</p> <p>Year 1: M: 3,200, P 1,600 Total Yr 1: 4,800</p> <p>Year 2: M: 4,000, P: 2,000 Total Yr 2: 4,800 + 6,000 = 10,800</p> <p>Year 3: M: 7,200 P: 3,600 Total Yr 3: 10,800</p> <p>Year 1: M:105,000 P: 70,000</p> <p>Year 2: M: 105,000 P: 70,000</p> <p>Year 3: M: 105,000 P: 70,000</p> <p>Year 1: M: 320 P:160</p> <p>Year 2: M: 400 P: 200</p> <p>Year 1: 4 meetings. M: 320, P: 160</p>

Approach	Key Activities	Geographic Target Areas ⁷	Target group(s) ⁸
		Year 3: PSY, HPN,UMXY,XKG, CPSK,BKO, SBLY, SVKT,LNTA	Total Yr 1: 480 Year 2: 4 meetings. M: 400, P: 200 Total Yr 2: 480 + 600 = 1,080 Year 3: 4 meetings. M: 400, P: 200 Total Yr 3: 1,080
1.2 IEC developed in collaboration with uniformed services	- Develop appropriate information, education, communication (poster, leaflet, card game, manual, Red Cross banner, newsletter) - Distribute information, education, communication material	Year 1: ALL target provinces and VNT capital. Year 1: PSY, HPN,UMXY,XKG provinces, VNT capital (advocacy only) Year 2: CPSK,BKO, SBLY, SVKT, LNTA	Military, police, and their families
1.3 Voluntary Counselling and Testing (VCT) promotion to increase access for uniformed services.	- VCT services identified and referral mechanisms developed - Training of 1,080 peer educators on VCT referral - VCT promotion among 26,400 military personnel and referral of at least 2,640 by peer educators	Year 1: PSY, HPN,UMXY,XKG provinces, VNT capital (advocacy only) Year 2: CPSK,BKO, SBLY, SVKT, LNTA Year 1: PSY, HPN,UMXY,XKG Year 2: CPSK,BKO, SBLY, SVKT, LNTA Year 1: PSY, HPN,UMXY,XKG Year 2: CPSK,BKO, SBLY, SVKT, LNTA Year 3: PSY, HPN, UMXY, XKG, CPSK, BKO, SBLY, SVKT, LNTA	Military, police and their family Year 1: M: 320, P: 160 Year 2: M: 400 P: 200 480 1,080 1,080

OUTPUT 2: Expanding HIV care, treatment, and support

Approach	Key Activities	Geographic Target Areas	Target group(s)
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Approach	Key Activities	Geographic Target Areas	Target group(s)
2.1 To measure need for assisting children and orphans made vulnerable by HIV	Conduct needs analysis on orphan vulnerable children in third quarter of 2008	Year 1: BKO, KME, SVNH	Orphan and vulnerable children and families
2.2 Provide treatment, support and care for people living with HIV to ensure access to quality services.	Sharing and review of care component of LRC HIV programme in second quarter of 2008	All target provinces	LRC headquarter and branch staff
	LRC joins care and support working/coordination group in first quarter of 2008	Vientiane	LRC headquarter staff
	Develop training curricula for health care staff: LRC staff and volunteers and PLHIV Year 1 OI/ARV – second quarter 2008 Year 2 Counselling	Vientiane	LRC staff and volunteers PLHIV Provincial and district level health care staff
	Develop information, education, communication materials for OI/ARV and distribute 1,000 copies each year totalling 3,000 copies over three years	Year 1: BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH Year 2: LNTA Year 3: UMYX, CPSK	PLHIV LRC staff and volunteers provincial and district level health care staff
	Conduct 5 day OI/ARV training 146 people (96 doctors/nurses, 25 provincial hospital staff, 25 LRC staff) Year 1 – 38 Year 2 - 38 + 10 = 48 Year 3 – 48 + 12 = 60 Total: 146	Year 1: BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH Year 2: LNTA Year 3: UMYX, CPSK	District doctors nurses, provincial hospital staff LRC staff
	Conduct five-day counselling training for 108 people (72 doctors/nurses, 18 provincial hospital staff, 18 LRC staff) Year 2 – 48 Year 3 – 48 + 12 = 60 Total: 108	Year 2: BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH LNTA Year 2: UMYX, CPSK	District doctors nurses, provincial hospital staff LRC staff
	Provide total of 23 first aid kits to district nurses/doctors and provincial hospital staff over three years Kits: five per province for full team Already have 27 kits Year 1: 4 (31 – 27 = 4)	Year 1: BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH Year 2: LNTA Year 3: UMYX, CPSK	District doctors nurses, provincial hospital staff LRC staff

Approach	Key Activities	Geographic Target Areas	Target group(s)
	Year 2: 9 Year 3: 10 Total to buy: 23 kits over three years		
	Quarterly provincial meeting for health team (district doctors/ nurses/ provincial hospital, LRC) Year 1: 21 meetings Year 2: 32 meetings Year 3: 40 meetings Total: 93 meetings	Year 1: BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH Year 2: LNTA Year 3: UMYX, CPSK	District doctors nurses, provincial hospital staff LRC staff PLHIV
	Total of 9,750 monthly home visits conducted by district nurses/doctors to total of 400 PLHIV Year 1: 1710 visits Year 2: 3240 visits Year 3: 4800	Year 1: BKO, SBLY, LPB,KME, SVKT, BLKX Year 2: SVNH, LNTA Year 3: UMYX, CPSK	PLHIV and family members
	Review self care workshop curricula in second quarter of 2008		LRC staff and volunteers PLHIV provincial and district level health care staff
	Conduct five-day training of trainer self-care workshop (96 doctors/nurses, 24 provincial staff, 24 LRC staff, 24 PLHIV) Year 1: 42 Year 2: 98 Year 3: 168 Total 168 people trained	Year 1: BKO, SBLY, LPB,KME, SVKT, BLKX Year 2: SVNH, LNTA Year 3: UMYX, CPSK	LRC staff and volunteers PLHIV provincial and district level health care staff
	Conduct self-care workshops for 1,600 PLHIV and their family and their community Workshops Year 1 48 Year 2: 64 Year 3: 80 Beneficiaries trained Year 1 960 Year 2: 1280 Year 3: 1600	Year 1: BKO, SBLY, LPB,KME, SVKT, BLKX Year 2: SVNH, LNTA Year 3: UMYX, CPSK	PLHIV and families PLHIV community
	Recruit and/or conduct training for 160 LRC home visit volunteers	Year 1: BKO, SBLY, LPB,KME, SVKT, BLKX	PLHIV family members and community

Approach	Key Activities	Geographic Target Areas	Target group(s)
	Year 1: 96 Year 2: 128 Year 3: 160	Year 2: SVNH, LNTA Year 3: UMYX, CPSK	
	A total of 4,800 monthly home visits by LRC volunteers to PLHIV Year 1: 1710 Year 2: 3240 Year 3: 4800	Year 1: BKO, SBLY, LPB, KME, SVKT, BLKX Year 2: SVNH, LNTA Year 3: UMYX, CPSK	PLHIV
	Total of 800 PLHIV supported with transportation, accommodation and medicine to access ARV treatment Year 1: 190 Year 2: 260 Year 3: 350	Year 1: SBLY, LPB, KME, BLKX, SVNH, UMYX Year 2: SBLY, LPB, KME, BLKX, SVNH, UMYX, LNTA Year 3: SBLY, LPB, KME, BLKX, SVNH, UMYX, LNTA, CPSK	PLHIV
	Total of 93 quarterly meeting with partnership and others stakeholder in province Year 1: 21 Year 2: 32 Year 3: 40	Year 1: BKO, SBLY, LPB, KME, SVKT, BLKX, SVNH Year 2: LNTA Year 3: UMYX, CPSK	PLHIV. PCCA, BCCCA, doctors and nurses team, youth union, women's union, trade union, international and local non-governmental organizations
2.3 Providing livelihood and food support for PLHIV.	Nutrition 400 PLHIV supported with 860 times of nutritional support over three years Year 1: 190 Year 2: 270 Year 3: 400	Year 1: BKO, SBLY, LPB, KME, SVKT, BLKX, SVNH Year 2: LNTA Year 3: UMYX, CPSK	PLHIV
	30 PLHIV supported to access vocational training Year 1: 21 Year 2: 3 Year 3: 6 Total: 30 people	Year 1: BKO, SBLY, LPB, KME, SVKT, BLKX, SVNH Year 2: LNTA Year 3: UMYX, CPSK	PLHIV
	Social fund support and income generation activity development activities for 10 PLHIV groups Year 1: 8	Year 1: BKO, SBLY, LPB, KME, SVKT, BLKX, SVNH, UMYX Year 2: BKO, SBLY, LPB, KME, SVKT,	PLHIV

Approach	Key Activities	Geographic Target Areas	Target group(s)
	Year 2: 9 Year 3: 10	BLKX, SVNH, UMYX LNTA Year 3: BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH, UMYX LNTA, CPSK	

OUTPUT 3: Reducing HIV stigma and discrimination

Approach	Key Activities	Geographic Target Areas	Target group(s)
3.1 Support development of the LNP+ network and other PLHIV groups	<ul style="list-style-type: none"> - Community awareness activities on stigma and discrimination target awareness raising events (World AIDS Day, World Red Cross Day, etc = 24,000 (general population: 7,200, military: 8,400, police: 8,400) Peer education = 10,800 - Support and strengthen LNP+ network (office equipment; staff salary support x 4;) meeting support; newsletter) - 26 PLHIV trained in public speaking and supported to contribute to LNP+ activities - Representatives of PLHIV groups supported to attend HIV/AIDS forums - Provide support to establish three self-help groups at district level and supporting 60 PLHIV to attend - Quarterly PLHIV supporting partnership meetings at provincial level 	<p>Year 1: PSY, HPN,UMXY,XKG Year 2: Year 1 + CPSK,BKO, SBLY, SVKT, LNTA, VNT Year 3: PSY, HPN,UMXY,XKG, CPSK,BKO, SBLY, SVKT, LNTA, VNT</p> <p>13 provinces Year 1: BKO, LNTA, LPB, SBLY, VNT capital, BLKX, KME, SVKT, SVNH, CPSK Year 2: XKN, ATT, UMYX</p> <p>2008 – 1 - XKN 2009 – 2 – ATT, UMYX</p> <p>Year 1 : 5 provinces Year 2 : 10 provinces Year 3 : 13 provinces</p>	<p>LNP+, PLHIV, military and police, general population</p> <p>LNP+, PLHIV</p> <p>26 PLHIV</p> <p>60 PLHIV</p>

Approach	Key Activities	Geographic Target Areas	Target group(s)
3.2 Ensure HIV in workplace policy in place for LRC for all staff and volunteers.	<ul style="list-style-type: none"> - LRC HIV workplace policy developed and implemented -25 staff (including senior) trained on HIV workplace policy 	LRC headquarter	<ul style="list-style-type: none"> LRC staff 25 LRC staff
3.4 Population-based information, education and communication to raise HIV awareness	<ul style="list-style-type: none"> - Review LRC information, education, communication materials by 2010 - Develop stigma and discrimination (S&D) package for general population -25 staff trained on information, education, communication materials -Disseminate information, education, communication material related to stigma and discrimination to at least 120,000 people in 12 provinces 	12 provinces	<ul style="list-style-type: none"> General population 25 LRC staff General population 120,000

OUTPUT 4: Strengthening national Red Cross Red Crescent society capacities to deliver and sustain scaled-up HIV programme

Approach	Key Activities	Geographic Target Areas	Target group(s)
4.1 Improving governance, accountability, and leadership of LRC for discharging planned commitments	<ul style="list-style-type: none"> -Training on Global Alliance for HIV and AIDS with LRC leadership in collaboration with partner national societies 	Headquarter office Vientiane	<ul style="list-style-type: none"> LRC secretary general, president and heads of departments Danish Red Cross, Australian Red Cross, French Red Cross, German Red Cross, Netherlands red Cross
4.3 Strengthening programme cycle management	<ul style="list-style-type: none"> - Develop monitoring and evaluation system and conduct baseline surveys - 24 staff trained on planning, monitoring and evaluation and reporting - Strengthening of monitoring and evaluation system and quarterly monitoring trips to all project sites by headquarter - Conduct six monthly, annual and end of project reviews 	12 provinces	<ul style="list-style-type: none"> 24 LRC staff

Approach	Key Activities	Geographic Target Areas	Target group(s)
	- Training of 30 headquarter and field staff on management and administration		30 LRC staff
4.4 Widening partnerships and expanding resource mobilization	- Establish new partnership and maintain existing partners.	12 provinces	Ministry of health, International Federation, Australian Red Cross, LNP+ and other non-governmental organizations

Province Abbreviations

Province	Abbreviation
1. Attapeu	ATT
2. Bokeo	BKO
3. Bolikhamxay	BLKX
4. Champasack	CPSK
5. Huaphanh	HPN
6. Khammoune	KME
7. Luang Namtha	LNTA
8. Luang Prabang	LPB
9. Phongsaly	PSY
10. Saravanh	SVNH
11. Savannaket	SVKT
12. Sayabouly	SBLY
13. Udomxay	UMXY
14. Vientiane Prefecture with Vientiane capital	VNT capital
15. Vientiane Province	VNT
16. Xekong	XKN
17. Xiengkhouang	XKG

7. SCALING UP TARGETS

The table, 'Programme Scaling Up Targets' contained in Annex 2 of this programme document, describes the number of beneficiaries targeted in each year against each approach.

8. IMPLEMENTATION AND MANAGEMENT ARRANGEMENTS

The programme will be implemented by the LRC, with the support of the International Federation Secretariat, and Australian and Danish Red Cross partner national societies.

A steering committee of these stakeholders will be set up and chaired by the LRC. The in-country steering committee will meet on at least a three-monthly basis. The steering committee will be chaired by the LRC secretary general and shall comprise of representatives from LRC, Danish Red Cross, LNP+, UNAIDS, and key representatives from programme beneficiary groups.

The programme will be managed by the national LRC HIV programme manager who shall have overall responsibility for ensuring that this programme document is implemented efficiently and effectively, and that all targets are met. The LRC shall assign the following staff to support the programme technically, administratively and financially:

- 1 x head of health department (as overall person in charge)
- 1 x HIV programme manager
- 1 x home care and support programme officer
- 1 x HIV prevention programme officer
- 1 x finance officer
- 1 x administration officer
- 1 x driver

At the province and district level, the LRC shall appoint:

- 11 x HIV provincial project officers

These staff will work collaboratively with local authorities and other relevant agencies (e.g. uniformed service branches) to ensure programme objectives are reached according to scheduled work plans.

The International Federation regional HIV delegate based in Bangkok will provide technical support to the LRC programme. This will include working with LRC to identify capacity building needs and facilitating support to address these needs. The regional HIV delegate will also work with LRC to identify and mobilize resources to support the programme, and will undertake at least one in-country visit to Lao PDR per year.

The Danish Red Cross will support the LRC HIV programme with nine person weeks of delegate time in 2008 (this figure will be revised based on agreed need for 2009 and 2010).

The Australian Red Cross will support the LRC HIV Programme with seven person weeks of delegate time in 2008 (this figure will be revised based on agreed need for 2009 and 2010).

The arrangements for programme oversight shall constitute members of the LRC and the supporting partner national societies in a collaborative manner. The Danish Red Cross programme officer shall have responsibility for ensuring that the programme is conducted in accordance with the Danish Red Cross's reporting and financial procedures.

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. Programme reviews (which include financial reporting) will be conducted on six-monthly and annual basis. A programme completion report will be produced at the end of the programme period. An external evaluation will be conducted in the final six months of the programme period.

The LRC HIV programme manager will have day-to-day responsibility for ensuring that monitoring and reporting arrangements are conducted in accordance with programme design. The Danish Red Cross programme officer and Australian Red Cross monitoring and evaluation officer will work in cooperation with the LRC HIV programme manager to ensure that the programme performance monitoring system complies with HIV Global Alliance reporting requirements, and any specific partner national society reporting requirements.

10. RISKS, ASSUMPTIONS AND UNDERTAKINGS

In this programme design, the LRC have targeted uniformed service personnel as a key beneficiary group. By virtue of the group's position in the Lao government structure, it is important to note that they are a group that is both difficult to access and one that is subject to direct government control. While good relations exist between the LRC HIV programme and the key uniformed services staff who have a responsibility for collaborating on health and humanitarian issues, it cannot be assumed that such relationships will remain 'open' to the extent to which they do today (i.e. the extent to which the LRC are given access to beneficiaries). It should also be recognized that whilst 'peer education' work with military personnel in Lao PDR has an historical and to some degree successful track record, work with the police service is as yet uncharted. In this respect, this programme breaks new ground in working with a highly vulnerable population.

The possible risks to the achievement of the programme's purpose, outputs, and activities rests significantly on the ongoing success of existing and new relationships, and specifically the access and cooperation afforded to the LRC by the various uniformed service branches. In practicable terms, there is little the LRC can do to mitigate assumed risks other than by maintaining congenial relationships with key personnel within the government and advocating the importance of an effective HIV programme to the leadership at all levels. However, it is believed the past good collaboration between the LRC and uniformed service branches stands the programme's prospects in good stead, as does the way in which key uniformed service staff members have been engaged throughout this programme design process. It is this 'assumption' on which much of this programme designs rests. Additional significant assumptions for programme outputs include:

- Communities and targeted vulnerable communities will be receptive to, and willing to, access the services provided through this programme.
- The Lao PDR government and other partners will sustain their commitment to combating the HIV/AIDS epidemic.
- The LRC conducting their HIV programme work in ways that ensure the continuous flow of funds from supporting partners.
- The LRC provide sufficient, qualified and motivated staff to ensure the programme document is implemented in a professional manner.

These risks and assumptions notwithstanding, 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.

Section 11 below shows a summary of the results-based budgetary framework.

11. SUMMARY OF RESULTS- BASED BUDGETARY FRAMEWORK

OUTPUTS	Year 1	Year 2*	Year 3*	TOTAL (USD)
1. Further HIV infections are prevented by increasing awareness and reducing risk behaviour among targeted communities	60,256	50,143	52,893	163,292
2. HIV care, treatment, and support is expanded to provide quality services to PLHIV	49,878	95,166	91,206	236,250
3. HIV stigma and discrimination is reduced through awareness raising and empowering positive networks	39,852	60,371	58,971	159,194
4. Strengthening LRC to deliver and sustain scaled-up HIV programme	30,163	89,875	99,534	219,572
5. Personnel costs	52,101	42,950	45,300	140,351
TOTAL (Outputs 1-5)	232,250	338,505	347,904	918,659
6% Programme support recovery (PSR) ⁹	13,935	20,310	20,874	55,119
TOTAL budget contribution required	246,185	358,815	368,778	973,778

* Amounts for Years 2 and 3 are projected and dependent on LRC's ability to work successfully toward scale-up targets. Actual donor contributions will be confirmed following stated review periods.

See Annex 1 for detailed Year 1 Budget.

⁹ The 6% sum omits personnel costs in line 5 in order to avoid duplicating contributions to LRC's human resource base.

Annex 2 to Programme Document

Programme Scaling-up Targets

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
Approach 1.1: Peer Education and community mobilization to reduce risk behaviour among uniformed services					
Senior police and military – sensitization	0	P: 100 M: 100	P: 100 M: 100		200 200
KAP	0	4 provinces	5 provinces		9
Trainers	0	M:15 P:15 RC : 10 PCCOA : 10	M: 15 P: 15 RC : 10 PCCOA : 10		30 30 20 20
Peer educator training	0	M : 320 P : 160	M: 400 P: 200		720 360
Military and police beneficiaries	0	M: 3,200 P: 1,600	M: 7,200 P: 3,600	M: 7,200 P: 3,600	17,600 8,800

Condom distribution military and police	0	M: 105,000 P: 70,000	M: 105,000 P: 70,000	M: 105,000 P: 70,000	315,000 210,000
Life skills workshop for police military	0	M: 320 P: 160	M: 400 P: 200		720 360
Volunteers support meeting	0	M: 320 P: 160	M: 720 P: 360	M: 720 P: 360	1,760 880
Approach 1.2: Information Education and Communication (IEC) developed in collaboration with uniformed services and IEC dissemination					
Uniformed service	0	TBC			
Approach 1.3: Volunteers Counselling and Testing (VCT) promotion to increase access for uniformed services					
Training on VCT	0	M : 320 P : 160	M: 400 P: 200		720 360
VCT referrals		M: 320 P: 160	M: 720 P: 360	M: 720 P: 360	1,760 880
Approach 2.1: To measure need for assisting children and orphans (OVC) made vulnerable by HIV					
OVC needs analysis	0	3 provinces			3
2.2 Provide treatment, support and care for people living with HIV to ensure access to quality services					

PLHIV IEC	0	1,000	1,000	1,000	3,000
District doctors nurses, Provincial hospital staff Lao RC staff OI training	0	D/N: 24 PHS: 7 LRC: 7	D/N: 32 PHS: 8 LRC : 8	D/N: 40 PHS: 10 LRC: 10	D/N 96 PHS 25 LRC 25
District doctors nurses, Provincial hospital staff Lao RC staff counselling training			D/N: 32 PHS: 8 LRC: 8	D/N: 40 PHS: 10 LRC: 10	D/N 72 PHS 18 LRC 18
First aid kits	27	4	9	10	23
District doctors nurses, Provincial hospital staff Lao RC staff Quarterly meetings	0	21 meetings	32 meetings	40 meetings	93 meetings
PLHIV and family – home visits	0	1,710	3,240	4,800	9,750
LRC staff and volunteers PLHIV	0	D/N: 24	D/N: 32	D/N: 40	D/N: 96

Provincial and district level health care staff TOT SCW		PHS: 6 LRC: 6 PLHIV: 6	PHS: 8 LRC: 8 PLHIV: 8	PHS: 10 LRC: 10 PLHIV: 10	PHS: 24 LRC: 24 PLHIV 24
PLHIV and family SCW	0	960	1,280	1,600	3,840
PLHIV and family Home visit vols	0	96	128	160	384
PLHIV – home visits	0	1,710	3,240	4,800	9,750
PLHIV – transport/accommodation	0	190	260	350	800
PLHIV. PCCA, BCCCA, doctors and nurses team, Youth union, Women's union, trade union, INGOs's and NGO's	0	21 meetings	32 meetings	40 meetings	93
Approach 2.3 Providing livelihood and food support for PLHIV					
PLHIV Livelihood and food	0	190	270	400	860
PLHIV – vocational	0	21	3	6	30
PLHIV – social fund	0	8	9	10	27

Approach 3.1: developing community support groups and networks of PLHIV organisations					
Uniformed services and general community – stigma and discrimination	0	GC: 2,400 M: 2,800 P: 2,800	GC: 2,400 M: 2,800 P: 2,800	GC: 2,400 M: 2,800 P: 28,00	GC: 7,200 M: 8,400 P: 8,400
PLHIV network		10 provinces	13 provinces		23
PLHIV – public speaking		20	6		26
PLHIV – attend support groups		20	40		60
PLHIV – support groups		1	2		3
PLHIV and stakeholders – provincial partnership meeting		5 provinces	10 provinces	13 provinces	28
Approach 3.2: Ensure HIV in the workplace policy in place for LRC for all staff and volunteers					
LRC leaders and staff – workplace policy		25			25

Approach 3.4: Population based information, education and communication to raise HIV awareness					
LRC staff – trained IEC			25		25
General community people reached by IEC	10,080	120,000	120,000	120,000	360,000
Approach 4.1: Improving governance, accountability, and leadership of LRC for discharging planned commitments					
LRC leaders		LRC leadership announce commitment to Global Alliance for HIV/AIDS	LRC leadership commitment to Global Alliance for HIV/AIDS	LRC leadership commitment to Global Alliance for HIV/AIDS	Increased LRC commitment statement in support of GA
Approach 4.3: Strengthening programme cycle management					
RCV and Red Cross staff		Monitoring and evaluation system developed			
Red Cross staff – train PMER		24			24
Red Cross staff – train management and administration		30			30

Approach 4.4: Widening partnerships and expanding resource

Ministry of health,
International Federation,
Australian Red Cross,
LNP+, and other non-
governmental
organizations

12 provinces

Workplan for the National Society HIV Programme¹

Start Date: 31st January 2008

End Date: 31st December 2008

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

OUTPUT 1: Preventing further HIV infection

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ²	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
1.1 Peer education and community mobilization to reduce risk behaviour among uniform services.	1.1.1 Sensitization workshops for military and senior police reach 400	PSY, HPN, UMXY, XKG, VNT capital	M - 100 P - 100		1 day	LRC, uniform services			
	1.1.2 Baseline surveys (KAP) conducted in target provinces	PSY, HPN, UMXY, XKG			1 month	External consultant, LRC, uniform services			
	1.1.3 Curricula developed and	PSY, HPN, UMXY, XKG,			10 days workshop	External consultant, LRC HIV/AIDS			

¹ Please refer to Programme Document, including the logical framework and budget.

² Also indicate name of person directly responsible

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ²	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
	police, military peer trainers, Red Cross branch staff (PO), and Provincial Community Control Office of AIDS (PCCOA) staf, trained	VNT capital	M – 15 P – 15 RC – 10 PCCOA – 10			staff Peer trainers and LRC staff			
	1.1.4 Peer educators workshop targeting 1,080 peer educators	PSY, HPN, UMYX, XKG	480		3 days	LRC staff and uniform services			
	1.1.5 Peer educators to conduct “Friend to Friend” education on HIV prevention to 10 other uniformed personnel (1 to 10) contacts.	PSY, HPN, UMYX, XKG	4800			Peer trainers and peer educators			
	1.1.6 Condom promotion and distributed	PSY, HPN, UMYX, XKG	M – 105 000 P – 70 000			Peer trainers and peer educators			

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ²	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
	1.1.7 Life-skill workshop for peer beneficiaries 1.1.8 Supervision and support meeting to peer educators quarterly.	PSY, HPN, UMXY, XKG PSY, HPN, UMXY, XKG	M – 320 P - 160 M – 320 P - 160		3 days quarterly	Peer trainers and peer educators LRC, uniform services			
1.2 IEC for targeted vulnerable groups (uniformed services)	1.2.1 Develop appropriate IEC (poster, leaflet, flipchart, card game, manual, red cross banner, newsletter) 1.2.2 Distribute IEC material	PSY, HPN, UMXY, XKG, VNT capital PSY, HPN, UMXY, XKG, VNT capital				LRC staff			
1.3 Voluntary Counselling and Testing (VCT) promotion to increase	1.3.1 VCT services identified and referral mechanisms developed.	PSY, HPN, UMXY, XKG provinces, VNT capital (advocacy only)			1 year	LRC, Uniform services	00 00		Looking for donors

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ²	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
access for uniformed services.	Survey on effectiveness of survey mechanism.								
	1.3.2 Training of peer educators on VCT referral	PSY, HPN, UMYX, XKG	480		Part of other workshops	LRC, Uniform services			
	1.3.3 VCT promotion among military personnel and referral of at least 480 by peer educators	PSY, HPN, UMYX, XKG	4800			Peer Trainers and Peer Educators			
		480							
Output 1 Total	--	--			--	--			--

OUTPUT 2: Expanding HIV treatment, care, and support

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ³	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
2.1 To measure need for assisting	2.1.1 Conduct needs analysis on orphan vulnerable	BKO, KME, SVNH			1 month	External consultant, LRC	00		

³ Also indicate name of person directly responsible

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ³	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
children and orphans (OVC) made vulnerable by HIV	children								
2.2 Provide treatment, support and care for people living with HIV to ensure access to quality services.	2.2.1 Sharing and review of care component of LRC HIV program in second quarter of 2008	All target provinces				LRC			
	2.2.2 LRC joins care and support working/coordination group in first quarter of 2008	Vientiane				LRC			
	2.2.3 Develop training curricula for health care staff: LRC staff and volunteers and PLHIV on OI/ARV – second quarter 2008 and counselling in	Vientiane				LRC			

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ³	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
	2009								
	2.2.4 Develop IEC for OI/ARV and distribute 1000 copies	BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH	1000			LRC			
	2.2.5 Conduct five-day OI/ARV training 38 people (doctors/nurses, provincial hospital staff)	BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH	38			LRC, MoH Staff			
	2.2.6 Provide first aid kits to district nurses/doctors and provincial hospital staff	BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH	4			LRC, MoH Staff			
	2.2.7 Quarterly provincial meeting for health team (district doctors/nurses/provincial	BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH	21			LRC, MoH Staff			

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ³	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
	hospital, LRC)								
	2.2.8 Monthly home visits conducted by district nurses/doctors to PLHIV	BKO, SBLY, LPB,KME, SVKT, BLKX	1710			LRC, MoH Staff, PLHIV			
	2.2.9 Review self care workshop curricula in second quarter of 2008	All target areas				LRC, MoH staff, external consultant			
	2.2.10 Conduct five-day training of trainers self-care workshop for doctors/nurses, provincial staff, LRC staff, PLHIV)	BKO, SBLY, LPB,KME, SVKT, BLKX	42			LRC, MoH Staff, PLHIV			
	2.2.11 Conduct self-care workshops for PLHIV and their family and their	BKO, SBLY, LPB,KME, SVKT, BLKX	48			LRC, MoH Staff, PLHIV			

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ³	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
	community								
	2.2.12 Recruit and/or conduct training for LRC home visit volunteers	BKO, SBLY, LPB,KME, SVKT, BLKX	96			LRC, MoH Staff, PLHIV			
	2.2.13 Monthly home visits by LRC volunteers to PLHIV	BKO, SBLY, LPB,KME, SVKT, BLKX	1710			LRC, MoH Staff, PLHIV			
	2.2.14 PLHIV supported with transportation, accommodation and medicine to access ARV treatment.	SBLY, LPB, KME, BLKX, SVNH, UMYX	190			LRC, PLHIV			
	2.2.15 Quarterly meeting with partnership and others stakeholder in province	BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH	21			LRC, MoH, PLHIV			

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ³	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
2.3 Providing livelihood and food support for PLHIV	PLHIV supported with nutritional	BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH	190			LRC, PLHIV			Looking for external partners/donors (eg. WFP/Caritas for food support, NGOs for vocational training)
	PLHIV supported to access vocational training	BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH	21			LRC, PLHIV			
	Social fund support and income generation activity development activities for 10 PLHIV groups	BKO, SBLY, LPB,KME, SVKT, BLKX, SVNH, UMYX	8			LRC, PLHIV			
Output 2 Total	--	--			--	--			--

OUTPUT 3: Reducing HIV stigma and discrimination

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁴	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
3.1 Support development of the LNP+ network and other PLHIV groups	3.1.1 Community awareness activities on stigma and discrimination target Awareness raising events	PSY, HPN, UMXY, XKG	Events GP – 1200 M – 1400 P - 1400 Peer education = 4 800		Yearly	LNP+ PO and RCV LNP+. LRC, DRC, ARC			Looking for donors
	3.1.2 Support and strengthen LNP+ network (office equipment; staff salary support x 4; meeting support; newsletter)	BKO, LNTA, LPB, SBLY, VNT capital, BLKX, KME, SVKT, SVNH, CPSK							
	3.1.3 PLHIV trained in public speaking and supported to contribute to LNP+ activities		26				LRC, LNP+		

⁴ Also indicate name of person directly responsible

	<p>3.1.4 Representatives of PLHIV groups supported to attend HIV/AIDS forums</p> <p>3.1.5 Provide support to establish three self-help groups at district level and supporting 60 PLHIV to attend</p> <p>3.1.6 Quarterly PLHIV supporting partnership meetings at provincial level</p>	<p>2008 – 1 - XKN</p> <p>Year 1 : 5 provinces</p>	60 PLHIV		Quarterly	<p>LRC, LNP+</p> <p>LRC, LNP+</p> <p>LRC, LNP+</p>			
3.2 Ensure HIV in workplace policy in place for LRC for all staff and volunteers.	<p>3.2.1 LRC HIV Workplace policy developed and implemented</p> <p>3.2.2 Staff (including senior) trained on HIV workplace policy</p>	LRC headquarter	25						Will be implemented in 2009
3.3	3.3.1 Review	12 provinces				LRC			

Population-based information, education and communication to raise HIV awareness	LRC IEC by 2010					LRC, LNP+			
	3.3.2 Develop stigma and discrimination (S&D) package for general population		25						
	3.3.3 Staff trained on IEC		40,000						
	3.3.4 Disseminate IEC material related to stigma and discrimination to at least 120,000 people in 12 provinces.								
Output 3 Total	--	--			--	--			--

OUTPUT 4: Strengthening National Red Cross / Red Crescent Society capacities to deliver and sustain scaled-up HIV programme

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁵	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
4.1 Improving governance, accountability, and leadership of LRC for discharging planned commitments	4.1.1 Training on Global Alliance for HIV and AIDS with LRC leadership in collaboration with PNS	LRC HQ				LRC leadership, Danish Red Cross, Australian Red Cross, International Federation			
4.2 Strengthening programme cycle management	4.2.1 Develop monitoring and evaluation system and conduct baseline surveys 4.2.2 Staff trained on planning, monitoring and evaluation and reporting 4.2.3 Strengthening of	LRC headquarter 12 provinces	24		Five days	LRC			

⁵ Also indicate name of person directly responsible

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁵	Cost (CHF)		Source of Allocation
			Planned	Actual			Planned	Actual	
	<p>monitoring and evaluation system and quarterly monitoring trips to all project sites by headquarter</p> <p>4.2.4 Conduct six monthly, annual and end of project reviews</p> <p>4.2.5 Training of 30 headquarter and field staff on management and administration</p>			30	<p>Quarterly</p> <p>Six monthly</p>				
4.3 Widening partnerships and expanding resource mobilization	4.3.1 Establish new partnerships and maintain existing partners	12 provinces	Seven		12 months	LRC			Establish partnership
Output 4 Total	--	--			--	--			--

LOGFRAME FOR THE LAOS RED CROSS HIV PROGRAMME

Date of first formulation: 12 November 2007 Dates revised: 11 December 2007; 13 December 2007; 21 March 2008.

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
<p>Goal: To contribute to Global Agenda Goal 2: to reduce the number of deaths, illnesses and impact from diseases and public health emergencies</p>	<p>IMPACT: Prevalence of HIV reduced; Survival rates of antiretroviral therapy (ART) recipients increased;</p>	<ul style="list-style-type: none"> • UNAIDS reports • Monitoring and evaluation system of Laos National AIDS Programme 	<p>(Goal to super goal):</p> <ul style="list-style-type: none"> • National stability • Leadership is supportive of HIV/AIDS programme
<p>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 Laos</p>	<ul style="list-style-type: none"> ❖ People benefiting from LRC HIV services in targeted communities (number and %) per service delivery area ❖ Proportion of national programming conducted by LRC (%)¹ 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation 	<p>(Purpose to Goal):</p> <ul style="list-style-type: none"> • Resources and support mechanisms are available for planned scale up

¹ Measured against targets set in National Strategic and Action Plan 2006-2010

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
<p>Programme Outputs:</p> <p>1. Further HIV infections are prevented by increasing awareness and reducing risk behaviour among targeted communities</p>	<ul style="list-style-type: none"> ❖ 30,000 people reached by peer education programmes by the end of 2010 ❖ 2,640 people referred to VCT services in nine provinces by end of 2010 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation 	<p>(Output to Purpose):</p> <ul style="list-style-type: none"> • Community support and willingness to work with LRC • Technical support from CRC for US component/ training curriculum • Community access to condoms and VCT services
<p>2. HIV care, treatment, and support is expanded to provide quality services to PLHIV in nine provinces</p>	<ul style="list-style-type: none"> ❖ 400 Home based treatment clients receiving LRC services in 10 provinces by end of 2010 ❖ 400 PLHIV receive livelihood support through vocational training or social fund support to PLHIV groups by in 10 provinces by end of 2010 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation 	<ul style="list-style-type: none"> • PLHIV and medical service providers show interest • HIV treatment services are available in PLHIV communities

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
3. HIV stigma and discrimination is reduced through awareness raising and empowering positive networks.	<ul style="list-style-type: none"> ❖ HIV workplace policy developed and implemented at all levels by LRC by the end of 2010 ❖ 25 LRC staff and leaders participating in work place HIV education by end of 2010 ❖ 120,000 people reached by IEC programmes in 12 provinces by end of 2010 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation 	<ul style="list-style-type: none"> • Partnership with LNP+ and LRC continues • Community supports establishment of gender self help groups
4. National Red Cross / Red Crescent Society capacities to deliver and sustain scaled-up HIV programme are strengthened	<ul style="list-style-type: none"> ❖ 75 RC volunteers recruited and trained in 12 provinces by end of 2010. ❖ Regular reports (at least quarterly) as per standard guidelines 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation 	<ul style="list-style-type: none"> • Limited staff turnover • Support from LRC headquarter and branch management to help programme staff and volunteers balance workload
Approaches:			
1.1 Peer education and community mobilization to reduce risk behaviour among uniform services	<ul style="list-style-type: none"> - Sensitization workshops for military and senior police reach 400 - Baseline surveys (KAP) conducted in select provinces - Curricula developed and 30 police, 30 military peer trainers trained, 20 Red Cross branch staff (PO), 20 Provincial Community Control Office of AIDS (PCCOA) staff. 	<ul style="list-style-type: none"> • Training reports • Activity monitoring checklist • Peer follow-up meetings 	<ul style="list-style-type: none"> • Support from stakeholders and community leaders

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
	<ul style="list-style-type: none"> - Peer educators workshop targeting 1,080 peer educators - Peer educators to conduct "Friend to Friend" education on HIV prevention to 10 other uniformed personnel (1 to 10). 26 400 contacts. - Condom promotion and 525,000 distributed. - Life-skill workshop for peer beneficiaries reach 1,080 (M: 720, P: 360) - Supervision and support to peer educators quarterly. Total of 1,080 volunteers 		
1.2 Information, education and communication (IEC) developed in collaboration with uniformed service and IEC dissemination	<ul style="list-style-type: none"> - Develop appropriate IEC (poster, leaflet, flipchart, card game, manual, Red Cross banner, newsletter) - Distribute IEC material 	Project reports	Capacity of mid-level Red Cross branch is high
1.3 Voluntary Counselling and Testing (VCT) promotion to increase access for uniformed service	<ul style="list-style-type: none"> - VCT services identified and referral mechanisms developed - Training of 1,080 peer educators on VCT referral - VCT promotion among 26,400 military personnel and referral of at least 2,640 by peer educators 	Monitoring form	Acceptance and interest of the community

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
2.1 To measure need for assisting children and orphans (OVC) made vulnerable by HIV	- Conduct needs analysis on orphan vulnerable children in third quarter of 2008	Final report completed	Access to proper and accurate information
2.2 Provide treatment, support and care for people living with HIV to ensure access to quality services	Sharing and review of care component of LRC HIV programme in second quarter of 2008	Meeting reports	LRC positioning itself as a key organisation providing HIV care and support in Lao PDR Acceptance and interest of the community Access to proper and accurate information PLHIV will receive appropriate health treatment at hospitals or health centres
	LRC joins care and support working/coordination group in first quarter of 2008	Complete curricula	
	Develop training curricula for health care staff: LRC staff and volunteers and PLHIV on OI/ARV - second quarter 2008 and Counselling in 2009	Complete IEC	
	Develop IEC for OI/ARV and distribute 1,000 copies each year totalling 3,000 copies over three years	Training report and evaluation completed	
	Conduct five-day OI/ARV training 146 people (96 doctors/nurses, 25 provincial hospital staff, 25 LRC staff)	Home visit reports	
	Conduct five-day counselling training for 108 people (72 doctors/nurses, 18 provincial hospital staff, 18 LRC staff)	Registration documents at hospital	
	Provide total of 23 first aid kits to district nurses/doctors and provincial hospital staff over three years	Project reports, training reports	
	Quarterly provincial meeting for health team (district doctors/ nurses/ provincial hospital, LRC), a total 93 meetings		

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
	<p>Total of 9,750 monthly home visits conducted by district nurses/doctors to total of 400 PLHIV</p> <p>Review self care workshop curricula in second quarter of 2008</p> <p>Conduct five-day trainer of trainers self-care workshop for 168 people (96 doctors/nurses, 24 provincial staff, 24 LRC staff, 24 PLHIV)</p> <p>Conduct 80 self-care workshops for 1,600 PLHIV and their family and their community</p> <p>Recruit and/or conduct training for 160 LRC home visit volunteers</p> <p>A total of 4,800 monthly home visits by LRC volunteers to PLHIV</p> <p>Total of 800 PLHIV supported with transportation, accommodation and medicine to access ARV treatment</p> <p>Total of 93 quarterly meeting with partnership and others stakeholder in province</p>		
2.3 Providing livelihood and food support for PLHIV	<p>Nutrition 400 PLHIV supported with 860 times of nutritional support over three years</p> <p>30 PLHIV supported to access vocational training</p>	Training and evaluation report Monitoring reports from non-governmental	Acceptance and interest of the community

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
3.3 Population based information, education and communication to raise HIV awareness	<ul style="list-style-type: none"> - Review LRC IEC by 2010 - Develop stigma and discrimination (S&D) package for general population -25 staff trained on IEC -Disseminate IEC material related to stigma and discrimination to at least 120,000 people in 12 provinces. 	<ul style="list-style-type: none"> IEC package completed IEC Review document IEC Training report 	
4.1 Improving governance, accountability and leadership of LRC for discharging planned commitments	<ul style="list-style-type: none"> -Training on Global Alliance for HIV and AIDS with LRC leadership in collaboration with partner national societies 	LRC join GA	Support of LRC leadership
4.2 Strengthening programme cycle management	<ul style="list-style-type: none"> - Develop monitoring and evaluation system and conduct baseline surveys - 24 staff trained on planning, monitoring and evaluation and reporting including PMER - Strengthening of monitoring and evaluation system and quarterly monitoring trips to all project sites by HQ - Conduct six monthly, annual and end of project reviews - Training of 30 headquarter and field staff on 	<ul style="list-style-type: none"> PMER training report HIV Strategy Plan 2010-2015 	

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
	management and administration		
4.3 Widening partnerships and expanding resource mobilization	- Establish new partnership and maintain existing partners.	MOU signed with agencies (government/UN/international non-governmental organizations/non-governmental organizations/community-based organizations)	