International Federation of the Red Cross and Red Crescent Societies

Monitoring and Evaluation Division

A seven country case study evaluating the International Federation’s response to the challenges of the HIV/AIDS pandemic

Latvia 5-9 May 2003

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Acknowledgements

The Evaluation Team would like to thank all those who gave so generously of their time and expertise to give a comprehensive overview of this case study in Latvia. It is hoped that the findings of this evaluation will contribute to a strengthening of HIV/AIDS programmes in Latvia and elsewhere.

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Team Leader
May 2003
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Executive Summary

The International Federation of Red Cross and Red Crescent Societies (IFRC) has developed a comprehensive programme of activities in order to alleviate the suffering caused by the HIV/AIDS pandemic. A rapid desk review of the results of IFRC activities took place in March 2001 to summarise lessons learnt and to plan for future action. This review recommended an in depth study of eight selected countries in two phases – the first phase took place in May 2002 in four African counties and the second phase involved Latvia which was chosen for its syringe exchange programme. The evaluation in Latvia took place between 5 – 9 May 2003 with the following objectives:

- To document and analyse the interventions of the IFRC in responding to the challenges of HIV/AIDS and if appropriate to look at the replicability of successful programmes in other countries.
- To inform future HIV/AIDS policy development and to make a significant contribution to the planning and design of future HIV/AIDS interventions implemented throughout IFRC.
- To inform, identify and correct any perceived weaknesses in guidelines addressing HIV/AIDS in the workplace.

The AIDS Prevention Centre (APC) in the Ministry of Welfare is responsible for HIV/AIDS activities in Latvia. All cases of HIV infection are notified to the Ministry of Health. The first case of HIV was diagnosed in Latvia in 1987, with the first AIDS case in 1990. Since then there has been a steady increase in the number of cases until 1998, when the rise was more dramatic. As of 30th April 2003, the cumulative total of HIV cases was 2503 (104/100,000 population) with 185 AIDS cases (8/100,000 population). The average age is 20-24 years for both HIV and AIDS cases and males account for 75% of the total number of cases. The first cases of HIV infection were in homosexuals but since 1998, over three-quarters of cases have been in intravenous drug users (IVDUs).

Following the first HIV case in IVDUs a syringe exchange programme was set up by the APC in Riga in 1997. This was expanded to cover three other cities in 1999 and at the time of the evaluation syringe exchange programmes were being provided in eleven cities (these were selected on the basis of HIV infection rates).

The Latvian Red Cross Youth (LRCY) has sole responsibility for HIV/AIDS activities within Latvian Red Cross. In 2000 a volunteer with LRCY drew up a project proposal “We help you to help yourself” to assist in the existing syringe exchange programme in one centre in Riga. The objectives were to ensure the provision of sterile syringes in exchange for used ones and to provide condoms free of charge in order to decrease HIV infection in IVDU. Funding was secured for one year from Italian Red Cross. The project involved collaboration with three agencies, LRCY who provided syringes and advertising, APC who provided one staff member and collated statistics and Riga City Drug Prevention Centre who provided the office space and staff members.

From 15 August 2001 – 31 July 2002 the LRCY supported syringe exchange programme functioned in a centre in Riga. During this time 3955 clean syringes were...
distributed and 3891 dirty ones collected. Although condoms were provided by LRCY municipal staff did not distribute them. In July 2002 the Riga Municipality who through the Drug Prevention Centre provided the office space for the centre decided to close it down. This was because they wanted to use the premises for drug prevention activities as opposed to harm reduction. As the LRCY involvement was only secured for a year the remaining syringes (over 20,000) were given to the AIDS prevention centre for use in their other syringe exchange centres.

When the LRCY funded centre closed there was a considerable demand for services in the surrounding area from IVDU. In December 2002 another NGO became involved in syringe exchange providing a low threshold centre for People living with HIV/AIDS (PLWHAs), IVDU, youth and other at risk groups. Recent developments include a needle exchange, counselling, HIV testing and regular meetings of support groups such as PLWHA, IVDU, mothers of infected children and gay youth. The opening of this centre has eased the demand since the LRCY funded one closed.

The LRCY has been involved in several other HIV/AIDS initiatives including support for PLWHA, peer education, an internet project inviting the general community to send questions or comments to PLWHA and World AIDS day activities.

The LRC syringe exchange programme was the first Federation involvement in harm reduction and targeted the most vulnerable community members namely IVDU. Although the budget was small ($3885) and the time frame short (12 months) the programme succeeded in the provision of syringes in an area of Riga City. Condoms were supplied by the programme but were not distributed by municipal staff who ran the syringe exchange centre.

At present adequately funded syringe exchange programmes are being provided through state agencies and an NGO. Given that the numbers of IVDU are currently decreasing there would be limited value in LRCY becoming directly involved again in the provision of syringes. However LRCY should look into condom provision at such centres and strengthen collaboration with state agencies and other NGOs to monitor the epidemiological situation closely. Consideration should be given to utilising LRCY street workers as before to reach the most marginalized IVDU in conjunction with existing agencies in the field.

In addition the proposed reorganisation of LRC should lead to the drawing up of development plans, the sourcing of longer term funding and the incorporation of HIV/AIDS programmes into all mainstream activities at central and district levels.
1. Introduction

The International Federation of Red Cross and Red Crescent Societies has recognised the global threat from the HIV/AIDS pandemic and has been involved in various initiatives since 1989. These activities have increased over time and focus on the alleviation of suffering caused by HIV/AIDS. The IFRC response is outlined in Strategy 2010 and the Global Programme 2002 – 2005. There are three components to the global programme - prevention and education, care and treatment and addressing stigma and discrimination.

A rapid desk review took place in March 2001 of the efforts and results of IFRC activities to date in order to summarise lessons learnt to inform future action relating to the increase in activities. This desk review recommended a more scientific in depth study of the experiences of a number of countries with the following objectives:

- To document and analyse the interventions of the IFRC in responding to the challenges of HIV/AIDS and if appropriate to look at replicability of successful programmes in other countries.
- To inform future HIV/AIDS policy development and to make a significant contribution to the planning and design of future HIV/AIDS interventions implemented throughout IFRC.
- To inform, identify and correct any perceived weaknesses in guidelines addressing HIV/AIDS in the workplace.

In order to maximise the scope of the exercise eight countries were selected for inclusion. The first phase of the evaluation took place in four African countries (Mozambique, Togo, Uganda and Zimbabwe) in May 2002. The second phase involves Latvia (chosen due to a syringe exchange programme).

2. Background

The Latvian Republic was formed in 1991 following the collapse of the former Soviet Union. The country has a population of 24 million with a land mass of 63,589 sq km. From 1991 government policies have allowed privatisation to take place and trade links with the West have increased. In addition inflation has been controlled by tough fiscal policies. With impending membership of the North Atlantic Treaty Organisation (NATO) and the European Union (EU), reforms are aimed at adapting to Western European systems. However the harsh economic situation means that 70% of the population lives near or below the official poverty line. The Gross National Product (GNP) per capita is US$ 2430 (1997) and although there is an elite part of the population there is an increasing number of unemployed in the country (estimated at 10%). Whilst the majority of the population are of Latvian origin (60%) there is a substantial minority of Russians (30%). The average life expectancy is 69 years with an infant mortality rate of 15 per 1000 live births.

The Latvian Red Cross (LRC) was founded in 1918 and recognised by the International Committee of the Red Cross (ICRC) in 1923. Following independence the LRC became a member of the International Federation in 1991 and there are 35 district committees with 400 local branches. There are 22,000 registered members and
about 2000 active volunteers. The LRC is mainly involved in health, first aid, social welfare and youth activities. The Latvian Red Cross Youth (LRCY) is part of LRC and youth are active in 13 cities in the country although there are only 6 LRCY official sub branches.

3. Methodology of the Evaluation

The evaluation took place from 5-9 May 2003 and the team consisted of Dr Brenda Corcoran, Independent Public Health Consultant and Team Leader Mr Julian V Hows, Board Member, Global Network of People living with HIV/AIDS Dr Brian Wall, Monitoring and Evaluation Division, IFRC Mr Ariel Kerstens, Secretary General, Argentine Red Cross was to have been a member of the team but was unable to participate due to floods in Argentina.

The methodology of the evaluation involved

- A critical review of IFRC/ National Society documented materials including previous evaluation reports.
- Interviews and/or other approaches to a sample group of past and present programme beneficiaries selected on the basis of agreed criteria.
- Field visits to programmes.

4. Findings

4.1 Structure of Latvian Red Cross

It is not possible to evaluate HIV/AIDS activities and the syringe exchange programme in particular without taking into account the structure of the Latvian Red Cross.

Following independence in 1991 many Red Cross Societies in the countries of the former Soviet Union have undergone a process of reorganisation. In the neighbouring countries of Lithuania and Estonia this took place in the early 1990s. These changes have taken longer in Latvia and recently proposed reorganisation was agreed at a council meeting. This will involve

- separation of governance and management
- reduction of the number of district committees from 35 to 17
- strengthening of district committees
- drawing up of development plans
- development of income generating activities
Since this reorganisation has not yet been implemented there have been resulting constraints to project performance. These include

- high turnover of Secretary Generals, three since 2001
- no development plans currently exist – only action plans are in place which allow short term activities
- LRCY is part of LRC but practically functions separately.
- LRC Secretariat is poorly funded
- Latvia is the only country in the region which does not have a Red Cross law giving the society special status. Currently LRC has the same status as any other NGO.
- there is a considerable property estate since the formation of the Society in 1918 but there is no clear business plan as to its use.
- as there have been funding difficulties centrally many district branches have become autonomous writing proposals and sourcing funding directly.

4.2 Epidemiology of HIV/AIDS in Latvia

All cases of HIV infection are notified to the Ministry of Health. There are sixteen laboratories and one reference laboratory for HIV testing in the country. If a HIV test is found to be positive a copy of the result is sent to the AIDS prevention centre (APC) who hold a state register for HIV and AIDS. The first case of HIV was diagnosed in Latvia in 1987 with the first AIDS case in 1990. Since then there was a steady increase until 1998 when the rise has been more dramatic. As of 30th April 2003, the cumulative total of HIV cases was 2503 (104/100,000 population) with 185 AIDS cases (8/100,000 population) as shown in Figure 1.

FIGURE 1: Cumulative number of HIV/AIDS cases 1987 – 2003
The distribution of HIV cases by age and sex is shown in Figure 2. The peak age is 20-24 years for all with males accounting for 75% of the total number of cases.

**FIGURE 2: Cumulative number of HIV cases by age and sex at April 2003**

The cumulative number of HIV cases in different transmission groups is shown in Table 1.

<table>
<thead>
<tr>
<th>Transmission group</th>
<th>Number of cases (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intravenous drug user</td>
<td>1844 (73.7%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>288 (11.5%)</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>264 (10.5%)</td>
</tr>
<tr>
<td>Homosexual</td>
<td>102 (4.1%)</td>
</tr>
<tr>
<td>Mother to child</td>
<td>5 (0.2%)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2503 (100%)</strong></td>
</tr>
</tbody>
</table>

The first cases of HIV infection were in homosexuals but since 1998 intravenous drug users (IVDUs) are the most common transmission group. This has also been seen in other neighbouring countries of the former Soviet Union. In addition over 80% of cases are registered as being from Riga and the surrounding area.
The first cases of HIV infection in IVDU were diagnosed in 1995 and the number of cases by year of diagnosis is shown in Figure 3.

**FIGURE 3: Number of cases of HIV in IVDU by year of diagnosis**

The numbers of IVDU being tested for HIV has increased from 30% in 2001 to over 80% in 2003 but as can been seen in Figure 2 the number of HIV cases in IVDU increased until 2001 and this number has decreased since. The total number of IVDU in the country is unknown with an estimate of 20-40,000 of whom 60-70% are IVDU.

State run Narcology Centres provide in and outpatient treatment for all drug addiction using a 12-step detoxification programme. There are four hospitals providing outpatient services and three rehabilitation centers (two adult and one adolescent). From discussions with staff at the APC and Narcology Centre the numbers attending for detoxification have dropped from 645 in 2000 to 220 in 2002 and the numbers using intravenous drugs has decreased with oral amphetamines and other pills now being the drugs of choice.

4.3 Syringe Exchange Programme

The AIDS Prevention Centre (APC) in the Ministry of Welfare is responsible for AIDS activities in Latvia. Staff from the APC collaborate with other government departments, local municipalities and NGOs.

The history of the development of syringe exchange centres coordinated by the APC is outlined below.

- **1997** Following the diagnosis of the first HIV cases in IVDUs the APC set up a syringe exchange programme in one outlet in Riga.
- **1999** This was expanded to cover Salospili, Olaine and Jurmala all cities close to Riga and included an outreach component.
2000 Voluntary testing for HIV started in existing syringe exchange centres. These centres were the first free sites as a consultation fee is charged at other locations e.g private doctors. A mobile bus was introduced in Jurmala to provide an outreach syringe exchange programme

2001 Programme expanded to cover the cities of Tukums and Liepaja

2002 Cities of Bauska, Jekabpils, Jelgava and Kulgiga included

At the time of the evaluation syringe exchange programmes are being provided in 11 cities in total (these were selected on the basis of HIV infection rates). The Sorus Foundation and the Open Society Initiative which is based in New York initially provided funding for the programmes. From mid 1999 the United Nations Development Programme (UNDP) and more recently Family Health International have provided partial funding with the balance from the Government. However staff from APC noted that the supply of condoms has been reduced recently due to funding shortages.

Latvian Red Cross Youth has sole responsibility for HIV/AIDS activities within LRC. Since 2000 three people have been appointed as Director of LRCY which is the only paid post in the Youth section. The current Director has been in post since June 2002. All other members work in a voluntary capacity.

In 2000 a volunteer with LRCY drew up a project proposal “We help you to help yourself” to assist in the existing syringe exchange programme in one centre in Riga. The objectives were

- to ensure the provision of sterile syringes in exchange for used ones
- to provide condoms free of charge in order to decrease HIV infection in IVDU.

Funding of US$ 3885 was sourced from the Italian Red Cross to include the purchase of syringes and condoms and an advertising campaign for one year. When funding was received LRCY purchased 24,000 syringes (using an estimate of 2000/month) and 2000 condoms (160/month). In addition LRCY ran a media campaign and produced leaflets to alert the general public about HIV/AIDS and alert IVDU about the syringe exchange programme in Riga. Ten LRCY volunteers and a number of state health care workers distributed information leaflets before and during the time of the programme.

On 15 August 2001 a syringe exchange programme was opened in Riga City. The programme involved collaboration with three agencies

- Latvian Red Cross Youth who provided syringes and advertising
- AIDS prevention centre who provided one staff member and collated statistics
- Riga City Drug Prevention Centre who provided the office space and social workers to counsel drug users and their relatives.

From 15 August 2001 – 31 July 2002 the LRCY supported syringe exchange programme was based in Kalnciema in Riga. The centre was open daily from Monday to Friday and in line with APC policy clean syringes were exchanged for used ones once a client had been registered.
The numbers of clean and used needles was collated on a daily tally sheet as shown in Table 2.

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of syringes given out</th>
<th>Number of syringes collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2001</td>
<td>203</td>
<td>193</td>
</tr>
<tr>
<td>September 2001</td>
<td>444</td>
<td>492</td>
</tr>
<tr>
<td>October 2001</td>
<td>475</td>
<td>437</td>
</tr>
<tr>
<td>November 2001</td>
<td>376</td>
<td>371</td>
</tr>
<tr>
<td>December 2001</td>
<td>183</td>
<td>194</td>
</tr>
<tr>
<td>January 2002</td>
<td>370</td>
<td>367</td>
</tr>
<tr>
<td>February 2002</td>
<td>218</td>
<td>200</td>
</tr>
<tr>
<td>March 2002</td>
<td>316</td>
<td>320</td>
</tr>
<tr>
<td>April 2002</td>
<td>567</td>
<td>565</td>
</tr>
<tr>
<td>May 2002</td>
<td>335</td>
<td>318</td>
</tr>
<tr>
<td>June 2002</td>
<td>297</td>
<td>274</td>
</tr>
<tr>
<td>July 2002</td>
<td>171</td>
<td>160</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3955</strong></td>
<td><strong>3891</strong></td>
</tr>
</tbody>
</table>

During the time of the programme 3955 clean syringes were distributed and 3891 dirty syringes were collected. Consultations with social workers were available if clients wished. However condoms were not provided in this syringe exchange centre as the staff from the Drug Prevention Centre felt that IVDU were more concerned with securing drugs than in sex. These condoms were subsequently used in LRCY World AIDS Day activities. In addition some of the Red Cross volunteers used to exchange needles on the streets.

In July 2002 the Riga Municipality who through the Drug Prevention Centre provided the office space for the centre decided to close it down. This was because they wanted to use the premises for drug prevention activities as opposed to harm reduction. However the evaluation team were told there was a lot of opposition from local businesses who objected to the location of the syringe exchange centre. As the LRCY involvement was only secured for a year the remaining syringes (over 20,000) were given to the AIDS prevention centre for use in their other syringe exchange centres. These syringes lasted about three months so none were seen during any of the visits by the evaluation team.

The volunteer who drew up the project proposal also co-ordinated the LRCY involvement and sent monthly action and budgetary reports to the Italian Red Cross.

When the LRCY funded centre closed there was a considerable demand for services in the surrounding area from IVDU. In December 2002 another NGO, DIA+LOGS became involved in syringe exchange providing a low threshold centre for PLWHAs, IVDU, youth and other at risk groups. Recent developments include a needle exchange, counselling, HIV testing and regular meetings of support groups such as PLWHA, IVDU, mothers of infected children and gay youth. The opening of this centre has eased the demand since the LRCY funded one closed.
4.4 Other HIV/AIDS activities

The LRCY have been involved in several other HIV/AIDS initiatives.

- In 1998 LRC participated in a UNAIDS them group project entitled “AIDS and we”. This project involved holding HIV/AIDS/ Sexually Transmitted Infection (STI) seminars in schools and ten such seminars were held educating about 300 students.

- In 1999 an internet project was started through the LRCY website which invited people to send questions/ comments to people living with HIV/AIDS (PLWHA). A panel of 10 PLWHA (7 male and 3 female) were available to reply. This was very successful and allowed public perceptions to be changed. This was funded initially by the Soros foundation and later by UNDP but stopped in 2002 due to lack of funding.

- From 2001 - 2002 LRCY was funded by the Italian Red Cross for a project entitled Team 1 which involved training in peer education activities.

- Activities are held throughout all LRCY branches for World AIDS day. These included candlelight memorial church services and asking members and the general public to write letters to PLWHA.

- LRCY participate in the UNAIDS theme group for 5-6 NGOs involved in HIV/AIDS activities. This group meets twice a year to discuss collaboration in HIV/AIDS activities, most recently in April 2003.

- LRCY are involved in peer education in the Riga area. Another NGO “Youth against AIDS” is seen as the lead organisation in peer education.

- In the autumn of 2002 the LRCY Director introduced a standard reporting form which is completed by each youth branch every six months. This asks for details of activities, funding, needs and problems and has led to better coordination. However individual LRCY groups have written their own project proposals and sourced funding independently often without the knowledge of the LRCY Director. For example the evaluation team visited Liepaja youth branch and met with four volunteers. There are 15 active youth volunteers in this branch (some trained through Team 1) who in January 2003 wrote a five-year plan for HIV/AIDS activities in the district. Funding for two activities has bee sourced from Canadian CIDA and the local municipality following submission of project proposals. The Canadian CIDA funding was obtained by writing directly to the AIDS Prevention Centre and an NGO, Youth against AIDS. The proposed activities involve peer education and World AIDS day events.

- LRCY is a member of ERNA (European Red Cross Network on AIDS) and the Director gave a presentation on the syringe exchange programme at the 2002 annual conference in Yerevan. A further ERNA meeting is planned to take place in Riga in September 2003 but funding is not yet secured and staff are concerned about their capacity to organise such a forum.
• At present LRCY staff only visit branches if requested – there is no regular schedule of visits due to transport difficulties and no funding for fuel.

• The IFRC are kept informed of the LRCY HIV/AIDS activities through reports sent to the Secretary General and then forwarded to the Regional Health Delegate in Budapest. However in the recently published IFRC document “Reducing household vulnerability to HIV/AIDS and Tuberculosis” it is stated “The Latvian Red Cross implemented one of the first needle exchanges in Riga in 1997, and added outreach workers two years later. There are now harm reduction programmes in place in eight municipalities, which see an average of 100 to 300 new clients a month and are showing reduced HIV rates”.

The inference is that the LRC is involved in the provision of all the syringe exchange programmes. The evaluation team did not find this to be the case.

5 Conclusions

Relevance

This unique programme was an attempt to involve the Federation in harm reduction. Though there appears to be a levelling off of IV drug abuse in Latvia there will be still be a continued need for harm reduction activities.

Those involved in IV drug use continue to be among the most vulnerable of society. Latvian RC involvement in harm reduction activities via needle exchange ceased at the end of August 2002 due to a variety of structural reasons – namely the structure of existing service provision by the municipality and other NGOs and the structure of the LRC and LRCY.

There is evidence of effective syringe exchange programmes leading to harm reduction throughout the country. These are being mainstreamed into government to varying degrees. It could be argued that the LRC involvement helped contribute towards the shift to accepted government policy.

The objectives of the syringe exchange programme is consistent with the Strategy 2010 of the Federation by mobilising the resources in the community and targeting the most vulnerable.

As a result of the syringe exchange programme the profile of the LRC has increased worldwide and locally closer cooperation with state and other NGO services has been established.

There has been little involvement by the Federation Secretariat in the programme

Effectiveness

Needles and syringes supplied by the LRC were provided for the project. The distribution was monitored closely whilst the project was running. When the project finished in August 2002 the balance of the needles and syringes (about 20,000) were
given to the AIDS prevention centre for use in their exchange centre in Riga. These were used but there is no documentary evidence of this.

Condoms were bought by LRCY for the project but during the time of the RC project little or none were distributed as there was reluctance by APC and Riga City Drug Prevention Centre staff to see the relevance of this.

There was considerable demand by clients for the services of the syringe exchange project. This was monitored by monthly reporting to APC and LRCY. There was continued demand even when the project ended.

There was no direct impact on Training or Capacity Building. However the evaluation identified serious gaps in the training needs and resources necessary for capacity building within the national society as a whole and LRCY in particular.

There was close working relationship between LRCY and government agencies. Whilst cooperation existed at operational level this did not exist at strategic level.

There is no evidence that the presence of HIV/AIDS among staff or volunteers was addressed in this project. There is evidence to show that individuals living with HIV/AIDS have a voice within the wider RC work.

**Efficiency**

The programme has been efficient and working according to the objectives in relation to syringe exchange but not the provision of condoms.

The project was very cost effective with a budget of $ 3885.

As the amount of funding was so small, financial reporting was minimal.

The project was concerned with the provision of equipment. This was carried out by a RC volunteer. The quality of information provided by the volunteer leading on the project was adequate. However there was no evidence of management support.

Communication between LRC and IFRC is in question given that a recently published document states that the LRC syringe exchange programme started in 1997 and infers there are now programmes in eight municipalities.

**Sustainability**

The project was for one year. There was an initial mismatch between the expected and actual uptake of needles and condoms leading to the excess needles and syringes being donated in bulk to APC and the condoms being used in LRCY World AIDS day activities.

The planning of the project was volunteer and RCY staff driven. The implementation was carried out as a government programme and has been integrated into same.
As the project has finished and government agencies and a NGO are providing comprehensive harm reduction facilities including methadone maintenance it may be no longer appropriate for LRC to be involved in such activities.

8. Recommendations

- The reorganisation of LRC should take place as soon as possible to allow development plans to be drawn up with HIV/AIDS issues being integrated into all areas.

- LRCY needs to work closer with LRC HQ and any HIV/AIDS interventions should be incorporated into all RC mainstream activities at central and district levels

- Current activities are short term and fragmented. This may be appropriate for disaster relief but not for HIV/AIDS. Sources of long-term sustainability including funding should be secured as matter of urgency to ensure sustainability.

- Funding and support should be secured for the forthcoming ERNA meeting.

- The issue of the residual property estate should be clarified so that these valuable resources can be utilised.

- Reporting mechanisms both within and outside the country should be strengthened. Central co-ordination at national society level is essential. This includes better monitoring and reporting. Regular visits to the branches should take place with the provision of transport and fuel to monitor progress and identify constraints.

- Communications capability should be increased between the branches and headquarters, which would allow the continuation of the internet project linking isolated PLWHA with wider communities.

- At present adequately funded syringe exchange programmes are being provided through state agencies and an NGO. Given that the numbers of IVDU are currently decreasing there would seem to be limited value in LRCY becoming directly involved again in the provision of syringes. However LRCY should look into condom provision at such centres and strengthen collaboration with state agencies and other NGOs to monitor the epidemiological situation closely. Consideration should be given to utilising LRCY street workers as before to reach the most marginalized IVDU in conjunction with existing agencies in the field.

- LRCY should continue to develop support structures for PLWHA and individual PLWHA involvement with LRC should be strengthened perhaps by direct recruitment.
- Stigma against PLWHA is still evident and must be addressed in any activities particularly peer education programmes

- LRC should take a more robust approach to interagency collaboration and become a lead player in the area of HIV/AIDS issues.
A seven country case study evaluating the International Federation’s response to the challenges of the HIV/AIDS pandemic

Annex e 1

International Federation of the Red Cross and Red Crescent Societies
Monitoring and Evaluation Division
A seven country case-study evaluating the International Federation’s response to the challenges of the HIV/AIDS pandemic.

1. Background

As the HIV/AIDS pandemic continues to intensify throughout the world, its victim will, as of 2002, outnumber all casualties suffered through conflict and disaster over the past 50 years. The International Federation has responded to this increasing challenge by significantly scaling up its activities focussed on the alleviation of suffering generated by the HIV/AIDS pandemic. The unique position of the International Federation within the humanitarian arena confers a significant advantage and opportunity to effect real change to the lives of many. The Federation’s response to the pandemic is articulated in Strategy 2010 and The Global Programme 2002-2005. The strategy is a triangulation that includes Prevention, Care/ Treatment and, efforts to reduce Stigma and Discrimination, with PLWHA as its central orientation. In order to enhance the effectiveness of the Federation’s response and inform our future response, the Monitoring and Evaluation Division is now undertaking a detailed evaluation study of our experience to date.

The emphasis of this exercise is on building our future responses through a process of shared learning.

2: Reasons for the Evaluation

A rapid desk review implemented in March 2001 recommended a more scientific, in-depth evaluation of our experience in responding to this increasing challenge, using a number of countries as case studies. This is a comprehensive exercise that sets out to achieve the following objectives:

1. Capture, analyse and document the experience of the International Federation in responding to the challenges of HIV/AIDS including country specific constraints to programme design. Additionally, it should provide a modality to share this experience with other partners. It is being implemented at a critical milestone of intensified action by the Red Cross and Red Crescent Movement. This is a learning exercise, to gather data and to document experiences of interventions implemented in different social and geographic settings, that may exhibit, and have differing levels of effectiveness and sustainability.

2. This evaluation will inform future HIV/AIDS policy development and is expected to make a significant contribution to the planning and design of future HIV/AIDS interventions implemented throughout the Movement.

3. The evaluation will also inform, identify and correct any perceived weaknesses in guidelines addressing HIV/AIDS in the workplace.

3: Scope and Focus of the evaluation

To maximise the scope of the exercise and provide the widest panorama of information, the exercise will draw on case studies in 8 countries spanning 5
continents. The exercise is being implemented in two phases, and began with the 4 country Africa phase in May 2002. The project team for HIV/AIDS has identified these that provide geographical as well as functional diversity. These are: Jamaica (Youth peer education), Togo, Uganda (Blood Donor Recruitment), Zimbabwe (Youth Peer Education and Home Care), Mozambique, Latvia (Needle exchange), Chile (National Society involvement) and China (Harm reduction and National Society context). The evaluation will include an assessment of the connectness, relevance, impact, effectiveness and efficiency of our interventions. It will also look at the coherence and complimentarity and co-operation among all stakeholders. Specifically the exercise will address the following issues:

:1 Relevance:

- Assess the degree of continued relevance of the initiatives for the International Federation including the National Societies;
- Assess the role of the Federation in the initiatives;
- Review the continued relevance of the intervention in so far as its current design reflects issues and challenges identified by all the stakeholders e.g. Prevention, care, support and stigma;
- Assess whether interventions is compatible with and reflective of IFRC policies, guidelines and standards (Gender, HIV/AIDS, Organisational Development and Capacity Building) and are compatible with best International practice;
- Identify any unexpected outputs from the interventions;
- Assess the degree to which the International Federation approach demonstrates internal connectivity and complementarity with National plans;
- Assess the connectedness the intervention has to the host health systems, the degree of ownership and integration;
- Suggest alternatives, adjustment or appropriate action where necessary to improve its relevance.

3:2 Effectiveness:

- Assess the degree to which the objectives of these interventions have been achieved;
- Assess the quality of the intervention against benchmarks and determine whether the interventions reflect International best practice;
- Determine the level of impact of the intervention on the demand, delivery and quality of health care to beneficiaries,
- Assess the impact on National Societies in terms of Training and Capacity Building;
- Identify any constraints to the achievement of intermediate and long term objectives specifically in relation to the availability of accurate baseline information and indicators;
- Assess the level of coherence, complimentarity and co-operation among all stakeholders (including PNS, UN System, Governments Systems, and others) involved in the intervention;
- Examine the effectiveness of the working arrangements and linkages with the National Society and PNS ;
- Where appropriate, make recommendations on increasing the effectiveness of the intervention;
Assess whether the presence of HIV/AIDS among staff of the movement is reflected in HR policy and guidelines at both Secretariat and field level, and assess whether this policy reflects international best practice in the HR area.

3:3 Efficiency:

Examine the execution and management of the interventions and assess levels of efficiency;

- Examine the cost-effectiveness of the approaches;
- Assess whether the inputs, budgets and costs for the intervention were adequate and reasonable in relation to the achievements of the intervention;
- Assess whether systems of financial reporting and reconciliation are appropriate;
- Assess the technical quality of the intervention including staffing arrangements and other support mechanisms;
- Assess the standard of monitoring and evaluation among the interventions and the degree to which recommendations from previous reviews and evaluations have been the subject of management decision and action;
- Assess the quality of reporting in relation to M&E.

3:4 Sustainability:

- Determine whether the interventions demonstrate financial, institutional and social sustainability particularly in terms of ongoing costs and any required capacity;
- Assess the degree of ownership and community participation in the planning and implementation of the programmes;
- Determine the degree to which the interventions are integrated into local systems of Health Care;
- Identify the factors that may influence sustainability in the short, medium and long-term;
- Examine the extent to which PNS bi-lateral participation has influenced longer term programming;
- Determine the appropriateness, at this stage, of an exit strategy, reorientation or planning for future interventions.

4 Methodology, Evaluation Team and Time Schedule

4:1 Methodology

- A critical review of IFRC/National Society documented materials including previous evaluation reports;
- An assessment of the degree to which recommendations from previous exercises have been agreed and implemented and identify unanticipated constraints to their implementation;
- Interviews and/or other approaches to a sample group of past and present programme beneficiaries selected on the basis of agreed criteria;
- Interviews and/or workshops with National Society HQ and regional staff, as well as with the Federation Delegation programme team;
- Field visits to programmes;
- Interviews with other key stakeholders - WHO, Ministry of Health, NGOs, UNAIDS; UN Representatives, PNS
4.2 Evaluation Team

The team will consist of a maximum of 4 participants. This will include:

- One participant from a National Society external to the review as their peer representative;
- One resource person from the Federation’s HIV/AIDS project team;
- An external Consultant, with an expertise in Public Health as team leader, who will manage the process and write the report;
- A participant as resource person from UNAIDS, if available,
- A participant from a group representing people living with aids would be desirable,
- The requirement of translators will be assessed at a later stage.

The exercise will seek to generate cross-fertilisation and experience by promoting a “peer review” approach. Potential external and independent consultants will be sought for the role(s) of the team leader and specialist in Health Economics. The team leader will write the report and have significant expertise in development initiatives preferably within the health sector(s) and specifically within the area of HIV/AIDS. Identification and selection of the consultant(s) will be undertaken jointly by the Evaluation Department, the Task Force on HIV/AIDS with National Society input. Selection will be based on the quality of response to the TORs, availability and cost.

4.3 Time Schedule

The second phase of the exercise will begin in April 2003. While the schedule will seek as far as possible to facilitate the logistics, administrative needs and participation of National Societies, IFRC Secretariat PNS and other stakeholders it will be guided by the decision making process in respect of future HIV/AIDS programme activity. Execution of the first phase including preparation, writing and field visits is anticipated to involve 30 days.

5: Reporting and Feedback

The Consultant(s) will be required to produce a draft report within two weeks return from the country visits. The team will produce an aid-memoire for discussion at a debriefing in each region prior to departure. The final report will be presented in electronic format and will include a stand-alone executive summary. The report will be brief and concise and meet the needs of all stakeholders. Final reporting to the IFRC secretariat may also include a presentation of findings and conclusions in Geneva at a time to be agreed in the future.
## List of Key Informants

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Ms Inga Melbarde</td>
<td>Acting Secretary General Latvia Red Cross</td>
</tr>
<tr>
<td>Ms Rasma Kinta</td>
<td>Programme Co-ordinator Latvia Red Cross</td>
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<tr>
<td>Ms Rita Liepina</td>
<td>International Co-ordinator Latvia Red Cross</td>
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<tr>
<td>Ms Ieva Brinkmane</td>
<td>Director Latvian Red Cross Youth</td>
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<tr>
<td>Mr Jon Fr Klepzig</td>
<td>Norwegian Red Cross (IFRC delegate to Baltic states 2000 – 2002)</td>
</tr>
<tr>
<td>Mr Egils Fuksis</td>
<td>Volunteer Latvia Red Cross Youth</td>
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<tr>
<td>Dr Inga Upmace</td>
<td>Deputy Director AIDS Prevention Centre</td>
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<tr>
<td>Ms Dace Barone</td>
<td>Board Member Latvia Red Cross Youth</td>
</tr>
<tr>
<td>Ms Gita Austrina</td>
<td>Riga City Drug Abuse Prevention Centre</td>
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<tr>
<td>Ms Ieva Zlemeta</td>
<td>Chairperson Latvia Red Cross Youth</td>
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<tr>
<td>Ms Ruta Kaupe</td>
<td>Director DIA+ LOGS</td>
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<tr>
<td>Ms Lena Makarova</td>
<td>Street Worker, AIDS Prevention Centre</td>
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<tr>
<td>Ms Ilona Ceicane</td>
<td>Street Worker, AIDS Prevention Centre</td>
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<tr>
<td>Mr Renars Pipikis</td>
<td>Head of Psychosocial Centre Zemgaze</td>
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<tr>
<td>Mr Valters Avzins</td>
<td>Head of Psychosocial Centre Crurzene</td>
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<tr>
<td>Mr Valts Hantins</td>
<td>Street Worker</td>
</tr>
<tr>
<td>Ms Liga Ruse</td>
<td>Red Cross Youth Branch Leader, Liepaja</td>
</tr>
<tr>
<td>Ms Maija Jansone</td>
<td>Red Cross Youth Volunteer, Liepaja</td>
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<tr>
<td>Ms Liuva Folkmane</td>
<td>Cross Youth Volunteer, Liepaja</td>
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<tr>
<td>Ms Inga Stiznova</td>
<td>Red Cross Youth Volunteer, Liepaja</td>
</tr>
<tr>
<td>Mr Janis Ostrovskis</td>
<td>Driver/ Disaster Preparedness Latvia Red Cross</td>
</tr>
<tr>
<td>Ms Astrida Stirna</td>
<td>Director, Centre of Drug Abuse Prevention and Treatment, Riga</td>
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<tr>
<td>Dr Sarmite Skaida</td>
<td>Senior Doctor, Centre of Drug Abuse Prevention and Treatment, Riga</td>
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<tr>
<td>Ms Daina Biezaite</td>
<td>Administrative Assistant, WHO Liaison Office, Latvia</td>
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<tr>
<td>Ms Ilze Jekabsone,</td>
<td>Interagency Coordinator on Young People’s Health, UNDP, Latvia</td>
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<td></td>
<td>Deputy President, Latvian Red Cross</td>
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<tr>
<td>Mr Ernest</td>
<td>PLWHA</td>
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Programme

Sunday 4 May
Arrive Riga, Latvia

Monday 5 May
1000 Meeting with Acting secretary general and other LRC staff
1100 Introduction to LRCY syringe exchange project “We help to help you” and other HIV/AIDS, drug prevention activities
1430 Meeting with LRCY Director

Tuesday 6 May
1000 Visit to AIDS Prevention centre
1130 Visit to NGO “DIA+LOGS” (syringe exchange point)
1400 Visit to ex – syringe exchange point at E. Birznieka – Upisa Street 28 (recently closed)
1530 Visit to psychosocial centre, Riga City

Wednesday 7 May
0900 Travel to Liepaja
1200 Meet with Red Cross Youth, Liepaja
1600 Return to Riga

Thursday 8 May
1000 Visit to Centre for Drug Abuse Prevention and Treatment
1400 Report writing
1600 Meeting with WHO Liaison Officer
1700 Meeting with Interagency coordinator, UNDP
1800 RC/RC Day celebration in LRCY – informal evening

Friday 9 May
0900 Debriefing
1100 Meeting with Deputy President, LRC
# Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>APC</td>
<td>AIDS Prevention Centre</td>
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<td>EU</td>
<td>European Union</td>
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<td>GNP</td>
<td>Gross National Product</td>
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<tr>
<td>GNP+</td>
<td>Global Network of People Living with HIV/AIDS</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Syndrome</td>
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<tr>
<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
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<td>IVDU</td>
<td>Intravenous drug user</td>
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<td>LRC</td>
<td>Latvian Red Cross</td>
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<td>LRCY</td>
<td>Latvian Red Cross Youth</td>
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<td>NATO</td>
<td>North Atlantic Treaty Organisation</td>
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<td>NGO</td>
<td>Non Governmental Organisation</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PNS</td>
<td>Participating National Society</td>
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<td>PLWHA</td>
<td>People Living with HIV/AIDS</td>
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<td>RC</td>
<td>Red Cross</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>UNAIDS</td>
<td>United Nations AIDS programme</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>WHO</td>
<td>World Health Association</td>
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