

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

HEALTH AND CARE IN THE COMMUNITY

13 November, 2002

SPECIAL FOCUS ON HIV/AIDS IN AFRICA

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 178 countries. For more information: www.ifrc.org

Appeal No. 01.65/2002

Appeal Target: CHF 4,442,993 (USD 3.01 million / EUR 3.02 million)

Beneficiaries/target groups (if available): N/A

Programme Update No. 2; Period covered: January - October, 2002

IN BRIEF

Update/Summary: Continued support from the Norwegian, Swedish and Finnish Red Cross as well as significant ongoing bilateral contributions during 2002 allowed for the considerable progress to be made. In addition, a three-year partnership was entered into with Nestlé in June that will provide CHF 3 million during the partnership with the majority of the donation focused on supporting the scaling-up of youth peer education in Nigeria. The Bureau of Population, Refugees and Migration provided funding in July to support HIV/AIDS activities in Zambia, east Africa, Sierra Leone and Guinea. In October, the Netherlands and Swedish governments announced their support for the \$14 million regional HIV/AIDS programme that will provide assistance to millions of people living in communities affected by HIV/AIDS.

This report is intended to provide information on the progress made in the implementation of the Health and Care Global Programme (Appeal 01.65/2002) with a particular focus on the results of HIV/AIDS advocacy, prevention, care and treatment activities in Africa. This report is a compilation of global actions and African National Society efforts.

The context

The Health and Care Global Programme has, as its third objective, the "Scaling up of the household and community interventions that reduce vulnerability to HIV/AIDS and other communicable diseases." Related activities include:

- Support the implementation of global action against AIDS-related stigma. There is an acknowledgement that AIDS-related stigma is one of the key obstacles in accessing care for persons and families affected by the pandemic and the Global Programme seeks support for National Society involvement in this area;

- Review and support the development of HIV/AIDS in the workplace guidelines;
- Support regional and National Societies' efforts to scale up their volunteer-based health interventions, with a particular focus on the development of volunteer management systems required for the scale up effort; and
- Ensure active participation at major conferences and events building leadership development and skills building opportunities.

Related indicators are:

- Good HIV/AIDS (and/or health) country plans developed and being implemented;
- Advocacy in health becomes more strategic and coordinated; and
- International partnerships evolve from knowledge sharing to joint planning and implementation at international and country levels.

In the ARCHI/HIV/AIDS appeal (No. 01.01/2001) annual report, it was stated that progress was slow in 2001 to massively scale-up interventions to impact HIV/AIDS in Africa. National Societies, with the assistance of the Federation Regional Delegation HIV/AIDS coordinators, laid the ground work by developing partnerships, structures and strategic plans to implement interventions to reduce HIV-related stigma and discrimination, to prevent further transmission of HIV and to provide care, promote and facilitate access to treatment (where appropriate) and support persons living with HIV/AIDS. The report went on to say that the results of these start-up activities would become apparent in 2002.

Based on the information presented below, significant progress has been made in the Global Programme and Africa during the first part of 2002, though there is a very long way to go.

Background

From the UNAIDS report released in July 2002, it is stated, "the scale of the AIDS crisis now outstrips even the worst-case scenarios of a decade ago. Dozens of countries are already in the grip of serious HIV/AIDS epidemics, and many more are on the brink." For sub-Saharan Africa, "approximately 3.5 million new infections occurred in 2001, bringing to 28.5 million the total number of people living with HIV/AIDS in sub-Saharan Africa. Fewer than 30 000 people were estimated to have been benefiting from antiretroviral drugs at the end of 2001. The estimated number of children orphaned by AIDS living in the region is 11 million. Even if exceptionally effective prevention, treatment and care programmes take hold immediately, the scale of the crisis means that the human and socioeconomic toll will remain significant for many generations."

Red Cross Red Crescent Action

By the end of 2001, more than 30 African National Societies had developed plans for the HIV/AIDS interventions and through 2002, the number is at 40. This is significant such that only 2 National Societies had developed plans prior to 2001. Regional and National Society HIV/AIDS coordinators were active in bringing the interventions to the community (see "Progress in Africa" below). Other activities were taking place during 2002 at the regional and international levels that were supportive of the National Societies included:

- Global Fund to Fight AIDS, Tuberculosis and Malaria (ongoing) - National Societies are encouraged and supported to become active members of their Country Coordination Mechanisms to ensure that civil society is represented in the discussions and to work with governments in the development of appropriate action plans.
- Federation Global Programme (February 2002) - Release of *Global Programme 2002-2005: Reducing Household Vulnerability to HIV/AIDS and Other Infectious Diseases* that defined the framework for the Red Cross Red Crescent response.
- World Assembly on Aging (April 2002) - As part of advocacy around HIV/AIDS, a call by the Federation that aging populations across the world increasingly represent challenges for the Movement and society as a whole and that they should be part of the solution.
- Global Action Against HIV/AIDS-Related Stigma and Discrimination (May 2002) - The worldwide campaign, launched in conjunction with UNAIDS and the Global Network of People Living with HIV/AIDS (GNP+), show that the Red Cross Red Crescent Movement has an obligation to act, to

speak out, to lobby for policy changes and to fight stigma and discrimination in all its forms at international, national and community levels.

- United Nations General Assembly Special Session on Children (May 2002) - Continued advocacy around HIV/AIDS, the Federation Societies calls on governments to make a commitment to take action now – to put the care and protection of children made vulnerable by HIV/AIDS at the forefront of their policies, legislation and development plans.
- Case-Study Evaluating the Federation's Response to the HIV/AIDS Pandemic (May-June 2002) - Evaluation of Togo, Zimbabwe, Mozambique and Uganda HIV/AIDS programmes.
- XIV International AIDS Conference (July 2002) - Leaders from 44 National Societies and 12 Red Cross Red Crescent PLWHA attending the meeting take on the leadership challenge by agreeing on a series of commitments that will develop and support leaders for HIV/AIDS at the local level.
- GNP+, UNAIDS and the International Federation (August 2002) - To strengthen their contributions in the response to HIV/AIDS, a letter signed by the three organizations was release to address the 18-month pledge of support in the fight against HIV/AIDS-related stigma and discrimination.
- Alliance for Youth (August 2002) - Coalition of the CEOs for World Alliance of YMCAs, the World YWCA, World Organization of the Scout Movement, the World Association of Girl Guides and Girl Scouts, the International Award Association, the International Youth Foundation and the International Federation to harmonize approaches and share knowledge.
- Ambassadors of Hope (September 2002) - Linking Federation Regional Delegation in Harare and this network of PLWHA.
- Memory Project (October 2002) - Pilot training in Zimbabwe to introduce the concepts including documentation of family history, opening communication between parents and children, planning for the future and creating memory boxes or books.
- UNAIDS Collaborating Center (November 2002) - The Federation is identified as a collaborating center in the areas of community mobilization through volunteers and reducing stigma and discrimination through collaboration with GNP+ and its affiliates at the global, regional and national levels.
- Federation HIV/AIDS Policy (November 2002) - The updated policy, approved by the Governing Board, provides a framework to support National Society implementation of HIV/AIDS activities according to local needs and feasibility.

Work continued during the period to complete the *Principles and Operational Guidelines for Programming for Orphans and Other Children Made Vulnerable by HIV/AIDS and Community Home-Based Care For PLWHA: A Framework for NS Programming*. These guidelines should be available for National Societies in early 2003.

Continued support from the Norwegian, Swedish and Finnish Red Cross as well as significant ongoing bilateral contributions during 2002 allowed for the considerable progress to be made. In addition, a three-year partnership was entered into with Nestlé in June that will provide CHF 3 million during the partnership with the majority of the donation focused on supporting the scaling-up of youth peer education in Nigeria. The Bureau of Population, Refugees and Migration provided funding in July to support HIV/AIDS activities in Zambia, east Africa, Sierra Leone and Guinea. In October, the Netherlands and Swedish governments announced their support for the \$14 million regional HIV/AIDS programme that will provide assistance to millions of people living in communities affected by HIV/AIDS.

Progress in Africa

Southern Africa Region

Activities in the southern Africa region have been directed towards improving the knowledge and behavioral practices among youth, improving the living conditions and legal status of PLWHA and building the capacity of National Societies. In 2001 a regional HIV/AIDS coordinator as well as HIV/AIDS coordinators for each of the 10 National Societies were recruited. National Societies developed five-year country plans for scaling-up their response to HIV/AIDS and in 2002, a five-year regional plan was developed.

Eleven new home-based care projects were established during the first six months of 2002. In total, 37 projects have been implemented with 937 care facilitators caring for 18,619 PLWHA and providing HIV information education to more than 120,000 near relatives and community members as a result of the volunteer's interaction with the PLWHA. In **Zimbabwe** alone, 393 care facilitators are caring for over 10,000 PLWHA. Scaling-up in the other National Societies is as follows: **Malawi** (129 care facilitators supporting 600 PLWHA and their family members), **South Africa** (74 care facilitators supporting 5,000 PLWHA and their family members), **Swaziland** (169 care facilitators supporting 1,150 PLWHA and their family members), **Zambia** (59 care facilitators supporting 1,301 PLWHA and their family members), **Mozambique** (28 care facilitators supporting 150 PLWHA and their family members) and **Namibia** (85 care facilitators supporting 418 PLWHA and their family members). Food security projects have been integrated with home-based care projects. As part of the southern Africa food insecurity emergency appeal, an office has been established in Johannesburg, South Africa to manage the implementation of food distribution with a focus on PLWHA recognizing their special/additional nutritional needs.

During the first six months of 2002, 27 peer education projects were active in providing HIV/AIDS prevention education messages and life-saving skills through 487 peer educators. Examples of specific peer education activities in National Societies include: **Zambia** (15 peer educators reaching 3,000), **Botswana** (24 peer educators reaching 800), **South Africa** (5,000 youth through the home-based care projects), **Mozambique** (47 peer educators reaching 40,000) and **Angola** (200 peer educators reaching 60,000). In **Namibia**, the six member Puppet Power team has reached 60,000 youth through performances in schools and public places.

A total 120 support groups for PLWHA have been established in the region with an average of 30 people in each group. **South Africa** and **Zimbabwe** have created support groups specifically for the care facilitators. **Namibia** continues to champion support for orphans through 2 orphan projects that assist 2,846 children. Throughout the region, 6,501 orphans are being cared for under a total of 14 orphan projects.

On 8 May 2002, the Secretary General of the Federation launched the global action against HIV/AIDS-related stigma and discrimination in **Mozambique** with support of the Federation regional delegation and the National Societies. HIV/AIDS workplace policies have been developed in the Federation regional delegation, **Swaziland**, **Namibia**, **Lesotho**, **Zimbabwe** and **South Africa**.

Central Africa Region

Twenty-four trainers in peer education trained over 600 peer educators in **Cameroon**. Two talk centers were created in Yaounde and are visited by an average of 50 young people per week. Theatrical groups continue to be a source of education within the community, as 24 stage performances reached more than 32,000 youths. Volunteers regularly visited 500 PLWHA.

Peer educators in **Equatorial Guinea** 25 community awareness sessions reaching 10,000 people. A theatrical group composed of 15 young people made seven performances, reaching 350 people during each performance. Talk centers are visited each week by an average of 20 young people seeking HIV/AIDS information. The National Society also trained 60 traditional healers to communicate HIV/AIDS information to their patients.

In the **Central Africa Republic**, 36 peer educators were trained and in turn, they trained peers within their own respective communities. The program has 379 peer educators who reached 10,494 pupils, 17,300 people in churches and mosques, and 17,200 people in public places. The three theater groups conducted 38 performances in schools, bars, churches and other establishments; these performances reached 25,000 people.

In **Sao Tome and Principe** 24 trainers in peer education were trained. Sensitization campaigns took place in 56 secondary schools reaching 20,000 pupils. The National Society use a vehicle to establish a mobile chat room. This "Caravan Against AIDS" moves to a different locality every Saturday. Other HIV/AIDS activities have reached more than 5,000 persons through speeches, question and answer sessions and video shows.

HIV/AIDS education campaigns in **Chad** reached 290 people in Kournari and 1,870 people in Ndjamen. Two talk centers were established and were visited by an average of 200 young people per week. A theatrical group makes weekly performances, which reached 4,391 people in the districts of Ndjamen, Mongo and Bitkine.

In the **Republic of Congo**, 50 youth peer educators trained in Brazzaville and 35 in Pointe-Noire reached 8,543 people through 75 presentations. Through cultural animation halls, 25,875 people were reached with an additional 138,764 reached through 36 meetings in public venues. Thirty-two "anti-AIDS" clubs formed with 224 members.

The **Democratic Republic of Congo** has formed partnerships with the National AIDS Programme, the World Bank, MSF and UNAIDS. Twelve anti-AIDS clubs have been formed and 120 youth peer educators have been trained and mobilized. Ten volunteers have been trained for home-based care.

East Africa Region

As a counterpart to the HIV/AIDS coordinator in the Federation regional delegation and to enhance the partnership with PLWHA, a person from the Network of African People living with HIV/AIDS (NAP+) was recruited to developed greater involvement of PLWHA in all Red Cross Red Crescent interventions. The Federation regional delegation also implemented a monthly workplace education

In **Rwanda**, has implemented school-based sexual and reproductive health peer education programmes, as well as home-based and community care programmes in four provinces. The **Sudanese** Red Crescent activities include reproductive health, STIs/HIV/AIDS prevention and care interventions for refugees and internally displaced persons. In a partnership with Barclays Bank, the **Seychelles** Red Cross initiated sexual and reproductive health education, as well as HIV/AIDS programmes with the primary target of reaching vulnerable out of school youths. The **Ethiopia** Red Cross has engaged in school and out of school youths in HIV education. Additionally, home-based and community-based care interventions have been established in 20 of 30 branches. **Kenya** is instituting four home-based care programmes in three regions.

Burundi, Eritrea, Comoros, Madagascar, Somalia and Tanzania now conduct HIV/AIDS communication, education and information activities as part of their primary health care programmes.

The **Djibouti** Red Cross, in partnership with Save the Children-USA, established four HIV/AIDS information centers for truck drivers using the Djibouti port to Addis Abada. **Uganda** has continued its blood donor recruitment efforts. Increased levels of donations as well as decreased levels of HIV infected donations have marked success. In 1989, more than 7,000 pints of blood were donated, 5.2% of which were HIV infected. By 2002 donations increased to 72,000 pints, while HIV infected donations were only 1.9%.

West Africa Region

Two HIV/AIDS sensitization workshops were conducted for Federation regional Delegation staff and the Delegation is now working towards the creation of an HIV/AIDS workplace programme. Education and sensitization activities were carried out in collaboration with associations of PLWHA.

In **Nigeria**, two trainers from each project state were trained together with one HIV branch coordinator. They trained 110 volunteers in each branch for a total of 1,320 peer educators. To this point, peer education efforts have reached more than 150,000 youth, mostly secondary students. The core messages of peer educators were abstinence, cultural and social acceptance, faithfulness, use of condoms for the sexually active and delay of sexual debut. The National Society is also actively engaged with Nestlé-Nigeria on the ground to develop an HIV/AIDS education program for their employees and the community they live in.

The **Cote D'Ivoire** Red Cross trained 75 trainers and peer educators in four districts conducted door- to-door sensitization campaigns. The Togolese Red Cross made pre- and post-testing counseling available for 150 youth. Peer education sessions on modes of transmission and HIV prevention have reached 1,500 youths. Four hundred volunteers were trained as coaches of peer educators. Four hundred fifty educational kits were produced and distributed to peer educators. Peer counselors were trained in home-based care practices.

The **Benin** Red Cross-trained 152 volunteers including out-of-school youth, women from women's groups and student for peer education. Twelve coaches were recruited to support volunteers in carrying out sensitization activities with the target population and then for the broader population in conjunction with the 8th of May anti-stigma/discrimination campaign. In **Ghana**, 138 peer educators have been trained in 3 regions and reached more than 1,700 youth. The National Society held consensus-building workshops for partners/stakeholders to sensitize and mobilize the support of the targeted communities.

Constraints

Structural: The implementation of long-term community-based HIV/AIDS interventions remains a relatively new concept within many National Societies. Although significant progress has been made through the implementation of African Red Cross Health Initiative 2010 (ARCHI 2010) interventions, including HIV/AIDS, the most significant and ongoing challenge facing National Societies is to maintain a high level of motivation in the volunteers. The maintenance of the networks of volunteers is an integral element in the implementation of HIV advocacy, prevention and care and treatment interventions.

Coordination: Additional steps still need to be taken to develop the necessary organizational framework to allow for proper management, support and coordination at all levels to ensure the effective delivery of program elements. This framework would also need to be extended in the development of key, in-country partnerships to institutionalize the need to work closely with other organizations, particularly PLWHA networks.

Another area in development is the feedback and technical support system between the National Society and the Federation regional delegation. The burden of demand from the National Societies oftentimes exceeds the capacity of the regional coordinator.

Integration: The continuing challenge for a National Society is to implement a high-priority programme like HIV/AIDS while balancing programme integration. National Societies are looking at opportunities to link HIV/AIDS with other programmes to maximize the use of the resources.

Resources: Given the urgency of delivering effective and sustained interventions for HIV/AIDS prevention and care and support to all National Societies, the level of resources available does not fully address the needs nor does it cover a significant proportion of the African National Societies.

Contributions

Please note that since this is a special focus report the list of contributions which would normally be attached to this update

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

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