

Appeal 2001-2002



International Federation
of Red Cross and Red Crescent Societies

ARCHI/HIV/AIDS (Appeal 01.01/2001)

Click on figure to go to budget

	<i>In CHF</i>
Health	18,473,371
Total	18,473,371

Health

Scaling-up Capacities and Community Mobilisation Against HIV/AIDS in Africa

Background and progress to date

At the recent 5th Pan African Conference in Ouagadougou, Burkina Faso, the African Red Cross and Red Crescent Societies committed to “responding to the HIV/AIDS pandemic as an unprecedented humanitarian and development disaster in Africa by massively scaling up their response in terms of advocacy, prevention, care and mitigation”. They called upon the International Federation to urgently launch an appeal to scale up beyond their current country plans and co-ordinate subsequent action.

The Ouagadougou Declaration and this appeal are concrete manifestations of the African Red Cross and Red Crescent Health Initiative (ARCHI) 2010. African national societies are scaling up their health work to achieve greater impact on reducing HIV infections, and guiding and supporting caretakers of *people living with HIV/AIDS (or PLWHA)*, family members, and orphans. A critical element of the scaling up strategy will be the strengthening of national society’s capacities to more effectively manage, coach and support Red Cross and Red Crescent community volunteers throughout Africa.

African Red Cross and Red Crescent national societies can make a difference in the fight against HIV/AIDS by helping to reach the large scale volume of activities needed to curb the disease. Comparative advantages include the permanent presence of volunteers in all affected communities, the continent wide network providing a unique platform for effective advocacy work as well as the special auxiliary relationship with governments.

Africa is the most affected region with an estimated 25.3 million adults and children living with the virus. Over 2 million Africans died last year of AIDS-related diseases. Four of five women living with HIV and 90% of the world’s HIV positive children live in Africa. Over 50% of the children in Botswana or South Africa will become infected and develop AIDS, If the situation does not improve, one-third of all children aged under 15 in the southern Africa region will be orphaned by 2010. What sets AIDS apart is its unprecedented impact on regional development. Because it kills adults in the prime of their working and parenting lives, it decimates the workforce, fractures and impoverishes families, orphans millions and shreds the fabric of communities.

The African data is so overwhelming - the infection rates, the anticipated deaths, the numbers of orphans, the health care costs, the economic impact - that making a difference could appear to be impossible feat. However, these figures represent real lives, real people, and real suffering and the Red Cross and Red Crescent is a uniquely positioned organisation with the size and reach (almost 2,000,000 volunteers in 53 African countries) to make that difference possible.

Some governments in Africa have recently demonstrated increased commitment to combating HIV/AIDS. They have made political statements, declared HIV/AIDS a disaster, created new AIDS co-ordination councils at national and district levels, and/or have requested international and national support for the development and implementation of strategic plans which guide the work against HIV/AIDS.

A number of governments have recognised that AIDS is not just a health problem but involves all sectors. Some have also acknowledged that they cannot work in isolation to combat the disease and have called upon other agencies to work collaboratively with them.

Country HIV/AIDS strategic plans, national AIDS committees and UNAIDS theme groups are all being put in place to facilitate a more co-ordinated response. Regional and country offices of UNAIDS and its sponsor organisations, in consultation with African leaders, are developing new partnerships against HIV/AIDS. The International Federation has joined the International Partnership against AIDS - Africa (IPAA) and national societies are increasingly becoming involved in their National Committees and coalitions.

For the Red Cross and Red Crescent the Ouagadougou Declaration and commitments to scale-up for HIV/AIDS prevention are the backdrop for action in the next decade. This declaration has been recognised officially by the United Nations which registered the Declaration as UN Document A/55/480. The Federation's long-term HIV/AIDS plan further emphasises the priority accorded to strengthening support to the development of national societies capacities in order to better respond to the HIV/AIDS pandemic on an unprecedented level. Since the late 1980s, nearly all national societies have been involved in HIV/AIDS activities. There is considerable experience in the national societies related to what works and what doesn't work in prevention and home-based care. Most of these Red Cross and Red Crescent interventions have been small and limited in nature but they can now serve as the base for greater geographic expansion of these successful services.

In order to better focus Red Cross and Red Crescent public health responses, ARCHI 2010 was launched in 1998. The 53 African Red Cross and Red Crescent Societies and their respective Ministries of Health, the African academic world, and various health-related UN agencies have worked in a participatory planning process to identify public health priorities and related key health interventions where the Red Cross and Red Crescent can make a difference to the health of people at the community level. HIV/AIDS has emerged as the most urgent of these priorities.

Current HIV/AIDS interventions among the 53 African National Societies include: promotion, and Information Education, and Communication (IEC), youth groups, peer education, blood donor recruitment, home based care, theatrical groups, condom promotion and distribution as well as regional networking (i.e. Regional AIDS Network for Youths in West Africa or RANY-WA), Southern African Partnership of Red Cross Societies (SAPRCS), and the Central African Network for Peace and HIV/AIDS (RACPSI). These activities are part of the country programmes included in the Appeal 2001. However, few of the Red Cross and Red Crescent HIV/AIDS activities have had sufficient impact in view of the magnitude of the problem.

The Red Cross and Red Crescent in Africa has significant comparative advantages to other organisations and the African national societies in co-ordination with all members of the International Federation need to take advantage of and to build on these advantages and their experiences in service delivery to the vulnerable of the continent. Among the most tangible strengths are:

- A proven record of working with vulnerable populations in previous epidemics and disasters.
- With its networks of volunteers the Red Cross and Red Crescent has a permanent presence in all affected countries, and thus the potential to influence communities on a large scale throughout the continent.
- The continent-wide network gives the Red Cross and Red Crescent a unique platform for effective advocacy work.
- The Red Cross and Red Crescent's unique partnership as auxiliary to government.
- An ability to leverage financial and human resources on international, regional and national levels.

- An approach that enables the vulnerable populations to be informed so that they can make their own health care decisions.
- A network of technical, management and logistical advisors to assist national societies in the planning, implementation, monitoring and evaluation of their programmes.

What does the Red Cross and Red Crescent intend to do? Immediate and large scale action is urgently required. African national societies will consistently expand their coverage in order to reach a critical volume of activities needed to have greater impact. A key element in scaling-up will be investment into more effectively supporting volunteer networks. This will be accomplished by building up national society capacities for improved management, coaching and support of its volunteer networks. Another crucial element will be to form partnerships with organisations implementing complementary activities required for a synergistic effect.

This appeal covers a period of one year but should be viewed as the first step in an effort projected to be carried out over the next ten years. It is important to keep this in mind; that all efforts must be made to avoid a short-lived and piecemeal approach to the intended programs and funding. In light of the daunting task of curbing HIV/AIDS on the continent, it is expected that this *Call for Action* will be repeated several times in the future to ensure that human and financial resources are available over the longer term to achieve a serious reduction in HIV prevalence in the next decade.

Goal(s) In line with the philosophy of ARCHI 2010, to mobilise the enormous human resources of the Red Cross and Red Crescent societies in Africa to achieve the following:

- *Strengthen capacities for making a difference at the local level:* the “engine” for implementing priority HIV/AIDS action consists of community volunteers who are adequately trained and supported through an appropriate volunteer management system. Improving volunteer management through the coaching approach will require resources for training, deployment, application materials (guides and tool kits) as well as transportation.
- *Help change behaviours on a large scale:* risk reduction communication will largely be focused on youths and young adults (12-25 years), from all strata of society, through peer education.
- *Care for people living with HIV/AIDS and for those left behind:* support to home caretakers is on training family members and PLWA in basic care, first-aid and support techniques and advocating for the orphans left behind.
- *Co-ordinate effectively:* the launch of the International Partnership Against AIDS in Africa (IPAA) Kofi Annan stated, “Our response so far has failed Africa”. The scale of the crisis, he said, requires “a comprehensive and co-ordinated strategy” between governments, intergovernmental bodies, community groups, science and private corporations. African National Societies and the Federation will actively work with these and other groups in developing co-ordinated responses to the problem.
- *Actively break the silence and making the Red Cross and Red Crescent a better home for PLWHA.*
- *Advocate for treatment and care:* the International Federation and the member societies will advocate for increased access to affordable treatment and care and the basic health infrastructure required to deliver the drugs needed to improve the lives of PLWHA.
- *Advocate for comprehensive and co-ordinated action and against discrimination and stigmatisation:* The Red Cross and Red Crescent will vigorously promote and protect the rights of those living with HIV/AIDS for both those living inside and outside the organisation. Advocacy for and promotion of *voluntary counselling and testing (VCT)* facilities by national societies are essential to increase knowledge of one’s HIV/AIDS status.

Objectives and Activities planned

Objective 1 Reduce the number of new HIV infections by 5% among 15-24 year olds in the targeted communities, mainly through house-to-house and group peer education and condom promotion and distribution. To achieve this the following activities will be implemented:

- Design and adapt ARCHI tools for volunteers including: house-to-house, community action ARCHI 2010 tools, peer education manuals, and visual training materials.
- Provide adaptation and translation of tools and guidelines into local languages.
- Conduct training in peer education and social mobilisation.
- Identify target peer groups, commercial sex workers, truck drivers, and military personnel to work with.
- Through education, training and incentives, co-opt peer group members to act as agents of change.
- Conduct training of “coaches”, to train and manage volunteers.

Objective 2 Improve service delivery by increasing national society capacities and infrastructure to better respond to HIV/AIDS. To achieve this the following activities will be implemented:

- Provide training in volunteer management.
- Provide training and incentives for increased volunteer recruitment and retention.
- Provide infra structural support to national societies, especially transportation (bicycles, motorbikes, fuel allowance).
- Link to other programs to utilise volunteer's potential (DP and vaccination campaigns).
- Assist and train in program writing, reporting and financial management.

Objective 3 Develop the evidence-base for scaling up community mobilisation against HIV/AIDS and build capacity to reach a larger number of persons at risk of HIV infection. To achieve this the following activities will be implemented:

- Regional knowledge centres established and staffed linked to Nairobi, Harare, Abidjan and Yaoundé will provide guidance on best practices/approaches to facilitate and manage “scaling-up” of local, district and national projects.
- Facilitate participation of national societies from within the region and without in the knowledge sharing process.
- Exchange visits between national societies to learn from pilots, models, successes.
- Country visits for monitoring, surveys, evaluations.
- Regional workshops for sharing best practices.

Objective 4 Support family members of and community support groups for PLWHA in targeted communities to improve their quality of life through home-based care and advocate for effective care for vulnerable groups left behind, in particular orphans. To achieve this the following activities will be implemented:

- Develop and provide adapted home-based care guidelines.
- Provide training of care givers.
- Provision of basic home care kits.
- Use existing successful programmes (e.g. Zimbabwe) as models and encourage national society exchange visits for learning and replication.
- Advocate with governments and other organisations to assure care and support for orphans and others “left behind.”

Objective 5 Build national-regional partnerships in which the Red Cross and Red Crescent national societies are seen as a natural partner for channelling support to community interventions. To achieve this the following activities will be implemented:

- Support national societies to attend regional and sub regional fora as active and valued participants.
- Encourage and support national societies to sign memoranda of agreement and service contracts with funding agencies.
- Assist national societies to develop the Red Cross niche in national HIV/AIDS strategic plans.
- Provide representation of the Red Cross Movement, highlighting strengths in such a way that will encourage partnership building.

Objective 6 Advocate and influence public and private sectors to prioritise HIV/AIDS and advocate for access to VCTs, affordable drugs and basic health facilities for people living with AIDS. To achieve this the following activities will be implemented:

- The International Federation will advocate on a global level with governments, international organisations and commercial companies for affordable drugs and health care for people living with Aids.
- Individual national societies will advocate in the appropriate channels inside their countries.
- Development and provision of advocacy materials for societies' use.
- Provide mutual assistance for access to decision makers.

Objective 7 Sensitise the Red Cross and Red Crescent national societies as well as communities to defer from discriminating against PLWHA. To achieve this the following activities will be implemented:

- Promote awareness and sensitivity towards people with AIDS.
- Break the silence regarding HIV/AIDS within the Red Cross and Red Crescent community by promoting openness and discussion.
- Promote open communication about AIDS in all of our actions.

Expected results

Objective 1:

- ARCHI tools are designed and available.
- Tools are available in local languages.
- Peer target groups are identified and programs are designed and implemented to work with each of them.
- Up to 60,000 community volunteers and leaders are trained and working to implement community HIV/AIDS interventions.
- Up to 870 Red Cross and Red Crescent workers will serve as coaches to train, supervise and assist community volunteer leaders to carry out community programmes.
- 30 national society HIV/AIDS officers will serve in undertaking large scale operations.

Objective 2:

- National societies are taking new approaches to volunteer management.
- Number of volunteers increases and they are used more efficiently.
- National societies have sufficient transportation means to facilitate the implementation of programs.
- All National society programs have HIV components and HIV programs are used to complement other programs.
- National societies are more adept in program writing, reporting and financial management.

Objective 3:

- Regional offices facilitate knowledge sharing and the exchange of practices in the region and sub-regions.
- All members of the International Federation are sharing knowledge and resources in the fight against HIV/AIDS.
- Exchange visits are taking place between countries and sub-regions.
- All stakeholders (regional delegations, national societies, governments and relevant agencies and beneficiaries) are participating in and learning from for monitoring, surveys, evaluations.
- Regional workshops take place regularly for sharing best practices.

Objective 4:

- Appropriate and well founded home based care programs are established by committed national societies.
- Programs are following guidelines adapted to the countries specific criteria.
- Caregivers are well trained.
- Home care kits are available and distributed.
- Lessons learned in Home Based Care are well shared across the region.
- National policies on support to orphans are well defined and the problems are being addressed.

Objective 5:

- All HIV/AIDS interventions are done in close collaboration with relevant national and international organisations.
- More and more agreements are signed between African national societies, their governments, and relevant agencies.
- African Red Cross and Red Crescent Societies are viewed as the major non-governmental organisation in the fight against HIV/AIDS.

Objective 6:

- The fight against HIV/AIDS becomes the number one priority for health systems in Africa and for donor governments.
- The position of the International Federation of Red Cross and Red Crescent Societies and its members is well known regarding affordable drugs and health care.
- Providers of drugs begin to move towards greater accessibility for people in Africa.

- Use of VCTs becomes more widespread across the continent.

Objective 7

- An open dialogue about HIV will take place within national societies.
- Taboos and myths about HIV will be broken and stigmatisation of its victims reduced.

Indicators

Objective 1:

- Number of ARCHI tools are designed, available and translated into local languages.
- Number of different peer target groups are identified and participating in Red Cross and Red Crescent programs, both as beneficiaries and volunteers.
- Number of community volunteers and leaders are trained and working to implement community HIV/AIDS interventions.
- Number of Red Cross and Red Crescent workers will serve as coaches to train, supervise and assist community volunteer leaders to carry out community programmes.
- Number national society HIV/AIDS officers will serve in National Societies undertaking large scale operations.
- Reduced rate of spread of infection.

Objective 2:

- Number of volunteers increases and they are used more efficiently.
- Number of beneficiaries increase due to improved transportation means.
- Complimentary nature of National Society programs increases.
- Programs are better designed and reported on, leading to an increase in funding.

Objective 3:

- Regional offices are recognised as centres of excellence by stakeholders.
- National societies use the Regional delegation to aid them in knowledge sharing.
- Number of exchange visits that place between countries and sub-regions.
- Results of evaluations are positive or are used to take corrective measures.
- Number of regional workshops that take place and lead to improved programming.

Objective 4:

- Number of beneficiaries receiving home based care from Red Cross and Red Crescent workers or volunteers trained by the Red Cross and Red Crescent.
- Expressed quality of that care.
- Programs are following guidelines adapted to the countries specific criteria.
- Number of home care kits distributed.
- Home care programs are consistently getting better.
- Lessons learned in Home Based Care are well shared across the region.
- Orphan and others “left behind are being taken care of in effected countries.

Objective 5:

- Number of international and national fora that the Red Cross and Red Crescent is invited to and participates in.
- Number of agreements and contracts signed with partners.
- Positive feedback from partners.

Objective 6:

- Investment of resources by government and donors in the fight against HIV/AIDS increases substantially.
- Governments agencies and beneficiaries can articulate the Red Cross and Red Crescent stance on HIV/AIDS issues.
- Reduction in prices and greater availability of drugs in Africa.

- Numbers of people requesting and receiving VCT.

Objective 7:

- The frequency and the quality of discussions of HIV/AIDS by all elements of the Movement.

Critical assumptions

That all stakeholders take the overwhelming menace of HIV epidemic seriously and commit to changing the tide, major socio-economic or civil strife problems do not overwhelm the commitment to fight the epidemic, and national societies have the will and ability to mobilise to the scale required to make a difference.

Monitoring and Evaluation arrangements

Programs will be monitored and evaluated by the individual national societies, regional delegations, the Federation and contributing donors. Yearly external evaluations will be carried out.

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DELEGATION: ARCHI		
PROGRAMME	Health & services	TOTAL
Shelter & construction	0	0
Clothing & textiles	0	0
Food & seeds	0	0
Water	0	0
Medical & first aid	1,534,000	1,534,000
Teaching materials	0	0
Utensils & tools	0	0
Other relief supplies	0	0
Sub total supplies	1,534,000	1,534,000
Land & Buildings	0	0
Vehicles	3,702,400	3,702,400
Computers & telecom	948,600	948,600
Medical equipment	0	0
Other capital expenses	0	0
Sub total capital	4,651,000	4,651,000
Programme management	1,245,659	1,245,659
Technical services	371,869	371,869
Professional services	414,542	414,542
Sub total programme support	2,032,071	2,032,071
Transport & storage	0	0
Personnel (delegates & expatriates)	2,008,500	2,008,500
Personnel (local staff)	6,708,000	6,708,000
Sub total personnel	8,716,500	8,716,500
Travel & related expenses	65,800	65,800
Information expenses	412,000	412,000
Expert fees	100,000	100,000
Admin. - general expenses	962,000	962,000
Training workshops / seminars	0	0
Sub total travel, training, general exp.	1,539,800	1,539,800
Total budget	18,473,371	18,473,371