

SOUTHERN AFRICA:

Scaling-up Community Mobilisation Against HIV/AIDS

Appeal no: 18/2000
27 July, 2000

***THIS APPEAL SEEKS CHF 4,195,040 IN CASH, KIND AND
SERVICES TO EXTEND HIV/AIDS PREVENTION AND CARE
SERVICES TO 395,000 PEOPLE FOR 12 MONTHS***

Summary

This HIV/AIDS Appeal for the Southern Africa region presents the Federation's strategy to intensify a progressive, community-based campaign to combat this pandemic. In this respect, the interventions have been designed in line with the *capacities* of the nine National Societies involved.

This Southern Africa appeal explicitly addresses the operational challenge that most actors are confronting in the region: how to make sufficient resources available at the community level -- an approach considered crucial to controlling the epidemic. This appeal is also part of the build-up to a longer-term continent wide action, climaxing with a greater Call for Action on HIV/AIDS at the Pan African Conference planned in September. In this respect, the Federation is determined to *get the strategy right*, before enlarging the scope and size of the programme. This HIV/AIDS appeal is also consistent with the Federation's African Red Cross/Red Crescent Societies Health Initiative (ARCHI 2010) initiative related to scaling up health work for bigger impact and strengthening coaching capacities, mechanisms and structures for managing Red Cross volunteer networks.

The Disaster

HIV/AIDS will kill more people this decade than all the wars during the past century. Sub-Saharan Africa is the worst affected region with an estimated 23 million adults and children living with HIV/AIDS. Over 2 million Africans died last year of AIDS-related diseases. Four of five women living with HIV are in this region, as are 90% of the world's HIV positive children. Over 50% of the children in Botswana or South Africa who today are 15 years old will become infected and develop AIDS; 25% percent of South Africa's doctors will die with AIDS by 2005. If the situation does not improve one-third of all children aged under 15 in Southern Africa 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. Vulnerability to HIV/AIDS is linked to poverty, unemployment, alcoholism and gender. African women are being particularly affected. The relation between human rights and infection is well established: where people risk discrimination,

coercion or breach of confidentiality, they are less likely to be tested, to seek treatment or to learn how not to infect themselves or others.

Millions of Africans will die from AIDS-related diseases in the coming years in spite of existing prevention and care interventions which have been proved effective. As the recently held XIII International Conference on HIV/AIDS has shown:

- a combination of strong political will, education, empowerment, condom distribution, appropriate management of sexually transmitted infections and prevention of “mother to child transmission” (MTCT) can prevent the spread of the disease, even in low income countries. However, in all Southern Africa countries these interventions are far from the scale required to curb the epidemic.
- a combination of treatment for opportunistic infections and existing anti-retroviral therapy (ART) can dramatically improve the life of “people living with HIV/AIDS” (or PLWHA) and turn AIDS into a chronic illness. However, the required treatment is currently not accessible to the vast majority of PLWHA in Africa due to excessive pricing and limited health infrastructure.

In summary, due to the current fragmentation of prevention interventions and lack of access to effective drugs and health care, millions of Africans will die from AIDS-related diseases and millions of children will be orphaned, drawing the continent into a development crisis of unknown consequences

The Response so far

Southern Africa has taken initiatives to fight HIV/AIDS since the early eighties but they have not reached the critical mass required to have an impact on the epidemic. However momentum to scale-up the response in a coordinated way is building up.

Government Action

Some governments in Southern Africa have recently demonstrated increased commitment to combating HIV/AIDS. They have made political statements, declared HIV/AIDS a disaster, created new AIDS Coordination 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.

The Governments of Southern Africa have recognized that AIDS is not just a health problem but involves all sectors. Governments have also acknowledged that they cannot work in isolation to combat the disease and have called upon other agencies to work collaboratively with them.

Other Agencies' Action

Country HIV/AIDS strategic plans, national AIDS Councils and UN HIV/AIDS theme groups are all being put in place to facilitate a more coordinated response. Regional and Country offices of UNAIDS and its sponsor organizations, in consultation with Southern African leaders, are developing new partnerships against HIV/AIDS. The International Federation and National Societies are becoming involved in some of them.

The International Conference on HIV/AIDS recently met for the first time on African soil in Durban as a sign of international solidarity with the continent. This meeting of over 12,000 people from the scientific and political communities, from NGOs, the Red Cross and Red Crescent, and organizations of PLWHA, has given further impetus to the fight against HIV/AIDS in Africa.

Red Cross and Red Crescent Action

The recent International Federation's *World Disaster Report* presented HIV/AIDS in the context of a broader public health crisis. The Red Cross has been active in the region through community health programmes and, in particular, fighting against AIDS for many years. There is considerable experience

in the National Societies related to what works and what doesn't work in prevention and home-based care. Unfortunately, most of the Red Cross interventions have been relatively small projects usually of a scattered, limited nature.

In order to better focus Red Cross and Red Crescent public health responses, the African Red Cross/Red Crescent Societies Health Initiative (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.

The strategy is based on the Red Cross and Red Crescent's wide experience with Community-Based First Aid (CBFA) and its proven capacity in emergency situations to mobilize resources to alleviate suffering.

HIV/AIDS was included in the health programmes that are part of the Appeal 2000 for Southern Africa. However, National Societies in the region have since decided to intensify their response to the HIV/AIDS epidemic. At the leadership level, National Societies declared HIV/AIDS a Regional Disaster at the SAPRCS meeting in May 2000 ('The Okapuka Declaration'). At the operational level, with the leadership and advice of the International Federation's Harare Regional Delegation, the SAPRCS has developed an HIV/AIDS Regional Strategy and Country Plans that are structured around prevention, care and support in an approach that looks at defining HIV/AIDS as an issue that requires integration in all sectors -- youth, disaster preparedness, health or Branch development.

Both the **German Red Cross** and **Danish Red Cross** have already contributed significantly to the programme, with CHF 968,600 and CHF 299,150 being provided respectively for activities in Namibia and Zimbabwe.

The Intended Operation

The appeal addresses the operational challenge that most actors are confronting in the region: how to make sufficient human resources available at the community level. The community level is crucial to controlling the epidemic. This operation is a first step towards scaling up successful Red Cross projects to the required level.

A key element in this scaling-up strategy will be investing into human resource mechanisms and structures for supporting Red Cross volunteer networks. This will be accomplished by building up National Society coaching capacities, an approach that has been designed and tested within the ARCHI process. These capacities are required to guarantee consistent quality. This appeal should be considered as a "start up"; an initial and progressive effort that is designed to provide the impetus and broader basis for the scaling-up action required in this and other regions. In this respect, this appeal entails a shift towards a more energetic and human resource-intensive disaster type response to HIV/AIDS.

The main human resource intervention actions are well defined in the HIV/AIDS Regional Strategy. All of them are already present to some extent -- National Societies have developed a rich experience. This appeal will help expand coverage in a consistent way:

- **Prevention:** information has been widely disseminated in the urban areas of most Southern Africa countries. However, information is not enough to change sexual behaviour. There is strong evidence that peer education and pressure is a key determinant of sexual behaviour of teenagers. The operation will work to equip and empower young people with skills, motivation and support to sustain existing safe behaviour and to change unsafe behaviour. Within a life-skills framework, training of youth peer educators will cover reproductive health: STDs/HIV/AIDS; peer education;

negotiation skills; and communication skills. Training methodology includes discussion, games, role playing, discussion of behaviours that young people perceive as risky, puppet groups, and other interventions. Teaching and information material will be developed and/or adapted. Condoms will be procured, promoted and distributed.

- **Promotion of Voluntary Counselling and Testing (VCT):** In the US, nearly 60% of individuals infected with HIV are aware of their serostatus. In contrast, less than 5% of people infected in Southern Africa are aware of their HIV status and, consequently spread the disease without being aware of it. Promotion of, advocacy for, voluntary counselling and testing as a critical bridge between prevention and care will be part of all Red Cross prevention and care efforts in collaboration with other organisations.
- **Home-based care:** Southern Africa health systems cannot cope with the increased number of AIDS patients, the relative decline in health resources, and loss of health care workers due to HIV/AIDS. Home based services help increase access to care; they also result in better understanding of the HIV epidemic and its impact, which will reduce stigma and enhance prevention efforts. National Societies will focus on supporting family members caring for PLWHA; providing first aid and psycho-social support; linking PLWHA to health infrastructures and, in some cases, supervising the taking of medication.
- **Support:** encouraging communities to accept and participate in the care of PLWHA and their families; providing families and Red Cross supporters with protective material (e.g. gloves, aprons, soap, and other items); facilitating the creation of community based support groups for PLWHA and AIDS orphans; conducting support home visits combined with preventive education about HIV/AIDS to families, relatives and communities affected by AIDS.
- **Advocacy:** lobbying and supporting governments to prioritise HIV/AIDS and take appropriate action; preventing discrimination and avoiding stigmatisation; lobbying for increased access to drugs (for opportunistic infections and ART) and the basic health infrastructure required to improve the lives of PLWHA.

The work in this area will build on the outcomes of a Federation-sponsored workshop held in Zambia in February 2000, which focused on advocacy issues and the dialogue with People Living with HIV/AIDS.

- **Coordination, programme development and learning:** scaling up requires coordination and organisational learning at different levels. At the regional level, to participate in the HIV/AIDS partnerships and debate, systematise cross-national advocacy and learning; at the national level to allow for meaningful participation at HIV/AIDS Councils and to mainstream HIV/AIDS in all National Society programmes.

These activities alone, even if fully implemented in a large number of communities, will not succeed in curbing the epidemic. To be successful, Red Cross will form partnerships with organizations that can provide complementary activities required for a synergistic effect. The immediate focus will be on VCT, prevention of mother to child transmission, management of sexually transmitted infections (STI), clinical management of AIDS patients, and tuberculosis diagnosis and treatment.

Assessment of Needs

Country Plans developed in the framework of the Southern African Partnership of Red Cross Societies (SAPRCS) have clearly identified the need for a more energetic and resource-intensive disaster type of response that can achieve an impact on the HIV/AIDS epidemic. This requires long-term partnerships between African National Societies, donor National Societies, and other partners, all of which must see this crisis as one that will require an unprecedented response that will last for many years.

Human resources: Successful HIV/AIDS programmes will require massive mobilization of people in the community. The foci of this intervention are youth/peer education and home-based care which are people intensive; therefore salaries/incentives form a significant part of this appeal. The following new positions are required to implement the project, manage volunteers, and build capacity for further scaling-up.

- *Programme development and learning; advocacy:* A senior advisor (an extension of Geneva in field) that can provide HIV/AIDS leadership to Red Cross and Red Crescent Societies in the region. This position will not be linked to project management, but rather will work on strategy development, operations research and relationship building. An information officer to coordinate and support advocacy efforts in the region will be assigned. This would constitute a “technical knowledge centre” to be used by National Societies in Southern Africa and beyond.
- *Programme coordination:* one coordinator located in the Regional Delegation in Harare will supervise and coordinate the intended operation.
- *Respective country National Societies HIV/AIDS officers:* ten competent, well trained national Society HIV/AIDS Officers will be identified to serve as health coordinators where they do not already exist.
- *372 Province/district level coaches* will be hired and trained, each expected to train, supervise, and assist 20 volunteer leaders who will carry out the programme implementation in their communities.
- These 7,400 community volunteer leaders and the 10-20 people who will work with them will require incentives. HIV/AIDS requires a long-lasting commitment and motivation/retention is considered difficult due to the lack of evident impact.
- An additional 120 persons will also be hired in South Africa for home-based health care.

Development and distribution of technical material

- IEC tools: youth peer education manuals, tool kits for volunteers;
- home-based care guidelines.

Training

- Technical training;
- Training/coaching in volunteer management and supervision.

Coordination and learning

- Regional workshops monitoring, exchange technical support;
- Knowledge, Attitude, and Practice (KAP) surveys;
- Evaluations.

Red Cross Objectives

- **Reduce the number of new HIV infections by 10% among 15-24 year olds in 372 communities of Southern Africa, mainly through youth peer education and condom distribution:** While this impact indicator will be difficult to measure during the course of the operation, knowledge of HIV prevention, risky sex and condom usage, pre/post KAP surveys and the number of people requesting VCT will be used as intermediate indicators.
- **Support family members of 22,400 PLWHA in 372 communities to improve their quality of life through home-based care:** The impact of home-based care on people infected by the virus and their families (included orphans) will initially only be measured in a subjective way -- through the views of those receiving that care. As the project unfolds, the capacity and means to evaluate the impact more accurately will be developed.
- **Build/strengthen community support groups for PLWHA in 372 communities:** Output is easy to measure, while impact will be more difficult. Research has shown, however, the impact that ACTIVE support groups can have on the epidemic.

- **Develop the evidence-base for scaling up community mobilisation against HIV/AIDS and build capacity to double the number of beneficiaries of peer education and home-based care:** The intended operation will provide guidance in relation to best practice/approaches to facilitate and manage “scaling up” of local projects to regional and eventually country level.
- **Build national-regional partnerships in which the Red Cross and Red Crescent is seen as a natural partner for channelling support to community interventions.**
- **To advocate and influence public and private sectors to prioritize HIV/AIDS and ensure support, access to drugs and basic health facilities for people living with AIDS and sensitize communities to defer from discriminating against PLWHA.** Effectiveness of advocacy work will be measured “indirectly” through observation of behavioral changes among the advocacy target groups.

National Society/Federation Plan of Action

The Regional Delegation of Southern Africa and the ten National Societies in the region have formulated a Regional Strategic Operational Plan for 2000-2002 that seeks to fight HIV/AIDS, and has served as a base for the development of the country plans in each and every National Society included in the Appeal. These plans are available from the Secretariat or the Regional delegation. The following table provides a brief overview of planned activities and current capacity at the country level:

Country	Prevention	Home-based care and support	Current NS capacity
ANGOLA 20 Communities	IEC, Condom promotion and distribution.	Support home-based care for PLWHA & strengthen community support groups 450 PLWHA & families	NS Health Coordinator & Health Delegate in country. Health staff in health post; Trained Youth officers.
LESOTHO 35 Communities	Development of IEC materials. Training of adult and youth volunteers as Peer Educators. Condom promotion & distribution	Support home-based care for PLWHA & strengthen community support groups 850 PLWHA & families	Health Coordinator. Health staff in clinics. Trained Volunteers
MALAWI 50 Communities	Establishment of Condom Distribution Centres Condom distribution	Train 80 RC volunteers to support home-based care and distribute family kits. 1,600 PLWHA & families	Has Health Officer but little expertise in HIV/AIDS.
MOZAMBIQUE 69 communities	IEC, peer education involving. Condom promotion & distribution	Support home-based care for PLWHA & strengthen community support groups 1,200 PLWHA & families	Has an experienced Health Coordinator & AIDS Officer. Experienced provincial staff and volunteers.
NAMIBIA 40 communities	Peer education using puppet performances. Distribution of condoms. Mobilisation of blood donors. Promote VCT.	Support home-based care for PLWHA & strengthen community support groups 8,800 PLWHA & families	Has Programme Manager. Puppet manager.
SOUTH AFRICA 48 communities (part of a larger project)	IEC and peer education through the Home Care Units and support groups	Residential Training in Provinces. Establish Home Care Units. Set up Support groups. Follow up TB & STI cases. 3,200 PLWHA & families	Has HIV/AIDS Managers at regional/provincial level who are running current home based care projects.
SWAZILAND 50 communities	Identify and train 60 trainers in Siteki Piggs & Nhlngano. Establish 30 youth clubs in the three targeted regions . Train identified 60 focal persons in the army & police. Distribute condoms to the uniformed forces	To start supporting home-based care for 500 PLWHA & strengthen community support groups	Very experienced Head of Programmes. Has experienced nursing staff who carry out Blood Donor counselling and run clinics
ZAMBIA 30 communities	Dissemination of IEC materials. Procure and distribute condoms.	Train 100 home care facilitators from Maamba & Livingstone.	Has an experienced Health Coordinator, MoH volunteers working in

		Distribute High Energy Protein Supplements & First Aid Kits. 800 PLWHA & families	Mamba and Livingstone and staff working for relief operations.
ZIMBABWE 30 communities	Train as trainers 20 youths from each of the eight targeted areas. Youth peer education. Information dissemination by the trained youths. Conduct AIDS awareness seminars at District, Provincial and National levels annually	Assist orphans with fostering and self help projects. Train foster parents in psycho-social issues pertaining to the orphans 5,000 PLWHA & families	Experienced Health Co-ordinator Has HIV/AIDS Officer Has vast experience in running Home Based Care , Support Groups Self help HIV/AIDS Projects and care for the orphans.
SOUTHERN AFRICA TOTAL BENEFICIARIES			
PREVENTION: 372 communities: an average of 10,000 people per community, 372,000 people will be reached			
HOME BASED CARE: 22,400 PLWHA & families will be supported			

NOTE: Botswana country plans for scaling up are not yet finalized. The appeal foresees support to complete them.

Budget summary

See Annex 1 for details of resources required. In addition to the budget, Namibia and Zimbabwe have received strong indications of support in the form of CHF 968,600 from the German Red Cross and CHF 299,150 from the Danish Red Cross respectively for the next 12 months. While this funding is being considered outside of the appeal budget, the specific planned activities fall within the scope of the overall appeal strategy

Conclusion

Conscious of the devastating impact of HIV/AIDS in terms of lives, economic development and security in Southern Africa, National Societies have decided to “lift and scale up” the HIV/AIDS components of their existing health programmes.

The operation outlined in this Appeal will provide a strong foundation for the further scaling up required in this and other regions.

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