

SOUTH ASIA HIV PROGRAMME (2008-2010)

Red Cross and Red Crescent Global Alliance on HIV

HIV and AIDS in South Asia

An estimated 2.67 million people are infected with HIV in South Asia and approximately 95 per cent of HIV positive people in South Asia live in India alone. Unprotected sex and needle sharing are key drivers of the epidemic in South Asia, and men who have sex with men represent an important vulnerable population, with few effective interventions. There are significant rural epidemics in parts of India and Nepal, with both countries on the verge of a generalized epidemic – understanding rural epidemics and responding effectively are major challenges. The epidemic is not homogenous and requires well informed, prioritised and effective responses.

Table 1: Statistics for South Asian Countries (UNAIDS data 2007):

	Population (in millions)	Adults living With HIV	Children Living with HIV	Prevalence (% in 2007)	Deaths due to AIDS -2006
Bangladesh	142	11,000	NA	<0.1%	109
India	1,103.1	2,300,000	NA	0.36%	270,000 – 680,000
Nepal	27	62000	NA	0.5%	NA
SriLanka	20	4,000	50	<0.1%	172
South Asia (including Pakistan and Afghanistan)	1,543	2,670,000	130,000	NA	NA

A diverse range of structural factors amplify HIV vulnerability and risk in the region, including widespread poverty and socioeconomic inequality, illiteracy, low social status of women, trafficking of women and girls into sexual exploitation and a large sex work industry. The region's borders are porous, permitting widespread rural-urban, interstate, and international migration. High rates of sexually transmitted infections and limited condom use prevail, and social stigma is an important impediment to delivering effective programmes. Evidence based addiction treatment options managed by health professionals are rare, and there is still a tendency to criminalize and punish addicts rather than provide effective treatment for their illness.

Regional HIV Programme

The South Asia regional HIV programme (hereinafter called Programme) was initiated in mid-2005 against the backdrop of all the risk factors existing in the region with the funding support from the Swedish International Development Cooperation Agency (SIDA) and technical support of Swedish Red Cross. The Programme development was based on several need assessment instruments that included mapping of the health programmes (including HIV response) of all the six national societies, human resources in the health and HIV, and collaboration and networking with external development partners in the respective countries, including UN agencies and ministries of health.

There are many commonalities within the region, based on socio-cultural congruence and the regional identity of South Asia, enabling a uniform framework for the regional HIV programme, encouraging networking, exchange of technical expertise and sharing of common tools and resources, and providing the foundation for a broader and better HIV response across the region. The strategic approach adopted at the regional level has helped to steer wider development issues in HIV; that is to say, mainstreaming HIV within the Red Cross Red Crescent across the region. The regional HIV programme has contributed to engaging the national society leadership in the HIV response and there are growing prospects for national societies and the International Federation at both regional and country level for dialogue in relation to HIV, AIDS and organizational development. The regional HIV and AIDS

programme is closely aligned and entirely compatible and will be a part of the International Federation's Global Alliance on HIV proposals that reinforce the call for a unified and consolidated response at the regional level. The programme, therefore, provides a good grounding for an expanded response with an emphasis on quality and scale up, and a strong focus on India. The national Red Cross Red Crescent societies of Bangladesh, Sri Lanka, India and Nepal have expressed strong commitment to scale-up their contributions in the response to HIV in their respective countries in the next three years following the strategies, programming principles and modalities of the Red Cross and Red Crescent.

Global Alliance on HIV

The International Federation of the Red Cross and Red Crescent Societies has committed to double by 2010 its contribution to the global response to HIV by further harnessing its prevention, treatment, care and support, and stigma and discrimination efforts at community and family levels. It has formed the Global Alliance on HIV as one of the International Federation's transformational approaches in scaling-up HIV programming in different countries while enhancing efficiency, improving effectiveness and quality. The alliance is a partnership among the different components of the International Federation, as well as national and global partners. In South Asia, the national Red Cross and Red Crescent societies of Bangladesh, Sri Lanka, India and Nepal have joined the first wave of societies which have committed to scale-up their HIV and AIDS programming. Pakistan and Afghanistan national societies have also shown interest for commitment for Global Alliance on HIV. This means all the six national societies will soon be members of the Global alliance.

The programme will function within the framework of government-led national HIV strategies, closely coordinated with other national and international partners. Key implementation strategies include working at the community level, with the greater and meaningful active involvement of people living with HIV; raising awareness; increasing voluntary counselling and testing; expanding care for people living with HIV as well as orphans and vulnerable children through, social, nutritional and livelihood support; and establishing HIV in the workplace programmes in national societies and International Federation country offices. The workplace programmes will help reduce stigma and discrimination in the workplace and amongst staff and volunteers, networking with PLHIV, and researches and other studies will be undertaken to assess needs of PLHIV.

The **purpose** of South Asia Regional component of the Red Cross Red Crescent Global Alliance on HIV **is to scale-up the International Federation's efforts in support of national HIV programmes to reduce vulnerability to HIV and its impact, through three programmatic outputs:**

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

The three programmatic outputs are bolstered by a **fourth enabling output**:

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

These are inter-related objectives. The programme represents a major scale-up of Red Cross efforts in response to HIV in the region and plans to double the reach by 2010.

Members of the Global Alliance follow the "**seven ones**" principles of programming:

- One set of need analysis.
- One set of objectives and strategies.
- One country action plan (for each operating national society) with expectation of long-term commitment to ensure sustainability.
- One shared understanding of division of labour among entities of the Red Cross and Red Crescent Movement.
- One result-based funding framework in which multi and bilateral financing channels can co-exist.
- One performance tracking system.
- One accountability and reporting mechanism.

Scaling up approach includes:

- The need to strengthen prevention and scaling up of orphans and vulnerable children and advocacy activities.
- Greater and more meaningful involvement of PLHIV and supporting access to counselling and testing.
- The need to build strategic partnerships to ensure provision of complementary activities.

- Addressing national society absorption capacity at all levels, including effectiveness in volunteer management and resource mobilization, recognizing the need to sustain programming over the long-term.
- The need for stronger monitoring and evaluation.
- HIV workplace programmes and development of workplace policies.
Additional emphasis on a caregiver's policy to address the psychosocial support needs of staff and volunteers.

The four national societies committed and signed up for Global Alliance are Bangladesh, India, Nepal and Sri Lanka. Pakistan and Afghanistan national societies have also shown interest in joining.

Priority areas in region for the GA on HIV for 2008 – 2010:

Preventive activities targeted at women groups, youth (in and out of school), key vulnerable populations, like tea estate workers, hotel workers, prison inmates and migrant workers. The target groups also include groups vulnerable to HIV due to high risk contexts and situations and approaches include development of support groups for PLHIV, enhancing the quality of home based care (HBC) for PLHIV, and development of income generating activities.

Output 1: Preventing further HIV infection

Key approaches

- Working at community level to reduce vulnerability to acquiring or transmitting HIV by conducting peer education and community mobilization;
- Information, education and communication (IEC) for general population and targeted vulnerable groups;
- Promoting voluntary counselling and testing (VCT);
- Promoting skills for personal protection, including condom use.

The target populations on prevention in the region will include youth and women and groups vulnerable due to high risk contexts such as hotel workers, tea estate workers, prison inmates and persons living with HIV.

The common approach of most national societies in region is **peer education**, with an emphasis on youth. Its efficacy will be reviewed and supplemented by other approaches to include other key vulnerable populations and to reach the youth most at risk.

Output 2: Expanding HIV treatment, care and support

Key approaches

- Assisting orphans and vulnerable children ;
- Promoting community support groups and networks;
- Promoting livelihood and food support for the most vulnerable.

The national societies in the region have regional HIV programme experience on care and support for PLHIV. With their extensive wide network of volunteers at grassroots, are well placed to support clients and families affected by HIV and AIDS and engage in nutritional support and income generating activities. These objectives will be strengthened through partnership with network of PLHIV at both national and international levels (GNP+) to ensure their active contributions to realization of agreed objectives.

The establishment of support groups for PLHIV and orphans and vulnerable children OVC by the national societies will act as a channel to provide nutritional and social support for clients and their families they will also act as a shield against stigma and discrimination. There will also be advocacy mechanisms put in place in collaboration with relevant stakeholders to ensure that PLHIV needs are taken care of. The national societies will work closely with the UN family (UNAIDS, UNICEF, WHO, etc) as well as major non-governmental organizations and civil society organizations as technical partners.

Output 3: Reducing stigma and discrimination

Key approaches

- Promoting community support groups and networks of PLHIV as well as partnerships with PLHIV organizations.
- Ensuring that HIV in workplace policy and programmes for all staff and volunteers are in place in Red Cross Red Crescent national societies.
- Peer education, community, mobilization, population-based information, education and communication.

Stigma and discrimination continues to be a major obstacle in addressing the challenges of HIV. Stigma and discrimination hampers disclosure of status which invariably has its consequence on the practice of safer sex, uptake of VCT, treatment and prevention services. The national societies will be partnering with the network of PLHIV and other organizations working with and for PLHIV to ensure that an enabling environment is created to enhance interaction between PLHIV and with relevant supporting institutions and to ensure that PLHIV acquire relevant skills in management of support groups.

Advocacy will be carried out at various levels (community, national HIV agencies, government, employers of labour etc) with emphasis on reducing stigma and discrimination in the general population and the promotion of rights for PLHIV and orphans and vulnerable children. Implementation of workplace HIV policies for Red Cross Red Crescent staff and volunteers will be assured and enabling environments created for access to VCT and care services. The general public will be sensitized and mobilized to effect positive attitudinal change with respect to harmful gender norms, and zero tolerance of sexual and gender based violence. In addition there will be advocacy to eliminate gender inequality, ensure implementation of human rights programmes by relevant agencies reinforced by pursuing legal reforms that protect the rights of PLHIV and the most vulnerable populations.

Outcome 4: Strengthening Red Cross national and regional capacities

Key approaches

- Improving governance, accountability and leadership of Red Cross Red Crescent national societies for discharging planned commitments.
- Improving volunteer and staff support and management.
- Strengthening programme cycle management.
- Widening partnerships and expanding resource mobilization.

The national societies in the region will strengthen their capacities to ensure maximum delivery of set objectives. There will be emphasis on structured reinforcement of capacities at national and branch levels with focus on organizational development, volunteer management infrastructural development, volunteer management, project and financial management monitoring and reporting. Efforts will be exerted in training of governance and management members on advocacy and resource mobilization skills.

In order to ensure the mobilization of more volunteer hours, the volunteer policies already in place will undergo review to provide for more innovative and dynamic volunteering. To keep abreast with the current trends in project planning and implementation, there will be periodic peer review with other non-governmental organizations that has good experience in HIV response.

Partners of the Global Alliance on HIV in South Asia:

Partners of the Red Cross Red Crescent HIV programme in the region include the four national societies from Bangladesh, India, Nepal and Sri Lanka, the International Federation Secretariat in Geneva and the South Asia regional delegation; partner national societies; national and international non-governmental organizations and government organizations in the four countries and regional partners. Other stakeholders include local non-governmental organizations and community-based organizations (CBOs), and regional organizations, such as NAP+. Other stakeholders are UN agencies, such as UNAIDS, United Nations Development Programme (UNDP), UNFPA, WHO, and UNICEF, and donor agencies such as SIDA.

Role of South Asia regional delegation for HIV Global Alliance in South Asia

- Provide policy implementation and strategic guidance.
- Coordinate the national society and other partners supporting the programme.
- Advocate on behalf of the programme and its members.
- Support the national societies with in-country resource mobilization and supplement this with resources mobilized at global and regional levels.
- Facilitate the sharing of knowledge and good practices, including through regional lessons learned and other technical meetings.
- Provide technical support through training, mentoring and support visits to develop the organizational capacity of national societies.

Ensure timely and adequate monitoring, reporting and accountability as well as managing the share of funds that goes through its global financial system.

The South Asia regional delegation has been involved in providing technical support and guidance to develop the documents and other annexes. The South Asia regional delegation will continue providing technical support to all national societies and country offices in the region for the implementation of the Global Alliance on HIV. Some of the activities planned to implement the programme regionally, are:-

1. Development and implementation of appropriate regional coordination and support mechanisms that enable national societies to implement HIV programmes and to collectively address issues of common interest.

- 1.1 Develop operational guidelines to assist national societies, as well as ensure consistency, in planning and managing (including financial management) of HIV programme.
- 1.2 Collaborate with relevant organisations (such as WHO) in the development of interventions, tools and guidelines that address critical issues of NS HIV interventions.
- 1.3 Develop, together with national societies, a regional pool of experts who can be tapped to provide specific technical or management support to national societies across the region.
- 1.4 Maintain a strong team of public health professionals at the South Asia regional delegation to enhance technical and institutional competency for regional networking, coordination and capacity building.

2 Implementation of regional capacity building mechanisms which are complementary with initiatives of national societies.

- 2.1 Organize and facilitate, in collaboration with national societies, regional capacity building and peer learning activities, such as job mentoring, exchange visits, regional observation/study visits, or targeted regional training workshops.
- 2.2 Support national societies' human resource development through the development of a comprehensive education programme for national society public health professionals to include short- and long-term trainings in collaboration with leading universities and public health training institutions inside and outside the region and follow-up to ensure transfer of learning into practice.
- 2.3 Provide technical assistance to national societies through phone/email consultations, actual visits, facilitation of national workshops or specialized trainings.

3. Regional networking, knowledge sharing and mutual support on the development of HIV response mechanism are strengthened.

- 3.1 Regional collaboration and sharing of experiences can assist countries tackle issues that might be harder to address at individual country level. Advocacy can be more effective through regional forums and sharing and collaboration on best practices can act as a catalyst to boost responses and optimize use of financial, technical and human resources.
- 3.2 The national societies in the South Asia region have, through their wide coverage, common identity and well established infrastructure comparative advantage to effectively realize the full value of regional responses to the HIV epidemic.
- 3.3 Existing regional networks have already demonstrated their importance in maintaining political momentum, building capacity and enabling countries to deal with sensitive issues. Considerable scaling up is, however, still needed. Building technical capacity is of prime importance, both at country and regional level.

Regional collaboration and capacity will be increased by:

- Enhancing the technical and institutional capacity of the regional network.
- Using regional approaches to advocate, share experiences and lessons on common programmes.
- Using regional approaches to advocate, highlight and share lessons learnt from new programmes piloted in selected countries.
- Develop and implement regional activities and campaigns that address issues of common interest among member national societies (such as stigma and discrimination).

4. South Asia regional delegation networking with regional offices of the International Federation, UN agencies, international non-governmental organizations and research institutions, PLWHA networks and other relevant organizations.

- 4.1 Network, gather information and support collaboration (such as with the WHO) with relevant organizations in South Asia whose experiences and knowledge base could be useful for strengthening regional approaches in responding to the HIV epidemic.
- 4.2 Stigma and discrimination: meaningful and greater involvement of PLHIV will be strengthened by developing networking and partnerships.

5. Implementation and management structures.

Besides the activities mentioned above, the South Asia regional delegation will provide technical support to ensure compliance with uniform reporting standards, performance tracking - framework for monitoring, reporting, accountability, etc. The International Federation team at the South Asia regional delegation and country offices will work together with partner national societies and Red Cross Red Crescent societies in the region. Designated staff will monitor progress by tracking the four objectives of the programme as well as identifying and addressing constraints and bottlenecks to service delivery.

All national societies will have dedicated HIV coordinators as well as technical administrative and financial support personnel. Existing agreements with partners at global level will be strengthened to benefit national society programmes and to increase their visibility within their community, national stakeholders and international partners.

Programme monitoring and accountability are vital, hence the importance of setting up the HIV performance and accountability tracking system. The International Federation will “work smarter” through common planning, coordination, reporting and accountability mechanisms, so as to achieve scaled-up, sustainable and long-term collective results. It is fully committed to deliver a consistent and predictable package of services in line with this strategy, with the competence and comparative advantage.

The International Federation Secretariat will work with all national societies to improve the timeliness and quality of reporting to donors and other stakeholders. The already developed standardized reporting format will be used by all national societies. Biannual reviews of programme implementation, a mid term and a final evaluation of the programme will be conducted.

The management and operational structures in place are for ensuring effective HIV programme implementation.

5.1 Regional Level

Currently, the regional health unit under South Asia regional delegation of the International Federation team includes:

- Regional health and care coordinator.
- Regional HIV delegate (joining in December 2008).
- Regional health manager.
- Regional health information promotion and programme support officer.
- Regional accounts officer and other part time staff.

The team is responsible for providing coordination, technical and capacity building assistance to the national societies in the specific health programme areas. Depending upon the scale of the Global Alliance on HIV programme achieved, some additional strengthening of the regional team may be required.