

# ANNUAL REPORT



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

## ARCHI/HIV/AIDS

May 2002

*This Annual Report is intended for reporting on the Federation's Annual Appeals only.*

*Appeal No. 01.01/2001*

*Appeal Target: CHF 18,473,471; Budget revised to CHF 7,809,852 (USD 11,380,222 or EUR 12,363,274; Revised budget of USD 4,813,337 or EUR 5,342,046)*

*Summary: As a result of the urgent call for the launch of this appeal, the foundations for the implementation of long-term health programs have begun to be developed for HIV/AIDS at the international, regional, national and community levels. Although there was a delay in the disbursement of funds actions were taken to address start-up issues and by the end of 2001, more than 30 national societies developed country plans. Resources were disbursed to support these national and regional efforts for HIV advocacy, prevention and care. While some activities were strengthened or expanded in some national societies, the results of start-up activities will become apparent in 2002.*

### *Operational Developments*

The HIV/AIDS situation in Africa has reached alarming proportions. HIV/AIDS is an unprecedented humanitarian and development disaster requiring a long-term organizational and financial commitment to advocacy, prevention and care. In the most recent UNAIDS report (December 2001), it is estimated that AIDS killed 2.3 million people in Africa in 2001; an additional 3.4 million people in Africa became infected; 12.1 million children in Africa have lost one or both parents; and prevalence rates in many countries in sub-Saharan Africa exceeds 20 per cent.

At the 5th Pan African Conference in Ouagadougou, Burkina Faso, in September 2000, African Red Cross and Red Crescent Societies called on the International Federation to urgently launch an appeal to combat the disease. In 2001, the Federation and African Red Cross and Red Crescent Societies were active at all levels - international, region, national, and community - to massively scale-up their activities to combat HIV/AIDS.

### *Objectives, Achievements, and Constraints*

In line with the African Red Cross Red Crescent Health Initiative (ARCHI) 2010 approach to mobilize the enormous human resources of the Red Cross and Red Crescent societies in Africa, the appeal aimed to achieve the following:

- Strengthen capacities to make a difference at the local level;

- Contribute to changing behaviour on a large scale;
- Care for people living with HIV/AIDS and for those left behind;
- Coordinate effectively;
- Break the silence surrounding the disease and make the Red Cross and Red Crescent a better home for people living with HIV/AIDS (PLWHAs);
- Advocate for treatment and care;
- Advocate for comprehensive and coordinated action against discrimination and stigmatization.

### **Objectives**

- To reduce the number of new HIV infections by 5 per cent among 15-24 year olds in the targeted communities, mainly through house-to-house and group peer education and condom promotion and distribution;
- To improve service delivery by increasing the capacity and infrastructure of the national society to better respond to HIV/AIDS;
- To develop a base of evidence for the scaling-up of community mobilization against HIV/AIDS and to build capacity to reach a larger number of persons at risk of HIV infection;
- To support family members of and community support groups for PLWHAs in targeted communities to improve their quality of life through home-based care and to advocate for effective care for vulnerable groups left behind, in particular, orphans;
- To build national-regional partnerships in which the Red Cross and Red Crescent national societies are seen as natural partners for channeling support to community interventions;
- To advocate and influence public and private sectors to prioritize HIV/AIDS and advocate for access to voluntary counseling and testing (VCT), affordable drugs and basic health facilities for PLWHAs;
- To sensitize the Red Cross and Red Crescent national societies as well as communities to refrain from discriminating against PLWHAs.

The objectives, as stated in the appeal, were meant to be addressed over several years with the Federation and national societies contributing together with other partners. Incremental progress was made in many areas and will continue as the national societies, regional delegations, and the Secretariat gain momentum in meeting the advocacy, prevention and care objectives.

### ***Achievements***

Over the course of 2001, many achievements were realized at all levels to support the increase in HIV/AIDS activities, particularly in the second half of the year. Thirty-six national societies developed multi-year or project plans to implement HIV/AIDS interventions. Resources were also provided to Kenya, Tanzania and Sudan to facilitate the development of multi-year plans late in the year. National societies identified focal points for HIV activities and depending on each national society's situation, an HIV/AIDS coordinator or an integrated health programme officer serves as the focal point.

In each regional delegation, an HIV/AIDS coordinator works closely with and across national societies to support the development and implementation of their HIV interventions. Only one national society had received support for the implementation of proposed activities by August 2001 while other national societies continued to develop their plans. At the end of 2001, twenty-seven national societies and four regional delegations were allocated resources. Some national societies were also successful in accessing local or bilateral funding in support of their programs.

HIV/AIDS-specific tool kits, monitoring and evaluation guidelines and volunteers and community health documents were developed and shared. Using other priority health opportunities such as participation in

social mobilization for polio and measles, national societies are developing a greater presence in communities for establishing ongoing HIV/AIDS interventions.

A presentation at the plenary session on HIV/AIDS at the 13th General Assembly in November 2001 focused on advocacy and the global effort. A declaration on HIV/AIDS was developed and the report from the Working Groups on Global Public Health Issues called on the Federation's Secretariat and delegations to "engage in the long-term, developmental programme planning and resource mobilization required for effective support to HIV/AIDS." As a result of this call, activities began immediately to develop an HIV/AIDS global programme plan that was completed in early 2002. This document presents the Federation's global effort to help households build up their response to HIV/AIDS and other infectious diseases through the year 2005 and guides national societies on how to position themselves in the desired Red Cross/Red Crescent response.

The General Assembly was also an opportunity to introduce global action to reduce HIV/AIDS-related stigma. Through this effort and many others, the development of effective partnerships to develop a coordinated response to this worldwide problem was successful and ongoing. These partnerships include the Global Network of People Living with HIV/AIDS (GNP+), UNAIDS, the World Health Organization, Saatchi & Saatchi, the World Bank and others. A mark of recognition for the Federation's work came during the United Nations General Assembly Special Session in June 2001, where the Federation was recognized in the Declaration of Commitment, for its contribution to combat the epidemic.

### ***Constraints***

*Structural:* At the time of the appeal launch, the foundation for implementing long-term, community-based HIV/AIDS interventions was not well-established within many national societies. The overall vision for the program, guidance for national societies on what a strategic plan might contain, a process for reviewing, providing feedback and making rational funding allocation decisions and regional and national society coordination and implementation structures were all programme structures needing further development. As a result, the first seven months of 2001 focused on the building of mechanisms and structures to enable more focused and achievable programme implementation.

The most significant challenge for national societies to deliver effective HIV/AIDS interventions is in the development networks of volunteers in the community, an important element of the ARCHI 2010 approach. This challenge is realized both in the quality of volunteers and through reaching a critical volume of volunteers working in their own communities.

*Resources:* Given the urgency of delivering HIV prevention messages and providing care to those with AIDS throughout the continent, the level of resources provided through the appeal did not allow for complete support of country plans. In many cases, support was provided to a national society to allow only for the implementation of a pilot project from which it could realize success and use to build on. Bilateral interests did not sufficiently address the needs in low sero prevalence areas of west and central Africa where prevention interventions could have a significant impact. Since the southern Africa region had launched an appeal in July 2000, the resources for this appeal were mainly directed to west and central Africa and were broadly distributed to launch projects in as many national societies as possible.

Other constraints were the timeliness of resource availability coupled with the ability of the national societies to quickly mount an effective response. More than 50 per cent of the donations for this appeal were received after July, thus limiting the ability to disburse resources and implement programmes earlier. Regional delegation support was also provided to enhance program implementation and

coordination. Once national societies were informed of the availability of funds, cash requests were made, coordinators identified, supplies purchased, training sessions organized, etc. - a process requiring two months or more.

*Coordination:* During 2001, there was a strong emphasis to encourage national societies to become active members of the Ministry of Health's HIV/AIDS coordinating body. This is an important step to ensure the efforts of the national society reflect the needs of the country and are not duplicative of other organizations. Although there is encouraging progress in this regard, some national societies still need to join forces with their National Aids Committees or other coordinating committees. These relationships will be especially important in order to position national societies for accessing global funds for HIV, tuberculosis and malaria in the country.

Insufficient knowledge at the Secretariat regarding bilateral relationships and support to HIV/AIDS country programmes continues to be a challenge for making sound resource allocation decisions. With the limited amount of resources available, it is important to have a clear understanding of what funding has already been given to a national society and to be able to provide complementary funds to appropriately fill gaps in identified needs.

*Technical:* At all levels, there is still limited technical capacity but expertise is being gained rapidly. Before June 2001, there was only one region and a few national societies where a person was dedicated to HIV/AIDS with an understanding of the programmatic and partnership needs to successfully implement advocacy, prevention and care interventions. Over the last half of 2001, every effort was made to further expand this capacity and to develop strong partnerships with other organizations such as UNAIDS.

*Integration:* The continuing challenge for a national society is to implement a high-priority programme like HIV/AIDS while balancing programme integration, i.e., not to de-link the response from the broader community health and other Red Cross programmes. National societies will need to continue to build on the ongoing work of volunteers and avoid building separate and isolated HIV programmes.

## ***Conclusion***

For long-term health development programmes, the creation of a proper foundation to support these efforts is an important first step. This will require more time and resources. Otherwise, the risk is to haphazardly implement programmes with little or no impact that will lead to the loss of momentum, credibility, and support from the community, the Ministries of Health and other partners.

The initial appeal has served to focus on assisting the national societies in the preparation of multi-year plans and the development of appropriate implementation mechanisms. At the same time, the Federation has worked to fully develop the vision and the processes for its support. Significant progress was made during 2001 in establishing the start-up phase of a long-term health activity. The components are now in place to further assist national societies in 2002 and beyond to mobilize their full potential to add more significantly to the community response to HIV/AIDS.

## ***Contributions***

For the closing balance, the Federation will be contacting donors for permission to bring forward the balance to apply to the 2002 efforts. See annex.

*For further details please contact: Nick Farrell; Phone: 41 22 730 4365; Fax: 41 22 733 03 95; email: farrell@ifrc.org*

*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.*

*For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at **<http://www.ifrc.org>**.*

*This operation sought to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or long-term capacity building will require additional support, and these programmes are outlined on the Federation's website.*

John Horekens  
Head  
Relationship Management Department

Bekele Geleta  
Head  
Africa Department

**INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES**

Interim report	
Annual report	X
Final report	

**Appeal No & title: 01.01/2001 Africa - ARCHI, HIV/AIDS**

**Period: year 2001**

**Project(s): CM410, 62410, CF410, TD410, CG410, GA410, ST410, 64410, SO410, ZR410, 60410, MZ410, BJ410, CI410, GQ410, GH410, NG410, TG410, 61410,**

**Currency: CHF**

**I - CONSOLIDATED INCOME 2001, CASH, KIND, SERVICES**

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Reallocations	Goods/Services	Personnel	
Appeal budget	7,809,852				
less					
Cash brought forward					
<b>TOTAL ASSISTANCE SOUGHT</b>	<b>7,809,852</b>				
<u>Contributions from Donors</u>					
American Red Cross (DNUS)	64,680				64,680
British Red Cross (DNGB)	139,389				139,389
Danish Govt.via Danish RC (DGNDK)	107,682				107,682
Danish Red Cross (DNDK)	72,750				72,750
Donor - Unidentified (D000)	10,120				10,120
Finnish Govt.via Finnish RC (DGNFI)	78,705				78,705
Finnish Red Cross (DNFI)	146,514				146,514
Japanese Red Cross (DNJP)	79,554				79,554
Monaco Red Cross (DNMC)	1,163				1,163
Netherlands Red Cross (DNNL)	113,895				113,895
Norwegian Govt.via Norwegian Red Cro (D	431,703				431,703
Norwegian Red Cross (DNNO)	93,475				93,475
Private Donors-online donations (DPOLD)	407				407
Swedish Govt.via Swedish Red Cross (DG	610,081				610,081
Swedish Red Cross (DNSE)	563,279				563,279
Switzerland - Private Donors (DPCH)	538				538
Unilever/Domestos (DPS007)	730,250				730,250
American RC				14620	14,620
Swiss RC				20750	20,750
<b>TOTAL</b>	<b>3,244,187</b>			<b>35,370</b>	<b>3,279,557</b>

**II - Balance of funds**

Opening balance	
CASH INCOME Rcv'd	3,244,187
CASH EXPENDITURE	-1,023,997
	-----
<b>CASH BALANCE</b>	<b>2,220,189</b>

**Appeal No & title: 01.01/2001 Africa - ARCHI, HIV/AIDS**

**Period: year 2001**

**Project(s): CM410, 62410, CF410, TD410, CG410, GA410, ST410, 64410, SO410, ZR410, 60410, MZ410, BJ410, CI410, GQ410, GH410, NG410, TG410, 61410,**

**Currency: CHF**

**III - Budget analysis / Breakdown of expenditures**

Description	Appeal Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction						
Clothing & Textiles						
Food/Seeds	63,854					63,854
Water						
Medical & First Aid	583,036	169			169	582,867
Teaching materials	476,891	735			735	476,156
Utensils & Tools						
Other relief supplies						
<b>Sub-Total</b>	<b>1,123,781</b>	<b>905</b>			<b>905</b>	<b>1,122,876</b>
<u>CAPITAL EXPENSES</u>						
Land & Buildings		650			650	-650
Vehicles	1,068,353					1,068,353
Computers & Telecom equip.	165,961	21,691			21,691	144,270
Medical equipment						
Other capital expenditures		23,560			23,560	-23,560
<b>Sub-Total</b>	<b>1,234,314</b>	<b>45,901</b>			<b>45,901</b>	<b>1,188,413</b>
<u>TRANSPORT &amp; STORAGE</u>						
		53,979			53,979	-53,979
<b>Sub-Total</b>		<b>53,979</b>			<b>53,979</b>	<b>-53,979</b>
<u>PERSONNEL</u>						
Personnel (delegates)	840,000	259,580		35,370	294,950	545,050
Personnel (local staff)	1,518,685	92,526			92,526	1,426,159
Training						
<b>Sub-Total</b>	<b>2,358,685</b>	<b>352,106</b>		<b>35,370</b>	<b>387,476</b>	<b>1,971,209</b>
<u>GENERAL &amp; ADMINISTRATION</u>						
Assessment/Monitoring/experts		100,955			100,955	-100,955
Travel & related expenses	77,754	41,691			41,691	36,063
Information expenses	537,591	126,311			126,311	411,280
Administrative expenses	709,474	47,058			47,058	662,416
External workshops & Seminars	909,169	624			624	908,546
<b>Sub-Total</b>	<b>2,233,988</b>	<b>316,639</b>			<b>316,639</b>	<b>1,917,349</b>
<u>PROGRAMME SUPPORT</u>						
Programme management	526,618	70,981			70,981	455,637
Technical services	157,642	21,252			21,252	136,390
Professional services	174,824	23,575			23,575	151,249
<b>Sub-Total</b>	<b>859,084</b>	<b>115,808</b>			<b>115,808</b>	<b>743,276</b>
Operational provisions		138,660			138,660	-138,660
Transfers to National Societies						
<b>TOTAL BUDGET</b>	<b>7,809,852</b>	<b>1,023,997</b>		<b>35,370</b>	<b>1,059,367</b>	<b>6,750,485</b>

**Consumption rate:** Expenditures versus income 32%  
Expenditures versus budget 14%