

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

Masambo Fund

Appeal No. MAA00012

03/07/2008

This report covers the period of 01/01/2006 to 31/12/2007 of a two-year planning and appeal process.



Masambo Fund

In brief

Programme summary: This programme aims to provide access to anti-retroviral (ARV) therapy and related medical and nutritional support to Red Cross and Red Crescent (RCRC) staff and volunteers living with HIV.

Needs: Total 2006-2007 budget CHF 1,037,433 (USD 927,936 or EUR 628,747)
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No. of people we help: Applications for grants from the Masambo Fund for four individuals were approved during the reporting period totalling CHF 35,000. In addition, advice and guidance were provided on an ad-hoc basis to dozens of potential applicants and National Societies for access to ARV treatment through government or other organizations' programmes.

Our partners: The Masambo Fund directly supports and works with National Red Cross and Red Crescent Societies whose own organizational continuity and programme implementation have been greatly affected by the high prevalence of HIV in their national contexts.

Current context

The Masambo Fund was created in April 2004 to provide access to anti-retroviral therapy and basic health monitoring for Red Cross and Red Crescent staff and volunteers living with HIV which have no other treatment options. This fund was named after a long-serving volunteer of Zimbabwe Red Cross

Society for whom access to anti-retroviral therapy was not made possible. Masambo subsequently died of AIDS in 2001 along with about 30 other trained home based care providers she worked with. This tragic event highlighted that the International Federation was not taking care of its own sufficiently, and GNP+ made it clear to the International Federation that real partnership meant that the International Federation would have to take concrete steps “to walk the talk”.

As a National Society’s staff and volunteers make up the core of its organizational strength, the Masambo Fund’s creation recognized the extreme pressures and growing impact that the prevalence of HIV was having on individual Red Cross and Red Crescent societies in continuing to carry out their own programmes targeting people living with HIV, and even on their organization’s ability to function as a whole.

The fund has always, and continues to be financed through voluntary contributions from all National Societies – which have committed to using the equivalent of one per cent of their statutory contribution (barême) as a minimum fundraising target – and from private donations. International Federation Secretariat staff making regular contributions from their salary or annual donations are collectively the major donor to the Fund.

When the Masambo Fund was created the concern was that by opening it to volunteers as well as staff it would become overwhelmed. A selection committee was created on the assumption that there would be more applications than available funding. The fund’s Board took a cautious approach initially, especially as there was limited experience from similar organizations or funds to learn from, and therefore extended eligibility to hardest hit countries only. Over time eligibility was extended to all National Societies.

Since the Masambo Fund’s creation, great strides have been made in treatment options available in many countries due to the roll out of the World Health Organization’s (WHO) 3X5 programme, and the impact of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) and the Clinton Foundation, building on the work of Médecins Sans Frontières (MSF), Partners in Health and others to demonstrate how ARVs can be made available in low resource settings. However, despite growing access to ARV therapies, people living with HIV still lack access to broader health care associated with treatment and management of opportunistic infections, and to food security – both aspects critical for long-term health. Therefore the fund has broadened grant categories in order to enable such needs to be met.

Progress towards objectives

When the fund was created there was no similar model or legal structure in existence to emulate, nor was it possible to know all the implications that distributions through the Masambo Fund could have. Initially, detailed paperwork of three types were required:

- itemized budgets were sought to ensure that all the potential problems which could arise in managing treatment would be solved before treatment started. This meant that a skilled doctor and a reliable supplier of drugs had to be identified, and other practical matters discussed and agreed on. The data gathered from the applications processed to date will enable the fund to no longer require detailed budgets from 2008, but instead offer a range of standard five-year grants.
- signed documentation between parties to manage potential legal liability problems. Given that the fund is dealing with life or death matters this is a real risk, particularly early on when wild rumors about the drugs being poison were circulating in some of the hardest hit countries.
- the fund required those National Societies making applications to commit to an advocacy agenda to ensure that national treatment programmes were started, and that National Society staff and volunteers would get access to such schemes. Although treatment access is still by

no means universal, the advocacy for such access is now well established globally, and the fund is able to drop this agenda and simplify processes by focusing exclusively on grant making in the future.

Though at times viewed as overly prohibitive from the outside looking in, it is probably largely due to these detailed requirements that all grants made to date were processed without problems and that no negative feedback has been received to date. In countries where a National Society leader has made it their personal mission to get applications into the fund, the requirements of the standard forms have not been a barrier e.g. President of Côte d'Ivoire Red Cross Society.

Despite adequate donor response, there has been limited progress made towards achieving the objectives set out in the Appeal 2006-2007. This is evident from the low number of applications for Masambo Fund grants which are actually ever received from National Red Cross or Red Crescent Societies.

The table below shows the allocations approved¹ during the reporting period:

Masambo Fund applications in 2006-2007		
2006		
<u>National Society</u>	<u>Grant number</u>	<u>Amount(CHF)</u>
Uganda RC	06 – 001	6,000
2007		
<u>National Society</u>	<u>Grant number</u>	<u>Amount(CHF)</u>
Côte d'Ivoire	07 – 001	12,000
Côte d'Ivoire	07 – 002	12,000
Côte d'Ivoire	07 – 003	5,000

There are a number of factors which have been identified by the foundation's board as contributing to the lack of demand for Masambo Fund grants. These include:

1. **No dedicated Masambo Fund staff:** The International Federation Secretariat has had little time to follow up and promote the fund, particularly since HIV Programme was selected to take the lead in rolling out the International Federation's new operating model through a Global Alliance on HIV. As the International Federation is not reimbursed for any administrative costs related to the fund, support has been limited to providing advice on an ad-hoc basis, financial management, and reporting on income and expenditures.
2. **Workplace programmes are needed to change the climate within the Secretariat:** Implementation of the Secretary General's *Directive on HIV in the Workplace* has been low-key. A part-time consultant has worked on the development of basic materials to support a roll out. The Directive was raised with zone heads and deputies in orientations after their appointments, and Françoise le Goff (Southern Africa Zone Office) shared her experience as a manager

¹ Even though a total of CHF 35,000 were approved during the 2006-2007 reporting period, the payments made to the National Society of Côte d'Ivoire totalling CHF 29,000 were first transferred in the first quarter of 2008, and are therefore not reflected in the 2006-2007 financial report.

whose own staff have died of AIDS. So far the Directive has not produced the level of change needed within the organization for the Secretariat itself to become a model for National Societies.

3. **National Societies need support and role models to implement HIV workplace programmes:** While National Societies do not have workplace programmes, stigma and discrimination within the organization is not adequately addressed, and most people living with HIV are therefore not willing to disclose and request Masambo Fund support. The fund's Secretary is aware of cases where a person needing treatment is open about their HIV+ status within the HIV programme of the National Society, but very fearful of the reaction of senior management and governance if an application for Masambo Fund support were to be made. Some people living with HIV have indicated to the fund that they do not wish to receive Masambo Fund grants via their National Society, as they are "out of favour" or "do not want to be indebted to the current leadership". A number of companies have also found employees not wanting to receive treatment support via their employer. One grant has been made outside the normal framework to honour a commitment made by the previous International Federation President, but there are legal reasons for continuing to grant and audit Masambo Fund grants via the applicant's corresponding National Society.
4. **National Societies are reluctant to accept "moral" responsibility for starting staff and volunteers on treatment, and not wanting to make an open ended commitment:** Some National Societies hardest hit by HIV and where there are few or no treatment options available, have been approached many times about submitting applications. Concern has been expressed about starting treatment when it is not clear what the situation will be in the country in five years time, despite the fact that it is possible to request an extension of support beyond five years from the fund. Previously, National Societies were also concerned about how medical care for opportunistic infections would be addressed, but the fund has now opened a category of grant to meet that need.
5. **The technical nature of the application:** This issue is most significant where the National Society has no involvement in treatment support and has no one available who is treatment-literate to help prepare the application.

In order to address these issues, it was decided by the fund's governing board during the reporting period to make changes related to the administration of grants and their duration (from annual to five-year), while further simplifying the application process.

In light of the increasing opportunities to access ARV treatment in individual countries, it was also decided to modify and expand the types of assistance provided for by the Masambo Fund. The categories of assistance provided through the Masambo Fund can now be summarized as the following:

1. Basic drug coverage (this includes access to anti-retroviral treatment and associated monitoring/medical care)
2. Medical care (for treatment of opportunistic infections)
3. Food support

In 2008, the board will consider formalizing existing arrangements by including a flexible category to ensure that the Masambo Fund remains responsive to emerging needs, as described below:

4. Make the "case" for a one-off intervention to meet a particular need, e.g. resistance testing for an individual whose current treatment regimen is failing.

It has always been possible to contact the fund secretary to propose ways to meet a particular need which enables the board of the fund to continue the process of evolving the fund to meet the actual

needs of RCRC staff and volunteers in need of life-saving treatment. An example of this is that the fund is now open to supporting the partner of a RCRC staff member or volunteer, and two children, as it is poor practice to provide for just one person needing treatment in a household, as this creates a temptation to share the medication, or a lot of heartache as loved ones become ill.

Working in partnership

Allocations from the Masambo Fund are intended as a “last resort”, meaning that all other options have been explored or exhausted by an applicant in a given context. Indirectly, this principle has motivated the National Societies in Kenya, Mozambique, Namibia, Fiji and other countries to seek out treatment options for their staff and volunteers. For example, in Kenya 15 people were put on treatment through an MSF programme. National Societies are also indicating that the trend in the future will include the need to support the treatment of opportunistic infections for staff or volunteers who access ARVs for free via a Government scheme, but have to pay fees for basic health care.

Additionally, member National Societies continue to advocate on behalf of their staff for access to treatment in government treatment schemes and initiatives such as WHO’s “3 by 5” programme which continues to roll out, and through other organizations work to make generic versions of HIV anti-retroviral drugs widely available (greatly expanding the treatment options in many countries).

Contributing to longer-term impact

The increasing sums of the grants being dispersed through the Masambo Fund and their long-term duration (a five-year period, with ability to apply for extension) will allow Red Cross and Red Crescent staff or volunteers living with HIV to receive comprehensive care related to their ARV treatment and any complications that may occur, including opportunistic infections (e.g. pneumonia, tuberculosis, etc.). Additional nutritional support for unemployed volunteers is essential in some countries, as it is not possible to take the medication safely without food. Further research is occurring to determine exactly what nutritional support is appropriate for Masambo Fund grants to cover.

Improving health and sustained access to broader health care and food security ensures that Red Cross and Red Crescent staff and volunteers are able to continue working and provide for their families and overall livelihoods. This directly helps to meet the second goal of the International Federation’s *Global Agenda* to reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

In terms of the National Society, the added long-term impact of having able and healthy staff will be most positively demonstrated through the continuity of its community-based health and care and other programmes targeting vulnerable people. This programme is thus also helping to actively achieve the International Federation’s third *Global Agenda* goal of increasing local community, civil society and Red Cross and Red Crescent capacity to address the most urgent situations of vulnerability.

Looking ahead

The board of the foundation governing the Masambo Fund’s execution has aimed to respond to the realities on the ground and will therefore redesign and further streamline the grant application process. A standardization of assistance has been made possible from the experiences gained and the resolution of practical problems that have come up in the years of the fund’s operation.

As noted above, there has not been dedicated International Federation staff time for administration or even promotion of Masambo Fund grants to eligible National Societies, meaning many opportunities and some momentum has been lost. As all of the fund’s resources are utilized for grant allocation,

some donors have expressed interest in making funds available to improve the utilization of the Masambo Fund. This added support will enable the appointment of an intern for three months in June 2008 to streamline application procedures, re-issue standard forms and guidelines, develop a promotion campaign and assist key National Societies in making applications, and provide support to the champions of the Masambo Fund (including RCRC PLHIV) to create awareness and demand.

How we work	
<p>All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering quality and accountable assistance to the most vulnerable. The Federation hosts and is a champion of the Code of Good Practice for NGOs (and RCRC) Responding to HIV project. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at http://www.ifrc.org</p>	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
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