

Global Alliance on HIV



Appeal No MAA64006

EASTERN AFRICA HIV PROGRAMME (2008-2010) OF THE RED CROSS AND RED CRESCENT GLOBAL ALLIANCE ON HIV

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 185 countries.

This Appeal provides an overview of the current HIV situation and its impact in Eastern Africa; and a review of National Society HIV programme interventions from 2000 to 2007, including key challenges; and key priorities for 2008 and beyond.

This Appeal seeks **CHF 61,723,852.83** out of the total budget of **CHF 63,508,672.00** for the HIV Programme for Eastern Africa, for the period 2008-2010 covering the needs of National Red Cross Societies in Djibouti, Ethiopia, Kenya, Madagascar, Rwanda, Somalia, Sudan, Tanzania, and Uganda, and the support requirements of the International Federation Secretariat.

Programme Consolidated Budget

	Budget 2008 (CHF)	Budget 2009 (CHF)	Budget 2010 (CHF)	Total Budget (CHF)
Prevention	5,421,374	6,106,365	6,909,508	18,437,246
Care, support and treatment	9,358,512	9,018,693	9,543,057	27,920,262
Reducing stigma and discrimination	1,818,443	2,161,715	2,557,663	6,537,821
Institutional strengthening	2,177,091	1,956,038	2,126,909	6,260,038
Sub-total	18,775,419	19,242,811	21,137,136	59,155,367
Federation Secretariat support¹	1,393,284	1,415,851	1,544,171	4,353,306
Total	20,168,703	20,658,662	22,681,307	63,508,672

The aim of this Programme, which is the Eastern African zonal component of the Red Cross Red Crescent Global Alliance on HIV, is to reduce vulnerability to HIV and its impact through preventing further infection; expanding care, treatment and support; reducing stigma and discrimination; and strengthening Red Cross and Red Crescent national and regional capacities. It plans to train **327288** Red Cross Red Crescent cadres to reach more than **17 million** people with messages on prevention and reducing stigma and discrimination. It will also provide services for **189556** OVC and people living with HIV AIDS.

The programme will function within the framework of government-led National HIV and AIDS strategies, closely coordinated with UNAIDS and other international partners. Key implementation strategies

¹ Partners (Bilateral or Multilateral) are urged to earmark funding for Federation Secretariat support.

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include working at the community level, with the intensified involvement of people with HIV; influencing knowledge, attitudes, and behavior; increasing access to voluntary counseling and testing; preventing mother-to-child transmission; increasing access to anti-retroviral therapy; expanding home-based care for people with HIV as well as orphans and vulnerable children through psychological, social and livelihood support; promoting livelihoods and food security; advocating for policies for equitable rights and access to services; identifying and reducing sexual and gender based violence; and establishing *HIV in the Workplace* programmes in National Societies. This will involve expanded capacity of the nine Red Cross and Crescent National Societies and the Federation Secretariat working under the framework of common country plans.

The International Federation's activities are aligned with the Global Agenda, which sets out four broad goals to meet the International Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity". The Global Agenda Goals are:

- 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

The HIV situation in Eastern Africa

Sub-Saharan Africa (SSA), with approximately one-tenth of the world's population, is the worst affected region with 22.5 million people living with HIV – i.e., 68% of the global HIV burden. Two million of them are children younger than 15 years of age – nine in ten children (below 5 years) living with HIV are in SSA. In 2000 an estimated 2.7 million people in the region became newly infected, while 2.0 million adults and children died of AIDS. In 2005 there were 12 million orphans living in SSA. Three quarters of all women (15 years and above) living globally with HIV are in SSA. Women continue to be disproportionately affected by HIV, compared with men – largely due to their low social and economic status and lack of access to information on HIV prevention and care services. Women comprise an estimated 13.2 million – or 59% - of adults living with HIV in SSA.

Across Sub-Saharan Africa rates of new HIV infections peaked in the late 1990s. A few of the epidemics in SSA countries show recent declines, notably in Kenya. Overall, HIV prevalence in SSA seems to be leveling off, albeit at exceptionally high levels in southern Africa. Such apparent 'stabilization' of the epidemic reflects situations where the numbers of people being newly infected with HIV roughly match the numbers of people dying of AIDS-related illness.

In the countries of East Africa (Kenya, Uganda, Tanzania, Eritrea, Burundi, Rwanda and Ethiopia), HIV prevalence has either decreased or remained stable in recent years. However, there are no grounds for complacency. Many countries have disproportionately higher prevalence rates in urban populations, and among pregnant women. The impact of HIV continues to be devastating both socially and economically to individuals, communities and nations. Along with this is the rising orphan crisis, injecting drug use is increasingly a factor in the urban and coastal areas of Kenya and Tanzania.

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Estimates of HIV prevalence in Eastern Africa 2006

Country	Population (in millions)	Adults living with HIV	Children living with HIV	Prevalence (% in 2005) ²	Orphans due to AIDS	Deaths due to AIDS (2006)
Kenya	34,256	1,300,000	150,000	6.1	1,100,000	140,000
Uganda	28,816	1,000,000	110,000	6.7	1,000,000	91,000
Tanzania	38,329	1,400,000	110,000	6.5	1,100,000	140,000
Rwanda	9,038	190,000	27,000	3.1	210,000	21,000
Sudan	36,233	350,000	30,000	1.6	-	34,000
Somalia	8,228	44,000	4,500	0.9	23,000	4,100
Ethiopia ³	77,431	(420,000-1,300,000)	(30,000-220,000)	(0.9 – 3.5)	(280,000-870,000)	(38,000-130,000)
Djibouti	0.793	14,000	1,200	3.1	5700	1200
Madagascar	18.606	49,000	1,600	0.5	13,000	2,900

Source: UNAIDS Update December 2006

The Impact of HIV in Eastern Africa

Since the emergence of HIV as a major epidemic, about 25 years ago; the epidemic has had a serious and devastating effect on human development. It is undermining progress towards the Millennium Development Goals (MDG), particularly those related to poverty reduction, achieving universal primary education, promoting gender equality, reducing child mortality and improving the health of mothers (UNAIDS 2006). HIV affects the family, the community, and whole nations. Major impacts include:

Population structure. In severely affected countries, HIV continues to slow or reverse improvements in life expectancy and distort the age-sex structure of entire populations. It has seen increased child mortality either directly or indirectly related to HIV. HIV strikes down adults in their most economically productive years, removing the very people who could respond to the crisis. In Uganda, over 1.5 million children have been orphaned since the epidemic began -- losing their mother or both parents to AIDS. Though mortality due to AIDS is likely to reduce due to increased antiretroviral therapy (ART) access, this will only happen if there is sustained progress towards universal access⁴.

Poverty and inequality. Although most groups are affected, it is the poorest segments of society that are most vulnerable to HIV and for whom the impact is most severe. At household level there are increased medical costs and expenditures on funerals, to withdrawal of family members from work or school to look after the ill. Children are orphaned. Besides the likely dissolution of households after the death of parents – with children sent off to live with relatives, HIV strips families of their assets and income earners, further impoverishing the poor. **Food insecurity** is increased as agricultural work is neglected or abandoned due to household illness. Women may be forced into sex work for income, leading to higher risk of HIV transmission. In **Rwanda** and **Uganda**, a study⁵ indicates that HIV will reverse progress in poverty reduction, but will increase the proportion of people living in extreme poverty from 45% in 2000 to 51% in 2015.

Impact on children. This is on the rise – children under 15 account for one in six AIDS-related deaths worldwide – the vast majority through mother-to-child transmission. With increased illness and loss of parents, children bear trauma and hardship, including losing their childhood. Children take on more responsibility for income earning, food production and caring for the illness of family members. There is

² Prevalence rate in adults aged 15 - 49

³ Preliminary information – to be revised (UNAIDS 2006)

⁴ Universal access – a comprehensive range of prevention, treatment and impact mitigation measures

⁵ UNDP (2003) HIV/AIDS Results

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decreased access to adequate nutrition, basic health care, housing and clothing; while many are withdrawn from school. In Sub-Saharan Africa, approximately 9% of children under age of 15 have lost at least one parent to AIDS, and one in six households with children is caring for at least one orphan.

Impact on women. Women in SSA are infected more often and earlier in their lives than men. Young women aged 15-24 are between two and six times as likely to be HIV positive than men of similar age, highlighting vulnerability and unequal power relations in many societies. In Kenya, HIV has driven life expectancy below that of men. Due to gender inequalities embedded in a lot of cultures, the domestic burden of AIDS care falls on women; an aspect that often limits educational and economic opportunities for women and girls. Women face increased stigma –often being blamed for their husband's illness. Many will be expelled from homesteads and lose their husband's property to relatives, on the death of the husband.

Stigma and discrimination. Stigma, discrimination and 'silence' around HIV is one of the most serious obstacles to HIV prevention, care, treatment and support. In many countries PLHIV continue to be denied employment, are stigmatized and even segregated in the workplace.

Health sector. A strong health system is a vital component in any country's response to HIV and a key stepping stone in development. In the hardest hit countries, the epidemic is undermining health services in a variety of ways, as they struggle to provide care to those with HIV-related illnesses; and particularly other diseases such as malaria and tuberculosis (TB). HIV is associated with increased TB, including drug-resistant strains. Other consequences on the health sector include: deaths of already scarce health-care workers, to the additional numbers of people needing beds, in already understaffed and underfinanced hospitals and clinics. It places increased burden on the scarce health care resources that currently exist. Excessive workloads compounded by fear of infection due to the absence of standard infection-control practices in many health care workplaces are causing many to leave the workplace all together. Though there is increased access to ART, this also puts more pressure on the already strained health services. In Tanzania, the health sector workforce has been significantly reduced by structural adjustment programmes in the 1990s and has itself been struck heavily by HIV. HIV has also impacted heavily on governments and governance, the education sector and the world of work.

The International Federation policy on HIV

Combating the global catastrophe of HIV is a major goal of the United Nations Millennium Declaration, and a key priority for the International Federation's Global Agenda for 2006-2010. At the core of the International Federation's approach to reducing the impact of HIV, is mobilising the power of humanity to make the difference. This recognises the magnitude of the HIV challenge and acknowledges that its far-reaching and complex social impact needs concerted effort by all sectors.

Effective prevention requires the development of life skills, and good information and social mobilisation that will counter the stigma and discrimination which hampers access to treatment. In turn, effective treatment and care eases stigma and boosts prevention through, for example, motivating people to accept voluntary counselling and testing to learn about their HIV status and thus get help to look after themselves better and to protect others. People living with HIV and their families are a central focus as their interaction within society both contributes towards, and reflects the success of our collective efforts. In contrast, discrimination and exclusion fuels further spread of the epidemic and deprives society of the productive contribution of people living with HIV.

At the heart of the strategy and in the context of an increasingly feminised epidemic, are gender inequalities that have a direct bearing on personal and social vulnerability to HIV. Women have a greater biological vulnerability to the virus but the main problem is their relative powerlessness. Women

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often have fewer rights and resources to call upon. They are frequently forced into early sexual activity, are unable to insist on protecting themselves, and may suffer sexual violence and exploitation, including being forced to barter sexual favours for their own survival or that of their families.

The application of this International Federation strategy encompasses practical interventions, guided by local needs and realities, and the assigned role of National Red Cross or Red Crescent Societies as part of coordinated National and AIDS Programmes. We work closely with harmonised international HIV related assistance arrangements alongside like-minded partners in UNAIDS, other UN agencies, NGOs and relevant institutions.

Comparative Advantage

Our comparative advantage is the capacity to undertake direct action at community and family level while also having access to policy makers. Our **programming principles** are as follows:

- *Interventions must be evidence-based* - they must be informed by locally-prevalent patterns of HIV risk, vulnerability, and impact, and driven by a demonstrable understanding of what is effective in a particular context.
- *Interventions must be main-streamed*, wherever feasible - not only within the structures and programmes of the International Federation, but importantly, they should be integrated into and seek to strengthen community and institutional systems for health, education, social care, and livelihood promotion.
- *Interventions must seek out the most vulnerable and build resilience* i.e. in line with the fundamental principles of the Red Cross Red Crescent, they must prioritize reaching and empowering the people that are most in need.

Our greatest challenge is to find the most effective and efficient means to deliver the greatest impact for and with vulnerable people. We are doing this by forming the **Red Cross and Red Crescent Global Alliance on HIV** working in support of country-based operational alliances. This approach is about strengthening and making better use of the combined capabilities of our National Societies and the Secretariat, and also bringing in regional networks and other funding and operating partners, to support community-level action and resilience.

Members of the Global Alliance are expected to 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 NS) with expectation of long term commitment to ensure sustainability
- One shared understanding of division of labour among entities of 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

The International Federation in Eastern Africa

Within the framework of ARCHI 2010 and the Algiers Plan of Action, the Federation Secretariat Zonal office promotes an **integrated approach to addressing community health** including HIV. A comprehensive approach to HIV programming based on the Federation 3 pillar approach (prevention, stigma and discrimination reduction, care and treatment; and involvement of PLHIV as essential in all interventions)⁶ has been actively promoted. Emphasis is placed for NS to prioritize CHBC⁷

⁶ Source: International Federation Global programme 2002 – 2005: Reducing Household Vulnerability to HIV/AIDS and other infectious diseases

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programmes with access to safe drinking water, sanitation and hygiene promotion. Linked to other health needs in CHBC is the treatment of opportunistic infections, palliative care, promotion of adherence to ART and TB treatment, nutritional support and provision of ITN/LLIN⁸. Existing programmes thus provide the entry point for other programmes. Core NS HIV interventions have included prevention and education – peer education, awareness-raising and behavior change communication; Advocacy for reduction of stigma and discrimination; comprehensive home based care (including ART⁹, OVC and IGA programmes). Cross cutting is collaboration, networking and partnership for advocacy and comprehensive programming.

The International Federation has a strong partnership with the Global Network of African People living with HIV (GNP+). This has seen the building of NS and PLHIV groups' capacity to address the issue of stigma and discrimination, reduce silence surrounding HIV thereby increase the visibility of PLHIV, enhance care and support and accelerate access to antiretroviral drugs (ARV) and drugs for opportunistic infections. NS have developed strong partnerships, some with joint activities with groups of people living with HIV, including Uganda, Djibouti, Kenya, Eritrea, Sudan, Ethiopia, and Rwanda. This partnership with strong support from the Norwegian Red Cross was documented in 2003 by UNAIDS the Federation and GNP+ as a best practice¹⁰. The partnership has also provided various opportunities to advance the advocacy effort to ensure the greater involvement of PLHIV through the joint Ambassadors of Hope Programme. Joint Ambassador of Hope missions have been carried out to countries such as **Eritrea** and **Sudan** where formerly the visibility of PLHIV was quite low. The National Societies of these countries have been able to develop joint work plans and build strong relationships with groups and networks of PLHIV for a better response to the epidemic.

At the 28th Red Cross and Red Crescent International Conference and General Assembly held in Geneva in December 2003, The East African National Societies further pledged to implement HIV workplace programmes in all the 14 National Societies both at Headquarters and branch level, targeting staff and volunteers. Since 2001 the initiative has cascaded to NS through capacity building workshop involving governance, senior management and HIV or Health Coordinators. 12 NS have been trained and have developed work plans tailored to their respective organization's HIV and cultural environments and formed taskforces for implementation.

The last four years have seen active advocacy by the Federation, on increased ART access including the development of guidelines to support NS, and proposals for Kenya, Uganda and Ethiopia Red Cross for ART scale up. This includes the NS role in community mobilization and education, follow-up and support. The Kenya Red Cross has received support from the Swiss Red Cross Foundation to integrate ART within its family health and home-based care programme. The Uganda Red Cross and Ethiopian Red Cross Societies continue to seek resources to implement the same.

The International Federation also supports **documentation of best practice and lessons** learnt from NS in the region so as to enhance experience sharing, and support NS initiatives on stigma and discrimination reduction. The **RC-NET Health**¹¹ continues to be an important forum for experience sharing and scaling-up and integration of HIV, TB and malaria interventions.

⁷ Community Home Based Care

⁸ Insecticide Treated Nets/Long Lasting ITN

⁹ ART interventions include – community ART literacy, adherence monitoring and advocacy for greater ART access for the most vulnerable

¹⁰ Entitled: *A vital Partnership, the work of GNP+ and the International Federation of Red Cross and Red Crescent Societies on HIV*

¹¹ the Red Cross and Red Crescent Network for Eastern Africa (RC-NET), has various working groups one of which is Health, bringing together annually Health Co-coordinators from all the NS in the Region to address priority Health issues.

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The period from 2001 to 2006 saw a significant scale up in NS HIV programmes in the region, following the development and implementation of five year strategic plans by 11 National Societies. Good progress has been made and a lot of lessons learnt. Key challenges include the need to:

- Increase human and financial resources, including capacity building for NS to implement HIV programmes, improve volunteer management¹², scale up HIV interventions and enhance long-term programmes
- Scale up comprehensive programmes in prevention¹³, care, treatment and support¹⁴ including OVC support and integrating gender issues. Particular emphasis must be made to scale up these programmes in low prevalence countries and flag up harm reduction programmes in the Indian Ocean Islands and coastal areas of Kenya and Tanzania.
- Strengthen monitoring, evaluation and reporting, in line with a common framework
- Strengthen advocacy, through stronger interventions for reduction of stigma and discrimination and meaningful partnerships with PLHIV in addition to documentation of NS best practice
- Improve coordination and communication among the Movement partners to enhance effective and efficient programming
- Build complementary partnerships for comprehensive access to HIV management services
- Strengthen currently weak health infrastructure in most countries

The Federation Global HIV Alliance strategy presents the best framework to strengthen NS HIV programmes taking into consideration lessons learnt thus far. Support will be provided to NS to adopt this strategy for more effective and scaled-up programmes. To this end the Federation Secretariat is facilitating a consultative process with NS leadership, technical staff and management, donor partners and other stakeholders.

The nine National Society plans reflect a shared integrated approach to mitigate the impact of the HIV pandemic. The key interventions are: prevention, care and support; OVC support; psychological and social support; advocacy; food security; ART and institutional development. The integrative approach is consistent with the current global strategies towards providing universal access to prevention, treatment, care and support. Through these plans, the Red Cross Societies seek to contribute to their governments' efforts to achieve the Millennium Development Goals and to progress the declaration of commitment made at the 2001 United Nations General Assembly Special Session (UNGASS) on HIV and AIDS. The Federation Secretariat – through its zonal office – and Partner National Societies will provide technical and financial assistance to East African National Societies in the implementation of these country programmes.

Scaling up from 2008 to 2010

The Eastern Africa HIV Programme builds on the track record of HIV work of the Red Cross Red Crescent in the region. It is a major component of the *International Federation HIV Global Alliance* that was initiated in December 2006 lead by the Federation Secretary General's Special Representative on HIV.

This Appeal covers the period 2008 – 2010 and is made on behalf of nine National Red Cross and Red Crescent Societies in the region. Country-level programming has been done in the framework of *National Red Cross HIV Programme Plans* developed in line with the Federation's new operating model. The estimated budget is **CHF 63,508,672** of which **CHF 1,784,819 (2.8%)** has already been covered. Therefore, this appeal seeks **CHF 61,723,852.83**

¹² The challenge of volunteer retention is of particular concern in the context of supporting ART literacy and adherence in communities; including TB DOTS

¹³ Including VCT and PMTCT

¹⁴ including ART Integration, and SRH, GBV and HIV & AIDS in emergencies

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This new Eastern Africa HIV Programme Appeal is innovative in that it reflects all bilateral and multilateral Red Cross activities and thus shows a complete picture of Red Cross and Red Crescent HIV action in each country. Thus, the Appeal forms a strong base for effective cooperation and coordination at country level, through the concerned National Societies. This is anticipated to maximize programme efficiency and impact. This Programme is founded on strong country-specific action plans which are connected regionally because there is considerable commonality in terms of the underlying epidemiology of HIV transmission, the patterns of risk and vulnerability, cultural and social aspects, and shared political and other regional institutions. This helps to share technical expertise, programming experience and lessons as well as replicating good practices across countries.

Most governments in Eastern Africa are demonstrating increased political will to fight HIV, partly due to the visible effects of the pandemic, advocacy efforts by civil society groups and the stimulus of increased international funding. In this context, stakeholders have also been challenged to synergize their capacities. This is thus an important opportunity to intensify efforts further and increase the momentum towards universal access to prevention, treatment and care.

The International Federation has developed a strong communication and promotion plan to support this Appeal within a framework of international cooperation and coordination. This includes working closely with like-minded NGOs and civil society groups as well as international agencies and governments (at regional, country, and community levels).

Programme focus

As part of the International Federation HIV Global Alliance, the **purpose of the Eastern Africa HIV Programme is to scale-up efforts in reducing vulnerability to HIV and its impact.** This will be done through three programming outputs:

- Preventing further infection
- Expanding care, treatment, and support
- Reducing stigma and discrimination.
- bolstered by a fourth enabling output:
- Strengthening Red Cross Red Crescent national and regional capacities to deliver scaled-up programmes.

National Society priority areas for 2008 – 2010

Countries	National societies' priority areas for 2008 – 2010
Kenya	Scale-up prevention, reduction of stigma and discrimination care and support for PLHIV, OVC and ART
Uganda	HIV prevention activities including behavior communication interventions and reduction of stigma and discrimination, targeting men, women and youth as well as high risk groups such as truck drivers, commercial sex workers Promote food security and nutrition
Tanzania	Scale-up integrated prevention, reduction of stigma and discrimination, care and support (PLHIV and OVC).
Sudan	Scale-up prevention, reduction of stigma and discrimination, HBC within integrated health to cover the whole country (ART, OVC, PLHIV support groups, income generating activities and prevention).
Ethiopia	Prevention and reduction of stigma and discrimination consolidate HBC interventions; promote livelihood activities for PLHIV, OVC and ART. Expand HIV care, treatment and support
Rwanda	Scale-up prevention, reduction of stigma and discrimination, care and support for

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Countries	National societies' priority areas for 2008 – 2010
	PLHIV and OVC, and promotion of VCT services/uptake
Somalia	Scale-up prevention, reduction of stigma and discrimination, care and support for PLHIV, education support for OVC and ART literacy
Djibouti	Capacity strengthening for programme delivery, scale-up prevention targeting men, women and youth as well as high risk groups such as truck drivers and commercial sex workers, reduction of stigma and discrimination, care and support for PLHIV and OVC, Promote food security and nutrition
Madagascar	Scale-up prevention, reduction of stigma and discrimination, care and support for PLHIV, OVC and ART,

Output 1: Preventing further HIV infection

Key Strategies:

- Using community level approaches to reduce vulnerability to acquiring or transmitting HIV through peer education and community mobilization;
- Information, education and communication (IEC) for general population and targeted vulnerable groups to increase knowledge, influence attitudes and change behavior
- Promoting voluntary counseling and testing (VCT)
- Promoting the prevention of parent-to-child transmission (PPTCT)
- Promoting skills for personal protection, including condom use.

Prevention strategies will include the groups most at risk of infection, such as commercial sex workers, truck drivers, in and out-of school youth, correctional services inmates and workers, military personnel, guardians/grandparents of OVC, and men who have sex with men. They play a critical role in stemming the rate of HIV spread.

The common approach of most Red Cross and Red Crescent Societies in Eastern Africa is peer education, with an emphasis on youth. Its efficacy will be reviewed and supplemented by other approaches such interactive communication, community forums, economic empowerment and establishment of youth friendly centers.

The male and female latex condoms are the most efficient available technology to reduce the sexual transmission of HIV and other sexually transmitted infections. The Red Cross Red Crescent Societies in the region will engage other agencies and governments to ensure wide distribution of and education on the use of condoms. The reduction and sensitization of communities on safe circumcision and on traditional practices which contribute to the transmission of HIV will be emphasized through the involvement of community leaders such as chiefs.

Expected Results

- Greater number of people reached by peer and IEC programmes (*regional target: 17 million*)
- Greater number of people in targeted groups who correctly identify HIV prevention methods and reject misconceptions on transmission and protection (*regional target: 80% of target groups demonstrate accurate knowledge*).
- Greater numbers of pregnant women who attend VCT and Preventing Mother-To-Child-Transmission (PMTCT) services (*regional target: 80% of targeted women are able to access such services*).

Output 2: Expanding care, treatment and support

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Key strategies:

- Assisting HIV orphans and vulnerable children (OVC)
- Providing home-based care, treatment, promotion of adherence to treatment, psychosocial support and HBC for PLHIV
- Promoting community support groups and networks
- Promoting livelihood and food support for the most vulnerable.

The Red Cross Red Crescent Societies in Eastern Africa have made considerable progress on modes of care and support for PLHIV and OVC. The care, treatment and support interventions provided by Red Cross Red Crescent care givers addresses nursing care, promotion of adherence to ART and TB treatment, emotional, spiritual, psychological, social and material needs of PLHIV and their families. Key to this is the imparting of skills and coping strategies to their family members through household training.

With the increasing availability of antiretroviral therapy, home based care is changing shape. The Red Cross, with its wide network of volunteers at grassroots is well positioned to support clients and families in treatment literacy, treatment preparedness, adherence, counseling and nutritional support – including food security interventions.

Red Cross Red Crescent interventions are also designed to ensure communities' access to food and nutrition, clean water and sanitation as well as to develop sustainable livelihoods. The latter includes micro credit, diversifying sources of income, agricultural extension services, vocational training and sustainable access to markets as well as ensuring access to safety nets.

There will be greater and more meaningful involvement of PLHIV in counseling, advocacy and income generation activities. To ensure the active involvement of people living with HIV in all aspects of the programme, links with National Networks for people living with HIV (NAP+) at national as well as with the Global Network of People Living with HIV (GNP+) will be strengthened, especially to provide practical, expert and technical support.

Support groups for PLHIV and OVC provide psychological and social support for households. These support groups counter stigma and discrimination and help to develop household livelihoods capacity through income generation activities such as vegetable gardening, livestock, poultry and tailoring.

Caring through psychological and social support for carers is vital to handle the serious stresses generated in communities and families. The volunteer/client ratio continues to increase with the additional demands of ART and OVC support and volunteer burnout has to be better managed.

The emphasis will be equally on improving the quality of service delivery at the same time as scaling-up. This will benefit from stronger partnerships at all levels.

Expected Results

- Increased number of OVC and HBC clients receiving services (**approx. 189556 OVC and PLHIV receiving services**).
- Greater numbers of OVC attending school on a regular basis (regional target: **80%** of all targeted OVC in school).
- Greater number of HBC clients achieving score of at least 75% on Quality of Life Index, the parameters of which include mobility, personal hygiene, food availability and emotional status (regional target: **80%** of targeted HBC clients achieve quality of life index).

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Output 3: Reducing stigma and discrimination

Key strategies

- 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
- Tackling gender inequalities and SGBV
- Peer education, community mobilization and population-based information, education and communication.

Stigma and discrimination simultaneously reduce the effectiveness of efforts to control the pandemic and create an ideal climate for its further growth. Stigma prevents many people from negotiating safer sex, taking an HIV test, disclosing their status to their partners or seeking treatment, even when prevention services are made available.

An advocacy approach will be taken with emphasis on reducing stigma and discrimination in the general population, and creating an enabling environment for vulnerable people infected and affected by HIV. This will include education and promotion of rights for PLHIV and OVC. In addition, advocacy activities will aim to influence decision makers and policy through lobbying and participation in national bodies such as Country Coordinating Mechanisms of the Global Fund to Fight Against Tuberculosis, AIDS and Malaria (GFATM), National AIDS Councils and OVC task forces among others. Emphasis will be on scaling up of partnership activities between National Societies and networks of people living with HIV to ensure their greater and meaningful involvement in all aspects of the programme implementation of workplace HIV policies for Red Cross staff and volunteers will be a priority.

Community-specific vulnerabilities to SGBV will be identified and tackled through mobilizing local initiatives to protect and support the most vulnerable. This will include contributing to a system for tracking the extent of SGBV, identifying locally-relevant risk factors, greater access to health, psychosocial, and livelihood support for those affected by SGBV and their families (including post-exposure prophylaxis and ART where indicated) as well as encouraging the particular involvement of men to reduce such violence. A regional advocacy strategy will be developed in collaboration with all Red Cross and Red Crescent National Societies in Eastern Africa.

Expected Results

- Increased sensitization and reporting of stigma and discrimination among served population groups, and followed-up.
- Increased openly HIV positive Red Cross Red Crescent staff and volunteers who have access to treatment, if needed, as well as those who report stigma and discrimination from within the Red Cross Red Crescent, including whether or not remedial action has been taken.
- Greater reporting of SGBV incidents and cases encouraged from among served population groups and followed-up

Output 4: Strengthening Red Cross national and regional capacities

Key strategies:

- 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.

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Institutional development support is focused on strengthening national societies from branch to national levels so as to achieve the characteristics of a well-functioning society. The main areas where capacity needs to be strengthened include governance and management, human resources and volunteer management, branch development, infrastructure and systems, programme and financial management as well as monitoring and reporting.

The success of the programming relies on strong branches and volunteers who provide the foundation for community based home care and support. The Federation Secretariat provides guidance and coaching in branch development and volunteer management as well as support for governance and management, volunteer and youth development as well as ensuring quality and consistency in programming. Strengthening branches where activities already exist will be a priority alongside establishment of stronger volunteer structures and policies in National Societies. Governance training, policy formulation and resource mobilization skills will be promoted to empower the senior management of National Societies.

The finance development component builds the capacity of National Societies for the cost-effective, efficient and accountable management of financial resources and to promote increased financial sustainability. In addition, the programme will help build the confidence and financial skills of NS staff in systems operation and reporting.

Expected Results

- Greater number of volunteer hours mobilized.
- Adequate funds mobilized (Target: 100% of this regional appeal is funded in a timely way so as to enable predictable, sustained programme implementation).
- Country-specific programming targets achieved (Target: All nine national Red Cross HIV plans achieve 80% of the specific targets they have set within set timeframe).

Implementation and management

This Eastern Africa HIV Programme is constituted under the framework of the Red Cross Red Crescent Global HIV Alliance, the principles and working modalities of which will be followed. These include an agreement by all National Societies to work within a common programming and reporting framework and contribute to a common monitoring, reporting and accountability system. This emphasizes the central role of National Societies in the region with whom all activities are implemented.

With guidance and support from the Federation Secretary General's Special Representative for HIV, the Secretariat will ensure a pragmatic and inclusive approach to partnerships and regional coordination. A regional programme meeting of members will be held once a year, possibly in conjunction with events in the region.

Partners of the Red Cross Regional HIV Programme in Eastern Africa

The Partners of the Red Cross HIV Programme in Eastern Africa include the 9 National Societies from Uganda, Tanzania, Rwanda, Ethiopia, Sudan, Somalia, Djibouti, Madagascar and Kenya; the International Federation Secretariat in Geneva and its Zonal Office in Eastern Africa and PNS

The involvement of stakeholders from all sectors is key to successful National Society responses to HIV. These include the respective country governments and line ministries of Health as well as the National AIDS commissions, local NGOs and community-based organizations (CBO), regional, UN agencies such as UNAIDS, United Nations Development Programme (UNDP), UNFPA, WHO, UNICEF and WFP as well as international agencies such as the International Organization for Migration (IOM) and donor agencies such as Swedish Agency for International Cooperation and Development (SIDA), the British government's Department for International Development (DFID), the United States Agency for International Development (USAID), Danish International Development Agency (DANIDA), Irish Aid, the European Union (EU), government embassies and donor offices in the region.

Eastern Africa Global Alliance on HIV (2008-2010)

The role of the Federation Secretariat (including Geneva and the Zonal office) is to:

- Provide policy and strategic guidance
- Coordinate the Red Cross and other partners supporting the programme
- Advocate on behalf of the programme and its members
- Mobilize resources at global and regional levels and support National Societies with in-country resource mobilization
- 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 go through its global financial system.

[<Click here to access the Federation's EA Zone Office log frame>](#)

An HIV Programme Office has been established as part of the International Federation's zone office for Eastern Africa. It will consist of one HIV Programme Manager and two Senior Programme Officers, harnessing the multidisciplinary skills of the Federation Secretariat (including technical departments as well as disaster management, organizational development, administration, finance, human resources, logistics and management), Partner National Societies and National Societies in the zone. This emphasizes the mainstreaming and integrated approach to implementation. Designated staff will monitor progress by tracking the four outputs of the programme as well as identifying and addressing constraints and bottlenecks to delivery.

Monthly updates on expenditure will be provided and finance development training for non-finance staff will be conducted regularly. Existing agreements with partners at global level will be strengthened to benefit NS 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 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.

How we work

All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

For further information concerning Federation programmes or operations in the countries covered by this Appeal, and for National Society profiles, please visit the country pages on the Federation website:

Eastern Africa Global Alliance on HIV (2008-2010)

Eastern African Zone Programme budget

National Society	2008	2009	2010	Grand total proposal in CHF
Kenya Red Cross Society	5,077,010	5,418,709	6,183,996	16,679,715
Uganda Red Cross Society	4,257,959	2,913,869	2,332,429	9,504,257
Tanzania Red Cross National Society	2,206,335	2,285,062	2,388,718	6,880,115
Sudanese Red Crescent Society	1,304,500	1,875,000	2,455,000	5,634,500
Ethiopian Red Cross Society	2,828,251	3,047,773	3,542,844	9,418,868
Rwandan Red Cross	1,303,601	1,227,514	1,227,514	3,758,629
Somalia Red Crescent Society	8,315,36.6	837,269.4	920,996.4	2,589,802
Malagasy Red Cross Society	615,572	932,912	1,293,816	2,842,300
Red Crescent Society of Djibouti	350,654.8	704,702.8	791,822.8	1,847,180
NS total in CHF	18,775,419	19,242,811	21,137,136	59,155,367
IFRC Eastern Africa Zone Support	1,393,284	1,415,851	1,544,171	4,353,306
Grand total in CHF	20,168,703	20,658,662	22,681,307	63,508,672

[Click in the links below to access the Global Alliance plans for the following National Societies](#)

[Kenya Red Cross Society](#)

[Uganda Red Cross Society](#)

[Sudanese Red Crescent Society](#)

[Tanzania Red Cross National Society](#)

[Ethiopian Red Cross Society](#)

[Rwandan Red Cross](#)

[Somalia Red Crescent Society](#)

[Malagasy Red Cross Society](#)

[Red Crescent Society of Djibouti](#)

Contact Information

For further information related to this programme please contact:
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For information on the IFRC Global HIV and AIDS Alliance contact:
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