RAPID DESK REVIEW OF HIV/AIDS POLICIES, STRATEGIES AND PROGRAMS OF THE INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

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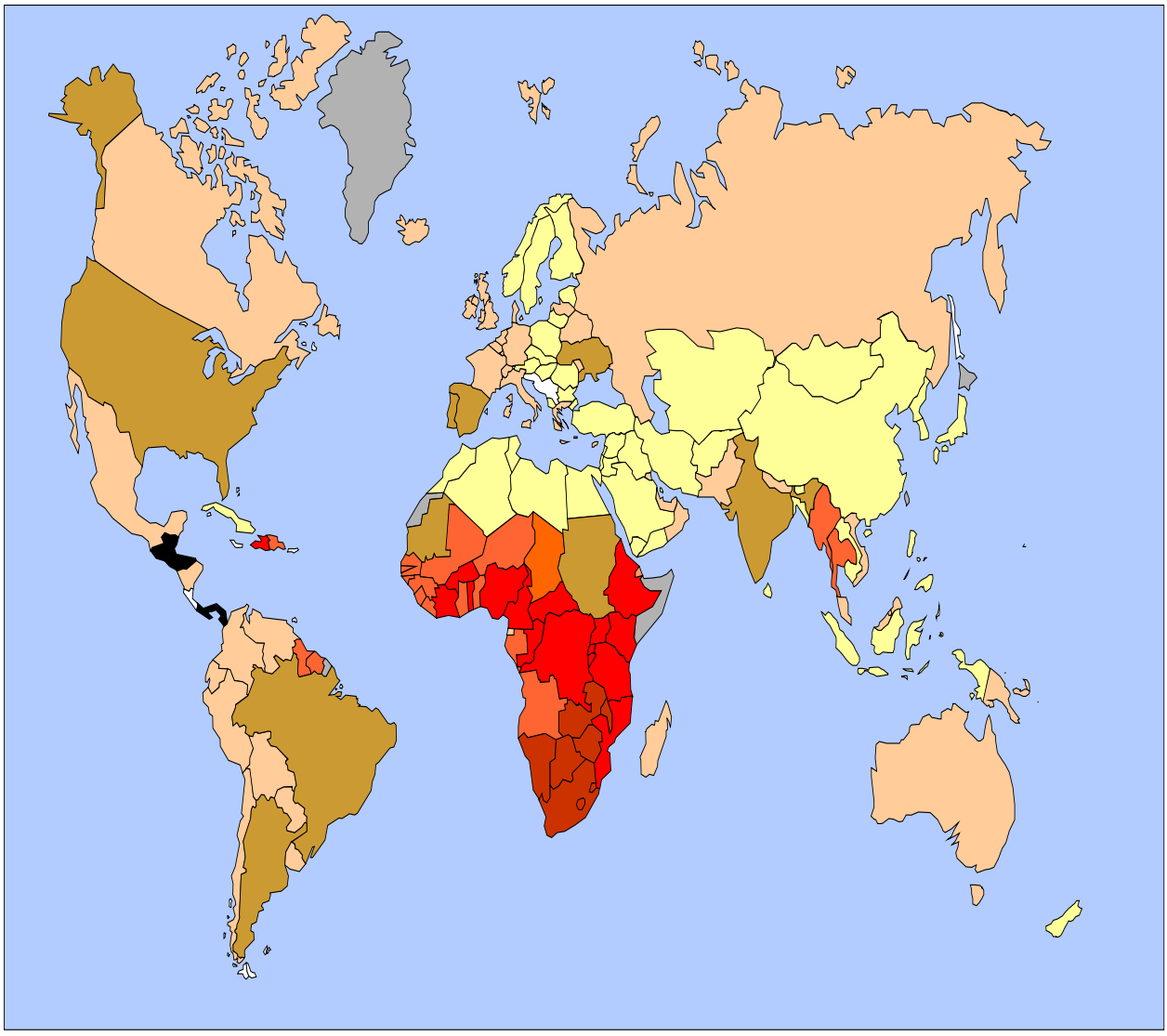
LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARCHI	African Red Cross / crescent Health Initiative
ARC	Australian Red Cross
ART	Asian Red Cross Taskforce
ARV	Anti-retroviral treatment
CARNA	Caribbean Red Cross Network on AIDS
CHF	Swiss Franc
DRC	Danish Red Cross
ERNA	European Red Cross Network on AIDS
HIV	Human Immune-deficiency Virus
HoRD	Head of Regional Delegation
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross
KII	Key Informant Interviews
LIFE	Leadership Investment in Fighting the Epidemic
MTCT	Mother to Child Transmission
MOH	Ministry of Health
NGO	Non-Governmental Organization
NS	National Society
ONS	Operating National Society
PNS	Participating National Society
PLWHA	Persons Living with HIV/AIDS
RANY-WA	Red Cross AIDS Network for Youth, West Africa
RC/RC	Red Cross / Red Crescent
SARC	Southern African Red Cross AIDS Network
SAPRCS	Southern Africa Partnership for Red Cross Societies
SG	Secretary General
SSA	Sub Saharan Africa
STI	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities and Threats
TOT	Training of Trainers
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children Educational Fund
UNFPA	United Nation Fund for Population
UNHCR	United Nation High Commission for Refugees
VCT	Voluntary Counseling and Testing

A global view of HIV infection

33 million adults living with HIV/AIDS as of end 1999



EXECUTIVE SUMMARY

The international Federation of the Red Cross and Red Crescent Societies has resolved to scale up its role and involvement in the fight against the HIV/AIDS pandemic that has become the biggest scourge in human history, particularly in Eastern and Southern Africa. A team commissioned by the Secretariat undertook a rapid desk review of the efforts and results of the Federation at various levels in the past 12 years in order to summarize the lessons to be learnt that would inform future action in the implementation of the resolve to scale up. Recommendations from the review would thus make future activities more effective and efficient.

The review team feels unable to be prescriptive about future direction on the basis of information that was available for desk review. The main recommendation is that a more scientific, in-depth study of seemingly successful programs (e.g. the Thai Red Cross, the Zimbabwe Red Cross, the Ghana Red Cross and Jamaica Red Cross projects) be undertaken to identify success factors to be included in the framework. Such a study should include site visits to confirm desk review findings.

The composition of the team (two desk officers from PNSs, a former Acting Head of the Health Department / Senior Technical Advisor and a staff of one of the Regional Networks) can hardly qualify as independent reviewers. There must be view-points expressed that arise from the constituencies represented. What the team does have is RC/RC experience. The team has consciously attempted to exercise fair judgement and to attempt internal mutual correction.

The main lessons and recommendations

The Federation / Secretariat level

1. Available information at the Secretariat shows that the Federation was early in its response to the challenge of the HIV/AIDS epidemic, as the response was consistent with the mandate Fundamental Principles of the Movement. However the resolutions by the governing structures were not backed up by implementation strategies to ensure action at the NS level. People who take decisions at meetings may not always represent their NS situations hence implications of decisions often not adequately considered and could be inconsistent with National policies. **Policy review is necessary as part of the renewed effort to scale up but the process of development or review should build consensus from the local NS level before a policy statement is brought to the global governing structures. Resolutions should be backed by with implementation strategies, including a process of ratification at the local level.**

2. The involvement of the most vulnerable women and Youth in HIV / AIDS work was effective and contributed to human resource capacity development for the RC/RC. **This is a good practice to continue in the scaling up process.**

3. There is lack of credible evidence based data available at various levels and to various stake holders within and beyond the RCRC family management decision making. Good work within the Federation remains unshared. Lessons from best practices and success stories are not scientifically documented and disseminated in order to build the image and role of the RCRC in the fight against HIV/AIDS. **It is necessary to develop a shared system to promote evidence based reporting guided by a logical frame-work plan which includes impact objectives. Such a system should have transparent, scientific criteria for assessing best practice in terms of efficiency and effectiveness of programs. A process of and capacity for bottom up planning from the Branch to the National Society and the Federation levels should be established to provide a framework for coordinated implementation, monitoring and evaluation. Such a process could be guided and coordinated by the Secretariat and Regional Delegations. It would thus improve the quality of program formulation and evidence based reporting.**

4. The main avenues of support to the NSs have been meetings, and production of documents, guidelines and policy statements. Roles of various stake holders in NS support are unclear. **It is necessary to define and agree on the roles of the various stake holders within the Federation: The Secretariat, the Regional Delegations, the Regional Networks, the Participating National Societies and the Operating National Societies. It may be useful to work out a framework for project delegation where the PNSs would partner with ONSs in designing and implementing a program delegated by the Federation, guided by the policy guidelines of the Federation and coordinated by the Secretariat. Such support should be long enough to establish a base for sustainability.**

5. There have been many training / capacity building activities but without follow up hence it does not cascade towards the grass roots. **There should be no training if follow-up and coaching in the field is not possible. These support activities should be directed towards and focused on volunteers, tha backbone of the RCRC.**

6. There are core activities of NSs which continue without donor support (e.g. Blood donation, first aid, relief activities). **Relevant HIV / AIDS activities could be built into such activities to enhance sustainability. A balancing of integrated vs. vertical projects in local settings should be taken into account.**

7. Some IEC materials / tools kits produced by the Federation are used widely, particularly if the NS are involved in their production. **Production of such materials and tools should involve NSs as much as possible.**

8. International networking and partnerships exist but are not adequately utilized to promote the work of the RC/RC. **Promote networking and partnership with various players e.g. corporate bodies, PLWAs and the UN bodies for mutual benefits. Deliberate effort should be made to take maximum advantage of such partnerships at all levels. NSs should be informed about such partnerships and how to benefit. In addition the goal and strategies for advocacy should be clarified.**

9. There is some success in the development of Networks since the NSs found them very useful. **Continue to support them.**

The National Societies Level

10. **Focus on building the capacity of the volunteers at grassroots through training, coaching and motivation suitable to the local context. In many needy situations, the support should include career development.**

11. **National and grassroots resources and institutional capacity strengthening have to be included in all programs to ensure sustainability beyond the lifetime of the project. National Societies should always start with activities that they can undertake without external funding, building on their strong human resource base, the volunteers, followed by those that they can carry out with the support of local partners. Such effort could be prerequisite to funding as they enhance sustainability possibilities. Programs should include detailed evaluation schemes to assess and compare impact, guided by the overall Federation framework (see 3 above)**

1. INTRODUCTION

The global spread of HIV/AIDS has reached disastrous epidemic proportions, with unprecedented impact on the economic activities, orphans, food security and health service demand. The highest prevalence rates are in Southern and Eastern Africa. The Red Cross Red Crescent (RCRC) Movement has a special role to play in HIV/AIDS prevention and care through volunteers, in the context of RC traditional involvement in Public Health, in the light of the Fundamental Principles.

A team was commissioned by the Secretariat to carry out a review regarding the efforts made in the last decade by the International Federation of Red Cross and Red Crescent in the fight against the HIV/AIDS pandemic in order to advise on the future of the program. The review was to highlight the achievements, strengths, limitations and opportunities missed at all levels of decision making from policy formulation, through strategic action identification to program planning, organization and implementation. For each level the review team was to summarize lessons learnt and to suggest recommendations for action.

As we start the 21st century, it is essential to revisit policy directions, strategies and programs/projects to see the achievements, identify gaps with regard to efforts to contain the progress of HIV/AIDS in order to make future activities more effective and efficient.

This report presents an analysis of the information that was gathered, a summary of the lessons that can be gleaned as well as recommendations for action. Given the composition of the review team, being essentially from within the RCRC family, the report should serve more as an advocacy oriented tool to stimulate discussions within the RC/RC Movement on what should be the future directions for the Federation.

1.1 METHODOLOGY OF THE REVIEW

This was essentially a desk review (see Annex IV), of reports and documents in the area of policies, strategies, program/project planning, implementation and evaluation at all levels of the National Societies (NSs), Regional RC/RC Delegations, and the Federation Secretariat. The desk review was enriched by Key Informant Interviews (KII) as well as site visits to complement the impressions obtained from documents reviewed.

The team undertook a brief description of various elements under review and using the using the Strengths, Weaknesses, Opportunities and Limitations (SWOL) analytical framework. The team attempted to highlight lessons to be learnt that would inform possible future directions in the light of the resolve to scale up the role of the RCRC in HIV/AIDS work.

The team paid particular attention to the different models identified in terms of integration with other Red Cross/Crescent programs, institutionalisation of HIV/AIDS work within the Federation, as well as Capacity Building at all levels (Branch, National Society, Regional, and Secretariat). The team considered the extent to which the Red Cross / Crescent has displayed consistency between its HIV/AIDS message and practice with particular focus on prevention, care and human rights. The team assessed the degree of networking, co-ordination and partnerships within and beyond the Federation, noting the extent to which these contributed to the effectiveness of programs.

1.2 THE REVIEW FRAMEWORK

SUBJECT AREA	INFORMATION	METHODS/SOURCE
Context/Background	Conceptual understanding of the risk groups - The development of the epidemic - The traditional understanding of the role of the RC in health - Motivation / rationale and level of commitment of the RC	-KII (illustrate responses with concrete examples) -Desk Reviews, -Convenient site visits to observe activities and verify information
Policy Framework	The Humanitarian mandate as a basis for involvement Resolutions relating to Health /HIV/AIDS, what trends over the years, timing, justification Comparison with UNAIDS / WHO Strategies I Health, HIV, AIDS	"
Strategies	Where is health as a priority within the RC in Appeal documents, SWPs	"
Programmes	-Concepts, achievements/strengths -Limitations/lessons learnt -Program models (vertical vs integration/ advantages/ disadvantages	"
Capacity building, and image	-Staff, volunteers capacity for action -Institutionalisation of activities	"
Resource availability usage	Capacity for sustained action	"
Networking and Co-ordination	What partnerships / Alliances, Roles, advocacy	
Practice in the RC	-Policies guiding practice, role and consistency, Message Vs. behaviour	"

2. FINDINGS

2.1 HISTORICAL BACKGROUND AND TRENDS

Since its recognition two decades back the damage done by HIV/AIDS in social, economic and demographic aspects globally is unparalleled by anything in the recent past history of humanity. Of over 53 million infected, 18.8 million have died and 13 million children have been orphaned as of June 2000. About 70% of the cases and 84% of the deaths are in Africa, a continent that also shoulders most of the cases and deaths from the other epidemic diseases.

Since the predominant route of transmission is sexual, the majority of persons infected are aged between 15-49. This age group contains survivors of the fight against the plethora of other communicable diseases in many countries and also the prime movers of the economy. The decimation of this group will leave nations with millions of orphans and the elderly to deal with, who are themselves very susceptible to other diseases. The consequences of this peculiar combination are complex and will disrupt the fabrics that bind families, communities and if not checked, can destabilize whole nations.

The International Federation of Red Cross and Red Crescent was among the pioneers to wage a global war against HIV/AIDS. Decision 24 passed at the VIth General Assembly in 1987 held in Rio de Janeiro marks the beginning of the large scale involvement of the Federation in the fight against HIV/AIDS.

Since its first engagement, the Federation has accomplished many tasks ranging from policy statements to regional networking. Advocacy and support in capacity building were among the priority areas of work. The shift from crisis management to development, which started with the integration of PHC into the Federation's activities in the early Nineties, set a useful context for the AIDS program.

In 1987 the guiding policy urged NSs to ensure co-operation with government organs on AIDS; integration of AIDS activities, involvement of People Living with HIV/AIDS (PLWHAs). From 1988 – 93, the Federation aimed at educating the public in order to change individual and collective behaviour. In this regard the Federation Secretariat:

- acted as a guide and co-ordinator, providing technical advice to NSs
- provided guidelines for integration of AIDS into other activities
- was involved in training, IEC, specifically 'action for the youth' program
- was involved in advocacy for Human rights in collaboration with other organisations
- encouraged integration of HIV/AIDS activities into the other relief and development activities.

The Federation had foresight in choosing young people for HIV/AIDS work and made the right choice strategically because young people make up the largest part of Red Cross volunteers since they implement most of the programs of national societies at grassroots level. This strategy led to further development of skills of Red Cross youth. Particularly those that had been trained in First Aid and leadership activities.

The Federation Secretariat was able to stimulate the interest of the NSs in HIV/AIDS. However the tone of the reports reviewed as well as responses from interviews with NSs indicated that the Federation assumed an active role while NSs assumed a passive role. In this way the Federation was seen more as the director than a guide because many NSs appear to have waited to be given directives by the Federation. There are reports of NS's involvement but only in a few projects

which the Federation or PNS followed up on were carried out. There is hardly any documentation of or reporting on any other projects, except the Thai Red Cross projects. The training packs were used by a few NSs that were given specific supportive follow up. Where only training took place with no follow up, no results have been reported.

As early as 1988-90 the Federation urged NSs to offer support to PLWHAs. This was a good idea but the Secretariat was obviously far ahead of the NSs in their thinking and strategies. The existing resolutions and guidelines did not seem to narrow the gap. The NSs contexts were still relatively hostile to the PLWHAs, particularly in the African countries where stigmatisation remains high. During the action for youth projects they only expressed the intention of positive behaviour towards PLWHAs but most of them said they had never seen PLWHAs, hence their inability to actively involve PLWHAS in programs.

The emphasis on non-discrimination of PLWHAs was consistent with the RC/RC principles and was therefore not difficult pass by the members as a policy in 1990. However the process of policy change does not seem to have include the NSs except at the level of the Health Commission and the General Assembly. Some of these decisions appear to have been taken by the representatives of the NSs without considering the implications or responsibilities to implement them. It would appear that the policies were for the Federation Secretariat to implement. There was no process of ratification by the NSs when their delegates returned from the General Assemblies neither were the new resolutions backed up by an advocacy strategy to sell the new ideas among the leadership of the NSs.

Besides, PLWHAs remained essentially invisible. There was no easy mechanism to recruit and work with them. It was not a tangible issue beyond laboratory results since people with HIV would not identify themselves as such –to make selves available for consideration on that basis. For these and other reasons already mentioned the practice at the NS level did not change with the new policy direction.

In 1993-4 when interventions were intensified world-wide, HIV/AIDS was mainly regarded as a health issue while the Federation was already advocating for integration, at the political level. The practice was, however, contradictory since at Secretariat level, HIV/AIDS issue was managed purely by the Health Department.

The strategic plans for the 1990 - 1996 re-oriented the Federation's work towards clearly defined areas of operation: advocacy, training and capacity building, developing IEC materials, control of STDs, blood donor counselling, advocacy against human rights violation in discrimination against PLWAs, psychosocial support to PLWHAs, networking, monitoring and evaluation. However the NSs were not equipped for these functions, neither was there active marketing of the projects at high enough levels.

Additionally, there were no outcome indicators mentioned to provide evidence of effectiveness. What were listed in reports as achievements and successes were processes and quantitative output with little reference to quality. There is little reference to impact assessment of activities in the reports or the interviews. Most activities and results remained at the level of sensitisation.

During the period 1996-2000 the RC/RC focussed on capacity building, networking and dissemination of manuals produced by the Federation for use at NS levels. Similarly, evidence of effectiveness was difficult to establish in the absence of an information system developed to track dissemination, usage, and impact.

Assessing financial commitment to HIV/AIDS was difficult since the records were not specific to HIV/AIDS. Resource

mobilisation was not included in the Federation's objectives. One issue that appears repeatedly in the reports during this period was the absence of an assistant to help the officer in the community health department with administrative and correspondence work. This kind of support would have enabled the tracking down of funding and expenditure records specific to HIV/AIDS.

Throughout the years frequent evaluations would have been crucial to refocus the organization's energy and could have helped reorientation of programs in line with local and temporal peculiarities, but none were conducted.

2.2 THE RC/RC FEDERATION POLICY AND STRATEGIC FRAMEWORK

2.2.1 Brief description

During the years under review, formulating overall policies and strategies for the RC/RC has all along been the role of the Federation's representative and governing bodies, supported by the Secretariat in Geneva. The supportive role of the Secretariat vis-à-vis the National Societies (NS) has, however, changed over the years, becoming less implementing and more facilitating, being more the architect of coordination.

The HIV/AIDS policy of the Federation emanates from its organizational principles that hinge upon *humanity, impartiality, equality and neutrality*. The three General Assembly Resolutions (Decision 24, VIth General Assembly, 1987, Rio de Janeiro; Decision 31, VIIth General Assembly, 1991, Budapest; Decision 23, IXth General Assembly, 1993, Birmingham) could be taken as policy statements of the Federation.

In 1987, the Federation's VIth General Assembly called on National Societies (NSs) to take action against AIDS and urged them to do everything in their power to prevent discrimination against and offer humanitarian support to people who are carriers of HIV, people with AIDS and their families (Decision 24, Rio de Janeiro, November, 1987).

The Rio declaration marked the beginning of the Red Cross and Red Crescent Federation's engagement in the struggle against HIV/AIDS. This is the resolution that has provided the policy framework for RC/RC's work in AIDS over the years. The declaration has been repeated many times as renewed resolutions but the gist has remained unchanged. As one respondent remarked "…the time from decision taken to implementation is long. If we had done what we said in 1987 in Rio and the following General Assemblies we could have come a long way. What are we saying new that we have not said before?"

The Federation's AIDS Program was established in 1988, and the role of the Secretariat was to coordinate and support NSs' efforts in prevention, care, and counseling. The year 1990 witnessed an important evolution in the Federation's AIDS policy, with a change of emphasis towards working hand-in-hand with People Living With HIV/AIDS (PLWHA). During the period 1990-1996, policies and strategies reflecting RC/RC fundamental principles, community-based PHC approaches to HIV/AIDS, and respect for human rights and dignity were developed.

Since the beginning of the AIDS Program, the RC/RC has maintained its focus on prevention, care and support. The commitment to AIDS activities and a number of specified priority areas such as education (including sexual health), counseling, home and community care, as well as human rights, were re-stated in Decision 31 adopted in Budapest in November 1991.

IFRC pioneered the growing recognition of HIV/AIDS as an entry point for understanding vulnerability to the major

health problems of the modern world, and limitations of past strategies and approaches. Moreover, as the pandemic evolved, the Federation provided global leadership in anticipating and identifying new issues requiring policy guidance, with particular attention towards the most vulnerable populations, including orphans, women, youth and refugees.

From 1997-2000, the same policies continued to provide guidance, and the emphasis in The Federation Secretariat's work with HIV/AIDS was on creating common understandings of joint policies, strategies and program approaches within the Federation. The Federation emphasized collaboration, sharing and mutual support among NSs. A number of networks were established and some evaluations were conducted with support from the Secretariat.

During this same time period, the IFRC Community Health Strategy, Strategy 2010 and ARCHI 2010 were adopted, giving a clearer framework for the context and focus for HIV/AIDS prevention and care. In 2000, the approach was further clarified in "The Ouagadougou Declaration", adopted by all African NSs' as well as in a "business case" developed by the Federation Secretariat. A position paper on Advocacy on HIV/AIDS was approved by the Board in November 2000, and the Steering Committee adopted the following decisions on 29 November 2000:

- to make HIV/AIDS an institutional priority;
- to implement peer senior management education;
- to create a cross-divisional task force:
- to request that departments work towards having HIV/AIDS included in all relevant policy by GA in 2001, and
- to include HIV/AIDS considerations in all emergency appeals for countries where the HIV/AIDS prevalence is more than 1 % in 15-49 year olds.

These decisions are the foundation for The "Secretariat HIV/AIDS Plan 2000-2002".

2.2.2 Achievements related to RC/RC policies and strategies

Development of guidelines

From 1988 to 1993 The Federation compiled guidelines for inclusion of HIV/AIDS activities in the following programs: First aid, blood donor recruitment, youth, primary health care, information, delegate and staff training and refugees. From 1997 to 2000 The Federation Secretariat produced guidelines on HIV/AIDS in the work place and guidelines for delegates and HIV post-exposure prophylaxis.

From 1997 to 2000, the following training materials were developed:

- 2nd edition of "Action with Youth HIV/AIDS and STD"- a training manual for young people developed by the Secretariat (in English, French, Spanish);
- Country adapted culture and language specific youth peer education training manuals, developed by all the 12 ART member NS´;
- Sub-region specific youth peer education training manual- developed by the Red Cross AIDS Network for Youth in West Africa (RANY-WA);
- Youth peer education training manual in Russian developed by Russian RC in collaboration with the Federation Secretariat;
- A series of ARCHI HIV/AIDS guidelines and tools.

Implementation of Programs by the Federation

During the period 1988 to 1993, a special Federation program aimed at young people searching for clear and credible information about AIDS was implemented. Moreover, The Federation, together with five other organizations, was active in promoting the human rights of PLWHIV/AIDS through an "AIDS, Health, and Human Rights Program".

By 1990-1996 HIV/AIDS gradually became integrated into the Federation geographically through collaboration and dialogue with the Federation's regional departments and regional health delegations. In addition HIV/AIDS was integrated within existing major Federation activities, including youth, blood, first aid, refugees, and relief health.

According to IFRC reports, from 1988 to 1993 more than 110 of the Federation's 151 National Societies (NSs) had activities in HIV/AIDS programmes. Vis-à-vis these NS programmes, The Federation acted as a guide and co-ordinator, giving advice and technical assistance to NS´. A number of PNS´ also provided financial and technical support to ONS in HIV/AIDS programme implementation.

From 1997 to 2000 many of these NS programs continued with support from PNSs and other sources. During these recent years, the role of the Secretariat has became more and more strategic. The Secretariat participated in the development of:

- a 5 year strategic plan on HIV/AIDS for The Asian RC/RC AIDS Task Force (ART) member NS´;
- a regional campaign in South East Asia on prevention of discrimination and promotion of human rights in the context of HIV/AIDS conducted by ART;
- a youth peer education program on the prevention and control of HIV/AIDS and other STDs - for Russian Red Cross;
- a TB and HIV/AIDS prevention and control program for Russia, Ukraine, Belarus, and Moldavia RC NS´;
- a strategic operational plan on the prevention and control of HIV/AIDS by southern Africa RC NS;
- an ARCHI-HIV/AIDS component;
- a business case: Federation strategic direction in the fight against HIV/AIDS, and
- a youth peer education project on the prevention and control of HIV/AIDS and other STDs in the Caribbean.

In order to foster collaborative efforts among NSs and facilitate exchange of experiences, the Federation organized the first Task Force of RC/RC NSs on the prevention and control of HIV/AIDS (ART) in 1994. The member NSs of ART have by now increased from 10 to 13.
The Red Cross AIDS Network for Youth in West Africa (RANY-WA) was established in 1997 with 6 NSs which increased to 10 in 2000. The European RC/RC Network on AIDS (ERNA) was established in 1998 in Rome with 12 (now 23) NSs as members. The Southern African Red Cross AIDS Network (SARC) has now been formed. The Central African NSs Network on HIV/AIDS was established in 1999 comprising RC youth in 7 NSs. The Caribbean RC Network on AIDS (CARNA) was established in 1999 with 7 NSs as members.

Advocacy

From 1988 onwards, the Federation has shown a firm stand against discrimination of PLWHIV/AIDS and the employment policy of the Federation guarantees non-discrimination within its Secretariat and Delegations.

From 1990-1996 IFRC engaged in advocacy in 2 main ways:

- The Federation opposed discrimination against HIV infected people or people with AIDS by withdrawing from participation in the International Conference in San Francisco in 1990

(where HIV testing of travelers was mandatory), and

- The Federation has promulgated the perspective that the violation of human rights and dignity also represents a root cause of societal vulnerability to the HIV/AIDS pandemic, leading to several intensive training courses on ”AIDS, Health, and Human Rights” and production of a manual on the subject.

In the year 2000, renewed efforts were put into ”making the Red Cross Movement a home for PLWHAs” through supportive statements, production and wide distribution of a video.

Participation in International Conferences:

From 1990-1996, The Federation participated with increasing visibility in international and regional conferences, including arranging satellite meetings for RC/RC participants, which in turn helped sponsor delegates to the conferences. Including:

- The Paris NGO Conference in 1990;
- The VII Int. AIDS Conference in Florence 1991 (with presentations focused on orphans);
- The VIII Int. AIDS Conference in Amsterdam 1992 (as members of the Steering Committee and w. presentations focused on AIDS and human rights, care and counseling, and HIV prevention and youth, and on sharing experiences;
- The IX Int. AIDS Conference in Berlin 1993;
- The Africa Regional Conference in Marrakech 1993;
- The X Int. AIDS Conference Yokohama 1994;
- The International Conference on Home and Community Care for PLWHA in Montreal 1995 (as co-organizer).

From 1997 to 2000, the Federation participated in:

- The 3rd international conference on Home Care in Amsterdam in 1997 (member of organizing committee, 23 RC/RC participants from 16 NSs, 2 satellite meetings organized, and 1 exhibition of the Federation’s work in the fight against HIV/AIDS);
- The XII Int. AIDS Conference in Geneva 1998 (member of organizing committee, 30 RC/RC participants from 23 NSs representing all continents, 2 satellite meetings and exchange of experience among NS´);
- The 4th Int. Conference on Home Based Care in Paris 1999 (involved in organization, 45 participants from 32 NSs representing all regions, Many NS´ presented their work in scientific sessions, RC/RC representatives chaired some scientific sessions, satellite meetings were organized and RC/RC HBC programs from Zimbabwe, Thailand and Kenya were presented, an exhibition of NS activities was staged and IFRC HIV/AIDS publications and IEC materials were distributed. The active participation resulted in Thai RC being requested to host the 2001 Conference on HBC;
- XIII Int. AIDS Conference in Durban 2000 (participation from 25 ONSs, 10 PNSs, 8 regional delegations, 5 HIV/AIDS networks and representatives from the Secretariat, 2 satellite meetings (on mechanisms for scaling up actions against HIV/AIDS, and on community base support and care for PLWA and families), one RC/RC meeting, looking at policy, strategy, scaling up, resource and program coordination aspects.

Collaboration with inter-governmental agencies, NGOs and international agencies

Throughout the period under review (1987-2000), the Federation has worked to strengthen its cooperation with inter-governmental agencies, by participating in the preparation of the Paris AIDS Summit in 1994, making presentations to ECOSOC,

participating in WHO/GPA technical discussions and collaborating with the new UNAIDS program.

The Federation has links with the major international agencies involved with HIV/AIDS, including UNAIDS, WHO, UNICEF, UNDP, UNESCO, IPPF, the UK-Canada-Netherlands NGO Consortia, ICASO, GNP+, AHRTAG, PANOS Institute, NCIH, GAPC, and the Francois-Xavier Bagnoud Center for Health, Human Rights/Harvard School of Public Health, and lately (2000) with the Global Alliance of Persons Living with AIDS. Also in 2000, IFRC became a member of the UNAIDS Global Partnership Against AIDS.

According to an internal IFRC report from 1990-1996, "The Federation's AIDS program was early on widely accepted within the NGO community as an important partner in HIV/AIDS policy, program development and evaluation". Evidence of the outcome of these partnerships for this time period was, however, not documented-except for joint meetings and joint publications.

Conclusion

Available information at the Secretariat shows that the Federation was early in its response to the challenge of the HIV/AIDS epidemic. The RC Movement was active in the early days of the epidemic both at the ONS, PNS and IFRC Secretariat levels. In the mid-90's there was, however, a relative reduction in activities and support, probably caused by decreased availability of funding internationally, or the restructuring at the Federation Secretariat. However towards the end of the 90's, a renewed interest and momentum for scaling up the Red Cross Red Crescent (RC/RC) Federation's commitment to the fight against HIV/AIDS became obvious.

Policy analysis shows that the Red Cross Red Crescent Federation has been responsive to the current issues involved in the fight against AIDS and has held views in agreement with its fundamental principles. A strong stand was taken on not participating in the San Francisco conference due to mandatory HIV tests of travelers. Advocating the views and actions of the RC/RC Movement seem, however, to have been weaker than warranted.

The timely and sustained response of the Red Cross / Red Crescent Federation was natural, given their mandate, core Principles and Values. Early response to the challenge was a normal part of their agenda, particularly with regard to the issues of non-discrimination of People Living with HIV/AIDS (PLWA).

The Federation was strategic from the early days involving the most affected sections of the population, the Youth, in its HIV AIDS work. This section of the population happen to be the most energetic in terms of both current as well as sustained future action. This has paid off as some of the youth involved in AIDS work in the early Nineties built their capacity for leadership roles within the Federation in general. Thus the epidemic enabled an appropriate investment in developing youth into experienced human resource for the Federation, at various levels. The future program should take advantage of the above achievements and strengths, the following being key:

- The RC/RC Movement took on the challenge of integrating AIDS prevention and care (and advocacy) in its activities relatively early in the epidemic.

- It was natural for RC/RC to work with non-discrimination of PLWHIV/AIDS as part of its humanitarian and human rights agenda.

- From the early days, the Federation AIDS Program and the facilitation and support from the Secretariat and a number of PNS´ were very instrumental

in helping NS' start and implement AIDS programs.

- A vast amount of experience on community based prevention, care and support exist within the RC/RC network, and was to some extent shared through meetings, conferences and networks.

2.2.3 Weaknesses, Missed opportunities and Limitations

Red Cross Red Crescent (RC/RC) Federation has not been particularly effective in practicing non-discrimination. It is observed that there has been more "talk than walk" in this regard at all levels of the Federation structures. There have been useful policy statements and guidelines but a conscious effort to involve PLWHAs within the structures is a very recent effort. Perhaps this is increasingly becoming possible, as more people are willing to identify themselves as living with AIDS than before.

Another possible explanation for the gap between policy statements and implementation may have to do with the way decisions are made. It is possible that the global meetings at which policies are made are not attended by people who can ensure implementation at the other levels, in terms of ability to report back as well as authority to follow up to ensure implementation. Additionally resolutions may not represent local situations within National Societies' / National policies. When the Federation policies are inconsistent with National policies then they cannot be implemented in a sustainable way.

In addition the AIDS related policies and strategies are not sufficiently known at the National Society (NS) levels. The policies and strategies are not usually quoted. This is gradually changing as Strategy 2010 and ARCHI tend to be mentioned.

The RCRC has not systematically used its potential for advocacy for non-discrimination at national and local levels. Programs assist the PLWAs to cope with injustices but do not advocate for their rights. The RC/RC emblem is respected and a message coming through the emblem could be credible and could play an important role in advocacy and education. Thus inadequate use of the emblem in this regard is a missed opportunity. The Thai Red Cross is a good example of what could have been done on a larger scale.

The opportunity to institutionalise and maximise the use of AIDS experience from the vast RC/RC network was to a large extent missed, as monitoring and evaluation systems were not put in place. If there had been a monitoring system in place, the fact that most programmes were too small to have any real impact on the epidemic, could have been identified earlier.

The opportunity to share experiences and learn from other grass-roots based organizations in the form of joint programmes and networks was not fully explored or exploited. This is also true for organizations for PLWHIV/AIDS. Valuable and well-documented RC/RC experiences from HIV/AIDS programmes (e.g. in Zimbabwe, Tanzania, and Kenya) have not been widely disseminated and used- within or outside the RC/RC network for both programme and policy purposes. It seems that sharing and learning from each other within the RC/RC network has been ad hoc and non-systematic (e.g. not all evaluation reports are sent to the Secretariat), often the roles of the different players are not clear.

It seems that the IFRC HIV/AIDS related policies and strategies are not widely known/communicated and used (e.g. not referred to in program documents). This seems, however, to be changing (e.g. newer documents are sometimes referring to Strategy 2010 and ARCHI). It seems that RC/RC did not systematically or fully use its potential for advocacy on behalf of vulnerable PLWHIV/AIDS in a joint effort linking local, national and the international

levels. The representation of the Federation in steering committees did not take advantage for advocacy adequately, representing NGOs.

2.2.4 Recommendations:

- Maximize the impact of RC/RC HIV/AIDS prevention and control, it is necessary to use and update policies reflecting RC/RC's special mandate, principles and field experiences

- All Red Cross staff, from the Secretary General (SG) to the lowest position should be well informed about the HIV/AIDS in order for them to be role models.

- Create a focal person in each NS with access to the top leadership/decision makers. Headquarters should have regular contacts with government and various institutions and participate in policy meetings and debates.

2.3 INFORMATION, DOCUMENTATION AND DISSEMINATION

Achievements, Strengths, Opportunities

Numerous handbooks and guidelines have been produced by the IFRC Secretariat over the years, often in collaboration with other partner agencies. Plenty of information sheets, guidelines and tools on HIV/AIDS work have been made available through the web-site and in print.

A lot of documentation is available on Federation Secretariat's own work relating to the HIV/AIDS epidemic in Geneva. In addition there is some documentation in the form of evaluation reports from programs implemented by ONS' (with support from PNS'), see Annex II. Testimony from interviewees and evidence from the available documents (Action for Youth projects evaluation reports from Ghana, Benin and Jamaica Red Cross Societies; as well as project reports on Home Based Care from Kenya, Tanzania, and Zimbabwe Red Cross Societies) suggest, that the RC/RC has a vast experience in certain aspects of HIV/AIDS work to share within and beyond the Federation.

Weaknesses, missed opportunities, Limitations

Lack of a common monitoring, documenting analytical framework and mechanism for the Federation as a whole has hindered a systematic analysis of the information to draw conclusions with regard to the results as well as factors that have contributed to the function and relative success of the HIV/AIDS activities / programs. In addition there has been few external evaluations of the IFRC's work in HIV/AIDS. Much of the review of the work has been mostly based on self-assessments available in the form of internal reports.

The available evaluation reports on successful projects highlight the ability of the Federation to engage at International, National down to local levels as well as the involvement of local volunteers particularly the youth as two of the main success factors. This is strengthened by the RC/RC's adherence to its grassroots based action, being auxiliary to government.

The scope of the RC/RC efforts against HIV/AIDS seems better known at the national than at the international levels. According to the few National Societies that the team was able to visit. It is the view of some of the people interviewed that the image and effectiveness of the RC/RC efforts is assessed more positively by the IFRC Secretariat than by partners such as UNAIDS. This view as based on the very few Key Informants interviewed that were selected purposively and not randomly. It may also have been influenced by turn over in staff in both places. The Federation has not been good at critically assessing its work or asking someone else to do it. In fact factual reporting of negative experiences has been rather unpopular within the Federation Secretariat and National Societies).

It would appear that the expectations and working relationship between ONS, PNS, the regional delegations, and the IFRC Secretariat are not always clear. This affects information flow, in terms of expectations, responsibility and authority.

Lack of a well-developed information system defining levels, responsibility and authority has contributed to the inadequate institutionalization of the AIDS work. Since there is virtually no system in place one cannot be sure that the right information reaches the right people. In fact a lot of valuable information bypasses the Secretariat, particularly bilaterally supported projects, some of which are excellent. A good information system is vital to policy development and decision making. If there was a good system it could have picked the fact that the projects run by some NSs were too small to make an impact, hence the need to emphasize on scaling up.

There is therefore lack of credible evidence-based data at various levels and to various stakeholders within and beyond the RC/RC family. Good work within the Federation remains unshared. Lessons from best practices and success stories are documented but not disseminated in scientific peer review publications in order to portray the true image and role of the RC/RC in the fight against HIV/AIDS. The vast experience of the RCRC in Community Based prevention and Care work is shared only on an ad hoc basis through meetings where documented evidence based impact is not insisted on, denying the Federation the opportunity to learn from its own experience.

There is no doubt that the training materials produced to some extent reflect "common knowledge" in RC/RC and in other agencies. These materials have also increasingly come to reflect local experiences with HIV/AIDS prevention and control. Comprehensive, standardized documentation of "lessons learned" by the RC/RC in HIV/AIDS prevention and control is certainly an element to be strengthened.

Recommendations

- It is necessary to develop a shared system to promote evidence based reporting. Such a system should have transparent, scientific criteria for assessing best practice. Such information would permit the identification of best practices for sharing / dissemination in order to enhance the work within the RC/RC family, learning from its own experience while at the same time, building the image of the RC/RC externally. The first step in scaling up the work would be the in depth study of proposed best practices in order to provide evidence for them being considered "best practice" but also to identify success factors that can be replicated elsewhere in the process of scaling up. If published in a peer review situation such results would enhance the role and image of the Federation (RC/RC) in the global fight against HIV/AIDS.

- Reporting against clearly defined impact oriented objectives and not only intermediate outcomes is necessary. This would be enhanced if a standardized logical framework of program planning, implementation and evaluation, was used throughout the Federation. This would permit the establishment of an information system that could support rational decision making, policy formulation, dissemination and image building.
- It is necessary to set up mechanisms to make it possible for the RC/RC to systematically learn from experience, their own and that of the others
- Develop, implement and monitor programs that reflect the RC/RC strategies, evidence-based practice, and local characteristics

- Search for answers to central and difficult questions in grassroots-based AIDS work through evaluative studies and research
- Combine service delivery and advocacy based on RC/RC policies and field experiences
- Widely communicate RC/RC views, knowledge and experience internally and externally.

2.4 PROGRAMS AND SUPPORT TO NATIONAL SOCIETIES

2.4.1 Federation Secretariat

Achievements, Strengths, Opportunities

The Federation has undertaken a wide range of specific, effective, integrated and co-ordinated activities in support of HIV prevention and care for those affected by the pandemic. NSs could have done more if the Federation had invested sufficiently to build the capacity of NSs. A good example of the capacity of the NSs is shown in the success of the Action for Youth project which, although it was supported for less than two years in each of the selected NSs. The project has been sustained in all of the NSs where it was implemented. The project provides a useful model for scaling up as it has been expanded nationally and regionally in bot the Caribbean as well as West Africa beyond the countries where the project was introduced (See Annex II).

Weaknesses, missed opportunities, Limitations

- Distracted by other major disasters (Great Lakes etc), AIDS work did not get the attention it deserved, even in those situations of disaster relief.

- Target groups of vulnerable people mentioned but there is no documented work among them e.g. refugees.

- Lack of integration of HIV/AIDS into Relief operations is a great omission, particularly so in high prevalence areas. RC/RC has contributed to put HIV/AIDS high on the agenda.

- The Federation Secretariat has developed strategic guidelines to promote and facilitate, co-ordination but the NSs are not able to translate, ideas, policies and declarations into action. Much energy is spent on ideas and little on action

- The focus seems to have been on the Federation itself (recognition for the Federation as a respected world body) rather than the target groups/most vulnerable. We fully recognize that image building for the Federation is necessary but it should be combined with concrete actions for the beneficiaries.

Recommendations

- There is need to improve documentation, collect information about best practices to guide implementation and avoid trial and error.

- What has been produced could be better systemized for ease of access and use. Some of the IEC materials and tools kits are used very widely as the Action for Youth manual. This happens when the NSs are fully involved in their development. Therefore it is adequate to give a frameworks, and generic tools to the NSs for them to adapt to their situations. However, IEC materials, in terms of messages and posters, could be developed in local settings by the NSs if given some guidance and technical support, where necessary.

- The Federation should be able to speak out and exert pressure when ONS are not practicing policies/actions they have signed / agreed to follow. PNSs who have bilateral projects could also contribute to this effort, particularly if they are good role models.

- Scaling up is important but it has to be realistic. It should be done in a controlled process based on evidence-based approaches and activities. It is crucial to reinforce local knowledge, through training.

2.4. 2 National Society*:*

Achievements, Strengths, opportunities

- National Society's commitment to the HIV/AIDS issue makes a difference. Potential donors/funding agencies are seeking partnership to develop capacity. Even relatively strong NSs are weak on HIV/AIDS because there is no real commitment from the top leadership.

- Working with the youth has proved a strong potential in reaching many vulnerable people. The Action for Youth project was implemented and managed in a professional manner in a number of NSs and has proved a great example of best practice, and a possible model for scaling up.

Weaknesses, missed opportunities, Limitations

- It is well documented that the Secretariat was instrumental in getting NSs engaged in HIV work, particularly the period 1988 – 1993. It is documented that as many as 110 NSs out of 176 had HIV / AIDS activities, but there is limited evidence of impact in the reports presented for review.

- NSs claim that HIV/AIDS is a priority but this does not appear to be so in public, except for fund raising. There is even resistance from some NSs to recognize the seriousness of the problem.

- The main avenue of support to the NSs has been through organizing meetings as well as production of documents, guidelines and policy statements. This is considered inadequate by a number of Informants interviewed.

- Federation acted more like implimentor and director rather than guide and facilitator. This made national societies a bit too dependent. As a result, the NS did not learn to look anywhere else for funding and kept looking at the Federation for support, even when the required support was no longer forthcoming.

- Often the external support was not long enough, e.g. 1 year (e.g Action For Youth)

- There have been many training / capacity building activities but without follow up hence it does not cascade towards the grass roots.

- The search for effective volunteer management is not new in the RCRC since they are the backbone of RCRC. Volunteer management improvement has been long overdue.

Recommendations

- It is necessary to define and agree on the roles of the various stakeholders within the Federation: The Secretariat, the Regional Delegations, the Regional Networks, the Participating National Societies and the Operating National Societies. One possible model may be to work out a framework for project delegation where the PNSs would partner with ONSs in designing and implementing a program delegated by the Federation, guided by the policy guidelines of the Federation and coordinated by the Secretariat. In this way NSs that are unable even to develop plans and proposals can be assisted to develop and market them for funding from various sources.

- Both vertical and horizontal approaches are feasible, depending on the local context. The Action of Youth project is

a good example of a sustainable vertical project which has had good results. Generally a holistic approach to program development would appear better with particular regard to sustainability. There should be no rigid requirement for the RCRC HIV/AIDS programs. A balancing of both integrated and vertical ideas may be needed.

- NSs are able to continue with their own priority activities without donor funding. Good examples are blood donations and first aid. If HIV / AIDS activities integrated into such programs would be assured of sustainability.

- Programs which cannot be monitored and evaluated to assess evidence based impact promote a culture non-accountability at all levels. This aspect of programming should be improved throughout the Federation.

- Although HIV/AIDS is a disaster it is a long term problem. This fact should be taken into account in funding projects. In general, funding periods should not be less than 5 years.

2.5 NETWORKING, CAPACITY AND IMAGE BUILDING

Achievements, strengths and opportunities

In general we found the documentation on capacity building to be very limited. Currently, it would seem that the Federation capacity building efforts is confined to the different networks it has initiated in different regions. Some PNSs have been working on capacity building of ONSs on a bilateral basis, with mixed results. From the reports the Regional Networks are presented as success stories. They do have tremendous potentials which are yet to be fully exploited.

The ART network in Asia was one of the first regional Networks, which was established in 1994 to facilitate exchange of ideas and learning from each other. Its potential is yet to be fully exploited.

Weaknesses, missed opportunities, limitations

- The opportunity to participate in high level National AIDS committees have not been taken advantage of by many NSs, because they are not visibly involved in the work in their own countries. Additionally the opportunity to share experiences at grass roots level with Community Based Organizations and other players at the local scene has not been exploited. The only sharing that takes place is at meetings only. Meetings have become an end in themselves and not a means.

- Partnership at international levels is often not reflected at national and local levels. What a particular partnership means is not explained to the NSs and branches for them to take advantage of it.

Not many Secretary-Generals are involved sufficiently in the activities of the Networks, which is seen as lack of commitment on the part of the NS leadership. This undermines the effectiveness of the Networks in terms of outcomes of meetings as well as joint program development.

Recommendations

- A holistic approach to capacity building is crucial since capacity building for HIV/AIDS alone, no matter how strong, cannot be sustained if the NS in itself is weak.

3.MAIN FINDINGS AND RECOMMENDATIONS

It would appear that the RC/RC Movement was active in the early days of the epidemic at the ONS, PNS and IFRC Secretariat levels. In the mid-90's there was, however, a

decline in the involvement and support, probably caused by decreased availability of funding internationally and restructuring of the Secretariat. Since the end of the 90's a renewed interest and momentum for scaling up RC/RC's commitment to the fight against AIDS has become visible.

The following suggestions might be helpful in scaling up the significance of the RC/RC Movement's contribution to the global fight against HIV/AIDS in providing care as well as support and respect to PLWHA.

Federation Secretariat

The expectations and working relationships between the IFRC secretariat, PNS, and ONS be clarified and agreed, in relation to fund raising, coordination, documentation and sharing of experiences. Regular mechanisms bringing these structures together would be appropriate.

The major programs could be better designed to yield sound documentation of evidence based progress and impact. This could be a requirement for funding and support from the Federation kitty.

The reporting system should include all the players in the information loop and the Federation structures should coordinate reporting, paying particular attention to collective as well as individual visibility.

A process of and capacity for bottom up planning from the Branch to the National Society and the Federation levels should be established to provide a framework for coordinated implementation, monitoring and evaluation. Such a process could be guided and coordinated by the Secretariat and Regional Delegations. It would thus improve the quality of program formulation and evidence based reporting.

Knowledge Centers for in-depth analysis of "lessons learned" in the RC/RC Movement and action oriented research to yield evidence based RC/RC best practices which would inform program design and implementation would be useful. (Such Centers could be identified or established within the Network or collaborating institutions with the necessary capacity).

A well documented and disseminated external review could enhance the image of the RC/RC in HIV/AIDS work.

The Policy

- Compile the policy statements as a single document and disseminate it to the grassroots
- Draw the policy in line with the existing national policies
- Address the following issues clearly:
  - The special place of young females in particular and women in general regarding vulnerability
  - Collaboration with PLWHAs and their Networks
  - The need for collaboration, concerted effort along jointly defined lines and sustainability.

The Strategy

- The issue of comprehensive (integrated) approach to any HIV/AIDS related program has to be stressed
- Advocacy should include any global or regional policy that aggravates the vulnerability of the poor.

3.1 FEDERATION SECRETARIAT LEVEL

3.1.1 Policy analysis and review

The existing information shows that RC/RC has been responsive to the current issues involved in the fight against HIV/AIDS and has held views in agreement with the fundamental principles of the Movement. Advocating the views and actions of the RC/RC Movement could have been stronger if all the available opportunities were exploited, at International and National levels, hence the need to emphasize the

point again in the year 2000, ten years after the San Francisco boy-cot in which the Federation played a pivotal role.

Numerous handbooks, guidelines, information sheets, and tools on HIV/AIDS have been made available through the web-site and in print. However there is little information as to the utilization and usefulness of these materials, particularly by the NS, the targeted audience.

- **There is need to update policies according to existing experience in the field as part of the scaling up exercise. Policy papers should be backed up by implementation strategies and effective action.**

3.1.2 Program Management, Information systems and Image Building

There is plentiful documentation of the IFRC Secretariat's HIV/AIDS activities in Geneva in the form of regular as well as evaluation reports. Similar documentation regarding the work of the activities of PNS and ONS are not as available in Geneva. There is a gap in reporting from the ONS to the Federation Secretariat with regard to bilateral projects where reporting is direct to the donor PNS, by-passing the Secretariat.

The desk review complemented by interviews suggest that the RC/RC Movement has vast long-standing and seemingly successful AIDS program experience, particularly in peer-education, mobilization of blood donors, home based care, and support to orphans. This evidence is not made obvious internationally since there is no regularized mechanism of doing so. There is no mechanism of collating the effort throughout the Federation, which contributes, to loss of visibility in HIV/AIDS work. Improved collective reporting published in an annual bulletin could immediately improve the image of the Red Cross Red Crescent in AIDS even if the volume of activities was not significantly increased, since there is a considerable amount of good work going on within the Federation. The first element to scale up is scientific documentation and dissemination.

The expectations and working relationship among the key players: ONS, PNS, the regional delegations, and the IFRC Secretariat have not always been clear.

There has been limited external evaluation of the IFRC's work in HIV/AIDS. Internal reports and assessments that are available appear to have been geared towards donors and the governing structures and are likely to be selective and biased towards the positive elements. The scope and results of the RC/RC efforts against HIV/AIDS have not been critically reviewed. This makes the current desk review an in adequate basis for making far reaching conclusions towards the future of the program. Consequently even some of the best practices within the Federation are known neither locally nor internationally. More independent peer assessment of the efforts and results would be more effective in building the image of the RCRC in the fight against AIDS rather than a plethora of internal reports.

- **There is a need to develop an evidence based systematic information system that would promote realistic and unbiased self assessment to enable RCRC to learn from its own experience and from others. This would guide policy analysis and programmatic decisions necessary for the scaling up process.**

Evaluations tend to attribute successes to the RC/RC network from central to local levels as well as the involvement of local volunteer care facilitators including youth as two of the main factors. A third factor seems to be the RC/RC's adherence to it's grass-roots based, auxiliary to government, role. The RCRC should:

- **Contribute to the search for answers to complex issues through well-designed action-oriented research or evaluative studies in order to draw conclusions from more scientifically valid data.**

- **This review should be followed up with an in-depth study of selected situations to provide more evidence based lessons for scaling up. A more in depth analysis of best practices through action research would be necessary to provide scientifically validated information to the Federation for its policy analysis, strategic planning and programmatic decision making. Such a study would identify and analyze the "lessons learned" by the RC/RC Movement in the past 15 years as seen from a field perspective as a vital step in the scaling up process. This could be spearheaded by identified knowledge centers (internal or external).**

It would appear that there is a lot of information regarding efforts and outcomes within the Federation but they are in different places. Information is not always shared among all that should be included in the loop, partly because each stakeholder may be interested only in their own image building. The team further recommends that:

- **The information system suggested above should include all interested parties in the loop, and could be controlled and coordinated by a knowledge center with adequate capacity to handle scientific data. It would be necessary as pert of this effort to work out and agree on the relations and expectations of the various stakeholders (Secretariat, Regional Delegations, PNS, ONS etc).**

- **The Federation based information system would require that programs are designed to permit comparable monitoring and evaluation. A common logical framework could be used as a requirement for supporting projects. This would ensure that objectives are clearly stated to permit outcome evaluation. The NSs would need to be supported in doing such plans by the Knowledge Centers (Regional Delegations, Secretariat, PNSs, ONSs and other institutions).**

- **The programs should reflect the current RCRC strategies e.g. ARCHI, that are consistent with the local situation (particularly the capacity and initiatives of the NS) and that build on the evidence of best practice based on good monitoring, evaluation and reporting systems that include the process and outcomes against costs. Projects that fit these criteria should be assisted to secure funding for long enough periods to take root in the local contexts. The support should include the needed regular scientific monitoring, documentation and evaluation. The need for this approach should be internalized by the NSs.**

- **Centers for in-depth analysis of "lessons learned" to date in the RC/RC Movement, design of evidence-based RC/RC best practices, and action-oriented research be identified or established to improve program development and management.**

- **To promote the RC/RC as the big organisation it is perceived to be and let it have a place of priority. This can be demonstrated in size of booths, display of quality documents and materials. Create a documentation centre at the secretariat or the proposed resource centres in sub regions. This can assist in a constant and regular collection of IEC produced by all bodies of the RC/RC as well as the materials of NSs. This would make materials accessible at anytime rather than the frantic search for materials just before conferences –**

the Red Cross emblem should appear visibly on all the materials.

3.1.3Information,Education, Communication and Advocacy

Given the publications and tools available in print or electronic:

- **The Secretariat should provide technical guidelines, assistance, and funding for IEC production at the local level in addition to developing materials at Secretariat. The existing materials should be made more user friendly with input from NSs. The regional Networks could coordinate and enable the pooling of ideas, efforts and resources for this exercise.**

- **The role of the Federation in advocacy should be more thoroughly reviewed to clarify its goal, expected outcomes, the key players and the role of the various players involved. The Secretariat should give guidance on what to be done and how. This may require some training to develop the necessary skills according to defined roles and tasks. It may be useful to combine service delivery with advocacy**

- **Step up print and electronic information documentation, dissemination, and marketing system to bridge the communication gap. This should be based on sound data. Use print and electronic media to disseminate best practices identified and to communicate RCRC views and experience, supported by evidence based data, widely.**

3.1.4 Effectiveness of programs:

It would appear that the RC Movement was active in the early days of the epidemic at the ONS, PNS and IFRC Secretariat levels. In the mid-90's there was a relative decrease in the level of involvement and support, probably caused by decreased availability of funding internationally. Since the end of the 90's a renewed interest and momentum for scaling up RC/RC's commitment to the fight against AIDS has become more visible.

3.1.5 Networking, Partnership and Capacity Building

Networks in the sub regions appear to have helped a lot.

Their intermediary role must be formalised and institutionalised to realise better results as well as define structures, appropriate logistics and requirements capacity to be recognised by the NSs as mouthpieces of the Federation. For them to be more effective the Secretaries General of the respective NSs should be involved in the processes of planning and decision making. The following suggestions are worth considering:

- **Strategic partnerships with stakeholders at various levels, particularly with the UNAIDS, is a good approach but they should be based on sound contracts specifying mutual roles, responsibilities, sharing of benefits and risks.**
- **Build management, infrastructure and communication capacity at national and regional levels**
- **Arrange exchange visits and fora to share experiences**
- **Advocate on the importance of networking to donor agencies**
- **Adopt applicable participatory methods**
- **Maximize the use of electronic communication**
- **Network more with other sub-regional organizations especially UNAIDS, the information networks and groups of people living with HIV**
- **Promote networking and partnership with various players e.g. corporate bodies, PLWAs and the UN bodies for mutual benefits. Partnerships need not be facilitated by the Secretariat**

alone. Other players, notably the NSs, could spearhead some partnerships based on their own strategic positioning. Such partnerships should be professionally contractual, based on documented agreements.

- **The Networks should enhance efficiency of information sharing, mutual support, resource pooling for technical support including training, where necessary; exchange visits, share experienced resource persons. A good information system will help promote the importance of Networks to attract donor support.**
- **Training should concentrate on trainers, based on a careful research on learning needs.**
- **With regard to HIV/AIDS the expectations and working relationships between the IFRC secretariat, PNS, and ONS be further clarified and agreed, particularly in relation to fund raising, coordination, documentation and sharing of experiences. Project delegation should be the routine way of working rather than the Secretariat taking the frontline role nor the PNS doing their own bilateral projects without regard to the Federation.**

- **Adopt applicable participatory methods**
- **Maximize the use of electronic communication**
- **Network more with other sub-regional organizations especially UNAIDS, the information networks and groups of people living with HIV.**

3.2 NATIONAL SOCIETIES LEVEL

Some lessons learnt

The team encountered some projects that appear to have been well managed, ensuring local transparency and motivation. Some of the factors that might have led to success include: acceptability by community (Jamaican Red Cross and Ghana Red Cross); partnerships (e.g. with WHO, UNAIDS, Scouts); involvement of government programs (e.g. Aids Control Programs) as well as community members (e.g. heads of schools, trainee workshops, parents and opinion leaders). It is crucial that these groups are involved from the conceptual stage, if they are to support the projects.

The fact that the services of young people trained by IFRC are being used within and beyond the Federation indicates sustainability and shows the extent to which such efforts can yield good results. Some projects have lead to the mobilization of more volunteers (Russia). Some projects are improved upon, each time they are replicated (Ghana, Togo and Benin Red Cross).

Partnership with PLWHA would add quality to programs and yield changes.

3.2.1 Program planning, monitoring and evaluation

A process of and capacity for bottom up planning from the Branch to the National Society and the Federation levels should be established to provide a framework for coordinated implementation, monitoring and evaluation. Such a process could be guided and coordinated by the Secretariat and Regional Delegations with the assistance of PNSs and Knowledge Centers. It would thus improve the quality of program formulation and evidence based reporting, utilizing the Logical Framework. Programs should include detailed monitoring and evaluation schemes to assess and compare achievements, results and lessons learnt towards management decision making. Project reports should include a clear outline of process, output and outcome evaluation. Specifically:

- **Effort should be made to involve all stake holders at every stage of any program**
- **The program should focus on building the capacity of the volunteers**

at grassroots through training, coaching and motivation suitable to the local context, including publicity and support towards job opportunities and career development in the field.

- **National and grassroots resources and institutional capacities have to be considered and strengthened to ensure sustainability beyond the lifetime of the project funding. National Societies should always start with activities that they can undertake without external funding, building on their strong human resource base, the volunteers, followed by those that they can carry out with the support of local partners. Such effort could be prerequisite to funding as they enhance sustainability possibilities.**
- **Vertical and duplicate programs have to be avoided to enhance rational resource allocation and use.**
- **Strengthen National Societies, monitoring, supervisory and reporting systems to enhance visibility and evidence based cost-effectiveness.**

ANNEX II: EXAMPLES OF SUCCESS STORIES TO LEARN FROM

Thai Red Cross

Thai Red Cross (TRC) has achieved remarkable results in its fight against the spread of HIV. It strongly advocates for the rights of People Living With HIV/AIDS (PLWHA). Its success resulted from having established a Research Centre in 1989 as well as a strong institutional capacity. The main objectives of the Center was to conduct social research among the population in general. Based on research findings TRC develops pilot intervention programs to reach the various sub-populations of the country. TRC has developed and tailored intervention programs and manuals for the street, slum, school, out of school and rural youth; sex workers and factory workers.

The program uses "facts for life" approach. HIV/AIDS education is incorporated into everyday life issues rather than separated as an unapproachable issue. Participatory Rural Appraisal and community theatre are used hand in hand in order to have the highest possible impact. TRC has also developed a peer based HIV/AIDS curriculum in work place for blue and white-collar workers. This project is implemented in co-operation with the labor union and employers confederation.

TRC has also tailored a youth peer education on reproductive health, STD and HIV/AIDS for youth in school and colleges. This program combines clear and accurate information on reproductive health, STD and HIV/AIDS with participatory, skill building activities to equip and empower young people with skills, motivation and support to sustain safe and change unsafe behavior.

The Thai government had used "scare tactics" to stop the spread of the virus and made it mandatory to report to the authorities all persons who test HIV+ in all health institutions of the country. This "scare tactics" approach resulted in discrimination and stigmatization of PLWHA and many people refused to be tested (blood-tested). The Thai Red Cross challenged vigorously the policy of the government and started its own anonymous clinic. This anonymous Red Cross clinic became very popular and many people in the risk group visit the clinic en mass. As a result of the work of TRC the Thai government has today not only abandoned its "scare tactics" policy, it is now running over 80 anonymous clinics of its own all over the country, bringing the pilot strategy of TRC to scale.

The Thai Red Cross has also encouraged PLWHA to establish a support group for fellow PLWHA. The group eventually evolved into a club called the Wednesday Friends' Club, since its members met every Wednesday in the beginning. The club is located within the Thai Red Cross compound and has more than 3000 members. The club has since it started provided important psychological support services. Some of the important services are:

- HIV-phone: hotline counseling and referral services for PLWHA, family members and friends
- Recreational and group support activities
- Home visiting program
- Newsletter: bimonthly information bulletin with the latest information on HIV/AIDS care treatment and social issues
- Educational outreach: visit schools, factories, and military bases and tell about their personal experience.

This has also been scaled up as there are now more than 80 such clubs all over the country, more than 20 in Bangkok Metropolitan Area alone.

Prevention of transmission of HIV from Mother to Child program, a mission to save the child's life. In early 1996 the problem of

Thai children born to HIV-infected mothers was of great concern. Thai Red Cross started a fund-raising program for medication which at that time was already proven to be effective in reducing HIV transmission from mothers to infants if given during pregnancy and six weeks after birth. This is a service offered free of charge all HIV+ pregnant women in the country. Three of Thai Red Cross AIDS prevention programs has qualified to be in the prestigious "Best practice Collection" of UNAIDS.

The success of Thai Red Cross in its fight against HIV/AIDS is made possible because both the Government and National Society are committed to the fight against AIDS. Thai Red Cross is a member of the National Committee of HIV/AIDS chaired by the Prime Minister. It is very important that the Red Cross societies are represented where decisions are taken.

TRC also seeks strategic partnership with labor unions and employers organizations, both to get access to organized groups to disseminate and to secure funds for its activities.

Funding

Thai Red Cross is not only good in designing programs, it is also good in fund-raising, due to its excellent image in the Thai public, TRC receives small and big donations regularly. Many NGOs, private companies and UN agencies are willing to be partners with Thai Red Cross. Therefore their activities are fully funded and have been sustained.

Lao Red Cross

This NS provides a good example of bilateral projects as they compare with Federation supported ones; vertical Vs integrated approach and capacity building of National Society Vs targeting HIV/AIDS unit. Five National Red Cross Societies (PNS) have bilateral co-operation with Lao Red Cross (LRC). The Federation has no representation in the country. The NS has been managing an HIV/AIDS/STD youth peer education program since 1993 mainly with the support of Australian Red Cross (ARC). The goals of the project are:

- To build the capacity of the Lao Red Cross to plan, implement and evaluate HIV/AIDS/STD programs in the country
- To develop and utilize behavior development and change communication materials
- To develop and maintain strategic alliances with National, Provincial, Governmental and private organizations working in the field of HIV/AIDS.

A small unit within the health department implements the LRC HIV/AIDS activities. It seems that the Australian supported project has been successful since the objectives of the project have been achieved. Lao Red Cross is today capable of developing/designing a project and implement activities by itself. The success of the capacity building of the health department/AIDS unit could be attributed to the continued financing and close follow up of the Australian Red Cross. However it is not clear what will happen when the funding from ARC ends.

The main problem in Laos is the 5 Participating National Societies (PNS) are supporting separate programs, probably successful individually, but the Headquarters is still weak and will not be in a position to sustain what is already achieved. From this scenario one can conclude that capacity building of a national society HIV/AIDS unit alone would not give a long-lasting impact.

Jamaica Red Cross

The main program was the Action for Youth pilot project initiated by the Federation in partnership with WHO and The Scouts.

Achievements

Jamaica developed its own kit according to the local context and culture, supported by the Federation and the American Red Cross. This expanded the AIDS peer education approach to prevention. It worked so well that it was scaled up to the whole country with the support of the Norwegian Red Cross and then to 9 Caribbean National Societies. It was well recognised by the leaders in the region including UNAIDS as an example of best practice.

After this a network was developed, and the involvement of the NSs in the region is getting better all the time. The network was developed after the ART model, involving 9 countries. They had the first meeting in April 2000. For AIDS control co-ordinators and for public awareness using young people as entry point. The meeting was funded by the Health Department.

The network takes care of training and capacity building in the whole region

Strengths:

Young people trained in a number of countries in peer education and are supported in that role by the Ministry of Health. They received more support from PAHO and the British Embassy.

Limitations / Lessons

In some countries the NSs still do not see HIV/AIDS as priority in context where there are too many urgent health problems.

The health departments are small, the few people available are over worked.
Concrete evidence of success still too early to document.

Russian Red Cross

Action for Youth Project *(Youth and AIDS Training project, Evaluation report 1997)*

The Russian Red Cross has been involved in preventive activities since 1990. Activities undertaken are translation of American Red Cross produced "Stop AIDS" into Russia and distributed to local branches. The Russian Red Cross worked with Moscow City committee in AIDS prevention for street children. In 1993, the Russian Red Cross in collaboration with Swedish Red Cross organized a workshop for youth which objective of getting to know the health needs of the youth. The programs department was responsible for the implementation of the HIV/AIDS pilot project and the head of department was the AIDS co-coordinator. The Russian Red Cross employed two staff members in 1996 to strengthen the department, both financed by the Dutch Red Cross for a 3-year period.

Federation in initial stage developed a draft workshop and expected outline for the youth and AIDS training project 1994-5. The Pilot project was initiated by IFRC with the aim of strengthening the capacity of the Russian Red Cross in AIDS prevention and control. The Regional delegation was to provide technical assistance and assist in financial and narrative reports that should be sent through the Federation to UNICEF. Funding was $30,000

Activities:

- To develop a training manual for youth peer education by adapting Action for youth Manual
- Training of peer education strategy

Achievements:

- Adaptation and production of Training manual with inputs from the federation, target group and NGOs; Approach was highly participatory and highly appreciated among the youth
- Training workshops proved to be of good quality. It helped raise awareness level, it was recommended that they build upon process to lead to attitudinal changes; there was a great motivation among the youth to carry out peer

education. Some students even contacted the Russian Rc for more than a year after peer education project; the participatory approach which was used more generated the interest of the youth; the involvement of NGOs and other partners

Weakness:

- Involvement of Russian red Cross could not be determined – Preparation and implementation which primarily was initiated by IFRC without prior analysis of potentials of Russian red Cross; NGOs were employed to carry out the main project components due to their technical expertise, consequently, the capacity of Red Cross in organization and implementation was strengthened only to a limited degree. Other NGOs benefited more.
- During the project, some students carried out Peer education in schools and among friend but could not be substantiated because follow-up was carried or documented
- The project was treated as an activity oriented project rather than objective oriented
- It was intended to introduce HIV/AIDS education along with the dissemination of IHL. The HIV/AIDS education was however not introduced in schools
- Students carried out educational activities but these ended when the students ended their education; no follow-up results were available
- It was not believed that the project assisted in strengthening the capacity of Russian Red Cross organization and implementation of HIV/AIDS programs because few Russian red Cross staff members were directly involved in preparation and implementation
- The objective to train Red Cross youth leaders and volunteer in PE techniques was not fully achieved because participants were primarily selected from outside the movement
- Generally, there is lack of comparable data in effects and benefits
- No specific system was developed for monitoring successive PE activities
- No documentation of activities at head quarters
- No documentation of follow-up evaluation from workshops
- Financial management – funds transferred installments from IFRC through regional delegation based on budgets and accounts prepared by RD
- Monitoring, reporting and account format was not developed in project planning
- Motivation was hampered by the fact that outsiders carried out the project
- it was reported that the T manual was widely distributed but there was no documentation of distribution network

Opportunity:

- Because of Peer education program, students were willing to act as peer educators provided they got support as youth leaders or managed to establish a strong youth link

Limitation:

- Missed opportunity – considering the limited number of youth volunteers, the project should have prompted an effort to mobilize youth volunteers

Lessons learned:

- The project helped the Russian red Cross to realize the importance of working with young people to assist the efforts of HIV/AIDS response
- The realization led to strengthening the Russian RC Central Committee by employing two young project officers in the Department for Programs to assist in strengthening youth and health related programs
- Peer education prompted the initiation of various activities targeting the youth such as establishment of youth center,

recreational places for youth and support to street children

Zimbabwe Red Cross

Integrated AIDS Activity Project
(*Zimbabwe Red Cross Society – integrated AIDS Activity Project annual Report – 1999)*

Activities:

Adolescence peer education 5 refresher workshops conducted 111 exceeding target by 21; PEs dissemination of information in respective communities. They conducted quarterly meetings. Their activities are centered around lectures and videos on HIV/AIDS- Drama, poetry, group Discussions and free condom collection and PE dissemination booklets and pamphlets from MOH; Training of street children
Home-based care and facilitation of establishment of support groups in existing home based care projects; Home based care and client and family counseling – counseling sessions focused on assisting PLWAs accept their conditions and positively advice them on health issues and opportunistic injections and nutrition. The Program worked closely with department of social welfare, Hospitals, clinics and other organizations; Home based Care Exchange Programme – Aimed at exchanging ideas and experiences, and establishing the problems and constraints experienced during the programme implementation and map the way forward; Support groups/self help projects; Orphan programs for orphans and HIV/AIDS affected children living under difficult circumstances

Support mechanisms for PLWAs in the family established and in operation by the end of the project period through experiential training in practical and psychological issues. Trained members were deployed back to their respective communities to care for terminally ill relatives; Harare information center; collaboration and networking with other partner s and structure; VCT, one province initiated a VCT center in partnership with City Health, the program was organized by NACP & MOH; AIDS Week campaigns; integration of HIV/AIDS component into Zimbabwe Red Cross through curriculum review and TOT in the use of integrated curricular

Summative evaluation of Integrated AIDS Project/youth projects; Capacity building – (assessment of ARCHI to identify priority areas, meetings held with staff and all HoRD to assess implementation of projects, workshop on fostering orphans was attended, public relations and customer care course for secretaries and receptionists, attendance to HBC conference in Paris)

Achievements:

- Adolescent peer education – conducted 5 out of 4 workshops for 130 youth exceeding set target of 80 by 50; the project had 811 peer educators in 8 communities as at the end of 1999; 10,000 pamphlets were reproduced to Peer educators upon further demand. The demand for these were so high , the youth enjoyed the messages and they were well understood; A workshop was conducted for 50 street kids
- HBC training course conducted for 15 Zimbabwe RC volunteers in one province. Trained volunteers were displayed into community to complement the number of care facilitators; Harare HBC training course was conducted for 47 volunteers to render care to terminally ill; project provided second hand clothing and food; referrals were made; total number of clients increased to 4298. 263 clients were weaned off the project following their successful demonstration of their ability; Project received 1,000,000 condoms for free distribution from national family Planning programme; A HBC project was offered offices at the central Hall in recognition of their valuable work to the community; A total of 8746 counseling sessions were

conducted reached 8425 clients; families received skills to cope with HIV/AIDS to dispel stigma (321 families); 298 people were referred to the various partners; 7 new support groups were formed in six provinces for the purposes of exchanging experiences as well as national and psychological support ; self help projects provided them with small income to complement day o day needs; they received occupational therapy; they came out openly to share experiences and a new life was said to have been established; Groups made profits from IGA and were able to pay fees, visit sick expand projects; A workshop for foster and adoptive parents and community members was conducted for 1 male and 22 females totaling 23.

- As part of support mechanisms, a total of 12 of the target of 8 workshops were conducted for 125 males and415 females totaling 540 exceeding the target of 160 by 380; support mechanisms eased pressure of HBC; 56,230 condoms were distributed, condom collection was very high; Under collaboration and networking a new HBC co-coordinating committees were formed to analyze the progress of the projects as well as map the way forward members included people from partner organization; As part of AIDS week campaigns, a workshop was held for project staff by the program officer for health, the Regional Health delegate; Under integration of HIV/AIDS component into programs, 2 TOT courses were conducted for 33 males and 42 females and &5 trained 1750 thus exceeding the target of 1280
- Under capacity building – projects involved people who could lead support a programme; HBC training module to staff of 10 NS organized in partnership with fact- a regional strategy was developed during the process; there was an improvement in communication as well as client care, purchased logistics like computers for all provinces, the RD facilitate training of staff, bicycles were provided for motivation

Strengths:

- Under collaboration, Zim Red Cross worked closely with NACP Hospitals, clinics, local health authorities and organizations working in the area of HIV
- Under integration, the curriculum of community based health project was reviewed in order to further integrated HIV/AIDS. It has been distributed to all provinces and undergoing pre-testing.

Weakness:

- Adolescence Peer education – reporting remained poor but only one community reported well in activities. They reported a total number of people reached, condoms and pamphlets reached and distributed and the total number of T-shirts given out during quiz competitions; Under street kids there was no documentation of follow up of street kids report, there is a need to improve project planning at provincial level to enhance effectiveness
- Under HBC, due to pressure in communities, the project was initiated before the baseline data gathering exercise; Orphans due to inadequate fund supplies the supplementary feeding program for the chronically ill which include orphaned children, Department of social welfare which was supervising also run out of funds and the program was relying in local donations which were inadequate;
- Support mechanisms - Harare information center – only 2 clients reported for counseling and only 15 reported for general information. This was attributed to the opening of a VCT center in the area, there were no referrals and pre and post test counseling was low; AIDS week campaigns – activities were grossly under reported, poor data capture

Opportunity:

- Because of Peer education program, students were willing to act as peer educators provided they got support as youth leaders or managed to establish a strong youth link

Limitation:

- Support groups – due to death and increase in membership was not constant, many had to spend money and time on funerals, progress of the project was retarded by the sick people and they were too slow to work

Lessons learned:

- The street kids wanted to belong to a home and go to school
- Self help projects were too small to make any meaningful income

Youth Activities *(Joint Evaluation of Youth Activities and Integrated AIDS Project by Zimbabwe and Danish Red Cross 1996-98)*

The integrated AIDS activity run by the Zimbabwe RC in co-operation with Danish Red Cross (DRC) was in 88-90. The second phase was run in 91 and ended in 95 and third phase in 96 –98. The next phase is from 99-2001. The program was evaluated/reviewed in 1993-4 and a joint evaluation and planning mission in 95 resulted in extension 96 - 98

Activities:

- Aimed at reducing incidence rate of STDs including AIDS among early , late and out of school adolescents
- Support to counseling and HBC infected and affected
- Health education for men and women affected by HIV/AIDS in the family
- Integration of HIV/AIDS in already existing training activities
- Strengthening of a family approach to the care of orphans

Achievements:

- Project was successful in recruiting and retaining volunteers ad facilitators of HBC in the sense that ZIM RC had a comparative advantage
- Project successful in definition of sound concepts for HBC and in training of facilitator, supervisors and counselor
- Project established sound working relationship with health care institutions
- Project was successful in providing much needed support to clients in one province per project except one
- Project has been successful in its activities but limited approach in a n attempt to integrate orphans in the context of the extended funding and community traditional healers and other actors in HIV activities

Limitations:

- Dissatisfaction of level of allowance of HBC facilitators
- Gender balance was a problem a vast majority of facilitators were female
- Priority problems from the perspective of clients are food , shelter and clothes/blankets and these are not different from priorities of poor people in General
- Poor access to transport posed problems with referrals back to government health care facilities
- Projects had a limited coverage area
- Project was unable to take a proactive stand with read to the orphans due to project design itself; planning for orphans shoed that when HBC plans are communicated with traditional structures in local communities
- Project monitoring is weak, no precise and valid data was available at headquarters with regard to how many has been enrolled and discharged
- Other project objective and activities – training workshops were held for adolescents peer educators by recruiting out of school youth but despite a lot of activity in information dissemination,

little is known about the activities as such the had been no reports, the whole issue of adult peer educators for out of school youth was dealt with under youth projects; there were 5 training courses for parent sex educators but little is known about what they have achieved due to poor reporting

- In terms of collaboration, there were informal collaboration with 2 NGOs ad contacts with other NGOs with no firm involvement
- Documentation is a problem because all workload had to be done "manually" without having access to a computer thus hampering documentation on monitoring

Lessons learned:

- The integrated AIDS project had been successful in design, testing and implementation of a sound and "viable" for HBC including the setting up of support groups by involving RC volunteers as HBC facilitators
- Many clients have enjoyed service and care provided by volunteers. However Zim RC faces a challenge with regard to – level of allowance to HBC facilitators; priority needs of client(food, shelter and clothing); the orphan problem was not whole heatedly approached; income generating potential for support group was not fully exploited; monitoring activities are not satisfactory
- Zim Red Cross provided tangible services and support to PLWAs and their relatives through home based care. It is a very targeted intervention with clear focus on beneficiaries. There is no doubt that red Cross is well positioned to carry on with this activity given its mandated and ability to mobilize volunteers as HBC facilitators

Home based Care and Orphan Care

Activities:

The Program has built a concept for HBC with volunteers as caregivers and facilitators.
Also they have established support groups for HIV infected.
The activities include:

- reducing incidence of STDs include. AIDS among early, late and out of school adolescents.
- support to counseling and HBC for infected and affected.
- health education for men and women affected by HIV/ AIDS in the family.
- integration of HIV/ AIDS in already existing training activities
- strengthening of a family approach to the care of orphans

Achievements

- Working with volunteers as the major workforce in the project (local based HBC).
- Successful in its definition of a sound concept for HBC and training of HBC facilitators, supervisors and counsellors.
- Successful in providing much needed support to clients in one project per province.
- Successful in its cautious but limited approach to the orphan problem in its attempt to seeking to integrate the orphans in the existing context of the extended family and the community.

Strengths

Recruiting and retaining volunteers.
Good working relationship with Government Health Care institutions.

Limitations

- Difficulties with 'funding' the volunteer facilitators – present level not sufficient.
- AIDS patients very often have very basic and fundamental needs (food,

clothes and shelter) – problem for HBC project when unable to deliver.
- Problems with referral back to government health care facilities due to poor access to transport
- Limited coverage of project – one area per province
- Too little focus on the problem with AIDS orphans.
- The income generating in the support groups is very modest but highly important to the members.
- The project has been less successful in communicating with traditional structures in the local communities such as keeping the chief and his people informed about what is going on.
- Weak monitoring of activities.
- Need for closer analysis of income generating activities.

Lessons Learnt

The project has at present a limited coverage – necessary to seek expansion to other areas.

The ZRCS Integrated AIDS Activity Programme was reviewed recently (January 2001), and the mid-term review conclusion reads: " ZRCS has since 1992 managed to establish, maintain and further develop a well-functioning and viable integrated AIDS project with emphasis on home based care, family and orphan support in 12 districts in 7 provinces. The programme is expanding to a total of 16 districts in 2001, and there is potential for further step-by-step expansion".

Tanzania Red Cross

Brief Description

Reducing or alleviating the health, social and psychological effects of HIV/ AIDS among the people of Kagera region (the effects will be more pronounced among primary and post primary school teachers and pupils and the residents of 7 selected wards in Bukoba Rural and Muleba districts).

The changes included:

- changes in attitude towards HIV+/ AIDS patients and changes in practices in order to reduce HIV transmission among school teachers, pupils and the community in the project area.
- Improved health care and social support for the communities in the 7 selected wards.
- Social support provided to street children in Bukoba Town and financially disadvantaged orphans in primary schools in Bukoba Urban and the 7 selected wards.

Target group: Most needy and vulnerable population.

Achievements

High knowledge among primary school pupils, school and general community members in the project areas regarding ways of HIV/ AIDS/ STI transmission and prevention, but not always leading to safer sexual behavior.

The attitudes of the target population towards PLWHA became more favorable and less discriminating (positive attitudes) over time.

Reports of positive cultural changes regarding sexual relationships in the project areas – community leaders and members are discouraging risky traditions as in-law sexual relations and widow inheritance (extent not documented).

Increased condom demand in the community (Approx. 30% increase from 1995-98).

Reported cases of adolescent pregnancies and abortions in primary schools have decreased.

Improved recognition of trained TBAs and collaboration with Health Workers in the formal sector.

It is estimated that over 80% of the affected families in the project villages have benefited from home based care and social support.

Improved social status of street children and needy orphans as a result of better up-bringing.

Community support to street children has improved over time.

A system for identifying and supporting financially disadvantaged orphans was expanded and consolidated in selected urban and rural primary schools in Bukoba district

Strengths

Involvement of a significant number of volunteers (youth peer educators, opinion leaders, other Red Cross volunteers, teachers and the general community).

Very good collaboration and networking with other relevant organizations and institutions.

Limitations

- Frequent changes at top project management positions led to management and administrative shortfalls and subsequently the project ended up with less than desired local capacity built to manage such development projects.

- The school health education relied heavily on routine supervision carried out by District School Inspectors – these proved to be ineffective. This however was corrected later).

- Insufficient tracing and reuniting of street children due to shortage of staff at the Drop-In Centre, Tracing was later intensified.

- Lack of policy guidelines from TRCS e.g. personnel policy, health policy and comprehensive strategy for branch development.
- Delayed introduction of HIV/ AIDS education to Bumbire Island, a reportedly high risk fishing village – due to lack of reliable transport.
- The capacity of the project was overwhelmed with problems of poverty and the weakening of community coping mechanisms partly due to the deepening social and economic impact of the AIDS epidemic and the adverse effects of government economic policy of structural adjustment.

Lessons Learnt

Although community awareness about the Red Cross has increased, the community still perceives the Red Cross as an organization that provides “hand-outs”. This is one of the attitudes negatively influencing voluntarism.

Project activities are accepted and are appreciated by communities/ beneficiaries and government authorities with a good level of their participation. The district authorities, however, wished that the project plans and budget were desegregated according to districts in order for them to clearly see the contribution of the project to their respective district development drive.

Incentive to volunteers is important for continuity of work, but must be, that which is worked out by the community in order for it to be reasonably sustainable.

It is possible to change peoples’ sexual behaviour with concerted efforts tailored to their perspective and needs. However, it requires a multi-pronged participatory approach with understanding and flexibility.

Training provided to different community owned human resources is essential but not adequate in itself. It must be accompanied by on-going regular supervisory support and the availability of necessary tools.

Orientation, training and experiential professional visits by project staff is helpful to improve their competencies and make them more effective in their work.

School based HIV/ AIDS education is necessary and it is an effective way of reaching the majority of school going children and adolescents.

High quality in-service teacher training is necessary if they are to use participatory methodologies effectively in teaching and also understand the concept of family life education.
Class-room HIV/ AIDS preventive education is useful for information/ knowledge but not enough to effect adequate behaviour change.

The peer approach promotes a sense of ownership and motivation because the peer educators, supportive groups and community leaders participate fully in planning and identifying relevant strategies to meet/ tackle their needs.

The direct material social support to the needy orphans in primary school have been extremely useful to the very poor, but not sustainable. A participatory approach that would empower the concerned families to support the orphans themselves would be not only more beneficial to the family as a whole but also likely to be more sustainable.

Togo Red Cross

This is a relatively young program. Good detailed and well written proposal available but no baseline study was done and documented. The reporting is regular and informative but evaluation of the program has not been undertaken.

Activities:

- IEC posters promotional materials, newsletters up to 6 media produce but not shown with the National Society
- Peer Education Kit,

Achievements:

- Annual report for 1999 and 2000 produced
- Good work plan/Actual plan

Limitations

Objectives only process rather than outcome oriented.

Ghana Red Cross & Scouts peer education Project 1993-94

36 youth of 17-22 were trained to conduct outreach for young aged 14-30. They reached 436 young people over a six month period with the following objectives1) to ensure that young people have correct basic knowledge about HIV and STD prevention and transmission, 2) encourage the development of safer sex negotiation skills, and3) improve consistent condom use through the appropriate provision of subsidized condoms Each person was reached at a cost of between $8-$9. Total Budget was $25,000. The project is a larger effort of IFRC, World scout Movement and WHO to promote AIDS education with young people.

Activities:

- Development of project 93
- Review and approval April-May 93
- Establishment of project management committee, selection of Peer Educators, registration of workshops, orientation meeting with workshop owners, development of materials, development of research June – Dec 93
- Field testing Jan – march 94
- Training of Peer Educators April – June 94

- Educational sessions by GRCS July – Dec 94
- Final Project evaluation Dec 94 – Jan 95

Achievements:

- Majority of the outreach sessions were completed successfully
- PEs served as a key resource persons in national youth AIDS workshop for other youth
- PEs served as a resource persons in a West African sub-regional workshop organized by WHO
- Increased knowledge in condom use, STDs; the project assisted young people reached to build their knowledge about HIV/AIDS/STDs; the greatest gains of STD knowledge were among young women
- UNICEF was impressed and used them as resource persons
- Project was replicated in other places

Strengths:

- Carefully conducted research – baseline survey
- Conscious effort to balance in gender despite difficulty to get females
- Role and section of PEs done jointly by GSA, GRCS and other partners
- PEs received support from friend, parents and heads of schools
- Commitment demonstrated till end of project
- Transparency of management encouraged PEs to have confidence in the project
- Moral of PEs was high because of support and encouragement received from GRCS officials in the form of visits, educational materials
- Heads of school and family members got involved

Weakness:

- Funds got finished so project could not be continued

Opportunity:

Limitation:

- Documentation is a problem because all workload had to be done "manually" without having access to a computer thus hampering documentation on monitoring

Lessons learned:

- Partners were very supportive because they were invited to on Management committee
- Said they were sympathetic towards PLWAs
- Time was too short for weakness to be clearly seen

ANNEX III OPERATIONAL FRAMEWORK / TIME FRAME

TASK	WHERE/WHAT	WHO	WHEN
Desk review	Policy context 80s, 90s	Brigit	December 00
	Strategies:	Brigit / Dan	January 01
	Resource (human/ financial) availability / use	All	January 01
	Programs: Home care / orphans support	Brigit	January 01
	Tanzanian RC project	Brigit	January 01
	Programs: Prevention/Peer Education / integration.	Susan	January 01
	Networking, Co-ordination, partnerships	Susan	January
	Program: Capacity building / Image	Gideon	January 01
KII	Danish RC	Brigit	January 01
	UNAIDS /(WHO)	Brigit	December 01
	Lorraine Mangwiro	Susan	December 01
	Masimo Bara	Susan	December 01
	P. Couteau	Susan	December 01
	G. Getachu	Dan	December 01
	Mark	Dan	December 01
	Elsa	Gideon	December 01
	Stephan	Gideon	December 01
	Maud	Gideon	December 01
	Alvaro	Gideon	December 01
	Norwegian RC	Gideon	December 01
Site visits	Zimbabwe	Brigit	February 01
	Thailand / Laos	Gideon	February 01
	Ghana, Togo, Cote d'Ivoire	Susan	February 01
Analysis and Individual Reports:	Home: Description, Achievements, SWOL, Lessons learnt, recommendations	ALL	February 01
Synthesis to draft report	Nairobi	ALL	February 01
Prepare presentation	Nairobi	ALL	10th Feb. 2001
Presentation	Geneva	ALL	19th Feb. 2001
Final report	Nairobi	TL	March 2001

ANNEX IV: DOCUMENTS REVIEWED

1) Compendium of resolutions, chapters on health and HIV/AIDS
2) Comprehensive files: 1980's-1996, 1997-2000
3) Overview of NS programmes in Africa
4) SWPs 1980s and 90s
5) Appeal documents
6) Program proposals/ evaluative reports
7) Blood, First Aid and Community Health program proposals and reports
8) The publications:

- Peer- Education
- Home Based Care
- Human rights and AIDS
- Sexual Health
- Refugees and Rep Health
- IEC tools and kits

9. WHO/UNAIDS publication and global reports
10. Other publications
    1. The Federation AIDS programme 1990-96 by Dr. Anne Petitgirard
    2. The Federation's AIDS Program 1988-93
    3. Community health and Social Welfare programme – HIV/AIDS Control and Prevention Programme (1996 annual Report) IFRC
    4. Communicable diseases – HIV/AIDS and preventive programme 1997 Annual Report
    5. Federation's 1998 Annual Report
    6. Federation's Major efforts in the fight against HIV/AIDS – Performance and achievements at a glance – 1997 – 2000
    7. Strategic work-plan; 1999 Annual Report (Federation)
    8. Southern African Regional Health programme – 2nd Phase 1996-98
    9. RANY-WA evaluation and Strategic Plan Report 2000
    10. ART Evaluation Report 1994 – 1997
    11. ART Strategic Plan Report 1999
    12. Report on ERNA meeting on TOR 1999
    13. Review report on Zimbabwe Red Cross Integrated AIDS Activity project – 1993
    14. Zimbabwe Red Cross Society – integrated AIDS Activity Project annual Report – 1999
    15. Joint Evaluation of Youth Activities and Integrated AIDS Project by Zimbabwe and Danish Red Cross 1996-98
    16. Evaluation of Youth and AIDS Training project (Russia) 1997
    17. Evaluation of Ghana red Cross & Scouts peer education Project 1993-94
    18. Case study on the evaluation of Peer education for HIV/AIDS & STDs Prevention by young people in Ghana by Nancy Fee 1995
    19. Case study on the evaluation of Peer education for HIV/AIDS & STDs Prevention by young people in Jamaica by Nancy Fee 1995
    20. Action Aid and Ghana Red Cross Youth AIDS Peer Education Programme – Evaluation report by Nancy Fee – 1996
    21. Young people and Peer education for prevention of HIV & STDs – documentation and evaluation of a peer education project, Jamaican Red Cross 1993-94
    22. Joint Evaluation of Youth Activities and Integrated AIDS Project by Zimbabwe and Danish Red Cross 1996-98
    23. Implementation and Delivery of Voluntary Counseling and Testing services – The Thai Red Cross AIDS Research Center

ANNEX III: LIST OF PEOPLE INTERVIWED

Interviews conducted with technical persons in the field

Mr. Patrick Couteau – UNHCR
Ms Lorraine manguiro
Dr Massimo Barra – Italian Red Cross and president of ERNA

Togo Red Cross:

- Mr. Edoh –Secretary General
- Mr. Blaise seddoh – national AIDS Co-ordinator
- Ms Enza Mancuso – German red Cross delegate/representative in the sub region

Cote d'Ivoire Red Cross:

- Mr Apia Bile – secretary General
- Dr. Maurice Njore – Co-ordinator for AIDS programs

Ghana Red Cross:

- Mr. A. Gyedu-Adomako, Secretary General

Thailand

- Prof. Praphan Phanuphak, Director, Thai Red Cross AIDS Research Center
- Ms Nonthathorn Chaiphech (Ying), Project Coordinator, Thai Red Cross Aids Research Center
- Ms Manida Chotivanich, Assistant Director, Red Cross Youth, Tahi Res Cross Youth

ANNEX IV : KEY INFORMERS INTERVIEW GUIDE

1. Please describe your perception of the role of R.C in the global HIV/AIDS work?
2. In your opinion how has the role changed since the 1980s to the present time and what has influenced the changes?
3. For PNS representatives please ask, how did HIV/AIDS awareness evolve in your context (PNS, Donors)
4. According to you what have been the major achievements in / the main contribution of RC to HIV/AIDS work (positive or negative), by the RC over the last two decades?
5. What could the RC have done to slow down the spread of HIV from reaching the current global epidemic proportions? Are you aware of any missed opportunities?
6. What do you think are the major strengths and opportunities of the RC in HIV/AIDS work, now and future?
7. What do you consider are the limitations /weaknesses of the RC in HIV/AIDS work?
8. In your opinion what were the most important resolution in health/HIV etc within the Federation and how were they translated into strategies/programs and with what results?
9. In the context of limited resources where does HIV/AIDS work come in the list of priorities in the context of the work of the Red Cross Crescent?
10. What do you think about the ability of the R.C to scale up activities in the HIV/AIDS, and why do you think that way?
11. Looking at the capacity of the RC which are the main HIV/AIDS program areas that the NS could make most meaningful contribution or be more effective?
12. What role should the Federation Secretariat, Regional Delegations and Regional Networks play in the HIV/AIDS work, according to you?
13. What do you think about integrating HIV/AIDS activities in other programs as opposed to having vertical programs? What are the strengths and weaknesses?
14. What are your suggestions for developing sustainable programs beyond donor funding?
15. Kindly share with us your experience working with R.C and current agencies what lessons are there for the RC?
16. What is your opinion about the consistency between the RC message and practices with regard to HIV/AIDS?
17. What would you think about the institutionalisation of HIV/AIDS work in the R.C movement? (specific examples)
18. Could you suggest any concrete recommendations for strategic partnerships with R.C in the HIV/AIDS work?
19. What would you recommend for the future work of RC in HIV/AIDS work?

HIV PREVALENCE IN ADULTS 15-49(%), end 1999

Sub-Sahara Africa			
Angola	2.78	Liberia	2.80
Benin	2.45	Madagascar	0.15
Botswana	35.80	Malawi	15.96
Burkina Faso	6.44	Mali	2.30
Burundi	11.32	Mauritania	0.52
Cameroon	7.73	Mauritius	0.08
Central African Republic	13.84	Mozambique	13.22
Chad	2.69	Namibia	19.52
Comoros	0.12*	Niger	1.35
Congo	6.43	Nigeria	5.06
Cote d' Ivoire	10.76	Reunion	….
Dem. Republic of Congo	5.07	Rwanda	11.21
Djobouti	11.75	Senegal	1.77
Equatorial Guinea	0.51	Sierra Leone	2.99
Eritrea	2.87*	Somalia	….
Ethiopia	10.63	South Africa	19.94
Gabon	4.16	Swaziland	25.25
Gambia	1.95	Togo	5.98
Ghana	3.60	Uganda	8.30
Guinea	1.54	United Rep. Of Tanzania	8.09
Guinea-Bissau	2.50	Zambia	19.95
Kenya	13.95	Zimbabwe	25.06
Lesotho	23.57		

East Asia & Pacific			
Cgina	0.07	Japan	0.02
Hong Kong S.A.R	0.06	Mongolia	<0.01
Dem. Peo. Rep. Of Kenya	<.001	Papua New Guinea	0.22
Fiji	0.07	Republic of Korea	0.01

Australia & New Zealand			
Australia	0.15	New Zealand	0.06

South & South-East Asias			
Afghanistan	<0.01*	Maldives	0.05*
Bangladesh	0.02	Myanmar	1.99
Bhutan	<0.01	Nepal	0.29
Brunei Darussalam	0.2*	Pakistan	0.10
Cambodia	4.04	Philippines	0.07
India	0.70	Singapore	0.19
Indonesia	0.05	Sri Lanka	0.07
Iran (Islam Republic of)	<0.01	Thailand	2.15
Lao People's Dem. Rep	0.05	Viet Nam	0.24
Malaysia	0.42		

Eastern Europe & Central Asia			
Armenia	0.01	Latvia	0.11
Azerbaijan	<0.01	Lithuania	0.02
Belarus	0.28	Poland	0.07
Bosnia and Herzegovina	0.04*	Republic of Moldova	0.20
Bulgaria	0.01*	Romania	0.02
Croatia	0.02*	Russian Federation	0.18
Czech Republic	0.04	Slovakia	<0.01
Estonia	0.04	Tajikistan	<0.01
Georgia	0.01	Turkmenistan	0.01
Hungary	0.05	Ukraine	0.96
Kazakstan	0.04	Uzberkistan	<0.01
Kyrgyzstan	<0.01		

Western Europe			
Albania	<0.01	Malta	0.12
Austria	0.23	Netherlands	0.19
Belgium	0.15	Norway	0.07
Denmark	0.17	Portugal	0.74
Finland	0.05	Slovenia	0.02
France	0.44	Spain	0.58
Germany	0.10	Sweden	0.08
Greece	0.16	Swizerland	0.46
Iceland	0.14	TFYR Macedonia	<0.01
Ireland	0.10	United Kingdom	0.11
Italy	0.35	Yugoslavia	0.10*
Luxembourg	0.16		

North Africa & Middle East			
Algeria	0.07*	Morocco	0.03*
Bahrain	0.15*	Oman	0.11*
Cyprus	0.10	QATAR	0.09*
Egypt	0.02*	Saudi Arabia	0.01*
Iraq	<0.01*	Sudan	0.99*
Israel	0.08	Syrian Arab Republic	0.01*
Jordan	0.02*	Tunisia	0.04*
Kuwait	0.12*	Turkey	0.01*
Lebanon	0.09	United Arab Emirates	0.18*
Libyan Arab Jamahiriya	0.05*	Yemen	0.01*

North America			
Canada	0.03	United States of America	0.61

Caribbean			
Bahamas	4.13	Haiti	5.17
Barbados	1.17	Jamaica	0.71
Cuba	0.03	Trinidad and Tobago	1.05
Dominican Republic	2.80		

Latin America			
Argentina	0.69	Guyana	3.01
Belize	2.01	Honduras	1.92
Bilivia	010	Mexico	0.29
Brazil	0.57	Nicaragua	0.20
Chile	0.19	Panama	1.54
Colombia	0.31	Paraguay	0.11
Costa Rica	0.54	Peru	.035
Ecuador	0.29	Suriname	1.26
El Salvador	0.06	Uruguay	0.33
Guatemala	1.38	Venezuela	0.49

To calculate the adult HIV prevalence rates given above, the estimated number of adults aged 15-49 living at end 1999 with HIV infection (whether or not they had developed symptoms of AIDS) was divided by the country's 1999 adult population (15-49). For countries marked with an asterisk, insufficient data were available to calculated an estimated HIV prevalence rate for end 1999. In these cases figures used is the 1994 prevalence rate for the country concerned published by WHO (WER 1995;70:353-360).