

Lessons Learned and Future Programming

**Three Years of the
Red Cross Global Alliance on HIV in the Americas**

2008 - 2011

Victoria Ward, April 2012

Acknowledgements

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment or Therapy
ARV	Anti-retroviral (drug)
CBHFA	Community-based health and First Aid
CHF	Swiss Francs
HBC	Home-based care
HIV	Human Immunodeficiency Virus
IDU	Injecting drug user
IEC	Information, education and communication
GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
LGBT	Lesbian, Gay, Bisexual, Transgender
MSM	Men who have sex with men
MTCT	Mother to child transmission
NGO	Non-governmental organization
OVC	Orphans and other children vulnerable to HIV
PLHIV	People living with HIV
PMER	Planning, monitoring, evaluation and reporting (Federation Secretariat)
PNS	Partner National Society (of the Red Cross Red Crescent)
PMTCT	Preventing mother to child transmission (of HIV)
SGBV	Sexual and gender-based violence
STI	Sexually transmitted infection
TB	Tuberculosis
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary counselling and testing

Executive Summary

The Global Alliance on HIV (GA HIV) was launched in the Americas in 2008 as part of the global effort to consolidate and harmonize the Red Cross Red Crescent's response to the HIV/AIDS epidemic. A central purpose of the GA HIV was to provide a cohesive framework for the broad variety of National Society activities, while enabling National Societies to tailor their programmes to local needs. Fourteen National Societies in Latin America and the Caribbean have reached over 5.6 million people with HIV prevention messages or direct services in the period from 2008-2011.

The GA HIV has had a profound effect on the way in which the National Societies of the Red Cross Red Crescent in Latin America and the Caribbean approach their work in HIV/AIDS. The concepts of integrated planning and working with partners on a consolidated response to the epidemic in their countries have strengthened the National Societies' role as an important contributor to their respective national AIDS' responses. Programmatically, the GA HIV has provided an appropriate model for working with the most marginalized populations at higher risk of HIV in the region. The relatively flexible funding provided multilaterally through the Federation Secretariat has enabled each National Society to tailor its programmatic approaches to local needs and to complement other funding sources. The GA HIV has also contributed to learning for the entire organization. The key lessons learned are listed below:

Prevention of new HIV infections

- National Societies can effectively work with key populations.
- Working with key populations requires positive, tailored messaging.

Care, treatment and support

- Strengthening the capacity of relevant government agencies and local partners through training is an important role for the Red Cross in many countries in both Latin American and the Caribbean.
- Advocacy for the rights of people living with HIV (PLHIV) needs to be an important component of programmes working with people living with HIV from key populations.

Stigma and Discrimination

- The involvement of stakeholders from key populations in designing and implementing training for National Society staff and volunteers has helped break down internal resistance to working with these groups.
- Working with HIV and violence prevention requires understanding that youth can be victims of violence and of stigma related to violence.
- Combined advocacy, media and social mobilization can be powerful means of educating the public on Stigma and Discrimination.

Institutional Change

- The GA HIV has led to greater integration of HIV/AIDS within National Societies in the region.
- The GA HIV has strengthened the capacity of National Societies to work in partnership with others on the National AIDS response in their countries.

Resource Mobilization

- The private sector is a potential funding source that should be tapped more extensively.
- Public sector funding is difficult to access but can result in expansion and sustainability.

RECOMMENDATIONS

Program

- National Societies reported that there is **still a need to effectively address stigma and discrimination within National Societies** (this was felt most keenly in the Caribbean). Their goal is to create model environments which are highly supportive of and welcome the participation of PLHIV and key population groups at most risk of HIV.
- While there have been substantial gains in the level of commitment to HIV at the National Societies some respondents see a need for **continued efforts to increase commitment** at the most senior levels of the National Societies.
- Urban risk and violence are key issues affecting the region and the GA HIV should continue to strengthen **capacity for violence prevention** as a component of programming.
- As the needs in the region have evolved beyond awareness-raising, prevention programming needs to sharpen the **focus on behaviour change**.
- There is a need to ensure that the **integration of gender concepts** is incorporated into HIV programming, especially into youth programming.

Planning, management and evaluation

- **South to South and peer support** efforts between National Societies has been perceived as highly successful and National Society managers called for expansion of this modality for the provision of technical assistance. The Secretariat should continue and intensify its efforts to serve as a facilitator for south-south exchanges and should develop appropriate knowledge management strategies to share tools and learning across the region
- The **interruptions caused by the annual funding cycle** is something that should be addressed with urgency as it hampers programme implementation
- Managers identified a need to **strengthen the PMER system**, clarifying definitions of indicators and strengthening the data collection system, as well as creating a more comprehensive and results-oriented monitoring and evaluation system.
- While integration has been achieved in a lot of places, reporting on integrated activities remains a major challenge. Going forward it is important to develop ways to **report on integrated activities more fully**.
- Technical support is required for the development of **resource mobilization strategies** and the acquisition of **capacity for resource mobilization at all levels**. National Societies need to be open to new partnerships and strategic alliances that may facilitate future funding. Support and commitment at the senior management level of the National Societies will be required to assist in identifying new sources of funding and allocate appropriate resources to bolster the GA HIV programmes as necessary.

INTRODUCTION

In 2006 the International Federation of the Red Cross Red Crescent Societies established a Global Alliance on HIV (GA HIV) in order to facilitate scaling up and harmonization of the Federation's efforts in HIV/AIDS. The GA HIV builds on the global HIV strategy which had been developed and implemented in the period from 2002–2005. A central purpose of the GA HIV was to provide a cohesive framework for the broad variety of National Society HIV/AIDS activities, while enabling National Societies to tailor their programmes to local needs.

Prior to the GA HIV the National Societies' HIV response was often based on the availability of specific donor funding, rather than a strategic and coordinated plan. In most places, there was a lack of integration with other NS activities. According to the current Senior Officer for the Global HIV/AIDS program, the Global Alliance on HIV is "...an enabling Framework to mobilize capacities and resources to provide harmonized, effective support to Red Cross Red Crescent National Societies to tackle HIV and AIDS" (Couteau, 2011).

The GA HIV in the Americas was launched at the AIDS2008 conference in Mexico. Ten National Societies comprised the first GA HIV members and included the National Societies of Argentina, Belize, Colombia, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras and Jamaica. Criteria for inclusion included: 1) national prevalence rates, 2) demonstrated institutional commitment to HIV/AIDS work and 3) interest in becoming a member and willing to adhere to the GA HIV programming principles. More recent additions include: Costa Rica and Trinidad and Tobago, while Bahamas and Peru have both expressed interest in becoming members.

The GA HIV was structured to provide a more cohesive approach to HIV/AIDS programming by focusing interventions on the attainment of four key outputs:

- Preventing further HIV infection.
- Expanding HIV care, treatment, and support.
- Reducing HIV stigma and discrimination.
- Strengthening National Red Cross Red Crescent Society capacities to deliver and sustain scaled-up HIV programmes.

This report will examine the extent to which these outputs have been achieved among the 13 National Societies which are currently involved with the GA HIV in Latin America and the Caribbean and the lessons learned to date. While not a comprehensive evaluation of the GA, the analysis will attempt to ascertain the extent to which the GA HIV objectives are being accomplished and how the GA HIV has contributed to change at the National Society level.

Information for this report comes from four principal sources:

Reports: Reports from the National Societies who are GA HIV members and consolidated reports of the America's Zone were consulted as part of the data collection effort for this report.

Presentations: Representatives from 14 National Societies, America's Zone staff, as well as from the Norwegian, American and Canadian Red Cross participated in a meeting on Lessons Learned and Future Programming held in December 2011 (see attached participants' list Annex A). The case studies were largely drawn from presentations at this meeting and in addition, the major lessons learned were identified by working groups of the National Society managers.

Most Significant Change stories: The Most Significant Change methodology is a story-based, participatory technique often used for assessing organizational change. While the full methodology was not used here, the story-development component was used to elicit information on organizational change from the National Society managers. The representatives from the GA HIV members wrote stories about how the National Society had changed as a result of the GA HIV.

Interviews: Selected managers from National Societies and the America's Zonal office were interviewed about the impact of the GA HIV on their organizations and on the work being conducted in HIV.

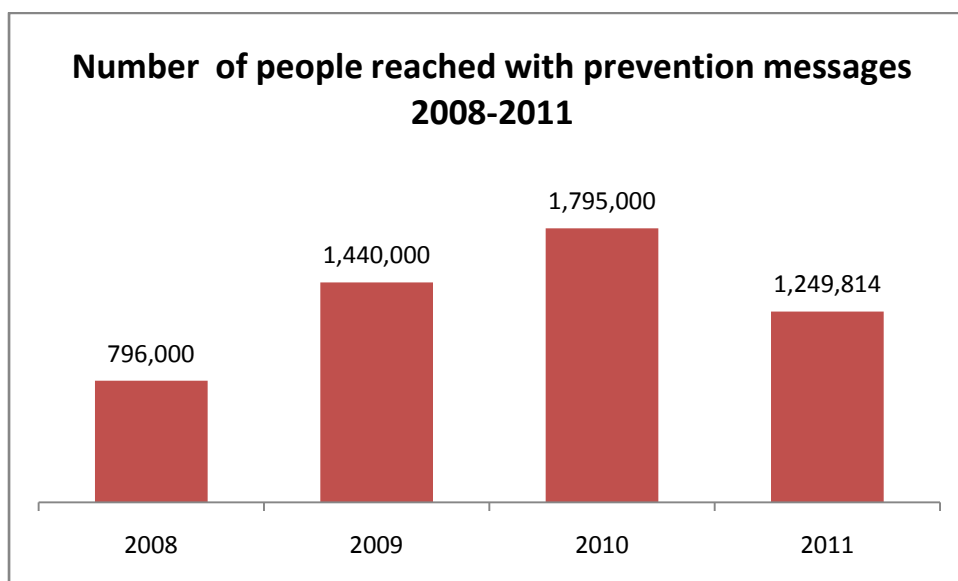
KEY FINDINGS

Output 1: Prevention of new HIV infections

A key GA HIV programmatic output for reduction of HIV is the prevention of new HIV infections through peer education and community mobilization, targeted information, education and communications to key populations at higher risk of HIV, Voluntary Counselling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) activities; as well as building skills for personal protection.

HIV Prevention work prior to the GA HIV was largely peer education for in-school youth. The Jamaican Red Cross had developed a sexuality education methodology called Together We Can which was used widely throughout the Caribbean and Central America. It has been updated and adapted by some members of the GA HIV and continues to be used in many different countries. However, in response to the evidence concerning the nature of the epidemic (concentrated to key population groups at higher risk); National Societies in the GA HIV have expanded work to key populations.

The GA HIV programme has made impressive strides in increasing access to prevention messages. From 2008 to 2009 there was an 81 percent increase in the numbers of people reached with prevention messages, while from 2009 to 2010 there was an additional 25 percent increase. The decline from 2010 to 2011 may reflect a greater focus on targeting populations at higher risk of HIV, but also a reduction in estimated numbers reached through radio programmes.



Note: 10 National Societies reported in 2008 and 2009, as compared to 14 in 2010 and 13 in 2011.

Prevention Lesson Learned 1:

National Societies can effectively work with key populations

Red Cross HIV programme managers around the region agreed that in the area of prevention the principal achievement of the GA HIV has been to support the National Societies as they built capacity to work more intensively with key populations such as MSM, Trans, sex workers and injecting drug users. While in 2008 only 4 of the 10 National Societies were working on prevention efforts directed specifically towards key populations at higher risk, by 2011 all 13 National Societies reporting data were actively engaged and working on prevention with key populations.

Many National Societies reported that initial efforts with key populations had met with resistance from within the National Society itself. This resistance originated at times from the leadership or governance and more frequently from staff and volunteers. Resistance is linked with deep levels of stigma and discrimination towards the entire key population groups in Latin American and Caribbean societies. It may also be linked to fear of the personal risks involved in reaching key populations in the places where they congregate.

With GA HIV support many National Societies conducted activities directed towards internal audiences of National Society leadership and volunteers. These activities create a greater awareness of the link between Red Cross's core values and the issues of stigma and discrimination facing key populations. In most cases, people who were living with HIV and themselves members of key population groups participated in the trainings, increasing staff and volunteers understanding of the shared humanity with these groups. In addition, these trainings focused on developing the skills necessary to work with key populations.

In addition to the challenge posed by internal resistance or discomfort with working with key populations there were also situations in which people were sceptical of the National Society involvement and commitment to their cause. In some cases, they saw the National Society solely as a charitable contributor, rather than an ally or partner to work with. Working together and being open to negotiate with groups at higher risk concerning the way in which activities are implemented was found to be a way to eventually gain their trust.

The GA HIV experience in working with key populations has provided models for future work with highly marginalized populations. These models will serve the organization well as it undertakes the challenge of mitigating urban risk under the new strategic framework. For instance, the experience gained working with trans-women in Cali, Colombia has been an important lesson for the Colombian Red Cross. Trans-women in Colombia are highly marginalized, stigmatized and at extreme risk of fatal violence. They often lack employment and housing and are subject to extreme homophobic attacks. Working with these women, in some of the harshest urban conditions imaginable has provided the Colombian Red Cross and the region with a model for how to work, even in a context of violence and discrimination.

Prevention Lesson Learned 2:

Working with key populations requires positive, tailored messaging

Since 2008 the National Societies involved in the GA HIV have moved to the provision of positive prevention messages that are strategically tailored to address the interests and needs of specific key populations. The examples of prevention activities directed towards men who have sex with men, sex-workers and youth at higher risk of or vulnerable to HIV showcased below are only a sample of numerous efforts around the region. HIV programme managers learned that working with members of key populations to develop messages was a key to success. They have also found that incorporating key individuals who are themselves at-risk as volunteers/ peer educators has greatly increased their ability to craft messages and strategies that are appropriate to the populations with whom they are working.

The National Societies throughout the region have developed an impressive number of tools which more appropriately deal with positive preventions (such as the revision of the Together We Can youth peer education methodology in Belize and Haiti). Others provide focused and context-specific education and messaging such as a peer education manual developed recently by the Bahamas Red Cross for youth at higher risk or an HIV prevention manual for MSM developed by Jamaica Red Cross, both with the support of the American Red Cross Caribbean Regional HIV/AIDS project (CHAP).

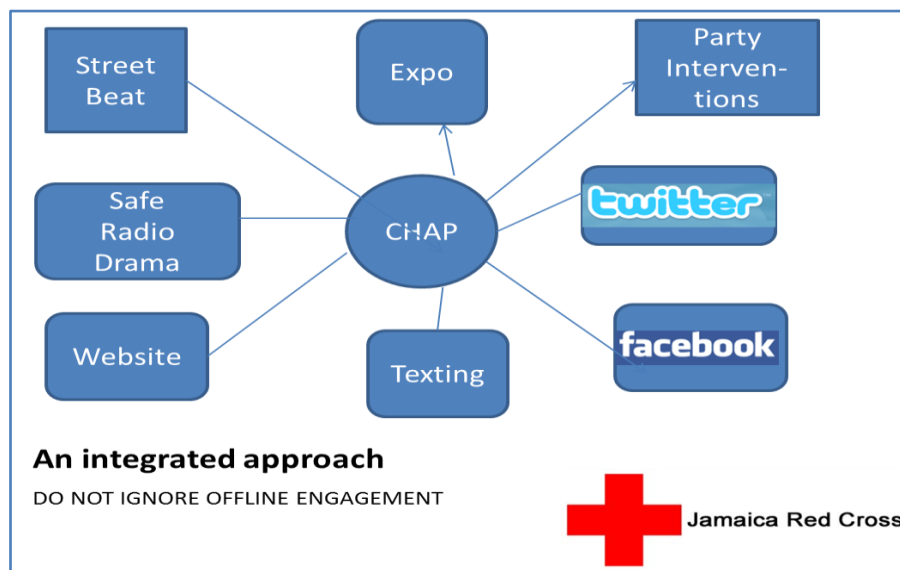
The Jamaican example below highlights how tailoring both the media and the messages to the interests of the specific key population in a multi-channel strategy is key. Jamaica Red Cross works within the context of the vibrant Jamaican music scene to provide entertaining information at bars and other venues where high-risk behaviour is

more likely to occur. In addition, they are active on Facebook and Twitter and host a blog for LGBT and MSM/ Trans populations.

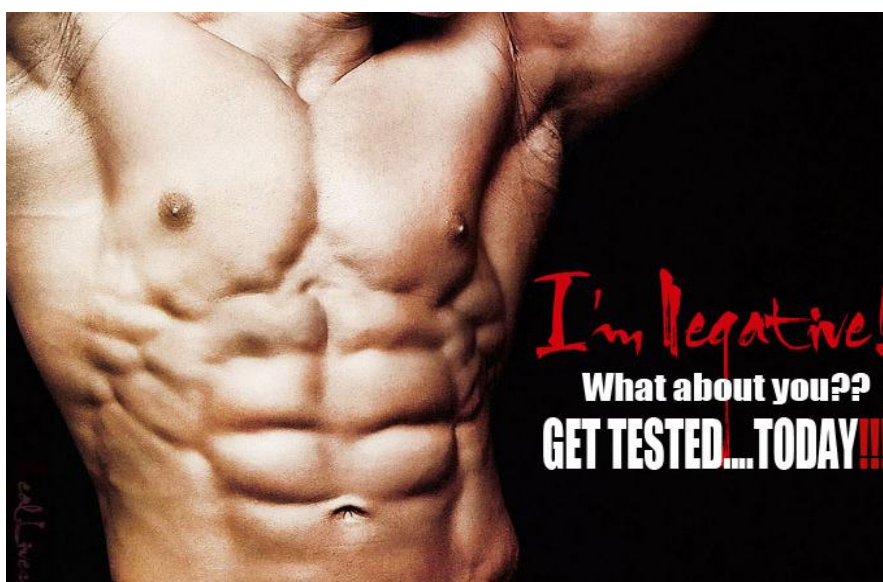
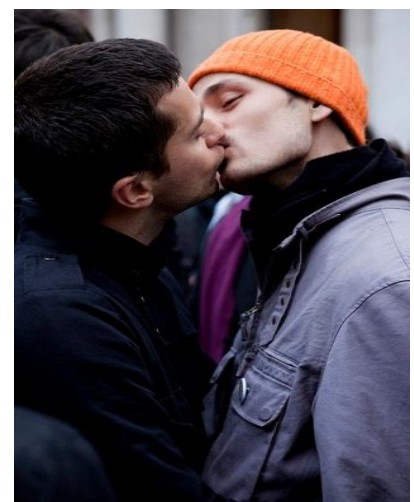
Multi-channel media strategy with and for MSM and trans populations in Jamaica

The LGBT, MSM and Trans populations are highly stigmatized and discriminated against in Jamaica, where they are subject to rights violations on a variety of levels. Same-sex intercourse is illegal and perpetrators can be subject to sanctions. Homophobic discourse is open and largely condoned by society and hate crimes against MSM/ Trans/LGBT populations are common.

The Jamaica Red Cross has developed an integrated approach which includes the use of social and traditional media which includes radio-drama, interventions at dance-parties, street fairs and social media channels such as a website and blog called Real Flexx, a Facebook page and Twitter.



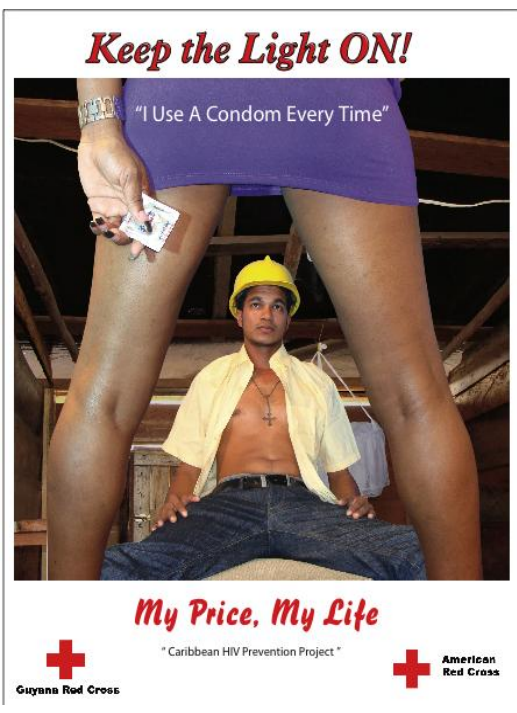
The Real Flexx blog <http://realflexx.wordpress.com/tag/jamaica/> provides a forum for the Caribbean LGBT community to discuss things like human rights, stigma and discrimination, interpersonal and partner violence, relationships and sexuality. A snapshot of the user-traffic for three months in 2011 shows that it is receiving 435 views/month on average. The edgy, modern images and frank discussions of MSM sexuality are evidence of an open and stigma-free attitude that has begun to permeate the work of the Jamaican Red Cross despite the pervasive discrimination and violence towards LGBT populations in Jamaica.



Low cost media approaches (blogs, interactive radio programmes) are highly useful in situations where stigma and discrimination is high as they allow audience anonymity while still facilitating questions and two-way dialogue

Using a very different strategy, the Guyana Red Cross developed an intensive, multi-channel approach which relies strongly on interpersonal communications at sex workers place of business, in this case remote mining camps (see below). Other examples of note around the region include Red Cross Argentina’s harm reduction activities with users of illegal substances.

Positive prevention through “edutainment” with sex workers and miners – GUYANA

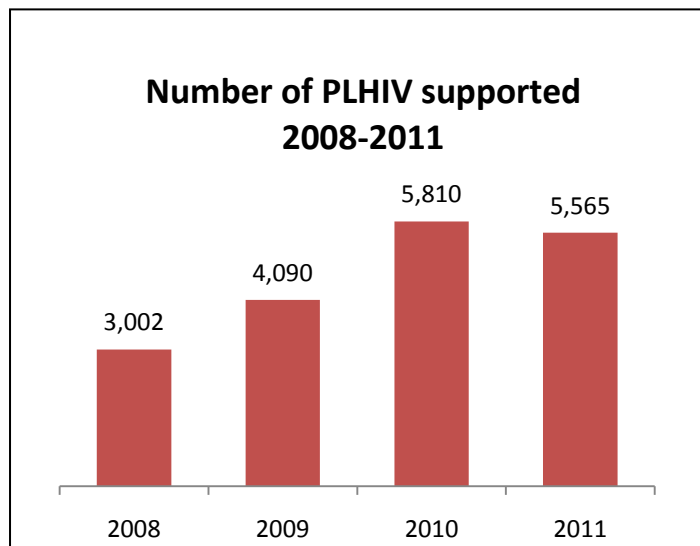


Using a complex strategy which includes: “edutainment” (risk reduction movies plus discussion), interpersonal and print communications, the Guyana Red Cross is reaching sex workers and miners who work in mining camps in the hard-to-reach hinterlands of Guyana.

The programme includes tailored print communications and a variety of educational approaches. Volunteer educators provided training on condom use and negotiation skills to the sex workers. In addition, the sex workers received kits with condoms, lubricant and personal hygiene products. Posters such as the one at left remind miners that sex workers have a right to demand condom use and that those condoms are life-saving.

Output 2: Expanding care, treatment and support for people living with HIV

This output is focused primarily on assisting orphans and vulnerable children, providing home-based or community-based support and care for PLHIV or persons with AIDS, developing community support groups and networks and providing livelihood and food support for the most vulnerable.

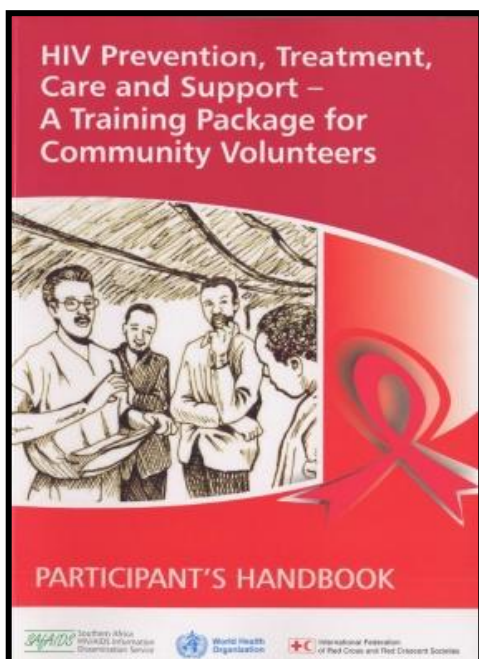


As can be seen in the graph alongside, the number of people living with HIV supported by National Societies in the region has increased steadily though there has been a slight decline in numbers reached in the past year. By 2011, ten of the 12 National Societies reported work with PLHIV, with Honduras and Colombia representing approximately half of the PLHIV reached in 2011 (Honduras reaching 2,143 people and Colombia reaching 800). While the much smaller countries of the Caribbean do not reach the same numbers of people, the effort has expanded with five (Belize, Jamaica, Guyana, Haiti and Trinidad and Tobago) of the six Caribbean countries reporting data in 2011 providing support to more than 1,500 PLHIV.

Note: Reports from 10 National Societies in 2008/9, 14 in 2010 and 13 in 2011

Care Treatment and Support Lesson Learned 1: **Strengthening the capacity of relevant government agencies through training is an important role for the Red Cross in many countries in both Latin American and the Caribbean.**

The Red Cross's role as a trusted partner and auxiliary to government can be an important asset in working closely with the government to expand access to care and treatment for PLHIV.



Mobilizing and training new human resources for HIV Prevention, Care, Treatment and Support

The National Society of Trinidad and Tobago led a project to train community volunteers to work in HIV/AIDS as a National Peer Support System. The Federation's Prevention, Care, Treatment and Support Training Package for Community Volunteers was piloted with PLHIV support group leaders and other Red Cross volunteers.

Subsequently the National Society was contracted to train 90 additional people who became part of the MoH's peer support programme. The training served to standardize the information being provided throughout the nation; creating a set of agreed-upon messages between activists and MoH. In part due to this training, the Trinidad and Tobago Red Cross has been able to reach just under 800 PLHIV in 2010 and 2011. Additional benefits to the Red Cross were an increase in visibility within the HIV/AIDS community nationally and revenue generation.

While the Ministry of Health and the agencies responsible for disasters are the Red Cross's traditional partners, the National Societies have also worked with other parts of government; for instance the National Societies of Honduras, Belize and Ecuador have worked with the prison system on care, treatment and support. The experience of Honduras is described below.

TB Prevention among Prisoners in Honduras

Taking advantage of its unique role and relationship with the government, the Honduras Red Cross has developed work within the extremely difficult environment of the national prison system to reduce co-infection with TB among HIV positive prisoners and provide care, treatment and support to co-infected prisoners and PLHIV. This project worked in the latter half of 2011 to strengthen prevention through the development and dissemination of information, education and communication and training of prison volunteers.

The project conducts testing for TB (identifying 7 new cases among the prison population) and provides VCT and for people who test positive for TB. The project also provides psycho-social support for newly detected cases, as well as supports existing cases of people with co-infection as well as PLHIV. This work has been conducted in partnership with the National Health Secretariat and local association of PLHIV.



Care, Treatment and Support Lesson Learned 2:

Awareness-raising concerning the rights of key populations and people living with PLHIV needs to be an important component of care, treatment and support programmes.

In addition to training human resources to better address the needs of people living with HIV, National Societies in the region have worked directly with some of the key populations in extremely difficult circumstances. For instance, the Red Cross of Argentina has worked with PLHIV among injecting drug users (IDUs); both at the direct service and advocacy levels. Direct services provided to IDUs included a strong harm reduction component focusing on dual objectives of: education for the adoption of safer practices and improved accessibility for substance users to counseling, care and treatment.

In the area of care, treatment and support they provided access to counseling, as well as serving as a linkage to Addiction Prevention Centers and to health services. In partnership with IDU groups they have advocated for the rights of IDUs to adequate care within the public health system. They have also worked extensively to raise community-awareness of the issues facing injecting and other drug users.



Output 3: Reducing Stigma and Discrimination

In many ways this output is a cross-cutting area with all of the other outputs. Reduction of stigma and discrimination both within the Red Cross and externally has been a vital part of the work on prevention with key populations. It is an integral part of any good work on care, treatment and support and it has also been part of the institutional change activities described in the Output 4 section. Approaches under this rubric include developing community support groups and partnerships with networks of PLHIV, ensuring that HIV-in-the-workplace policies and programmes are in place, tackling gender inequalities and sexual and gender-based violence, and peer education, community mobilization and population-based information, education and communication.

All of the National Societies have participated in far-reaching mass media campaigns on prevention, condom promotion and stigma and discrimination. Examples include the Faces campaign developed in Panama and expanded throughout the region, the Federation's global Stamps and Come Closer campaigns, and the Zero Chance campaign.

Stigma and Discrimination Lesson Learned 1:

The involvement of stakeholders from key populations in designing and implementing training for National Society staff and volunteers helped break down resistance to working with these groups.

In **Argentina, Colombia** and **Ecuador** PLHIV were integrally involved in programme design as programme managers and members of National Society staff and were able to lead change processes within these National Societies. They became leaders in the Federation's drive to establish supportive workplaces through progressive HIV workplace policies and training of staff and volunteers. Other countries described incorporating LGBT and Trans people into their training of staff and volunteers around HIV issues.

Working with transgender populations to combat stigma and discrimination in Colombia

In Colombia, the National Society developed partnerships with organized transgender groups and designed a project in conjunction with them. Members of the transgender groups participated in the design and implementation of trainings for board, staff and volunteers. Over 800 Red Cross volunteers have been trained under this collaborative arrangement.

Some transgender people have become volunteer peer educators and carry out outreach activities with transgender and sex worker populations in several cities in Colombia. As an integral part of the Colombia Red Cross team they have gained the respect and support of their Red Cross colleagues.



Stigma and Discrimination Lesson Learned 2:

Working with HIV and violence requires understanding that youth can be victims of violence and of stigma related to violence.

In highly violent societies such as those of Jamaica and Central America, youth are subject to violence at home and in their communities. Furthermore, they are increasingly stigmatized as perpetrators of violence. This is particularly true of both out-of-school and in-school youth, but is particularly a problem for out-of-school youth. These high levels of stigma and discrimination towards youth create even greater levels of alienation between youth authority figures, increasing their likelihood of engaging in high-risk behaviours.

Preventing Violence and HIV with at-risk Youth – Jamaica



In 2011, Jamaica Red Cross developed a project to introduce youth to violence prevention, mitigation and response, explore linkages between HIV and violence and strengthen the capacity of youth leaders to provide peer education on violence and HIV. The youth camp covered a variety of topics such as: vulnerabilities and resilience, HIV and linkages with violence and abuse of power. In addition, skills building sessions focused on assertiveness skills, reporting and responding to violence. Future work will include conducting similar trainings with MSM.

The Sassy project builds on the Jamaican Red Cross's long history of working with youth peer educators who have integrated HIV and violence prevention into their activities with in-school and out-of-school youth. It is further integrated into efforts to provide greater economic opportunities for young people thus helping prevent violence in both direct and indirect manners.

Stigma and Discrimination Lesson Learned 3:

Combined media and social mobilization can be powerful means of educating the public on Stigma and Discrimination

Red Cross Argentina: An Advocate for the Reduction of Stigma and Discrimination

The advocacy work of the Argentina Red Cross has heightened public awareness of the stigma and discrimination faced by affected communities, through media and educational events. In addition, cases of discrimination have been presented to the National Institute against Discrimination, Xenophobia and Racism. These efforts were planned and implemented with the active participation of PLHIV and other representatives of communities hardest hit by the epidemic. This effort illustrates the importance of partnerships in advocacy efforts, as well as how a well-designed media strategy can garner attention for issues related to stigma and discrimination. Inter-institutional alliances between the Argentina Red Cross and groups representing communities affected by the epidemic were key to implementing effective actions related to stigma and discrimination and gender violence.

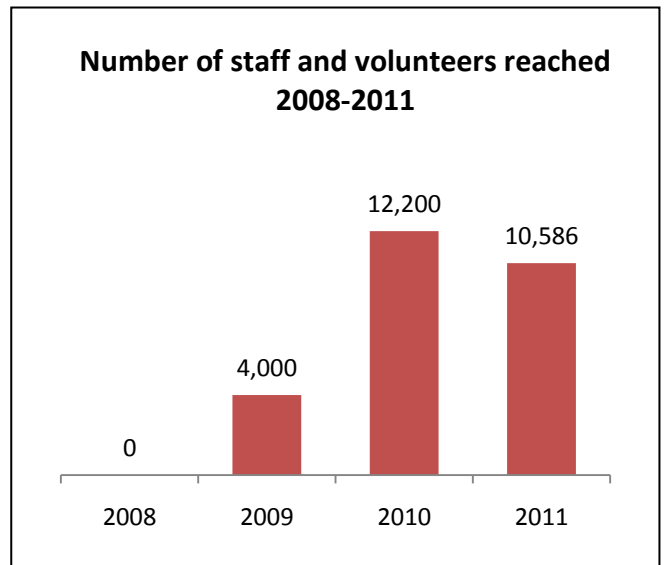


HIV in the Workplace

GA HIV members have initiated a number of activities to ensure that the National Societies meet the highest standards with respect to policies and practices related to HIV in the workplace. Internal policy change around HIV issues is difficult to achieve in many National Societies, but there has been some progress. With strong internal advocates who are themselves PLHIV, National Societies such as Argentina, Colombia and Ecuador have pioneered progressive HIV/AIDS workplace policies.

In other countries, policy change has been slower; nevertheless an impressive number of volunteers and staff have been sensitized on issues of stigma and discrimination, and trained in providing HIV-related services. From 2009 to 2010 there was a 200% increase in the number of staff and volunteers trained and engaged in providing HIV-related services and/or on HIV-related stigma and discrimination.

Managers' report that due to volunteer turn-over they anticipate increasing volunteer/staff training activities in 2012. Many of these trainings have been conducted with the active participation of PLHIV. Red Cross managers have stressed how important these trainings have been to change attitudes towards key populations and PLHIV.



Note: Data not collected in 2008. Reports received from 10 National Societies in 2009, 14 in 2010 and 13 in 2011.

One manager recalled that as recently as 2006 the senior management of one of the National Societies was so reluctant to be associated with LGBT populations that a staff person was fired for taking a Red Cross vehicle to provide support during a Gay Pride parade. Today, the staff person has been re-hired and the National Society proudly participates as an active member of Gay Pride celebrations in the country.

Output 4: Strengthening National Red Cross capacities to deliver and sustain scaled-up HIV programmes

Activities under this enabling output are designed to strengthen Red Cross capacity to implement programmes in coordination with other actors. These activities include improving governance, accountability, and leadership, improving volunteer support, strengthening programme management, resource mobilization and widening partnerships. One of the explicit desired outcomes of the GA HIV was to achieve institutional change on a broad level within the National Societies. The GA HIV hoped to move from relatively dispersed and donor-driven HIV/AIDS activities to a more evidence-based and coherent programme that worked in line with the HIV/AIDS field's unified response to the epidemic. The section below analyzes the institutional changes that were achieved, examining the extent to which some specific goals were achieved, as well as describing the way in which managers from Red Cross National Societies perceive institutional changes in a range of areas.

Strengthening programme management

In order to ensure that actions across the Red Cross are harmonized and based on solid operational principles, a unified framework of action was developed and implemented as a foundation for the Global Alliance on HIV. This framework, known as “the Seven Ones” includes programming principles that were to be adopted by the GA HIV and all members.

Red Cross managers participating in a GA HIV Lessons Learned meeting were asked to rate the extent to which they felt that the Red Cross had been successful in achieving each of the “Ones”. The table below shows the results.

	The Seven “Ones”	(N=17)	Number responding that effort was successful
1	One set of needs analysis		10
2	One set of objectives and strategies		15
3	One HIV country action plan (for each operating NS) with expectation of long term commitment to ensure sustainability		16
4	One shared understanding of the division of labour among entities of the Red Cross Red Crescent Movement		11
5	One results-based funding framework in which multi and bilateral financing channels can co-exist		8
6	One performance tracking system		7
7	One accountability and reporting mechanism		12

As can be seen in the table above, the second and third principles, related to moving from a set of disparate actions to a unified programme with clear goals and objectives that were harmonized with national efforts were felt to have been largely achieved with the majority of respondents indicating that National Societies had been successful in this effort. There appears to have been considerable progress in ensuring that there is a unified needs assessment process at country level (1), shared understanding of the division of labor among entities for the Federation (4) and a single system for accountability and reporting (7).

Areas where it was felt that further work is needed included: the implementation of a results-based funding framework which incorporates multi and bilateral funding channels (5) and a strong performance tracking system. Participants in the regional Lessons Learned meeting expressed the need for clear guidance and definition of indicators, as well as an updated data collection matrix utilizing more appropriate software.

Senior National Society managers and the Americas Zone office reported that project administration has been strong and consistent. Funds are disbursed in a timely manner and reporting has been conducted on schedule for the most part. The unified framework mentioned above may have contributed to the internal perception that the project(s) are exceptionally well-managed.

Institutional Change

There is evidence that the GA HIV has been responsible for profound changes in the way some of the National Societies address the HIV/AIDS epidemic. As mentioned above, awareness-raising and training activities have led to more open attitudes towards the key populations for the HIV epidemic.

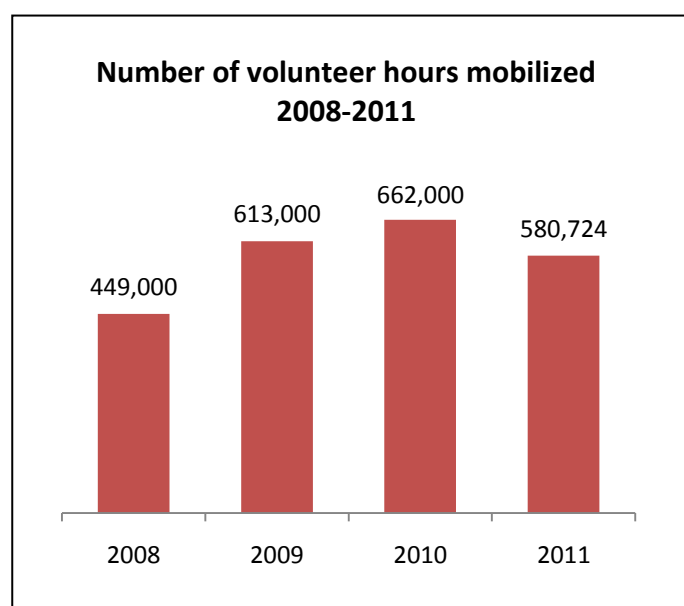
There is also some evidence that the National Societies have changed the way in which they implement mes. Each National Society developed a Most Significant Change story describing the positive changes that had occurred within the National Societies. These stories and the quantitative data collected reflect how the GA HIV had led to important changes within the National Societies across several different dimensions.

Institutional Change Lesson Learned 1:

The GA HIV has led to greater integration of HIV/AIDS within National Societies in the region.

The National Societies participating in the GA HIV have actively worked to integrate the HIV/AIDS programme within their structures. At the Lessons Learned meeting managers found that HIV/AIDS programming had been integrated into youth programming, community based health and first aid, voluntary blood donation, health education, maternal newborn child health, sexual and reproductive health/family planning and gender-based violence activities, and in some cases within disaster preparation and response.

For instance, the Honduran Red Cross described how the emergency assistance and youth sections of the National Society integrated HIV into all operational planning, trained volunteers from diverse sections and maintain “HIV specialist” volunteers as positions



Note: 10 National Societies reported in 2008 and 2009, as compared to 14 in 2010 and 13 in 2011.

within their volunteer body. National Societies in the Caribbean mention that HIV/AIDS has taken on a new importance as the National Society is doing strategic planning and programme implementation planning. In Ecuador's decentralization efforts, HIV/AIDS focal points are being trained for each of the National Society's branches.

Integration across programming units has also contributed to the number of work force hours that were dedicated to HIV/AIDS activities. The table below shows the number of volunteer hours which have been mobilized for the HIV/AIDS activities. As can be seen there was a substantial (37 percent) increase in the number of volunteer hours mobilized between 2008 and 2009, a smaller increase in 2010 and a slight decline in 2011.

Institutional Change Lesson Learned 2:

The GA HIV has strengthened the National Societies capacity to work in partnership with other groups on the National AIDS response in their countries.

The GA HIV programme's more unified vision has had a strong influence on the development of partnerships with groups at higher risk of HIV such as Trans, MSM and sex workers. The usefulness of these partnerships in expanding the capacity of the work on prevention, care, treatment and support and reduction of stigma and discrimination is amply illustrated in the examples given above.

Strategic alliances with governments have enabled National Societies to provide HIV-related services. For instance, the Honduran Red Cross has worked closely with the government to integrate Prevention of Mother-to-Child Transmission (PMTCT) into Maternal, Neonatal and Child Health (MNCH) programmes.

Strategic Alliance with the MoH has greatly increased the reach of the Guatemalan Red Cross



The Guatemalan Red Cross has greatly increased its reach and capacity by partnering with the MoH. This alliance has focused on key actions such as a widespread campaign to expand voluntary testing and counselling among key populations, strengthening the MoH capacity to provide support and services for PLHIV and most recently the "reaching zero" campaign in conjunction with UNAIDS. They have also worked with the MoH on supportive activities such as monitoring and evaluation and joint resource mobilization.

El Salvador Red Cross: Broad Alliance to Reduce Stigma and Discrimination



Alliance:

Network of PLHIV
 Positive Vision
 University of El Salvador
 National Human Rights Office
 Gender Unit of the Supreme Court
 Municipal Governments

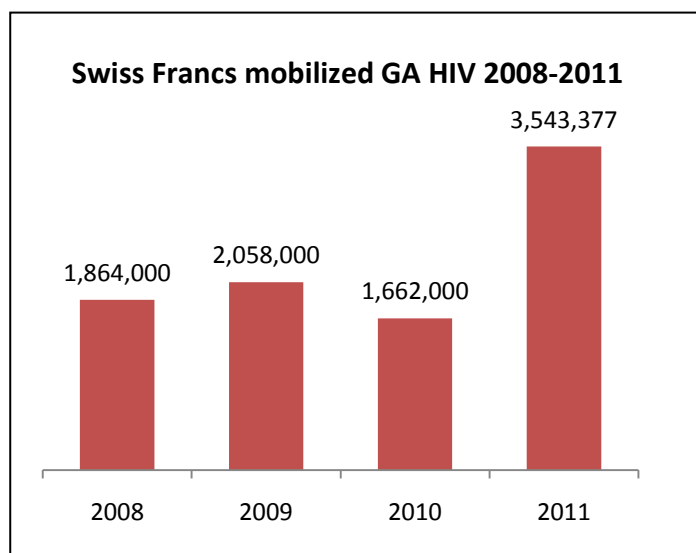
The Salvadoran Red Cross Society effectively worked with a broad alliance of NGOs, networks and government agencies to counter discrimination and violence against MSM, Trans and sex workers in El Salvador. Advocacy efforts worked to strengthen understanding of the issues among municipal governments and train the metropolitan police force. Advocacy supported the creation of legislation against hate-related and gender-based violence and the creation of a LGBT unit within the Office for Human Rights. Gender-related training was also conducted in partnership with the University of El Salvador and the Supreme Court.

Resource Mobilization

There is a general consensus among the people interviewed that the GA HIV is not simply a funding framework: it is a framework for organizing the HIV work of the Federation. Nevertheless, consistent funding contributions to National Society HIV programmes in the framework of the GA HIV over the past three years through the Federation Secretariat have been key to the success of the GA HIV initiatives at the national level. This support, made possible with multilateral contributions, has ensured that National Societies have sufficient resources to do integrated programming without relying solely on restricted project funding or bilateral relationships with PNS's. It has also enabled National Societies to develop new initiatives such as harm reduction and TB/HIV co-infection in countries where other funding was not available for those purposes.

The GA HIV is not a funding mechanism but rather serves to complement other funds mobilized by the National Societies for HIV programming with multilateral funds where possible. The Federation Secretariat also facilitates the acquisition of bilateral funds, either from Red Cross partners or other actors such as UN agencies, the Global Fund, the private sector, national governments and non-government organizations. It is vitally important that the member National Societies be proactive in developing funding sources other than the RC/RC and actively seek strategic alliances with other potential funding partners.

The GA HIV tracks funds raised by National Societies for HIV/AIDS activities and the chart at right shows the total funds mobilized from 2008-11.



Note: 10 National Societies reported 2008/9, 14 in 2010 and 13 in 2011.

As can be observed there was a slight decrease in funds mobilized in 2010, resulting from the completion of bilateral projects in some countries. This decrease has been offset by a substantial increase in funding in 2011 to a high of over 3.5 million Swiss Francs. This increase can be attributed in part to increased bilateral HIV programme funding in Haiti in addition to funds mobilized jointly from the private sector by the Guatemala Red Cross and UNAIDS for the *See to Understand* anti stigma campaign, accounting jointly for some 1.8 million Swiss Francs.

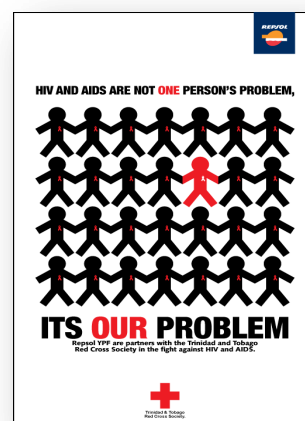
Resource Mobilization Lesson Learned 1:

The Private Sector is a potential funding source

National Societies in the region have been active in conducting their own resource mobilization activities with the private sector in recent years. The experiences in Ecuador and Trinidad and Tobago show how National Societies can rely on private sector partnerships for some support.

Trinidad and Tobago: Private sector partnership with REPSOL

The Red Cross of Trinidad and Tobago was able to develop a strong partnership with REPSOL, a subsidiary of a Spanish petroleum company and the largest company working in the country. Through its partnership with REPSOL the National Society has been able to reach REPSOL workers, including off-shore drilling workers at heightened risk of HIV, create a joint public education campaign around prevention of HIV and reduction of stigma and discrimination, and generate contributions from REPSOL for future HIV/AIDS work. This partnership was conceived as an integral and on-going part of the Red Cross's work, not as a one-time project and activities have continued since 2009. The partnership has been facilitated by the Spanish Red Cross.



Ecuador: Increasing Corporate Social Responsibility

The Ecuadorian Red Cross has developed a strategy to increase corporate social responsibility across a variety of sectors. They have worked to create awareness within the business sector. An innovation for the Latin American region has been the focus on working with the “creative sector”. This includes both creating awareness and seeking partnerships with private sector groups in the marketing, design and entertainment industries.

Resource Mobilization Lesson Learned 2:

Public sector funding is difficult to access but can result in expansion and sustainability.

The Red Cross National Societies are a unique and valuable partner for the public sector, particularly for the ministries of health and secretariats of disaster response in the region. They are seen as a relatively well-funded auxiliary to government efforts and for the most part are not seen as potential recipients of public funding.

In order to obtain funding from the public sector the Red Cross would need to change the current perception that they are well-funded. They also will need to be willing to change some of the dynamics of the government/ Red Cross relationship. Rather than being a reliable and somewhat powerful (in terms of access to external resources) and disinterested external party, the National Societies might view the acceptance of local government funding as hampering their independence from the government.

Reaching Zero

The ambitious goal posed by UNAIDS, “zero new infections” is a formidable challenge for the national responses in the region. There is little doubt that reducing new infections to zero is exponentially different from reducing them dramatically where infection rates are high. Reducing to zero will entail changing behaviours specifically among those people who have been most resistant to change. The Latin American and Caribbean National Societies successful efforts to focus their programming on those populations most-at-risk of HIV has strengthened their ability to be a strong partner for donors and national governments.

In countries with high proportions of young people, reducing new infections to zero will entail working with increasingly younger populations. It will include strengthening comprehensive sex education among in-school and out-of-school youth. The lessons that have been learned regarding how to reach and how to tailor messages to out-of-school and at-risk youth will need to be applied in the difficult situations of street violence and interpersonal violence that are being faced by youth throughout the region.

While there has been important progress in the region with respect to increasing knowledge and changing behaviours among populations at higher risk, it will be important to maintain and strengthen these activities. Experience from other regions (particularly North America) where a localized epidemic was largely halted among gay men only to experience a reversal as a new generation of young gay men emerged has shown that it is important to continue with focused interventions even where knowledge levels are high.

Integration

As the Red Cross moves into the implementation of its next strategic framework there will be an increasing need to integrate HIV work into the four strategic priorities. The integration of HIV work within the four strategic priorities, while maintaining the gains resulting from the GA HIV’s singularity will be a challenge.

The high level of integration with other programmes that has been achieved by some of the National Societies augurs well for the on-going sustainability of the HIV/AIDS programming efforts in both the Latin American and Caribbean region. It will be important for senior National Society managers to continue to promote such integration where dedicated HIV funding is not available or is insufficient to meet the needs. The GA HIV will need to continue its efforts to integrate across new areas and to ensure that HIV/AIDS programming cross-cuts other areas of the National Societies.

Sustainability

The decreased attention to HIV/AIDS issues in favour of other development priorities will pose challenges for the Global Alliance for resource mobilization. This is particularly true for the Latin American region where the epidemic is not generalized and where many countries are on the list of countries slated to graduate from the list of Development Assistance Countries. Funding levels for the Caribbean are expected to decline less dramatically given that the Caribbean remains the second most HIV affected region in the world after Sub-Saharan Africa.

Some opportunities for external (non RC/RC) funding may exist as donors recognize that with decreased funding levels it is expedient and potentially cost-efficient to work with entities such as the Red Cross that are not solely dependent on HIV/AIDS-related funding (Couteau, 2011). Many respondents reported that the availability of multilateral funding that was flexible in nature was essential to the success of the National Society programming. These funds have been used to complement funds mobilized locally. They are vital to the development and evaluation of new programmatic innovations and for the design and dissemination of the tools to scale these up beyond a single National Society.

However, it is also important to note that multiple respondents mentioned that the annual interruption in funding is extremely problematic and has hampered programme implementation. In some cases, this has resulted in National Societies being forced to terminate key personnel contracts for a month or two, in others people have continued to work without salary. Activities are also postponed during each hiatus in funding. It seems that there are few alternatives for addressing this situation. Options for addressing this might include:

- Asking National Societies to temporarily “loan” unrestricted dollars to cover “bare bones” project activities (i.e. salaries).
- Using unrestricted funds at the zone level to provide bridge funding (which is later discounted from the grant).
- Allowing National Societies to pay grant funds into a special account to be held at a bank/ attorney’s office for the salaries and other “key expenses” during the bridge period.

While there might be problems with any of these particular approaches, it is suggested that the Federation Secretariat, National Societies and their Red Cross Red Crescent partners explore the alternatives carefully in order to lessen the burden on the staff and beneficiaries at the national level currently caused by the funding cycles.

Recommendations and Future Technical Support Needs

Programme

- National Societies reported that there is still a need to effectively **address stigma and discrimination within the National Society (this was felt most keenly in the Caribbean)**. Their goal is to create model environments which are highly supportive of and welcome the participation of PLHIV and key population groups at most risk of HIV.
- While there have been substantial gains in the level of commitment to HIV at the National Societies some respondents see a need for **continued efforts to increase commitment** at the most senior levels of the National Societies.
- Urban risk and violence are key issues affecting the region and the GA HIV should continue to strengthen **capacity for violence prevention** as a component of programming.
- As the needs in the region have evolved beyond awareness-raising, prevention programming needs to sharpen the **focus on behavior change**.
- There is a need to ensure that the **integration of gender concepts** is incorporated into HIV programming, especially into youth programming.

Planning, management and evaluation

- **South to South and peer support** efforts between National Societies has been perceived as highly successful and National Society managers called for expansion of this modality for the provision of technical assistance. The Secretariat should continue and intensify its efforts to serve as a facilitator for south-south exchanges and should develop appropriate knowledge management strategies to share tools and learning across the region.
- The **interruptions caused by the annual funding cycle** is something that should be addressed with urgency as it hampers programme implementation.
- Managers identified a need to **strengthen the PMER system**, clarifying definitions of indicators and strengthening the data collection system, as well as creating a more comprehensive and results-oriented monitoring and evaluation system.
- While integration has been achieved in a lot of places, reporting on integrated activities remains a major challenge. Going forward it is important to develop ways to **report on integrated activities more fully**.

- Technical support is required for the development of **resource mobilization strategies** and the acquisition of **capacity for resource mobilization at all levels**. National Societies need to be open to new partnerships and strategic alliances that may facilitate future funding. Support and commitment at the senior management level of the National Societies will be required to assist in identifying new sources of funding and allocate appropriate resources to bolster the GA HIV programmes as necessary.

Annex A: List of participants and respondents (names in Bold were interviewed individually)

Name	Country	Position
Facilitators		
Victoria Ward	Panama	Consultant
Julie Hoare	Panama	Health Coordinator IFRC Americas Zone
Participants		
Patrick Couteau	Switzerland	Senior Global HIV Adviser IFRC
Andy Meléndez	United States	Senior HIV Adviser American Red Cross
Sally Moore	Bahamas	Health Delegate American Red Cross
Sherley Bernard	Haiti	HIV Programme Coordinator Haitian Red Cross
Tessa Jean Pierre	Haiti	Youth Director Haitian Red Cross
Ricardo Jiménez	Ecuador	HIV Programme Coordinator Ecuadorian Red Cross
Geovanna Collaguazo	Ecuador	Youth Director Ecuadorian Red Cross
Ashanta Osborne-Moses	Guyana	HIV Programme Coordinator Guyana Red Cross
Dorothy Fraser	Guyana	Director General Guyana Red Cross
Jennifer Gonzalez	Trinidad and Tobago	Director General Trinidad and Tobago Red Cross
Margarita Elliot	Trinidad and Tobago	HIV Programme Coordinator Trinidad and Tobago Red Cross
Ana Artavia	Costa Rica	HIV Programme Coordinator Costa Rica Red Cross
Jessica Fallas	Costa Rica	Youth Director Costa Rica Red Cross
Lois Hue	Jamaica	Deputy Director Jamaican Red Cross
Stacy-Ann Tomlinson	Jamaica	HIV Programme Coordinator Jamaican Red Cross
Lina Hernández	Colombia	Acting HIV Programme Coordinator Colombian Red Cross
Francisco Moreno	Colombia	Health Director Colombian Red Cross
Amanda Lewis	Bahamas	HIV Programme Coordinator Bahamas Red Cross
Caroline Turnquest	Bahamas	Director General Bahamas Red Cross
Dunia Varela	Honduras	HIV Programme Coordinator Honduras Red Cross
Ilwany Andino	Honduras	Deputy Director General Honduras Red Cross
Dawn Byng	Trinidad and Tobago	Regional Health Caribbean IFRC
Carolina Cossio	Peru	Regional Health IFRC
Maria Teresa Estrada	Guatemala	Director Health Guatemala Red Cross
Felix Castañeda	Guatemala	HIV Programme Coordinator Guatemala Red Cross
Jose Di Bello	Argentina	Sub Director Health Argentina Red Cross
Paola Romero	Argentina	HIV Programme Coordinator Argentina Red Cross
Nancy Ramírez	El Salvador	HIV Programme Coordinator Salvadoran Red Cross
Miguel Angel Ariza	Panama	RCRC+ Focal Point Panama Red Cross
Suzanne Bellivue	Panama	Programme Adviser Norwegian Red Cross
Tina Gill	Belize	HIV Programme Coordinator Belize Red Cross
Deysi Mendez	Belize	Deputy Director General Belize Red Cross
Modeste Deffo	Haiti	HIV delegate Haiti IFRC
Valerie Whiting	Panama	Violence Prevention delegate Canadian Red Cross