



HIV/AIDS STRATEGIC FRAMEWORK 2001 - 2005 *Caribbean Region*

IFRC - PNSs - UNAIDS & THE CARIBBEAN HIV/AIDS NETWORK OF RED CROSS NATIONAL SOCIETIES (CARAN):

Antigua & Barbuda
Bahamas
Barbados
Belize
Bermuda
British Virgin Islands
Cayman Islands
Cuba
Curacao
Dominica
Dominican Republic
Grenada
Guyana
Haiti
Jamaica
Montserrat
St. Maarten
St. Vincent & the Grenadines
St. Lucia
St. Kitts & Nevis
Suriname
Trinidad & Tobago
Turks and Caicos

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Acknowledgments



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DEVELOPMENT OF THE RED CROSS HIV/AIDS REGIONAL STRATEGIC FRAMEWORK

Rationale for Developing a Strategic Framework

Red Cross Societies in the Caribbean Region recognise the seriousness of the HIV/AIDS pandemic and the problems associated with it, at individual, family and community levels.

Development of regional strategic framework on HIV/AIDS for the Caribbean will explicitly communicate the Red Cross National Societies (RCNS) areas of focus, the resources and support available and the assistance required from partners, donors and the International Federation of Red Cross and Red Crescent Societies (IFRC). The Caribbean HIV/AIDS Partnership of Red Cross Societies (CARAN) will also use the Framework as a tool to share and guide the development of HIV/AIDS activities. This process will enable the CARAN Secretariat, Partner Red Cross National Societies (PNSs), the IFRC Regional Delegation and other partners to plan and render the required technical and resource support. This strategic "focus" will also strengthen the National Societies (NSs) capacity to implement the HIV/AIDS activities at central and branch level.

CARAN: A successful partnership in responding to HIV/AIDS

Recognising the intensity of the problem surrounding HIV/AIDS in the Caribbean, the Caribbean HIV/AIDS Network (CARAN) was formed in the year 2000 to provide support to the National Red Cross Societies and their governments, as well as to any other agency working in the Caribbean countries, to prevent the spread of HIV/AIDS and reduce his impact by designing, enhancing and implementing IEC intervention strategies with a special focus on youth.

CARAN brings together a multidisciplinary group, comprised of professionals and experienced volunteers from Red Cross national societies, government organisations and non-governmental organisations from several Caribbean islands and territories to create and foster a system for the exchange of information, experiences and best practices among members, UN agencies and other national, regional and international organisations.

The CARAN NSs Leaders on HIV/AIDS



“The Red Cross Leaders participants in the Trinidad and Tobago biannual meeting (May 2001) approved the developed CARAN 2001-2005 Regional

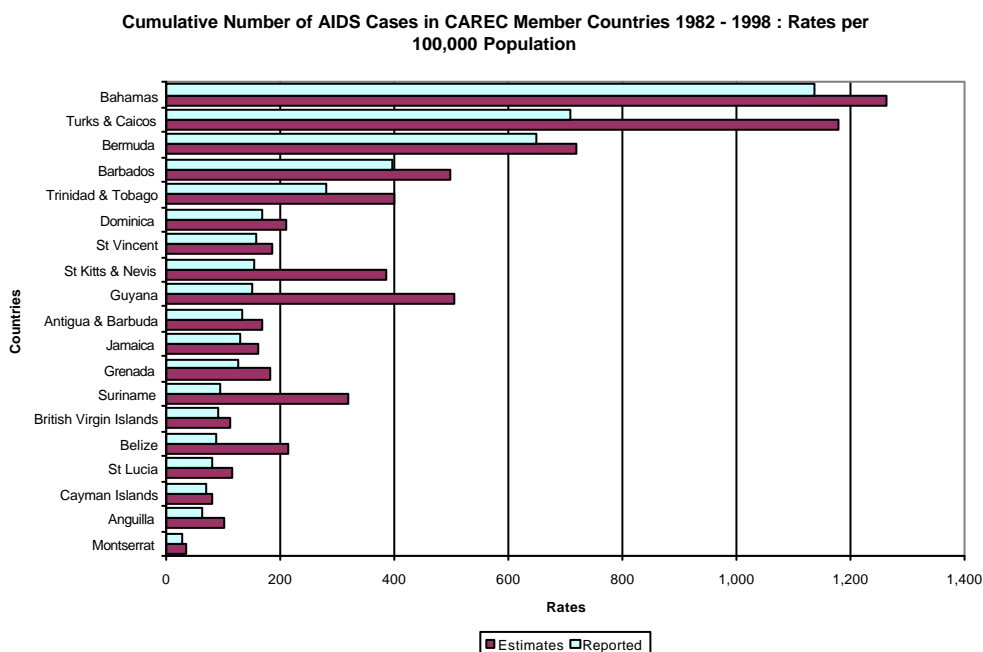
HIV/AIDS Strategy ”

THE RED CROSS “MISSION” STATEMENT

“The Red Cross and Red Crescent Movement can prevent and alleviate the suffering of humans, including those affected by HIV/AIDS, through prevention, care & support, and advocating against discrimination.”

The HIV/AIDS Epidemic in the Caribbean Region

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and The World Health Organization (WHO) estimate that there are currently 36.1 million people living with HIV/AIDS in the world. The reality is that the Caribbean region has the world's second highest prevalence of HIV/AIDS, just after Southern Africa. According to UNAIDS, there are approximately 500,000 people in this region living with this virus.



Over the past decade, the HIV/AIDS infection has emerged on such a large scale that it threatens to halt economic development and, on some continents, reverse many of the developmental gains achieved to date. Until a cure or vaccine for HIV/AIDS is developed, many aspects of national development will depend on the effectiveness of strategies for reducing or preventing HIV infection and assisting people to cope with the consequences of the HIV/AIDS pandemic.

In many countries of the Caribbean Region, there is an escalation of new infections despite high levels of knowledge about HIV/AIDS amongst the general population. There is, therefore, a recognised need to look at vulnerability risks/factors associated with HIV/AIDS: poverty, unemployment, alcoholism, peer pressure, sexual abuse, incest, cultural and religious beliefs, including the position of women in society and other socio-economic factors.

In summary, amongst the factors that influence the HIV/AIDS epidemic are:

1. Social norms that condone, even encourage, multiple sexual partners in men of all ages (multiple sex partners)
2. Social taboos that prevent the teaching or discussion of sex with young people, which delays the incorporation of sex education into the schools curriculum in many Caribbean countries.
- 3.
4. Unprotected sexual intercourse
5. Societal and legal repression of same sex partners
6. Societal pressure on homosexuals to have heterosexual relationships, thus increasing the risk of HIV/AIDS transmission to women through bisexuality
7. On-going denial by authorities of the HIV/AIDS situation in many countries
8. New sex patterns in the region, such as sex tourism and commercial sex work among school girls, housewives and children
9. Poor partner communication on sexual needs and concerns
10. Women's emotional and socio-economic dependence on men
11. Substance abuse (drugs and alcohol).

In response to the HIV/AIDS situation, the Red Cross in consultation with UNAIDS, PLWHA and Caribbean leaders, is embarking on a Regional and International Partnership against HIV/AIDS which is aimed at mobilising resources and mass action against the pandemic.

Gaps in HIV/AIDS work

The magnitude of HIV/AIDS is so enormous that, although many organisations are working in the area of HIV/AIDS, there still exist some gaps in the areas of prevention, care&support and advocacy in many countries within the Caribbean region. Information on AIDS awareness and prevention has not reached everybody. There is an increase in AIDS-related orphans needing care. The number of sick people is increasing and, in the future, the capacity of healthcare facilities will be overstretched in trying to accommodate and cope with AIDS-related patients. There is an urgent need for the Red Cross to mobilise the communities to prevent HIV contamination and to sensitize them against discrimination and towards care (using community first aid approaches to provide home base care) and advocate for acces to

medication for AIDS patients.

There is a need for tailor-made strategies and campaign materials especially for vulnerable communities . There is an extreme shortage of targeted and culturally appropriate HIV/AIDS information material in many countries in the region.

The Red Cross Strategy: to work within core areas, scale up activities and number of beneficiaries, promote partnership, networking and a gender sensitive approach.

PREVENTION, CARE & SUPPORT AND ADVOCACY are the Core Areas of the Red Cross

Three "Core Areas" have been defined by the participating NSs. Some countries have already begun implementation of activities within the framework of these Core Areas.

(i) PREVENTION: to bring about an awareness of the problem of HIV/AIDS, using knowledge and skills to promote behavior change, in order to prevent the contraction of HIV/AIDS.

What we can do:

Training: Special focus on "Youth"

Use mass media campaigns, community and church groups

Condom use promotion and "Proper use"

(ii) CARE & SUPPORT

PHYSICAL: providing Home Based Care (volunteers can provide physical care: first aid)

EMOTIONAL: RC volunteers can provide: counselling, moral support to the victims and families.

SOCIAL: reducing stigma and discrimination

ECONOMIC: promoting income generating activities

FOR WHOM: PLWHA and affected families

(iii) **ADVOCACY:** advocate for a supportive environment for those infected and affected by HIV/AIDS. Human rights for people living with HIV/AIDS, advocate for political commitment, care for orphans, rights to health care and medication.

Why Network?

- ⌘ Articulate and discuss issues pertaining to HIV/AIDS
- ⌘ Learn and update concepts about HIV/AIDS
- ⌘ Learn about approaches to be used to address special areas such as homosexuality, commercial sex workers and gender issues pertaining to capacity building
- ⌘ Increase the number of people and organisations able to participate in the development of HIV/AIDS projects/programmes in the communities
- ⌘ Share experiences, ideas and information with other organisations to effect change
- ⌘ Break barriers and build linkages between NSs and the community by working together
- ⌘ Develop platforms within churches, tertiary institutions, women and youth groups, schools and colleges, etc., to advocate for behaviour change
- ⌘ Advocacy and lobbying
- ⌘ Access to technical and financial support
- ⌘ Building awareness of RC's accessible human resources
- ⌘ Benefit from participation in the Caribbean Partnership againts HIV/AIDS



Integrating a Gender Sensitive Approach to HIV/AIDS

Gender and vulnerability to HIV/AIDS is rarely mentioned when addressing HIV/AIDS strategies. Gender roles will be unequally exploited, especially the role of women and young girls. The Caribbean Region has been characterised by weak internal policies and consequent gender inequality is a key variable in the incidence of HIV/AIDS. As gender disparities increase, the pandemic is affecting more and more women and young girls who bear the negative consequences of the gender imbalances.

Whilst these conclusions have been universally accepted, solutions have continued *“to concentrate on monogamy, condom use and abstinence”*, all of which are mainly male controlled methods of preventing HIV/AIDS.

The special risks for young girls.

As in other parts of the world, young girls in the Caribbean are at particularly high risk of becoming infected at very young ages, especially by older men who are much more likely to be HIV infected than their younger counterparts. Sex tourism with minors, often perceived as a problem of tourist destinations, is also on the rise in the region. Though deeply troubling, these issues require policy-makers to face the reality

faced by young people in the region and take measures to protect them.

Possible NSs Interventions to address gender issues

All interventions used by the NSs must recognise the link between development, gender relations, roles and the spread of HIV/AIDS. They should promote awareness in a broad context. Existing programmes should be modified to ensure that they are gender sensitive.

NSs CAN DEVELOP AND IMPLEMENT ACTIVITIES WITH AND WITHOUT EXTERNAL SUPPORT OR HELP:

NSs CAN DEVELOP AND IMPLEMENT ACTIVITIES WITHOUT EXTERNAL SUPPORT:
Without external support means that National Societies have the capacity and potential to develop and implement activities using currently available resources (financial, material and human resources: staff and volunteers)

Prevention

- Dissemination of IEC materials
- Condom promotion and distribution
- Mass media campaigns, using local opportunities
- Training at community level (peer education)

Care & Support

- Counseling for HIV/AIDS victims and their families
- Support to community initiatives groups
- Moral support for families affected by HIV/AIDS
- Assistance in the referral of AIDS affected people

Advocacy

- Participation in campaigns, e.g. Anti-discrimination campaigns for HIV+ people.
- Advocate accessibility of drugs for prevention of mother to child transmission
- More involvement of People Living with HIV/AIDS (PLWHA)
- Human Rights promotion
- Discourage stereotyping stigma and discrimination
- Create and foster supportive/safe environment
- Involvement in AIDS Agencies

WITH EXTERNAL SUPPORT:

With external support means that National Societies do not have the capacity to develop and implement activities using currently available resources (financial, material and human resources: staff and volunteers) and consequently need to increase their capacity with external

collaboration or support.

Prevention

- Production of IEC materials
- Condom purchase and distribution
- National mass media campaigns
- STDs - Early detection and referral
- Provision of protective clothing (gloves, aprons, masks & etc.)
- International training for managers: peer education & skills management

Care & Support

- Community-based first aid and community-based care
- Income generating projects
- Incentives and material for PLWHA and volunteers

Advocacy

- Organisation and participation in anti-discrimination national campaigns for HIV+ people.

We hope that the above mentioned activities will result in positive changes for individuals, families and communities infected and affected by HIV/AIDS through:

- Increasing knowledge about the pandemic
- Improving skills in negotiating for safe sex and communication amongst peers, youth(boys & girls) and families in general
- Building positive attitudes and beliefs about safe sex , sexual partnership and equality between women and men
- Promoting distribution and proper use of condoms
- Sharing of information about HIV/AIDS
- Changing attitudes and beliefs in socio-cultural and religious influences on sexuality
- Sharing responsibilities in the home and socially
- Accessing available materials and services for HIV/AIDS
- Accepting people living with HIV/AIDS thereby destigmatising HIV/AIDS

NSs requested support from CARAN Secretariat, International Federation of Red Cross, PNSs, MoH & Education, UNAIDS and other partners:

ST. LUCIA, CURACAO, ST. MAARTEN, BVI.

To provide:

TECHNICAL SUPPORT

- a. Information be made available (recent and factual)
- b. Training for Trainers

- c. Training for members in program development and management
- d. Facilitate horizontal technical assistance (organisation to organisation)
- e. Integration into National Strategic Plans
- f. Skills training in resource mobilisation (human and financial)

OTHERS

- Equipment and materials
- Commitment
- Advocacy for commitment from Government and National Societies/Branches
- Financial support (money).

JAMAICA AND BAHAMAS

CARAN SECRETARIAT

- Advocacy – national societies and national AIDS programs
- Facilitate the provision of technical support to national societies
- Facilitate fund-raising for national societies (writing proposals)
- Facilitate replication and dissemination of resource materials
- Facilitate collaboration and networking between national societies/branches and other organisations.

FEDERATION

- Facilitate capacity building
- Facilitate resource mobilisation (human, financial, materials)
- Provide technical support
- Facilitate collaboration and networking between National Societies and other organisations

MINISTRY OF HEALTH (through the National AIDS Control Programme)

- Provide training (staff for the implementation of the programme)
- Local resource materials
- Technical support
- Advocate on national societies' behalf
- Assist the national societies in networking with other organisations dealing with HIV .
- Assist with local resource mobilisation
- CARE: focus on access to health care and medication

PARTICIPATING NATIONAL SOCIETIES (PNSs)

- Technical support
- Resource mobilisation (financial and human)
- Advocacy with other national societies
- Capacity building.

GRENADA, GUYANA, HAITI, CAYMAN ISLAND & TRINIDAD AND TOBAGO

MINISTRY OF HEALTH

- Logistical support, capacity building (Haiti)
- Basic health care training (Cayman Islands)
- Financial support (allocation in Government budget annually)
- Legislative support (Haiti)
- Recognition of roles and functions of the Red Cross (Guyana)

PARTICIPATING NATIONAL SOCIETIES

- Provision of funds, technical support/ information and support in developing materials
- Access funds for construction of National Society Headquarters (Grenada & Grand Cayman)

CARAN SECRETARIAT

- Be a data base for information as it relates to statistics on HIV/AIDS
- Be an external voice for National Societies/Branches i.e. accessibility to funds, technical support.
- Promote advocacy for National Society (Grenada)
- Provide information about CARAN

FEDERATION

- Clarification on roles & responsibilities (Guyana, Trinidad & Tobago)
- Collaboration and involvement
- Access to funding and human resources for programmes/training (Grenada, Cayman Islands)
- Visibility in National Societies (Grand Cayman)

PROJECTS DEVELOPMENT AND IMPLEMENTATION

NSs can develop country projects on the basis of the developed Strategic Framework and RC Core Areas, outlining rules and regulations for project implementation. Technical support can be requested from the CARAN Secretariat, the IFRC Regional Delegation or PNSs present in the Region. A midterm evaluation process will be carried out at the end of the second year of the project's life.

Some countries are already implementing activities in pilot areas and other selected countries are required to choose pilot areas. These pilot areas will assist the IFRC Regional Delegation, PNSs and other partners to appraise the projects and build systems of required support. The evaluation methodology will be agreed upon by the parties involved before the end of the first two-year period.

The project will conduct a baseline Knowledge, Attitudes and Practices (KAP) study at the beginning of the projects and at the end of the projects so that the impact can be assessed.

ANNEXES:

Terms of Reference

Red Cross Caribbean HIV/AIDS Network

(RC CARAN)

Since 1987 the International Federation of the Red Cross and Red Crescent Societies has been engaged in the fight

against HIV/AIDS. The decisions of the General Assemblies in Rio de Janeiro 1987, Budapest 1991 and Birmingham 1993 provide the guiding policies for the interventions of the Federation in the control of HIV/AIDS, in caring for the infected and affected persons and families and the promotion of Human Rights and prevention of discrimination and stigmatisation of persons infected with HIV. The strategic work plan for the nineties clearly describes the actions to be taken in this regard.

In spite of significant bio-medical advances, neither cure nor vaccine is available for AIDS. Even though some breakthroughs have been achieved for prolonging life through triple therapy, this has been made available only to the very few and, thus, should not create of complacency. According to the recent estimate provided by UNAIDS, as of the end of 1999 globally over 33.6 million women, men and children are living with HIV/AIDS and over the course of the year (1999) over 2.6 million persons died of HIV/AIDS. The magnitude of and distribution of other Sexually Transmitted Diseases and Tuberculosis have significantly increased.

In the Caribbean, AIDS is one of the major public health problems and it will most probably remain a serious problem for the rest of this decade. The epidemic in the Caribbean suggests that the majority of those infected are young people. There is therefore a critical need for fostering preventive measures aimed especially at young people, providing psychological support and care for persons living with HIV/AIDS and their families as well as promoting/advocating in favour of human rights and dignity. The involvement of National Societies in the Caribbean in the fight to prevent the further spread of HIV/AIDS must be intensified. Innovative approaches must be promoted. Concerted efforts by pooling resources, knowledge, skills, experiences and best practices as well as collaborative interventions must also be promoted. This can be achieved through regional networking strategies.

CARAN Secretariat "Mission Statement"

To strengthen Caribbean Countries' and RC National Societies' capacity to prevent and control the spread and impact of STI/HIV/AIDS.

General Objective

To facilitate the design, enhancement, and implementation of STI/HIV/AIDS programmes, focusing on prevention, care & support and advocacy.

Specific Objectives

- To create and foster a system for the exchange of information, experiences and best practices among RC CARAN members, national, regional and international organizations.
- To provide on-going support and technical assistance to members of the Network.
- To facilitate the design, enhancement and implementation of regional Information, Education and Communication intervention strategies with special focus on youth and their healthy development.
- To advocate for a supportive and conducive environment for persons infected and affected by HIV/AIDS throughout the Caribbean.

- To promote sustainability through the development of a resource mobilization plan.

Focus Areas

- Prevention
- Care & Support
- Advocacy

Organisation- The RC Caribbean AIDS Network is a multi-disciplinary group comprising professionals and experts from national societies, governmental organisations, and other non-governmental organisations. Each National Society will appoint a Red Cross representative and someone from a collaborating agency with the relevant technical expertise and experience.

The network will elect a chairman who, in collaboration with the Federation and its Regional Delegation, will oversee the planning activities, budgets and working systems, between members. The chairman will serve a single three-year period. The secretariat of the Network will be hosted by each member national society for a period of three years in the first instance, with a review and evaluation at the end of that period to determine continuation on a rotational basis. No national society shall host the secretariat for more than two consecutive terms. Initially the office of the Secretariat will be located in Jamaica.

The National Society that hosts the secretariat will assign office space and volunteers to assist with the day-to-day activities of the network. The members of the network will work towards making the network financially viable that will cover the core costs of the network.

The working languages of the network will be English, Spanish and French.

Initially the network will consist of the Chairman and a secretary and an assistant elected by RC CARAN members. The rest of the staff will be provided by the National Society which is the current seat of the secretariat through volunteers.

Responsibility of the Secretariat

Receiving and compiling information for dissemination to the various member countries.

Establishing a Database.

Reporting to the Executive of CARAN

Working Method- The network will execute and coordinate its actions through planned meetings, workshops and visits. The RC CARAN will meet once per year. In the initial stages an attempt will be made to convene a meeting six months later. The agenda of the meetings will be developed and sent to National Societies and networking agencies no later than one month before the date of the meeting. Workshops on selected topics based on identified and/or expressed needs will be arranged in conjunction with the meetings of the network.

The report of the proceedings of the meetings and workshops and other technical documents will be compiled by the secretariat of the network and sent to other members of the network and to the secretariat of the Federation and its regional delegation. Reports of the network will also be made available to non-member National Societies and potential member agencies of the network on request.