

# **ACTIONAID INTERNATIONAL**

## **HIV & AIDS**

### **STRATEGIC PLAN 2005-2010**

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# 1. Introduction

This strategic plan is a result of eight months of consultation process within the international HIV&AIDS team, and with international partners that culminated into an international staff and partner's convention held in Nairobi, at the end of May 2005. A strategy steering group (SSG) was constituted, representing all regions, to guide the consultation process and comment on the first draft in the run up to the convention in Nairobi. This convention drew in staff and partners from all regions serving as international PRRP event for the HIV&AIDS theme at which our work over the last twenty years was reviewed and strategic niche isolated, goals, action areas and ways of working agreed. Following that convention a draft strategic plan was drawn and circulated widely for consultation, discussed at the theme heads meeting held in Johannesburg end of June 2005. The final consultation phase included further reference and discussions with the strategy steering group, theme heads, and international directors,

The plan is arranged in 7 key sections namely: the international context; purpose of the plan; 5 thematic goals; 5 strategic objectives with actions and outcomes under each; ways of working and areas of focus; organizational structures; resource mobilisation; risk management analysis and strategy; and the glossary at the end. The international contextual analysis attempts to investigate the interrelations between HIV&AIDS and its impact on family and national economies, revisits the importance of gender inequalities as a key driver of the epidemic especially the vulnerability of women and girls. The plan recognises that the global response is falling far short of increase and spread of the epidemic ending with a question on then need to investigate why the epidemic is under control in North America and Europe and not in Africa and Asia with the view to drawing lessons for action in these regions to improve the response in Africa and Asia. It passionately challenges the paradox of failed government's commitments the world over and calls for a global outrage and a sense of urgency and action now! Recognises the role of CSOs, and Action Aid's niche to include: mobilising and convening CSOs; strengthening capacity for community level response; supporting PLHA and CSOs capacity for advocacy; and strengthening effective participatory programming that enhances PLHA participation in the HIV&AIDS response.

The plan is based on the following 5 thematic goals each arranged with accompanying priority actions and expected measurable outcomes thus:

Goal 1: PLHA will increasingly claim and exercise their rights, including access to comprehensive treatment, care and social security.

Goal 2: By exercising their rights, women and girls will measurably reduce their vulnerability to HIV infection and the impact of HIV&AIDS on their lives, including the burden of care.

Goal 3: By exercising their rights, all those who are vulnerable to HIV infection will have the necessary information and skills to protect themselves from HIV infection.

Goal 4: PLHA and other citizens will have the necessary organizations and movements to create sustainable and effective responses and spaces for advocacy in the fight against HIV&AIDS.

Goal 5: States and other institutions will be accountable and responsive to their citizens, particularly by respecting, protecting and promoting the human rights of people living with and affected by HIV&AIDS.

Throughout this document there are three common tacks running through which includes the following:

Track one rights of PLHA and Women and Children is a central theme based on the recognition of their vulnerability, and the historical fact that it is only a clear emphasis of their central role in the response that will make a difference. This also put in the plan the human face to the response proposed in the strategic plan. For this reason goal one and two are exclusively dedicated to addressing the rights of PLHA and Women respectively. The second track is the emphasis the need for a stronger decentralised community response. This is based on practical experience for our last twenty years that all countries such as Uganda, Senegal and Brazil that have reported a reduction in infection rates have had a strong decentralized community level response. The third track is the focus on policy advocacy through bringing the voices and perspectives of poor and excluded PLHA and affected communities in the planning and policy decision-making. In developing ways of working the plan draws out priority areas for thematic linkages with the other 5 priority themes of Education, Food rights, Human Security in emergencies and conflict, Just and Democratic Governance. It also proposes the international focus on core countries such as India, China, and Southern Africa whose economies have serious impact in migrations and consequently the spread of the pandemic; regions in or emerging from conflict such as the Great Lakes to shape our response with strong cross border linkages.

The plan recognises that this is a major scale up of the international HIV&AIDS programmes based on our ambitious rights to end poverty strategy, requiring a larger team and better coordination of roles and responsibilities at all levels. Consequently it proposes a number of new sub-regional regional advisor positions for South-East Asia, South Asia, East and Southern Africa, and West Africa, the Caribbean and Europe. Moreover the plan proposes the need for an ambitious resource mobilisation strategy covering both official funding private donations which will still have to be developed and International Partnership Development Unit (IPD) and the fundraising Units.

Finally the plan ends with a risk management analysis that is intended to draw organisational attention and joint responsibility to manage them well if this plan is to be successfully implemented. This strategic plan is an attempt to improve the impact of our already existing work and therefore should be seen in that light.

## 2. International context

### 2.1 HIV&AIDS is perpetuating poverty and injustice

HIV&AIDS is destroying the lives and livelihoods of millions of people around the world. The situation is worst in regions and countries where poverty is extensive, gender inequity is pervasive and where the human rights of people living with HIV&AIDS (PLHA) and affected communities are denied.

In countries hardest hit by the pandemic, HIV&AIDS is undermining the social and economic development of nations by putting to waste the human resource capacity which costs millions of dollars of investments to train. Community leaders and skilled personnel in public, social, education and health care services are becoming ill and dying, undermining the ability of communities to respond and the capacity of services to meet demands that continue to escalate as a consequence of HIV&AIDS. The pandemic is affecting labour forces and reducing agricultural productivity. Millions of children are without adequate care and support, creating further pressure on families and communities to care for orphans and children made vulnerable by HIV&AIDS (OVC). The family still bears the bulk of the costs of intervention to date, so when family members become ill and die and children orphaned, women and girls bear the burden of care, further entrenching gender inequities and family poverty levels.

Poverty increases the severity of the impacts of HIV&AIDS on individuals and families. This is compounded by **unequal power relations between men and women**, which increase the latter's vulnerability. By perpetuating poverty, HIV&AIDS undermines the protection and promotion of

people's **human rights**, including the right to life, equality, information, health, education and dignity which are the foundations for development.

## 2.2. The global HIV&AIDS response falls far short of requirements

Nearly 40 million people are now living with HIV&AIDS. Almost 5 million people became newly infected with HIV in 2003, the greatest number in any one year since the pandemic began.<sup>1</sup> These facts call for rethinking the response in the future.

Two thirds of all PLHA, an estimated 28 million people, live in **Sub-Saharan Africa**. In 2003, an estimated three million people became newly infected and 2.2 million died (75% of all AIDS deaths globally that year). Women and girls are disproportionately vulnerable to HIV infection and the impacts of HIV&AIDS. 57% of adults infected are women, and 75% of young people infected are young women and girls. Although there is evidence that with HIV&AIDS Africa faces a strategic defence security economic development crisis [long and confusing phrase from 'strategic' onwards – which aspect of the crisis do we want to emphasise?] African leaders and governments still have to invest a proportionate amount of their own national resources, take charge of and monitor the action, and provide leadership of a truly national agenda in the fight against HIV&AIDS.

In **Asia**, an estimated 7.4 million people are living with HIV and epidemics across the region are expanding rapidly. In 2003, 1.1 million people became newly infected – more than in any previous year. Home to 60% of the world's population, the fast-growing Asian epidemic has huge implications globally. In Asia, the HIV epidemic remains largely concentrated among injecting drug users; men who have sex with men; and sex workers, clients and their immediate sexual partners. A new development indicates an increasing rate of infection amongst women and girls in China and India. Unfortunately governments and other institutions, including CSOs, in Asia are making the same mistakes as Africa by keeping in denial for too long, hence not taking charge and matching their response to the impending HIV&AIDS catastrophe.

About 1.3 million people are living with HIV&AIDS in **Eastern Europe** and **Central Asia**. Injecting drug use is the main mode of transmission, but in some countries sexual transmission is an increasingly common, particularly among injecting drugs users and their partners.

Around 1.6 million people in **Latin America** and 430,000 in the **Caribbean** are living with HIV. In Latin America the epidemic is concentrated among people who inject drugs and men who have sex with men. In Central America, HIV is spread predominantly through sex – both heterosexual and among men who have sex with men. In the Caribbean, the epidemic is mainly heterosexual, and in many places it is concentrated among sex workers, but there are indications that it is also spreading in the wider population.

**North America** and **Western Europe** continue to report very low infection rates except amongst Afro-descendant peoples. The challenge with the global epidemic is that no one seems to be really questioning why this epidemic has been so fast controlled in the United States and Europe. What did the USA do right to control an epidemic which was first identified in California, which Africa and Asia are not doing. What should the governments and peoples of Africa and Asia do differently in their context to control the spread of the pandemic; something is not right here and must be addressed urgently and seriously.

## 2.3. The paradox of failed government commitments and no global sense of outrage and urgency

Over the last five years governments and leaders across the world have made various commitments to tackle the HIV&AIDS pandemic, including: UNGASS declaration of commitments

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<sup>1</sup> The contextual information outlined in this section is from *2004 Report on the Global AIDS Epidemic*, UNAIDS, pages 6 – 8. The statistics are current for 2003, reported in 2004.

2001; the UN Millennium Declarations and the Millennium Development Goals, the UN-SG Task Force on women and girls in southern Africa; international conventions on women and children, G8 meetings and regional meetings and declarations of Heads of States and Governments such as the Abuja declarations of commitments 2001. A common denominator is that governments have not kept their words even in the face of evidence that the pandemic is ravaging life and expanding boundaries faster than the global response every year. This is against the background of evidence that all countries reporting decrease in infection have had very strong political commitment and leadership at the highest levels. The challenge is getting **all governments to walk the talk** at a time when 40 million people are HIV positive, 3 million are dying in one year, millions more are at risk of HIV infection and there is no sense of outrage and urgency. This is unacceptable in the 21<sup>st</sup> century!

## 2.4. CSO movements and the HIV&AIDS response

Over the past twenty years CSO interventions in the HIV&AIDS response have been characterised by project based work and limited advocacy. Increasingly, success stories in all countries reporting progress towards controlling and or halting the spread of the pandemic, such as Uganda and Senegal, have been attributed to:

- A scaled up and sustained long term community level prevention, care, support and social mobilisation by non-governmental and faith based organisations
- a central role of PLHA associations and networks
- a decentralized, lateral sector and vertical local government response
- strong women's leadership in a sustained HIV&AIDS response
- growth of treatment action movement at local, national, regional and global levels
- strong political commitments and leadership in all countries

Despite all this good work CSOs still need to do more in the area of mass mobilisation for stronger, better linked, better coordinated prevention and advocacy, improve sharing and learning and reduce duplication of roles in the same location. CSOs also need to strengthen linkage between organisations of people living with HIV&AIDS and the human rights movements in order to maximise the political capital and space for advocacy and better community level response.

## 2.5. ActionAid International's strategic niche in the HIV&AIDS response

Over the last twenty years Actionaid International and the CSO community have been involved directly and indirectly in responding to HIV&AIDS in many countries. The organization has developed a number of participatory tools, such as Stepping Stones and Reflect, aimed at empowering poor people to assess their conditions and decide the best ways to respond to the HIV&AIDS pandemic. Actionaid supported the growth of community based organizations like TASO in Uganda and a number of networks of PLHA across Africa. ActionAid International implemented the GBP 22.5 million-DFID funded-9 country Support to the International Partnership against HIV&AIDS in Africa (SIPAA) programme. In Asia Actionaid International supported the development of the Asia Peoples Alliance for Combating HIV&AIDS (APACHA). Recently the organization launched '*The Mutapola Framework*' based on the rights of poor women and girls infected and affected by HIV&AIDS. The HIV&AIDS international advocacy and campaign team has launched the "**make the money work**" campaign that aims to advocate governments to ensure an increase in and equitable access to **HIV/AIDS related care**, and support for **the right to life and dignity for poor and excluded people, especially women and children**. At a recent staff and partners' convention, ActionAid's niche was identified to include the following:

- mobilising and convening civil society for advocacy and campaigns
- social mobilisation and strengthening capacity for advocacy by people living with HIV&AIDS and other CSOs
- advocating, mobilising and supporting CSO institutional capacity building for resource draw-down to an effective community level response

- supporting effective participatory planning, monitoring, evaluation, documentation, learning and advocacy

## 2.6. The HIV&AIDS response we want to see

Twenty years down the line it is absolutely clear that the HIV&AIDS pandemic is ahead of the global response. With this background we are demanding the following attributes of the global response from ourselves and our partners.

- mobilises global political commitment, a sense of outrage, urgency and non complacent action now!
- moves from political commitments to real political action now by all leaders at all levels, in all countries and regions.
- sets out a comprehensive rights based approach (RBA) that enables poor and excluded people who are vulnerable to, affected by and living with HIV&AIDS to demand actions from governments and other institutions at all levels
- establishes simple, efficient and effective mechanisms to *Make the Money Reach and Work* for the poor and excluded people living with, vulnerable to and affected by HIV&AIDS.
- mobilises a long term people's liberation war with positive impact on PLHA, their households
- promotes central role of the rights and leadership of women in an effective response.
- promotes the rights and central role of PLHA in planning, implementing and monitoring an effective response
- supports the critical engagement and space for CSO advocacy in government and inter-governmental institutions at all levels.
- mobilises a stronger, better connected, better coordinated people's mass movement to demand their right to life and dignity in the face of HIV&AIDS

It is this level of action and the ability to remain flexible, dynamic and ready to learn as we go that we believe can turn around this global pandemic.

## 2.7. About this strategic plan

**This strategic plan** draws heavily from our experience of the last twenty years working with communities, which confirms the unfortunate reality that the epidemic is still ahead of the global response. More specifically, the plan is based on the proceedings from the staff and partners convention (May 2005), the *Code of Good Practice* for NGOs Responding to HIV&AIDS, and Actionaid International global strategy *Rights to End Poverty (R2EP)*. The R2EP Strategy 2005 – 2010 sets out our organisational vision, mission, goals, values, core identity and strategic priorities for the coming six years. This strategic plan also provides the guiding framework for development and implementation of thematic regional and country strategic and operational plans.

## 3. Purpose of this HIV&AIDS Thematic Strategic Plan

To implement the Rights to End Poverty strategy through actions that enhance **the right to life and dignity** for poor and excluded People Living with, vulnerable to and affected by HIV&AIDS especially women and children, in a focused, better coordinated, more effective international HIV&AIDS programme. The plan recognises that a lot of good work has been done in the last twenty years in all country programmes that have been engaged in HIV&AIDS work. To this effect the plan attempts to build and consolidate on the wealth of experience into a more focused and coordinated framework to guide our work over the next five years.

## 4. The HIV&AIDS Thematic Goals, Strategies, and Actions

The following thematic goals, strategies and actions in responding to HIV&AIDS, are guided by and consistent with the organisational goals, embedded in our global strategy “Rights to End Poverty”:

### **Goal 1: PLHA will increasingly claim and exercise their rights, including access to comprehensive treatment, care and social security**

Evidence abounds that the involvement of PLHA and affected communities in planning implementation and evaluations of HIV&AIDS programme adds value on the impact. This strategic plan adopts this practice in the actions below.

#### **STRATEGIC OBJECTIVE 1: Advocate for and support meaningful involvement of PLHA and affected communities in shaping and taking action on the HIV&AIDS response**

PLHA and affected communities are central to an effective response to HIV&AIDS. Through their own experiences, they bring the expertise to take up the challenges posed by HIV&AIDS and work to find appropriate solutions. When efforts to respond to HIV&AIDS are grounded in the lived experiences of those affected, they are far more likely to address the many factors that shape HIV risk, HIV transmission and the experience of living with HIV&AIDS. In order to foster meaningful involvement of PLHA and affected communities within our organisation and in our partnerships we will:

#### **ACTIONS:**

- support the effective roll out of the HIV&AIDS in the workplace policy at all levels within Actionaid international and our partner organisations
- advocate for legal reforms that protect and support PLHA to utilize these laws against stigma and discrimination.
- promote community level HIV&AIDS prevention, treatment and care literacy and awareness of the negative impact of stigma and discrimination on the rights of PLHA and affected communities
- advocate for, mobilise and support meaningful action for the central participation of PLHA and affected communities at different levels, including planning, implementing, monitoring and evaluation, including financial resources and timely access to information

#### **OUTCOMES**

- increased uptake of testing, treatment and care by staff members
- reported increase in utilisation of anti stigma laws by PLHA especially women and girls
- increase in improved household and community level love, care and support for PLHAs
- increase in active advocacy and participation of PLHA organisations in decision making processes.
- increased uptake of voluntary counselling and testing especially by women and youths

## **Goal 2: By exercising their rights, women and girls will measurably reduce their vulnerability to HIV infection and the impact of HIV&AIDS on their lives, including the burden of care.**

The rights of **women and girls** are central to our organisational strategy - *Rights to End Poverty*. This must be reflected in our HIV&AIDS work. Women and girls are becoming increasingly vulnerable to HIV infection. Nearly 60% of all people living with HIV&AIDS are women and girls. While this trend is stark in countries where heterosexual sex is the dominant mode of transmission, women and girls are also particularly vulnerable in many countries with epidemics that are concentrated among specific populations such as sex workers and injecting drug users (IDU).

### **STRATEGIC OBJECTIVE 2: Support women and girls to claim their rights, reduce vulnerability and mitigate the impact of HIV&AIDS on themselves.**

All recent evidence confirms that women and girls are disproportionately vulnerable to HIV&AIDS infection even more in stable and matrimonial relationships, in all regions of world and are agents for challenging gender roles and norms that increase their vulnerability to HIV infection. This calls for action to support women and girls to reduce vulnerability and the burden of care on their daily lives.

#### **ACTIONS:**

- advocate and support women to use policies, practices and laws that protect their sexual and reproductive health and land, income and other assets rights.
- advocate for and support programmes that reduce and or eliminate the burden of AIDS care for women and girls.
- advocate for expeditious research on and availability of microbicides, female condoms and other female-controlled prevention tools

#### **OUTCOMES**

- increase in number of women and children reporting legal protection of land and assets rights
- reduction in violence and abuse of women and girls
- reported reduction in the burden of home based care for on women and girls
- reported increase in access to affordable women friendly prevention tools such as microbicides

## **Goal 3: By exercising their rights, all those who are vulnerable to HIV infection will have the necessary information and skills to protect themselves from HIV infection**

HIV&AIDS undermines the very right to life, wellbeing and dignity for those infected and threatens freedoms and justice by perpetuating individual and household poverty. Every citizen has a right to information and skills to protect themselves from infection. Lack of information promotes vulnerability and stigma, undermining the success of any response to the AIDS pandemic.

### **STRATEGIC OBJECTIVE 3: Support sustained comprehensive HIV prevention work to reduce vulnerability, especially women and children, and high risk groups.**

While there is a significant body of evidence and knowledge about how to prevent HIV transmission, prevention efforts reach fewer than one in five people at risk of HIV infection. We must ensure that this knowledge is consistently applied in scaling up prevention efforts to reach the millions of people at risk of HIV infection worldwide. We need to work to ensure access to the full

range of prevention options, provided in a manner that is free of judgement, in order that people can assess their own risk and make informed decisions about adopting practices appropriate for them.

#### **ACTIONS:**

- facilitate community analysis and social mobilization actions using empowerment tools, such as Stepping Stones and Reflect (STAR), for prevention including informed decision making and challenge gender and power relations that underscore vulnerability to HIV&AIDS infection.
- support empowerment of communities to claim their right to comprehensive HIV prevention, voluntary counselling and testing and care programmes, including accurate information on condoms and sterile injecting equipment
- advocate for and support resources to household and community level preparedness through community based treatment literacy, care and peer support tools and skills.
- support school based programmes that integrate HIV&AIDS prevention, sexual and reproductive health rights education into the school curriculum.

#### **OUTCOMES**

- reported reduction in HIV&AIDS infection rates especially amongst women and youth.
- reported increase in access to voluntary counselling and testing, treatment, care and support especially for women and girls
- reported reduction in stigma and discrimination of PLHA
- increase in reported community based treatment care and support

### **Goal 4: PLHA and other citizens will have the necessary organizations and movements to create sustainable and effective responses and spaces for advocacy in the fight against HIV&AIDS**

To mobilise poor and often excluded citizens to take action, strong organisations are key. They provide identity, sense of belonging, support, and a point of contact for any external engagement. Many CSO and PLHA organisations need support and a dynamic partnership to make this a reality. The strategy below aims to deliver this very important ingredient of the response.

#### **STRATEGIC OBJECTIVE 4: Facilitate strong, flexible and dynamic partnerships that aims to deliver an effective response against HIV&AIDS based on the rights of PLHA and affected communities, especially women and girls.**

We will build on our own unique expertise, while fostering strategic partnerships with organisations to support a coordinated approach to responding to HIV&AIDS.

#### **ACTIONS**

- invest in building partnerships based on trust, shared values, transparency, complementary capacity and credibility with PLHA and affected communities
- advocate for and facilitate a sustained long term support including funding and learning to strengthen capacity of the response especially at community level
- identify capacity requirements and provide support through training, placements, mentoring, and learning exchanges, documentation of working experiences in the HIV&AIDS response for staff and partners.
- research and develop effective community based “state of the art” social mobilisation and monitoring tools, including resource tracking that can effectively contribute to halting the spread of the HIV&AIDS epidemic especially amongst women and girls

## **OUTCOMES**

- reported increase in access to treatment, nutrition and care for PLHA
- reported increase in number of community based organisations scaling up high quality coverage of community level programmes
- increase in reported improvement in quality of HIV&AIDS programming in AAI and partners organisation in areas such as conflict and emergencies settings, cost effective home based care, and family nutrition for PLHAs especially women and girls.
- increased evidence that voices, perspectives and lived experiences and realities of PLHAs especially women and girls are actually influencing policy decisions effectively.

## **Goal 5: States and other institutions will be accountable and responsive to their citizens, particularly by respecting, protecting and promoting the human rights of people living with and affected by HIV&AIDS.**

As discussed before, governments across the globe have fallen short of fulfilling their various commitments made to facilitate the fights against HIV&AIDS. Even where some support has been provided they have often not been well focused on the reality of PLHA. Moreover, a lot of resources have remained hanging at the elite national levels without actually benefiting the poor and excluded PLHA at the community levels. This calls for effective action on the part of CSOs to support active advocacy by PLHA. It also demands that governments take actions to respond to these advocacy and the following actions aims to achieve that.

### **STRATEGIC OBJECTIVE 5: Facilitate people centred advocacy and campaigns that focus on supporting PLHA and affected communities to claim their rights to life and dignity in the face of HIV&AIDS**

The lived experiences, needs and priorities of poor and excluded people living with and or affected by HIV&AIDS must be central to setting program priorities, so that they are facilitated to campaign on the issues that are most important to themselves first and foremost.

## **ACTIONS**

- mobilise global political dialogue to investigate why the epidemic has been controlled in north America and Western Europe but getting out of control in Africa and Asia.
- mobilise global outrage against the failure of all governments at national, regional and international level to fulfilling their obligations and commitments set out in the UNGASS Declaration of Commitment on HIV&AIDS, the UN Millennium Declaration and relevant regional declarations such as the Abuja Declaration
- mobilise CSO and organisations of PLHA at all levels to demand that governments to better coordinate and strengthen policies, practices, structures and systems that improve decentralised response, especially at the primary health care, based on lived experiences of people affected by HIV&AIDS from the grass roots and effective referral mechanisms
- advocate for international trade rules that enhance the right to universal access to free, sustainable, comprehensive, treatment, care and support , especially for women and girls

## **OUTCOMES**

- increase in transparent, predictable, sustainable, mobilisation, equitable allocation, disbursement, utilisation, and accountability of HIV&AIDS resources to poor and excluded PLHA especially women and girls.
- increase in access to free, quality treatment (including generics), care and support by PLHA and effected house hold levels.

- increase in active CSO and PHA organisations, mobilisations and advocacy for the right to life and dignity in the face of HIV&AIDS.

## 5. Ways of working and areas of focus

### 5.1. Inter-thematic linkages

Throughout the next five years we will strengthen linkages of our HIV&AIDS work with the other five AAI organisational priority themes and ensuring that they do the same to our priority actions. While there are many areas of work that we can do together the following areas have been identified and prioritised as core to these linkages. This does not limit room for any new innovations that may surface as the HIV&AIDS work is a fast moving and dynamic development agenda. The women's rights core areas are captured in goal 2 of this plan.

#### The Right to education

- promote comprehensive prevention, treatment, care, in education curriculum which places HIV&AIDS in the context of sexual and reproductive health rights and facilitates gender and power analysis using participatory approaches and peer education in all formal and non-formal education.

#### The Right to food

- advocate fair trade rules to increase protection of poor farmers and improve the resilience to the impact of HIV&AIDS on the household economy.

#### The Right to human security in conflicts and emergencies

- address the primary health care rights of PLHA including, protection from vulnerability to HIV infection, water and sanitation, food security and nutrition and treatment sustainability for PLHA in conflict and emergencies settings.

#### The Right to just and democratic governance

- research, develop and implement a user-friendly and effective tools for budget tracking, analysis and advocacy
- promote the use of 'The Code of Good Practice for NGOs Responding to HIV&AIDS' as a tool to support civil society organisations in ensuring their own accountability in the HIV&AIDS response.

### 5.2. Core country approach and inter-country linkages

It is proposed that we adopt a core country approach based in the following indicators:

- **Focus on "New wave Countries"**, often with large economies like China, India, South Africa, Nigeria, which have a huge impact on migrations and the attendant impact on the spread of the pandemic will require intense work with cross-border linkages with neighbouring countries
- **Countries and sub-regions in or emerging from conflict** such as, the Great Lakes (DR-Congo, Rwanda, Burundi, Uganda, Sudan) and Mano River Basin (Liberia, Sierra Leone, Guinea), Ethiopia, in the Horn of Africa and Haiti in the Caribbean.
- **Advocacy centers in the global north** will continue to focus on Washington (USA governments, World Bank and IMF), London-The UK government being the second largest bilateral funding country, Brussels for the EU,

### 5.3 Programme focus and advocacy strategy

It is proposed that our core programming focus be based on the most effective impact options that draws from our twenty years of HIV&AIDS response and makes a real difference on the poor and excluded poor PLHA women and girls.

- **Focus on the right to life and dignity for Women and PLHA;** based on our experiences on the ground evidence indicate that supporting women enhances overall impact including reducing the chances for orphanage and vulnerability of children. Supporting empowerment and meaningful involvement of PLHA reduces stigma and promotes the right to life and dignity.
- **Strengthening Decentralised Community based** programming increases overall effectiveness and impact of any national response to the HIV&AIDS pandemic.
- **Advocacy that draws from programme realities and lessons on the ground** enhances effectiveness of the demands of the poor and excluded PLHA and communities.

Specific areas of focus will be guided more by the local context and the core actions in this strategic plan. This core country approach is the basis for proposing the international staffing structure below as those positions are intended to provide for 60% sub-regional and international advocacy and 40% country programme support.

## 6. Organisational structure

### 6.1. Roles and responsibilities for the HIV&AIDS theme at the different levels of the organisation

This strategic plan is a major scale up of the HIV&AIDS thematic programme in Actionaid international. It demands that we should increase staffing at all levels and develop an effective staff capacity building plan to be able to implement this plan. It also requires a serious reorientation of our staff in ways of working and demands a serious fundraising strategy. The plan also requires a clear division of labour between the different levels of the organisations and an effective system of developing and managing a truly international team. The following broad areas were identified and agreed at the international staff and partners convention as key action roles for each HIV&AIDS international and country programme team

### 6.2. International HIV&AIDS secretariat

- oversee and provide support to and seek advice from country programmes and regions in implementing this Strategic Plan
- provide input and guidance to international thematic teams on mainstreaming HIV&AIDS across the other five rights based themes
- play an active role in organisation-wide activities to improve communication between country, regional, and international level including ensuring focal points for HIV&AIDS at each level
- lead the conduct of key activities for the HIV&AIDS work set out under each goal in collaboration with regional and country programmes and other themes and functions appropriate to the nature of the activity
- collaborate with function teams such as Impact Assessment and the Knowledge Initiative to enhance consistent approach to documenting, monitoring, evaluating and learning from international, regional and country programme work
- utilise community experiences gathered from country and regional work to inform policy and advocacy priorities as evidence for the need for reform.

### 6.3. Regional HIV&AIDS programmes

- develop and/or oversee regional operational plans that include setting priorities for regional work based on the principles outlined in this Strategic Plan in collaboration with international HIV&AIDS secretariat and country programmes
- provide support to and seek advice from country programmes in implementing the regional plan
- support consistency in documenting, monitoring and evaluating the impact of regional and country programmes
- utilise community experiences to shape policy and advocacy work to enable more effective use of the experiences of PLHA and affected communities
- facilitate and support cross-country learning
- lead priority setting, developing and implementing regional HIV&AIDS advocacy priorities in consultation with country programmes
- undertake regional HIV&AIDS policy and advocacy work in line with agreed priorities
- contribute to the conduct of key activities for international HIV&AIDS work.
- maintain the strategy steering group and a team for monitoring the strategic direction of this strategic plan.

#### **6.4. Country programmes**

- set country priorities for responding to HIV&AIDS in line with this Strategic Plan
- undertake HIV&AIDS focussed work and/or mainstreaming HIV&AIDS programming and policy and advocacy at local and country level guided by this Strategic Plan, including by documenting the experiences of communities to ensure the lived experiences of communities inform our policy and advocacy work
- contribute to the conduct of key activities for international HIV&AIDS work set out in each goal
- contribute to priority setting, design and implementation of regional HIV&AIDS work
- contribute to cross country learning.

#### **6.5. Required staffing capacity for implementing this strategic plan over the next 6 years.**

This strategic plan proposes a major scale up of the AAI global HIV&AIDS response programme commensurate to the increasing global HIV&AIDS crisis. This means a serious scale up of our staffing capacity in terms of actual numbers and skills. Below and the projected required “dream team” to deliver and sustain an effective response and demanded by the ingredients of this plan.

#### **6.6. International secretariat staffing to include:**

- International Director Africa/HIV&AIDS
- International Thematic Head
- International Campaigns & Advocacy Coordinator
- International HIV&AIDS Advisor- Monitoring, Evaluation, Documentation & Learning
- Regional HIV&AIDS Advisor -West and Central Africa
- Regional HIV&AIDS Advisor-South East Asia/China
- Regional HIV&AIDS Advisor-South Asia
- Regional HIV&AIDS Advisor -Latin America & the Caribbean
- Programme Assistant
- STAR Project Manager
- Thematic Finance Coordinator

#### **6.7. Country staffing will include:**

- HIV&AIDS country theme heads or programme managers
- Two programme officers for 1 policy and 1 programme support.

**6.8. Strategy Steering Group:** the strategy steering group will be maintained to continually guide the implementation of this strategic plan in consultation with the country teams.

**6.9. Technical working groups/task teams:** these will be assigned from time to time to implement specific tasks with specific terms of reference such as providing technical support to country teams and or organise specific campaign events.

## 7. Resource mobilisation

The above strategies and actions call for a major scale up and higher quality of the HIV&AIDS thematic work over the next six years. To deliver such a scale of international programme resource mobilisation will be important. This will require well strong and strategic proposals for funding. It equally requires building strategic relations with funding partners and other CSO partners to enhance our bargaining power for funding.

The following actions will aim to achieve the above dream of fund raising.

- work with the fundraising unit to integrate HIV&AIDS fundraising to the AAI fundraising policy and develop a viable fundraising strategy at country and international levels.
- map out possible fundraising opportunities by affiliates, country programmes and regions.
- work with fundraising and other themes develop voluntary fundraising approaches
- work closely with the IPD unit to support the development of a viable fundraising strategy for the HIV&AIDS theme
- map out possible funding opportunities and potentials by country and regions
- map out possible partners for consortia development
- support regions and country programmes to develop fundable proposals
- build relations based on trust, transparency and complementarities with funding partners
- constantly ensure efficient and effective, delivery, monitoring and reporting of programmes delivery to funding partners
- maintain aggressive marketing of proposals and our unique approaches to HIV&AIDS response

### BUDGET - £k

	2006	2007	2008	2009	2010
Grants to other organisations	106,897	106,897	0	0	0
Block Budget	10,000	20,000	50,000	55,000	60,500
Staff Costs	306,259	333,748	263,737	290,111	319,122
Transport & Travel	47,796	52,404	42,777	47,055	51,760
Office & Service Costs	142,364	129,978	98,787	108,666	119,532
Total Budget for HIV/Aids Campaign Team	613,316	643,027	455,301	500,832	550,914

The 2006 – 2008 figures are based on the approved plans for the same period. The estimated 2009 and 2010 budgets represent a 10% increase on the prior year budget.

## 8. Risk management analysis and strategy

<b>Risk Management Analysis Strategy</b>				
<b>Risk analysis</b>	<b>Impact Level</b>	<b>Probability Level</b>	<b>Risk management centre</b>	<b>Risk management strategy</b>
Understanding of HIV&AIDS and its impact by leaders and staff undermines need for outrage, urgency & action	Medium	Medium	International Africa/HIV&AIDS , Thematic Head; International Advisors; Strategy Steering Group (SSG)	Intensify technical support and staff training; seminars to enhance understanding and appreciation of the global HIV&AIDS Crisis
Limited empowerment, appreciation of and experience on strategically working internationally by different levels of the organisation may cause unnecessary delays	High	Med	All	Encourage increasing strategic communication and sharing to show value addition of working internationally
Funding to roll out a scaled up international programmes may be limited.	HIGH	HIGH	International Director Africa/HIV&AIDS and her colleagues, International partnerships programme, Thematic Head, Country Directors and team	Work closely with the IPD team, Country Directors, regional teams to aggressively fundraise for this scaled up international HIV&AIDS programmes
Governments across the board may misunderstand the objective and react politically negative to destroy the global campaign alliance	High	Low	Chief Executive, International Director Africa/HIV&AIDS, Thematic head	AAI Leadership needs to develop high level strategic public relations contacts and agreements that protect the global team
Global geo-politics such as the north –south divide, conflict in the gulf and attendant interest may undermine investments in HIV&AIDS response	High	Medium	CEO, IDs, Strategic like minded partners, international campaign team	Need to build a consistent and large global advocacy alliances that ensures that HIV&AIDS continues to be a hot political priority.

Global economic and trade rivalries may undermine strategic consensus in the HIV&AIDS response	High	High	International campaign team, Strategic partners/alliances, IDs and CEO	Strengthening global advocacy on trade rules and HOV&AIDS response
Competing emergencies priorities such as was the case of the Tsunami and earthquakes may divert much needed resources from the HIV&AIDS response	Unpredictable	Unpredictable	Emergencies team, international team, IDs, fundraising unit.	Resource mobilisation and emergency humanitarian response should take into account HIV&AIDS and an integral strategy.

## 9. Glossary

### 9.1. Terminology

**Advocacy** is a method and a process of influencing decision-makers and public perceptions about an issue of concern, and mobilising community action to achieve social change, including legislative and policy reform, to address the concern.

**Affected communities** is a term used to encompass the range of people affected by HIV&AIDS, including people at particular risk of HIV infection and those who bear a disproportionate burden of the impact of HIV&AIDS. This will vary from country to country, depending on the nature of the particular epidemic. (See 2.2 Epidemic contexts).

**Enabling environment** refers to an environment where laws, policies and practices protect and promote the rights of PLWHA and affected communities and support effective responses to HIV&AIDS.

**HIV&AIDS work** refers to programmes and advocacy that focused on HIV&AIDS, such as capacity building for CSOs on HIV prevention; advocating for access to treatment and improving access and availability of care and support for PLWHA. The goal of HIV&AIDS work relates specifically to HIV&AIDS (for example, preventing HIV transmission; improving access to treatment, care and support; or reducing HIV-related stigma and discrimination).

**Cross thematic mainstreaming of HIV&AIDS** refers to adapting our work in other thematic areas to address the underlying causes of vulnerability to HIV infection and the consequences of HIV&AIDS. The focus of such work remains the original goal, for example, improving food security, reducing violence against women and girls or increasing access to education.

**Orphans and children made vulnerable by HIV&AIDS (OVC)** We use this term because children are affected by HIV&AIDS in a multitude of ways, and not only when a parent dies of AIDS. There are increasing numbers of children living with sick or dying parents. Children are often required to drop out of school to provide care or to generate an income for the family.

### 9.2. Acronyms

ALPS: Accountability Learning and Planning System

ARVs: antiretroviral

CSOs: civil society organisations

OVC: orphans and children made vulnerable by HIV&AIDS

PLHA: people living with HIV&AIDS

VCT: voluntary counselling and testing