INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES
SOUTHERN AFRICA REGION

ROYAL NETHERLANDS EMBASSY FUNDED
ORPHANS AND VULNERABLE CHILDREN PROJECT

Southern Africa Integrated HIV and AIDS Programme

FINAL REPORT

September 2006 to March 2007
# LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>FBO</td>
<td>Faith Based Organizations</td>
</tr>
<tr>
<td>FEDERATION</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
</tr>
<tr>
<td>GNP+</td>
<td>Global Network for People Living with HIV</td>
</tr>
<tr>
<td>HEPS</td>
<td>High Energy Protein Supplements</td>
</tr>
<tr>
<td>HBC</td>
<td>Home Based Care</td>
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<tr>
<td>HIV</td>
<td>Human Immune deficiency virus</td>
</tr>
<tr>
<td>IGA</td>
<td>Income Generating Activity</td>
</tr>
<tr>
<td>ITN</td>
<td>Insecticide treated nets</td>
</tr>
<tr>
<td>IRIN</td>
<td>Integrated Regional Information Network</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>NS</td>
<td>National Society</td>
</tr>
<tr>
<td>NAP+</td>
<td>Network of African People Living with HIV</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organizations</td>
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<td>OVC</td>
<td>Children made vulnerable by HIV and AIDS</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>PMER</td>
<td>Planning, Monitoring, Evaluation and Reporting</td>
</tr>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>RC</td>
<td>Red Cross</td>
</tr>
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<td>REPSSI</td>
<td>Regional Psychosocial Support Initiative</td>
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<td>Royal Netherlands Embassy</td>
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<td>Southern African Development Community</td>
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<td>SAfAIDS</td>
<td>Southern Africa AIDS Information Dissemination</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>United Nations Joint Programme on AIDS</td>
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<td>UNICEF</td>
<td>United Nations Children Education Fund</td>
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<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

Background
The Royal Netherlands Embassy (RNE) donated Euro 5 million (CHF 8.5 million) on 1 September 2006 into the OVC component of the HIV and AIDS five-year programme, for a period of seven months to seven southern African Red Cross National Societies (NS) as follows: Angola, Botswana, Malawi, Mozambique, South Africa, Swaziland and Zambia. The remaining three NS in the Federation’s southern Africa region, Lesotho, Namibia and Zimbabwe were not included as prime recipients of this grant (even though Lesotho received funds for prevention work), as their programmes were already fully funded. However the three NS benefited from the overall RNE OVC regional budget through regional initiatives and activities and the development of tools which are available for all ten NS.

Challenges and lessons learnt
The seven NS rose to the challenge of absorbing these substantial funds in a relatively short period of time, demonstrating their ability to deliver good quality support to OVC, however challenges did emerge. The Regional Delegation and NS had to focus heavily on mobilizing their resources on implementation of this project. Strengths and weaknesses at both levels were identified, with this project being a real-time learning curve and an excellent preparation for scaling-up to reach the new beneficiary target outlined in the five-year HIV and AIDS Programme 2006 to 2010.

The project was closely monitored, with problem areas quickly identified and solutions equally quickly sought and agreed. Fast action resulted in all objectives being met. Through implementing the RNE OVC project important lessons were learnt and a quick response to any problems ensured, with this approach in itself being seen as a positive lesson learnt.

Coordination of such a large project at the region and NS level was challenging, involving support from all staff involved in management, administration, finance, logistics, technical HIV and AIDS, information, reporting, monitoring and evaluating. In order to ensure that all departments were kept informed, an RNE OVC Task Force which met regularly was established. Each NS was encouraged to do the same, with the majority adopting this coordination mechanism, which enhanced the smooth and timely implementation of the project.

Communication between the Regional Delegation and NS was vital, with bilateral meetings being held with each of the NS at the start of the operation, to go through the log-frames and budget in detail, review beneficiary details, discuss staffing issues, procurement/relief component and NS communications, etc. Over the seven month period every opportunity to meet with the NS HIV and AIDS teams was taken up, with NS visiting the Regional Delegation and many field trips to the NS taking place.

Challenges in terms of Human Resource issues were also raised at the beginning of the programme. An RNE OVC coordinator was engaged, which resulted in the HIV and AIDS technical staff being able to concentrate on technical support, with the coordinator dealing with general project management, finance and reporting issues. It was essential to have a Regional logistics coordinator for several months (although not funded through this project) and a NS relief manager. A finance officer dedicated to the RNE programme was also engaged.

Following implementation at the country level, National Society staffing issues were also raised as an important lesson learnt. Several of the NS struggled to absorb the RNE OVC funds, finding it difficult to implement all components in the time-frame. This was especially apparent in the ‘start-up’ projects of Angola and Botswana, with staff at the NS not having much operational experience in this sector. South Africa and Swaziland also struggled, but to a lesser extent. In order to overcome these constraints, consultants were deployed in Angola, Botswana and South Africa, with this extra support resulting in full project implementation. The RNE OVC NS relief manager also provided additional project implementation support in South Africa and Swaziland. This overall approach worked well, with all projects implemented within the time-frame, but if another large injection of funds is received, it would be recommended that HIV and AIDS country delegates are deployed to most of the ten NS (perhaps one
delegate could cover several NS) to help them implement the projects to the required standards and build NS capacity.

Several NS set-up new OVC projects as a result of receiving the RNE OVC funds. The Federation advocates the use of the OVC Strategy, which stresses the need to base all OVC work on a firm foundation and strategic approach, but the short-term nature of RNE funding meant that the strategic process followed by some NS was postponed. This type of approach takes time; thus it is not advisable for short-term large injections of funds to be channelled to new OVC projects. It is better to exclusively focus short-term funds on existing OVC projects.

Several NS focused their support on OVC projects throughout their whole country, which created a challenging logistics/relief and monitoring situation for their national headquarters to manage. The duration of operating time-frames should be a major consideration when deciding which projects to allocate funds to at the NS level, with a geographical prioritization/focus sometimes being a better option with fewer project sites benefiting but those focused sites being provided with a more holistic approach and stronger monitoring systems. Indeed, Zambia RC took the opposite approach and decided to focus on fewer sites, but provide holistic support and establish strong monitoring systems, with the NS implementing this project extremely well.

**Achievements**
The table below indicates the planned (as per proposal) and actual achieved number of OVC supported in the region, the guardians and other indirect beneficiaries, including the communities which received support from care, treatment, prevention and advocacy activities through the RNE OVC project for the period of September 2006 to March 2007.

### Overview of OVC beneficiaries and others directly and indirectly supported by this project

<table>
<thead>
<tr>
<th>Countries</th>
<th>OVC target (RNE)</th>
<th>Actual OVC (RNE)</th>
<th>Direct</th>
<th>Indirect</th>
<th>Prevention</th>
<th>Advocacy (within RC and through IRIN Collaboration)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Reached</td>
<td>Target</td>
<td>Reached</td>
<td></td>
<td>Target</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(estimated)</td>
<td></td>
<td>(estimated)</td>
<td></td>
<td>Reached (estimated)</td>
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<td>600</td>
<td>3,600</td>
<td>3,600</td>
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<td>1,000</td>
<td>2,700</td>
<td>5,000</td>
<td>13,500</td>
<td>10,000</td>
<td>17,763</td>
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<td>Malawi</td>
<td>10,350</td>
<td>10,170</td>
<td>54,500</td>
<td>50,850</td>
<td>54,500</td>
<td>256,642</td>
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<td>Mozambique</td>
<td>5,000</td>
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<td>24,000</td>
<td>25,000</td>
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<td>South Africa</td>
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<td>4,947</td>
<td>25,000</td>
<td>24,735</td>
<td>25,000</td>
<td>19,414</td>
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<td>Swaziland</td>
<td>2,500</td>
<td>3,183</td>
<td>12,500</td>
<td>15,915</td>
<td>12,000</td>
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<td>Zambia</td>
<td>8,000</td>
<td>3,190</td>
<td>40,000</td>
<td>15,950</td>
<td>55,000</td>
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<td>IRIN Worldwide</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1,094,000</td>
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<tr>
<td>Total</td>
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<td>165,600</td>
<td>148,550</td>
<td>681,500</td>
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<td>1,094,000</td>
<td>29,560,097</td>
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</table>

See details in section II, Table I

The OVC RNE project was divided into four components: Care, Treatment and Support; Prevention; Advocacy and Institutional Strengthening. Below is a summary of achievements against each of these components.

**Care, Treatment and Support for OVC.**

Nearly 30,000 OVC and just under 150,000 vulnerable households in seven countries received relief items which included food, blankets, mosquito nets, bedding, clothing and school uniforms/school kits with 11,000 children receiving educational support. A total of 2,772 care facilitator volunteers provided material, emotional, psycho-social and educational support through the HBC projects for clients and vulnerable children. Of these care facilitators, 345 were trained through this project in basic or refresher HBC. A total of 6,000 HIV Prevention, Care, Treatment and Support training packages for community-based volunteers were produced and translated into Portuguese, with a launch and central training programme conducted. Care facilitator volunteers in ten project sites also had their HBC kits replenished with essential medical items and drugs in ten project sites run by three NS.
Prevention
A total of 60 youth centres were established, rehabilitated or refurbished with various youth orientated activities conducted, with 60,091 youth benefiting from the numerous activities conducted in the centres. Furthermore, over 400,000 people were reached through community sensitization, sporting events, OVC campaigns, house-to-house visits and other community forums, with 450,000 information, education and communication (IEC) materials such as brochures, pamphlets, t-shirts and posters developed to back-up the prevention activities, providing a longer-lasting impact on the target group. This grant gave the Federation Regional Delegation the opportunity to focus on longer term prevention work, through the use of technical consultants and in collaboration with other specialist organizations. The regional Prevention Strategy and the regional Youth Resource Pack were both developed with the support of RNE funding. Also, in conjunction with UNICEF, a comprehensive PMTCT proposal outlining the production of Sara Campaign tools (13 radio episodes, two 15 minute TV programmes, two 1-minute animated TV spots, two different types of posters, 35,000 comic books and readers) are being developed, with this campaign being rolled-out later this year and next year at the NS level in the region.

Advocacy
Advocacy work was increased substantially as a result of this donation, with 1,56 million people reached through direct NS work in this important sector. An agreement with the United Nation’s Integrated Regional Information Network (IRIN) also resulted in 36 feature reports, 12 radio features, 5,000 copies of a photograph book and four videos being produced. IRIN estimated that the feature and radio reports alone reached 28 million people. The Federation/NS conducted an international media tour in seven regional NS which resulted in 32 news stories, ten radio and three television reports, with extra resources being made available for World AIDS Day and International Volunteers Day, which enabled NS to capitalized on related activities and fund additional prevention materials. Furthermore, Good Practice booklets on different HBC work were developed and printed for Malawi, Namibia, South Africa and Swaziland.

Institutional Strengthening/Implementation Management
Additional staff, volunteers, delegates and consultants were deployed within this project time-frame to help strengthen NS capacity and ensure implementation was effective and timely, with NS recommended to establish task forces for coordination and quick decision-making. The NS also received a boost through institutional strengthening from RNE funding, with the Navision finance accounting system and provision of capital items including 11 vehicles, 585 bicycles and 68 computers, purchased. A Volunteer Management Assessment and HIV and AIDS NS Capacity Assessment were also conducted during the period. An entire HIV & AIDS Performance, Monitoring, Evaluation and Reporting tracking system was developed, with indicators established, a baseline survey tool created/tested in two NS and monitoring, evaluation and reporting tools developed. Roll-out implementation plans are scheduled and it is hoped that NS will be in a position to recruit monitoring and evaluation officers later in the year to help take this whole process forward and enable effective measurement of impact in the region. Comprehensive five-year HIV and AIDS Operational Plans were also developed for each of the ten NS and the RD, with accompanying budgets using RNE funding. Liaison and success with donors should increase with a full set of contemporary marketing tools developed, to include a marketing folder, presentation and multi-media video.

Conclusion
As highlighted above, the direct impact on nearly 30,000 OVC of a donation of Euro 5 million disbursed over a seven month period was substantial. The actual direct support, such as the provision of relief items and school fees/uniforms is still being felt today by the children. The provision of prevention and advocacy materials and messages was also increased hugely over the seven month period and will be used over the next four years. The longer-term gains of developing working partnerships with IRIN, SAFAIDS and UNICEF and the utilization of specialist technical consultants in the development of youth and prevention strategies/essential tools, together with the establishment of the entire monitoring and evaluation system. This system has given the Federation credibility in setting up large programmes, in mobilising global and regional partners to work together for improved impact in creating innovative approaches and tools available not only to all other organisations in the regional but also worldwide. It is
through this programme that the Federation’s Secretariat in Geneva launched the RCRC HIV and AIDS Global Alliance, with the southern Africa region being a centre of excellence in HIV and AIDS.

This donation created challenges though, highlighting strengths and weaknesses and some strong lessons were learnt, which are already been fed into the HIV and AIDS five-year programming. All problems had to be identified quickly, with solutions sought, with a highly active approach adopted by all. Confidence has increased, with the NS now having proof that they can absorb higher funding levels, with all activities implemented and the budget balance at zero.

This programme has also demonstrated the added value of working regionally, with the Performance, Monitoring, Evaluation and Reporting tracking system now in place for the whole region, consisting of regionally adapted indicators agreed with external partners, an extensive baseline survey tool, monitoring, evaluation and reporting tools and a comprehensive set of guidelines. These tools will result in impact for every sector of the programme being able to be effectively measured, with them being adopted as the basis for the worldwide model, whilst also being available to external partners. The work in partnership with UNICEF on the development of the PMTCT Sara campaign materials also adopts the regional approach, as does the regional partnership with IRIN in tackling discrimination/stigma issues and preventing the further spread of the disease.

It is hoped that the success of the OVC RNE Euro 5 million project will act as a catalyst for other donors, which will enable the new beneficiary target to be reached. We aim to reach 50 million people with messages on prevention and reducing discrimination and services will be provided for 250,000 PLHIV and 460,000 OVC. The five-year appeal has a total budget of Euro 237 million, with a funding gap to date of Euro 195 million. It is hoped that the RNE and other Consortium members will continue to be the lead partners in our work, helping the Federation/NS in this region to rise to the challenge by alleviating the suffering of vulnerable groups through mobilizing the power of humanity.

**Background**

**OVC Situation in southern Africa**
In the ten countries supported by the southern Africa Regional Delegation, namely Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe over 4,595,000 children have lost one or both parents to AIDS (UNICEF 2006). Millions more face increased poverty and are made vulnerable – they are caring for sick and dying parents, they are dropping out of school, they are being abused, they are forced to work to support their families and their rights are being ignored.

After the illness and death of the parents, the most painful impact on children is the loss of their parent’s affection, support and protection. The epidemic robs children of their childhood. Some children are living in child headed households where older children try to look after their younger siblings and to keep the family together, struggling with household chores, dropping out of school and trying to find a way to feed the family.

“When the mother dies the children struggle; they begin to suffer. They don’t become teachers, nurses, or doctors; they just become dead men walking on the streets.”

 Boitumelo, aged 9


Almost 43% of all children under 15 years of age are living with HIV are in southern Africa, as are approximately 52% of all women. Without access to treatment, one third of all infants living with HIV will die before one year of age and 50% by their second birthday.
Every minute of every day, a child under 15 years dies because of AIDS
Every minute another child becomes HIV positive
Every minute 4 young people between 15 and 24 years of age contract HIV
Children under 15 years account for one in every six global AIDS related deaths.

The greatest service we can provide for a child is to help to keep their parents alive. The Red Cross societies in southern Africa will therefore be involved in a huge advocacy and education campaign on prevention of mother to child transmission.

“If my mother and father were alive today, I would tell them: ‘Life has been very hard since you left’,”
Brighton Gweshe, aged 16 who for the past eight years has looked after his younger brother, Collins.

Quote from the Royal Netherlands Embassy funded IFRC/IRIN Photo Essay book entitled, Our World: AIDS and Childhood in southern Africa

The Red Cross societies recognise that supporting OVC will require a sustained long-term commitment over the next 20 years. The Red Cross OVC strategy stresses the need to base all OVC work on a firm foundation and since 2006; a strategic approach has been taken to planning OVC support. This involves a situation analysis to assess the size and nature of the OVC situation through identifying the needs and capacities of children and families, and identifying potential partners with whom the Red Cross can collaborate. The data collected through the situation analysis leads into the development of a project proposal, budget and plan of action. Situation analyses have been carried out in Botswana, Malawi, Namibia, Swaziland, South Africa and Zambia in at least two HBC project sites in each county.

Royal Netherlands Embassy grant for the OVC project
In direct response to the Federation regional five-year appeal, the RNE provided a grant of EURO 5,000,000 for OVC holistic support – including material and food support, health, education, social and psychological, with an implementation time-frame of 1 September 2006 to 31 March 2007. The RNE funds have been channelled towards the regional and country five-year HIV and AIDS Strategy. In order to ensure that the NS were aware of the particular activities funded through RNE and the actual time-frame, the RNE funds were promoted as a specific project, the RNE OVC project. The project activities were extracted from the HIV and AIDS strategy with seven of the ten regional NS selected as prime recipients: Angola; Botswana; Malawi; Mozambique; South Africa; Swaziland and Zambia. The remaining three countries of the region, Lesotho, Namibia and Zimbabwe were not included as prime recipients (even though Lesotho received funds for the production of IEC materials/prevention work), as they received sufficient funds for their NS OVC budget in 2006/7, but have benefited from the overall OVC RNE regional budget.

Financial analysis
The total grant from RNE was Euro 5,000,000, of which Euro 250,000, relating to 5% as outlined in the contract is yet to be transferred. Euro 5,000,000 in Swiss Francs is 7,966,754. The Federation’s accounting system around the world is in Swiss Francs (Chf); as a result of working in Chf there is a difference in the Chf and Euro finance report. The finance report was drawn-up between the Chf and Euro at monthly bases, using the Federation’s formal exchange rate relating to the actual month of expenditure. As a result of the exchange rates, the Chf report shows a balance of CHF 1,318 and the Euro report shows a balance of Euro 40,005.

There are variance between the planned budget and expenditure compared to the budget, with the budget calculated in Chf on the rate of exchange used in July 2006 between Euro and Chf, when the budget was first developed. The variance is as follows: OVC Activities were under-spent by 4%, Prevention and Advocacy Activities were over-spent by 5%, Capacity Building activities were under-spent by 16%, Capital expenditures were over-spent by 8%, Transport and Storage were under-spent by 18%, Personnel Costs were under-spent by 4%, Regional Delegation Support was over-spent by 7%, Administration was over-spent by 17%.
It should be noted that for the **overall programme** the actual variance between the budget and expenditure is **2%** overspent.

The low expenditure within the **Capacity Building** activity budget line, accounting to 16% can be attributed to the fact NS found it difficult to spend these funds in just seven months, with lessons learnt here with the Federation/NS budget planning process. Also, expenditure on the **Transport and Storage** budget line was lower than anticipated as storage warehouse costs were minimal, with relief items being immediately distributed to OVC and not stored at the warehouse level for long at all, with again another budget planning lesson learnt here with projects of such a short duration. The over-expense in **Administration** of 17% was due to currency fluctuations, with were out of our control and fall within the banking charge section in this sub-budget line.

It should be noted though, that the overall **balance remaining is CHF 1,318**, which the Federation and NS are pleased about and hope that the RNE find the detailed financial report attached satisfactory.

### Financial Summary – Swiss Francs

<table>
<thead>
<tr>
<th></th>
<th>Angola</th>
<th>Botswana</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>South Africa</th>
<th>Swaziland</th>
<th>Zambia</th>
<th>Regional</th>
<th>Total CHF</th>
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<td>1,003,247</td>
<td>890,898</td>
<td>962,226</td>
<td>1,254,449</td>
<td>1,386,887</td>
<td>7,846,127</td>
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<td>578,139</td>
<td>1,205,429</td>
<td>989,509</td>
<td>903,867</td>
<td>976,613</td>
<td>1,272,703</td>
<td>1,410,861</td>
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<td>903,668</td>
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<td>(199)</td>
<td>(215)</td>
<td>(280)</td>
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### Financial Summary – Euro

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<td>(6,069)</td>
<td>(5,703)</td>
<td>(4,944)</td>
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</table>

### Analysis of Operational Context for National Societies in relation to RNE OVC implementation

In 2006/7, a number of southern Africa Red Cross Societies underwent governance and management changes, this included new HIV and AIDS coordinators being recruited in Botswana, Lesotho, Malawi, Mozambique and Zambia Red Cross Societies. In addition, nine out of ten societies now have national OVC officers and several societies have OVC Officers too. The regional delegation in Harare has continued to provide technical support to the ten NS in the region. Whilst all NS implement the overall HIV & AIDS programme in the region, a different emphasis is placed on the HIV and AIDS components in accordance with the needs of the most vulnerable and the actual capacity of the NS. For example, Angola RC has always prioritized its work on prevention, as the HIV prevalence rate is relatively low, being estimated at 3.7% (UNAIDS). The RNE OVC project in Angola was focused on three project sites, being a new operation. Botswana RC also concentrates its work on prevention and OVC, with the government taking on a strong role in HBC. This NS established a new OVC project site within the RNE time-frame as a pilot project. As both of the NS RNE OVC projects were new projects, the work load and pressure to implement all activities within the RNE time-frame was tight. As such, the RD deployed a consultant to assist each NS for the RNE OVC, which helped to ensure that all outlined activities were completed in time and to a good standard.
The Malawi Red Cross HIV and AIDS programme is arguably the strongest in the region, being well established. A country delegate supported the OVC RNE project, with an OVC RNE task force being set-up to ensure that all key NS staff required for implementing this project were fully involved and well coordinated. Similarly, Mozambique Red Cross has a well established HIV and AIDS programme, with projects spread across the whole country, which resulted in it being fairly decentralized. In order to ensure swift and effective implementation, the NS transferred a staff member to work specifically on OVC RNE for the duration of the project which worked very well. Zambia Red Cross has a total of eight HBC projects throughout the country, also being extremely strong in implementation with a full HIV and AIDS staff team. This NS also set-up a task force to ensure internal coordination and was supported by the Federation’s Zambia Country Delegation, with staff/delegates helping particularly on financial issues. All three NS needed little extra support from the RD on general RNE OVC implementation, with support from the RD being focused on technical HIV and AIDS issues.

The South Africa Red Cross has projects in all the regions of the country, with the RNE funds used for all project sites. Whilst this ensured equality, the NS HQ found it challenging coordinating all the required work at the branch level. In order to overcome this, the HIV and AIDS team recruited two national consultants to assist on the RNE OVC implementation with the Federation Country Representative delegate also providing support when necessary. The NS was also provided with an additional amount of support from the RD RNE OVC relief Manager, who provided extra support/field trips to the Swaziland Red Cross team, with this operation being particularly strong in access to PMTCT and VCT. Extra finance staff was taken on board during this project period and the NS finance staff also visited the RD several times, which ensured the smooth and timely implementation of this operation in Swaziland.

II. PROJECT OVERVIEW

Overall project goal
To contribute to the reduction of transmission of HIV and to alleviate the suffering of vulnerable people infected and affected by HIV and AIDS

Overall objective project
To provide holistic technical support to the Red Cross societies towards deliverance of a comprehensive range of quality services through community-based interventions including HBC, prevention, OVC support, advocacy, psychological and social support, ART and food security to vulnerable people infected and affected by HIV and AIDS.

The table below indicates the planned and actual achieved number of OVC supported in the region, the guardians and other indirect beneficiaries, including the communities which received support from care, treatment, prevention and advocacy activities through the OVC RNE project for the period of September 2006 to March 2007.

Table 1: Overview of OVC beneficiaries and others benefiting directly and indirectly from project

<table>
<thead>
<tr>
<th>Countries</th>
<th>OVC target (RNE)(^1)</th>
<th>Actual OVC (RNE)(^2)</th>
<th>Direct Indirect</th>
<th>Prevention</th>
<th>Advocacy (within RC and through IRIN Collaboration)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Reached (estimated)</td>
<td>Target</td>
<td>Reached (estimated)(^3)</td>
<td>Target</td>
</tr>
<tr>
<td>Angola</td>
<td>600</td>
<td>3,600</td>
<td>500,000</td>
<td>25,752</td>
<td>500,000</td>
</tr>
<tr>
<td>Botswana</td>
<td>1,000</td>
<td>5,000</td>
<td>10,000</td>
<td>17,763</td>
<td>10,000</td>
</tr>
<tr>
<td>Malawi</td>
<td>10,350</td>
<td>54,500</td>
<td>54,500</td>
<td>256,642</td>
<td>480,000</td>
</tr>
<tr>
<td>Mozambique</td>
<td>5,000</td>
<td>25,000</td>
<td>25,000</td>
<td>76,863</td>
<td>12,000</td>
</tr>
<tr>
<td>South Africa</td>
<td>5,000</td>
<td>25,000</td>
<td>25,000</td>
<td>91,944</td>
<td>12,000</td>
</tr>
<tr>
<td>Swaziland</td>
<td>2,500</td>
<td>12,500</td>
<td>12,000</td>
<td>50,092</td>
<td>25,000</td>
</tr>
<tr>
<td>Zambia</td>
<td>8,000</td>
<td>40,000</td>
<td>55,000</td>
<td>107,075</td>
<td>55,000</td>
</tr>
<tr>
<td>Worldwide 6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>32,450</td>
<td>165,600</td>
<td>681,500</td>
<td>626,131</td>
<td>1,094,000</td>
</tr>
</tbody>
</table>
1. Target number of OVC as per RNE OVC proposal
2. Actual number of OVC reached under the RNE project through relief, food and educational support
3. Zambia decided to focus support on less OVC than planned ensuring that holistic support could be provided/monitored fully.
4. Numbers based on prevention activities conducted in each country; in particular Malawi reached substantially higher number than initially targeted, mainly through successful sporting events & house-to-house sensitization visits. The Angolan figure is based on the number reached in 3 (OVC) operational areas only as at time of reporting insufficient data was received from other parts of the country (initial target was set for whole country).
5. Numbers based on prevention/advocacy activities conducted in each country, such as the OVC advocacy campaigns, often conducted in conjunction with HIV/AIDS prevention activities and distribution of IEC materials. In addition, the number of people reached through the various media activities is estimated at 1.56 million, but could be substantially higher when including television broadcasts.
6. The United National Integrated Regional Information Service Network (IRIN) and the Federation engaged in a joint advocacy campaign, which is estimated to have reached 28 million people to date around the world (see 8.1 for the full breakdown).

Summary of overall objectives met by the OVC RNE project

Care, Treatment and Support
- 29,765 OVC and an estimated 148,550 household members/guardians have benefited from relief, food and educational support in seven countries in the region.
- 6,777 OVC received educational support by provision of school packs/uniforms and a total of 3,960 in addition by school fee payments.
- 6,000 HIV Prevention, Care, Treatment and Support training package for community-based volunteers (ART modules) were produced and distributed to the eight English speaking NS, with it translated into Portuguese and distributed in Angola and Mozambique.

Prevention
- 400,162 youth/adults estimated as being reached through community sensitization, sporting events, OVC campaigns, house-to-house visits and other community gatherings such as distributions.
- 60 youth centres were established/rehabilitated/refurbished with various activities.
- 60,091 youth estimated as being reached through activities at the new or refurbished youth centres.
- 14,363 youth/OVC reached in HIV and AIDS prevention through the newly trained prevention peer educators.
- 415,000 HIV and AIDS related IEC brochures and pamphlets, 7,750 T-shirts/caps and 32,950 calendars/posters developed.
- HIV and AIDS Regional Prevention Strategy and the Youth Resource Pack produced.
- PMTCT Concept paper developed; PMTCT Sara Campaign tools agreed (13 radio episodes, Two 15 minute TV programmes, two one-minute animated TV spot, two different type of posters, 35,000 Comic Books), and being developed with roll-out campaign planned in partnership with UNICEF.

Advocacy
- 455,700 Advocacy/Prevention materials produced by the NS (brochures/t-shirts/caps/calendars/posters).
- 32 news stories, ten radio and three television reports resulted from the RD’s Media Tour with seven NS from southern Africa.
- 28 million people were estimated as already being reached world-wide with the advocacy campaign between IRIN and the Federation, which resulting in 36 feature text reports; 12 radio features; 5,000 copies of the 144 page photo-book; four videos on NS HIV & AIDS related work.
- The NS themselves directly reached a further 1.56 people with their own advocacy work on stigma and discrimination.

Institutional Strengthening
- Capital items (11 vehicles, 585 bicycles, 19 motorbikes, 68 computers) delivered for NS branch development.
- NS Navision Finance Accounting system (computers/servers, software, training, license fee) provided, implemented to varying degrees at the NS level (all received hardware/licenses, some also training and are now operational where as others were previously operational and needed expanding).
• Entire HIV and AIDS Performance, Monitoring, Evaluation and Reporting system developed, with indicators established, a baseline survey tool created/tested and roll-out implementation plans scheduled.
• Volunteer Management Assessment and HIV and AIDS NS Capacity Assessment conducted.
• RD OVC RNE Delegates/Consultants/Staff and NS staff/volunteers employed specifically to help develop NS through the implementation of this project. Numerous workshops/meetings, field trips, exchange visits conducted. Without exception the seven NS’s capacity & confidence has increased through OVC RNE implementation.

Implementation and Management
• OVC RNE Task Forces were set-up at the RD and NS level to ensure coordination, backed-up by the above mentioned additional Delegates/Consultants/Staff and NS staff/volunteers.
• HIV and AIDS five-year Operational plans developed for each NS/RD, with accompanying budgets.
• Five-year innovative Regional HIV and AIDS Programme and Appeal launched internationally.
• New donors approached, full set of contemporary marketing tools developed.
• Four NS Good Practice booklets, totalling 24,000 copies produced and distributed. These and the attendance at meetings/conferences increased knowledge sharing and collaboration between partners.
• Numerous one-to-one NS – RD meetings held and general HIV & AIDS workshops/meetings/exchange visits/field trips.
• Several new partnerships made, with formal agreements signed with SAFAIDS, IRIN, UNICEF and WHO.

III. PROGRAMME AREAS OF INTERVENTION/ACHIEVEMENTS

Care, Treatment and Support

Objective
Provision of care and support, food security and access to ART for PLWHIV and OVC is significantly improved by 2010 in Angola, Botswana, Malawi, Mozambique, South Africa, Swaziland and Zambia

Target number of beneficiaries (September 2006 – March 2007): 32,450 OVC and their family members (165,600)

Project/Expected results
1. Care, support and psychosocial support services and access to ART, tuberculosis and malaria treatment provided to 80,000 OVC in Angola, Botswana, Malawi, Mozambique, South Africa, Swaziland and Zambia
2. Sustained availability of food for OVC including their family members (400,000) in all the ten national Societies of Southern Africa.

Activities

1. HBC care, psychological and social support
The southern Africa societies have strong HBC projects reaching approximately 60,000 clients and 100,000 OVC for all ten NS. Just under 6,000 trained volunteers (care facilitators) provide material, emotional, psycho-social and educational support through the HBC projects to the clients and vulnerable children.

1.1 RD facilitates printing, translating and adapting of ART modules for National Societies
The Federation, in conjunction with the Southern Africa HIV and IDS Information Dissemination Service (SAFAIDS) and the World Health Organisation (WHO) worked together to develop the HIV Prevention, Care, Treatment and Support – A Training Package for Community-based Volunteers (ART modules). The package consists of eight generic training modules and represents an important resource for the systematic engagement of civil society in community-based responses to HIV and AIDS. The modules are tools for preparing community based volunteers for their roles in community education and
mobilization, HIV prevention; long term treatment support including adherence to treatment; psychological support; nutritional support; reduction of stigma and discrimination; treatment advocacy and in linking the community, volunteers, health facilities together to support clients.

A high profile launch occurred on 2 October 2006 in Harare, attended by some 200 people, which was followed by a three-day orientation workshop on the new training tool to more than 50 participants from various African NS and regional delegations across the world.

Several meetings have been held with WHO to discuss the country support and adaptation of the training package. NS have been urged to work with WHO country offices to introduce the package to their respective Ministries of Health and National AIDS Control programmes. Translation into local African languages was also discussed with WHO, with the Federation funding a translation into Portuguese for usage in Angola and Mozambique, as well as other Portuguese speaking countries around the world. The training package has been widely accepted by many stakeholders in the region, with presentations on the package given at the UNAIDS, SADC AN/Society Partnership Forum, in order to ensure ownership by all regional bodies and other HIV and AIDS service providers.

Front cover of “the Training Package for Community-based Volunteers (ART modules)”.

1.2 Red Cross volunteers conducting home visits to HBC clients and OVC efficiently and effectively
Community home based care (CHBC) is care and support services received by people living with HIV and other chronically ill people in their homes, through their trained families and community members. This care addresses medical, nursing, emotional, spiritual, psychological, social, and material needs of the home based care clients and family members. The Red Cross’ community HBC programmes involve volunteers or care facilitators, who are mobilized and trained to support family and community members to care for PLHIV and other chronic illnesses and to build the capacity of PLHIV for self care, mutual support and leadership in the fight against HIV and AIDS.

All HBC projects are linked to a health facility for the purpose of effective collaboration. Care facilitators meet regularly at the facility to hold review meetings and also receive technical support from the health staff at the facility. The care facilitator refer to the health facility while the clinic refers to the care facilitator in the community.

The care facilitators are chosen from and work within their own communities. The community leaders are oriented on the selection criteria for the care facilitators and select community members from their areas using the set criteria. The volunteers then undergo a two weeks theoretical training and a further two
weeks practice orientation. The volunteers are then deployed in the community to work on the HBC programme, assisting/educating family members or other community members to provide care and support to PLHIV at home. Refresher courses are conducted regularly for the care facilitators to ensure that their knowledge and skills remain updated. During the OVC RNE project period, 345 care facilitators were trained, of whom 155 received a refresher course and 190 the basic HBC course.

Amongst other activities care facilitators conduct home visits to clients/OVC homes, provide family members with caring skills such as basic hygiene, nutrition and infection control, disseminate HIV prevention information in the community, liaise with health and social service providers for referrals as necessary and identify orphans and vulnerable children in the family and their needs and look at ways to support them. The care facilitators generally work three days a week and the number of times clients are visited per week goes hand-in-hand with the seriousness of the condition of the client.

Table II provides an overview of HBC projects, clients, care facilitators and their visits as per the end of the project. It should be noted that an average of one care facilitator was responsible for eleven HBC households.

Table 2: Overview of HBC projects, clients, care facilitators (CF) their household visits

<table>
<thead>
<tr>
<th>Countries</th>
<th>HBC projects</th>
<th>HBC clients</th>
<th>CF in project</th>
<th>Number CF visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>3\textsuperscript{1}</td>
<td>383</td>
<td>60</td>
<td>4500</td>
</tr>
<tr>
<td>Malawi</td>
<td>9</td>
<td>2,850</td>
<td>556</td>
<td>68,400</td>
</tr>
<tr>
<td>Mozambique</td>
<td>21</td>
<td>7,100</td>
<td>550</td>
<td>11,531</td>
</tr>
<tr>
<td>South Africa</td>
<td>20</td>
<td>14,330</td>
<td>1,013</td>
<td>36,605</td>
</tr>
<tr>
<td>Swaziland</td>
<td>12</td>
<td>1,325</td>
<td>222</td>
<td>6,216</td>
</tr>
<tr>
<td>Zambia</td>
<td>8</td>
<td>4,143</td>
<td>371</td>
<td>26,700</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>73</strong></td>
<td><strong>30,131</strong></td>
<td><strong>2,772</strong></td>
<td><strong>153,952</strong></td>
</tr>
</tbody>
</table>

\textsuperscript{1}In Angola there is 1 HBC project, but household visits to OVC in the two other RNE OVC project areas have been included.

The Botswana Red Cross has phased out HBC, as the government provides good support in this sector.

1.3 RD coordinating the procurement and distribution of HBC kits and drugs for NS

Care facilitators are provided with HBC kits, which include a selection of very basic medical/hygiene supplies. Under the OVC RNE project the following was provided: Swaziland 150 kits and medical supplies; Zambia 371 kits and medical supplies and Malawi 135 kits. This resulted in care facilitators in 10 project having replenished kits with the necessary medical supplies (see annex I for details of medical supplies kits).

The Baphalali Swaziland Red Cross Society runs Red Cross clinics, where it combines a number of services including home based care, OVC support, VCT and PMTCT services and the provision of ART. For these clinics the society has been provided with a selection of drugs that will enable the clinics to continue providing quality care.

Technical support on the appropriateness of the HBC Kit, medical items/drugs, as well as the required drugs at the clinics was provided by the Federation office in Geneva.
1.4 RD conducting monitoring visits per country to follow up progress on HIV and AIDS projects on quarterly basis
The OVC RNE project had a relatively short operating time-frame, therefore continuous support and monitoring at the NS level was required. A regional RNE OVC task force was established and chaired by the RNE OVC project coordinator, with a RD monitoring visit chart developed, based on NS needs. This involved HIV and AIDS technical staff, general project implementation, finance and finance development, logistics, relief, reporting and information. Country delegation delegates/staff also supported implementation, as well as consultants who were specifically engaged to assist on this project (see also section 12.2 on monitoring of the project). Extra implementation support was required in Botswana, Angola and South Africa; therefore consultants were contracted to ensure faster implementation and closer monitoring.

Due to the nature of the OVC project, a substantial amount of relief materials were purchased and a relief support manager was recruited to assist in the operational planning, monitoring and distribution. Regular visits were undertaken to the national societies that required support, with field trips utilized to simultaneously provide support on implementation and financial management of the project. In addition, the logistics coordinator based at the regional delegation undertook visits to provide support on logistics, in particular importation, procurement and warehousing and assisted several national societies during the actual relief distributions. The regular monitoring and support visits have improved the coordination and cooperation with the NS and have contributed largely to successful and timely implementation of the project.

2. Provision of holistic support to OVC

2.1 NS providing psychological (counselling, interaction, guidance and support by volunteer care facilitators), material (clothes, ITN, shelter and blankets), social and educational (school fees, books, pens and uniforms) support in accordance with regional OVC Strategy
The NS in the region have been working with OVC for sometime and therefore OVC selection criteria was already developed. The criteria varied slightly from country to country, reflecting the specific...
situation in each country. In most countries, the NS have collected data on the children that they are supporting as per a standardized OVC data collection form. The form includes information on age, gender, parent and/or guardian, school attendance and can be used to measure the children’s progress through regular monitoring. The OVC RNE project has mostly utilized the existing data base and registers and updated and expanded them where appropriate.

All data collection processes were implemented in close collaboration with key stakeholders of each national society, including traditional leaders, local government, schools and other aid organizations, minimizing duplication of efforts and ensuring all needy children receive appropriate assistance.

The OVC selection criteria targeted the most vulnerable children and included:-
- Children in child headed households
- Children who are primary caregivers
- Children in elderly headed households
- Children who are living with HIV and AIDS /are themselves HBC clients
- Children of HBC clients

It should be noted that in Angola the standardised OVC criteria as above was inappropriate as the HIV prevalence rate when compared to the other neighbouring countries is low. Therefore in the Angolan context, orphans and vulnerable children of all kinds (war orphans, orphans due to AIDS and other diseases, children of PLHIV) have been targeted.

**Provision of material (relief) support**

*Procurement*

Upon commencement of the project, the procurement needs were discussed through intensive one-to-one meetings with each the national society, in order to decide jointly whether regional or in-country procurement was the best option and the required specifications of the planned material support.

As the Federation has established international framework agreements with selected suppliers for relief items such as blankets and mosquito nets, which ensures securing an incredibly good price, guaranteed quality and quantity and agreed delivery terms, it was decided to procure many of the relief materials through the regional delegation, utilizing these agreements. In cases where no agreements exist or where better prices could be obtained locally, the items were procured in-country. Such examples included clothes, shoes, school uniforms, medical items and mattresses.

All procurement, whether regional or local was implemented according to the Federation procurement procedures, with full support and monitoring of the logistics coordinator at regional delegation level.

During the project, centralized regional procurement proved to be cost effective and the progress relatively easy to monitor, but it did result in lengthy importation procedures, which placed an extra strain on the project as some of the national societies did not have the experience or capacity to deal with customs. Distribution plans had to be adjusted due to the resulting delays. For example, the mosquito nets in Angola, Mozambique and Zambia were only released from customs at the end of the project due to importation limitations, and could not be distributed with the other relief materials.

The material support includes blankets (high thermal and/or acrylic), mattresses (single, medium density) and mosquito nets (Long Lasting Insecticide-treated Nets or LLINs), with educational materials also provided (see table V). .

Table 3 provides an overview of relief items procured for/by each country, outlining whether the items were procured regionally or locally.
Table 3: Procurement overview of relief materials

<table>
<thead>
<tr>
<th>Country</th>
<th>Food Packs</th>
<th>Blankets</th>
<th>Mattresses/bed sheets</th>
<th>Mosquito Nets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Local</td>
<td>Regional</td>
<td>All Regional</td>
<td>All Local</td>
</tr>
<tr>
<td>Angola</td>
<td>0</td>
<td>0</td>
<td>3,500</td>
<td>600/600</td>
</tr>
<tr>
<td>Botswana</td>
<td>0</td>
<td>530</td>
<td>4,800</td>
<td>533</td>
</tr>
<tr>
<td>Malawi</td>
<td>0</td>
<td>4,320</td>
<td>7,650</td>
<td>0</td>
</tr>
<tr>
<td>Mozambique</td>
<td>2,567</td>
<td>0</td>
<td>4,800</td>
<td>0</td>
</tr>
<tr>
<td>South Africa</td>
<td>0</td>
<td>5,000</td>
<td>10,000</td>
<td>0</td>
</tr>
<tr>
<td>Swaziland</td>
<td>0</td>
<td>1,850</td>
<td>3,500</td>
<td>2,100/200</td>
</tr>
<tr>
<td>Zambia</td>
<td>0</td>
<td>4,840</td>
<td>7,650</td>
<td>460</td>
</tr>
<tr>
<td>Total</td>
<td>2,567</td>
<td>16,540</td>
<td>41,950</td>
<td>4,496</td>
</tr>
</tbody>
</table>

NB1: 1,800 mosquito nets were donated to the project by UNICEF as the Federation mosquito nets were blocked in customs as a result of heavy congestion at Luanda port Authority.
NB2: 200 bed-sheets in Swaziland & 600 bed-sheets in Angola were procured locally with the mattresses.

Distribution relief materials

RD Support/NS Task Forces
To ensure standardized and proper execution of the distributions, assistance was provided on the operational planning and actual distributions by the RD RNE OVC relief support manager. The relief capacity of the NS varied with additional support being allocated to those NS with less experience. Planning sessions and in some cases training for the project staff and volunteers were facilitated by the manager, who also monitored distributions in four of the seven countries, ensuring extra accountability.

In some NS, OVC taskforces were formed comprising key personnel and departments, including health, disaster management, logistics and finance enhancing integrated planning and implementation. Prior to the distribution, the NS liaised with all relevant stakeholders discussing distributions, preparing distribution plans for the relief items, including the number of beneficiaries, distribution points, quantity of items and distribution dates and had planning meetings with the volunteers on the required process, through the project offices. Indeed, the care facilitators/volunteers were allocated and then trained in specific roles, such as supervision, monitoring, registration, sensitization and handling of the commodities, in order to facilitate a smooth process.

Sites/warehouse/transport
Distribution sites varied from area to area, but in general school premises, health centres, Red Cross premises and community grounds were used. Where possible, accessibility for beneficiaries and trucks, security, roofing (as distributions took place during the rainy season) and access to water and sanitation facilities for beneficiaries was taken into consideration when selecting the site.
In most cases, main warehouse facilities, either specifically rented or owned by the Red Cross were used for central storage of the materials and smaller storage facilities close to the actual distribution sites for pre-position prior to the distribution. In-country transport of the goods from the central warehouse to the local warehouse or distribution sites was arranged by the national societies beforehand and in most cases a basic transport agreement for truck rental was signed. Those NS which own trucks used them to transport items to the distribution sites, with a total of 192 sites used in seven counties.

Actual distributions
During the actual distribution, all NS used a distribution beneficiary register, with relevant personal details of each beneficiary, on which the identified parent or guardian of the child would sign for receipt of materials. In the majority of cases, a community member would be present during the distribution to confirm the identity of the OVC, witness the distribution and countersign on the distribution register to enhance transparency and ownership by the community. Relief materials were checked by responsible project staff and volunteer prior to distribution, and any balances were reconciled after distribution.

Information, education and communications
Most national societies conducted community sensitization sessions, usually in the form of drama performances focused on HIV and AIDS, nutrition and malaria just before the distribution. The media were engaged where possible to cover the distributions, and in some countries television documentaries were produced on the RNE OVC project.

The distributions of relief materials, such as blankets, mattresses and mosquito nets were implemented in conjunction with the distribution of the food packs. Most national societies simultaneously distributed the school packs and uniforms. In other cases, where not all children were present to receive relief and educational materials, separate distributions were held to avoid inequality between the children.

Although it varied slightly between countries, generally two blankets and one mattress per child were distributed. Mosquito nets were distributed in those countries/provinces which suffer from high malaria incidence and in close liaison with the Coordinators of the National Malaria Control Programme/Ministries of Health. On their recommendation one, two or three nets per child or household were provided in line with their country malaria control activities. This collaboration has allowed for the activity to be well coordinated with the many other malaria control activities in the countries and to avoid duplication of efforts.

The table outlined below provides an overview of the distributions of relief materials in each country (see annex II) for more details on the distributions per country). As outlined a total of 40,157 blankets, 3,693 mattresses, 800 bed-sheets and 12,100 mosquito nets have been distributed to 25,181 OVC in 7 countries during period January to April 2007.
Table 4: Overview distribution of relief materials

<table>
<thead>
<tr>
<th>Countries</th>
<th>distr. Points</th>
<th>Period</th>
<th>OVC</th>
<th>Blankets</th>
<th>Mattresses/Bedsheets</th>
<th>Mosquito nets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>5</td>
<td>Feb+Mar</td>
<td>600</td>
<td>3,500</td>
<td>2,139</td>
<td>600/600</td>
</tr>
<tr>
<td>Botswana</td>
<td>30</td>
<td>Feb+Apr</td>
<td>2,700</td>
<td>4,800</td>
<td>533</td>
<td>300</td>
</tr>
<tr>
<td>Malawi</td>
<td>10</td>
<td>March</td>
<td>7,650</td>
<td>7,650</td>
<td>0</td>
<td>5,000</td>
</tr>
<tr>
<td>Mozambique</td>
<td>6</td>
<td>May</td>
<td>4,800</td>
<td>4,800</td>
<td>0</td>
<td>2,000</td>
</tr>
<tr>
<td>South Africa</td>
<td>43</td>
<td>Feb+Mar</td>
<td>4,947</td>
<td>10,000</td>
<td>9,568</td>
<td>300</td>
</tr>
<tr>
<td>Swaziland</td>
<td>47</td>
<td>Feb</td>
<td>2,294</td>
<td>3,500</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Zambia</td>
<td>51</td>
<td>Feb+May</td>
<td>2,190</td>
<td>7,700</td>
<td>460</td>
<td>3,000</td>
</tr>
<tr>
<td>Total</td>
<td>192</td>
<td></td>
<td>25,181</td>
<td>41,950</td>
<td>40,157</td>
<td>16,300</td>
</tr>
</tbody>
</table>

The relief distributions went very smoothly, with technical support provided by the RNE OVC relief support manager. However, some countries experienced importation delays with the items regionally procured under the International Framework Agreement, with other items being distributed first and the delayed items distributed later in the next relief round/will be used as emergency OVC stock. This included: 1,361 blankets in Angola/372 in South Africa/4,800 in Mozambique/4,200 nets in Angola/2,000 in Mozambique/3,000 in Zambia. An estimated loss of 60 blankets in South Africa was noted, reflecting 0.14% of the total blankets and can be mainly contributed to lack of experience on proper logistical procedures (i.e. counting upon receipt) at branch level.

Educational support

Educational support was provided to children of school going age, in the form of payment of school fees and other related costs as well as educational materials, such as school pack and uniforms. In total 3,960 children were assisted with payment of school fees and other related costs for part or full 2007 academic year in six countries.

Registration and school fee payments were implemented in close liaison with Ministry of Education, primarily through the school principals. In addition, liaison with the respective Ministry of Social Affairs took place as they usually coordinate school bursaries. Coordination is crucial, especially at the OVC identification stage, to avoid duplication of efforts. Where primary education is free or the children are exempted from paying fees, the NS provided material support to the children only.

Organization of school fee payments:

- Beneficiary registers checked with school registers.
- Registration fees and other related costs, and support on obtaining birth certificates/IDs in some countries, such as Angola.
- Actual school fee payments (generally for primary, including pre-school when this is obligatory for entering into primary education, with some secondary education).
- Directly paid to schools where possible, otherwise to the direct guardian (teacher / RC volunteer monitoring school progress).
- Mostly fees paid for one school year (2007), in few cases for 1 or 2 terms.
- Follow-up monitoring at the household and school levels by Care Facilitators and Volunteers.

School Fee payment Summary

- **Angola**
  
  In close liaison with Ministry of Education, Ministry of Social Affairs, schools and UNICEF, 571 children have been assisted in Angola with school registration, including obtaining identity papers and of these 400 children have been assisted with school fees for 2007 academic year.

- **Botswana**
  
  In Botswana, primary education is free and as the majority of the registered children are at primary school level, no payments for school fees or related costs were made. However, children of school going age were assisted with educational materials, such as school packs.

- **Malawi**
  
  The NS liaised closely with the Ministry of Education and the Ministry of Women and Child Development Affairs, which coordinates school bursaries to avoid duplication. A total of 450 children at
secondary school level were assisted with school fee and other related costs for the 2007 academic year. Other costs such as registration and examination fees, boarding and books were included.

- **Mozambique**

In Mozambique, primary education is free and therefore 120 children who are in secondary school or who are following a vocational course were assisted with the payment of registration and school fees for the first trimester.

- **South Africa**

Particularly close cooperation between the Ministry of Education/principle was required in South Africa as the Ministry of Education was reviewing its policy and in January 2007 made the majority of schools in poor areas so called non school fee schools as part of their poverty alleviation strategy. In total 930 children were assisted with the payment of school fees by the Red Cross, of whom 90% received the full 2007 academic year and 10% for two terms (as fees are a higher amount in secondary school).

- **Swaziland**

In total 889 children at pre-school, primary and secondary school have received school fee support for 3 terms in 2007. Completion of pre-school is compulsory in Swaziland for primary to advanced school level, as the NS is involved in several pre-schools as part of their youth development programme. Costs for registering children at these schools were included.

- **Zambia**

In liaison with the local government and school authorities, 1,000 children have been assisted with the payment of school fees and/or other related costs. As primary education is free in Zambia, children at primary school level were assisted with examination fees and Parent Teacher Association (PTA) fees only and children at secondary level were assisted with fees and associated costs.

**Distribution of Educational materials**

The below outlined table provides an overview of the distribution of educational materials in each country **(see annex II for more details on the distributions per country)**. As outlined, a total of 6,264 school packs, 5,435 uniforms, 2,473 shoes and 2,388 tracksuits were distributed to 6,777 OVC in 7 countries during period January to March 2007. All countries provided one school pack and one uniform per child, with the exception of Malawi which provided two uniforms and two pair of shoes per child.
Table 5: Overview distribution of educational materials

<table>
<thead>
<tr>
<th>Countries</th>
<th>Distr. point</th>
<th>Distr. Period</th>
<th>No. benef.</th>
<th>School packs(^1)</th>
<th>Uniforms</th>
<th>Shoes</th>
<th>Tracksuits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Procured</td>
<td>Distr</td>
<td>Procured</td>
<td>Distr</td>
<td>Procured</td>
<td>Distr</td>
<td>Procured</td>
</tr>
<tr>
<td>Angola</td>
<td>5</td>
<td>Feb+Mar</td>
<td>600</td>
<td>571</td>
<td>549</td>
<td>600</td>
<td>0</td>
</tr>
<tr>
<td>Botswana</td>
<td>9</td>
<td>Feb</td>
<td>522</td>
<td>533</td>
<td>522</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Malawi</td>
<td>10</td>
<td>Jan+Mar</td>
<td>450</td>
<td>450</td>
<td>450</td>
<td>900</td>
<td>900</td>
</tr>
<tr>
<td>Mozambique</td>
<td>4</td>
<td>Jan</td>
<td>1,454</td>
<td>1,243</td>
<td>1,243</td>
<td>211</td>
<td>211</td>
</tr>
<tr>
<td>S Africa</td>
<td>43</td>
<td>Feb+Mar</td>
<td>2,500</td>
<td>2,500</td>
<td>2,500</td>
<td>2,473</td>
<td>2,473</td>
</tr>
<tr>
<td>Swaziland</td>
<td>47</td>
<td>Feb</td>
<td>251</td>
<td>0</td>
<td>0</td>
<td>251</td>
<td>251</td>
</tr>
<tr>
<td>Zambia</td>
<td>51</td>
<td>Feb</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>169</td>
<td></td>
<td>6,777</td>
<td>6,297</td>
<td>6,264</td>
<td>5,435</td>
<td>5,435</td>
</tr>
</tbody>
</table>

For detailed composition of school packs, please refer to annex III

Notes:
- Zambia and Botswana Red Cross also distributed 1,000 and 522 raincoats respectively.
- The balance of 33 school packs (11 in Botswana and 22 in Angola) reflects a loss of 0.49% of the total and can be contributed to lack of experience on in logistical procedures (i.e. counting upon receipt) at the branch level.
- The balance of 142 pairs of shoes in Botswana is a result of purchasing incorrect sizes for the selected children. The shoes will be exchanged with the supplier and correctly sized shoes will be distributed.

![School kits distributed by Zambia Red Cross volunteers](image)

**Social and psychological support**

Social support, in the form of sports activities, youth clubs and through support groups has been provided to the OVC/youth by a range of volunteers, care facilitators, peer educators and youth volunteers. For example in Malawi, 19,019 OVC have been reached during the course of the project with psycho-social support, of whom the majority were reached through sports (11,100 OVC) and to a lesser extent through youth clubs (450 OVC).

Most NS now have established OVC support groups or kid clubs where children receive counselling and guidance. In order to avoid stigmatization, local community children are also involved in the clubs enabling children to interact freely with each other, but there are closed sessions for psychological support for the OVC. For example, memory and hero work and also counselling takes place for the OVC.
during these sessions. During the project, Malawi reached 6,269 OVC and South Africa 4,639 OVC through their psychological support activities alone.

2.2 RD facilitates development of psychosocial training materials for district project officers and volunteers and conduct advocacy campaigns

The Federation RD and the Red Cross Societies work closely with REPSSI (Regional Psychosocial Support Initiative) in training Red Cross staff and volunteers on psychosocial support for children. Psychosocial support for OVC is an important element in all National Society five year HIV and AIDS plans.

Implementation of psychosocial support for OVC remains a challenge but progress has been made. Relevant programme staff from all National Societies have been trained through a course on “Introduction to psychosocial support for children”, provided by REPSSI. Many NS were already implementing memory and hero work with OVC and with their parents/guardians. Later in 2007 there will be refresher training on these and other PSS topics and REPSSI has asked Red Cross to work with them on piloting the new hero work manual.

REPSSI has an extensive range of psychosocial support tools and training materials which are ideal for Red Cross purposes, so it was not considered necessary to develop any new materials. Red Cross societies will also benefit from a new range of materials being developed by REPSSI including a Kids Club manual, materials on mobilizing grandmothers into mutual support groups, and mainstreaming of psychosocial support into HBC programmes, paediatric ART and schools.

2.3 Food security and self-help projects or micro projects

Support groups for PLHIV were strengthened through the implementation of self-help micro projects such as nutrition gardening and small livestock rearing. Nutrition gardening projects in Mozambique, Swaziland and Zambia have enhanced the livelihoods of PLHIV through strong support group activities. The projects have contributed to improved food security and nutrition and have contributed to HBC households having some funds to cover basic needs such as medical expenses.

Mozambique has well established self help projects under the HIV and AIDS programme, which includes nutritional gardens growing a variety of vegetables and at times maize and goat rearing projects. Under the OVC RNE project, an additional nutritional garden was established in February 2007 as part of their income generating self help projects and existing projects have been further strengthened. The self-help projects are being managed jointly by the volunteers and HBC clients, and have contributed significantly to improved household nutrition of the HBC clients and their children.

2.4 RD coordinating the provision of nutritional food support to HIV and OVC

With reference to section 2.1 on procurement, 16,540 food packs were procured regionally in line with the Federation procurement procedures and with full support of the logistics coordinator. Only Mozambique opted during the initial planning meeting to procure their food packs in-country and at district level, as the projects are scattered across the entire country, thereby saving transport costs.

In relation to the choice of food pack, initially, a child/OVC orientated food pack was taken into consideration, but as the majority of the registered OVC are not from child headed households, it was decided in consultation with respective country government bodies, to provide a household pack based on the standard WFP food basket (2,100 kcal/day/person). The exact composition of the pack varies slightly from country to country (see annex III for more detail) as per country based recommendations, but all contain cereal (maize meal/grain), pulse (beans), high energy protein (corn soya blend) and oil. Only Mozambique, which procured 2,567 food packs in-country, decided to procure more child orientated food packs in line with their standard HBC and OVC food pack, containing some additional items such as sugar, rice and peanuts. Food packs were distributed in conjunction with the relief and educational materials in January to March in all the target countries.

The table below provides an overview of the distributions in each country. As outlined a total of 19,047 food packs were distributed to 15,106 OVC in six countries during period January to March 2007. One pack per child was provided for, with exception of Mozambique and Zambia, which provided two packs
per child, which verifies the differentiation between the number of children reached and number of food packs distributed. It should be noted that the balance of 60 packs in South Africa reflects a loss of 0.3% of the total consignment and can be contributed to lack of experience on detailed logistical/relief experience (i.e. counting upon receipt) at the South African RC branch level.

Table 6: Overview distribution of food packs

<table>
<thead>
<tr>
<th>Countries</th>
<th>No. distr. Points</th>
<th>Distribution period</th>
<th>Actual No. of beneficiaries</th>
<th>Food Packs¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Procured</td>
<td>Distr.</td>
</tr>
<tr>
<td>Botswana</td>
<td>9</td>
<td>February</td>
<td>522</td>
<td>530</td>
</tr>
<tr>
<td>Malawi</td>
<td>10</td>
<td>January</td>
<td>4,320</td>
<td>4,320</td>
</tr>
<tr>
<td>Mozambique</td>
<td>7</td>
<td>Jan-Feb</td>
<td>1,283</td>
<td>2,567</td>
</tr>
<tr>
<td>South Africa</td>
<td>43</td>
<td>Feb–March</td>
<td>4,947</td>
<td>5,000</td>
</tr>
<tr>
<td>Swaziland</td>
<td>47</td>
<td>February</td>
<td>1,844</td>
<td>1,850</td>
</tr>
<tr>
<td>Zambia</td>
<td>51</td>
<td>February</td>
<td>2,190</td>
<td>4,840</td>
</tr>
<tr>
<td>Total</td>
<td>167</td>
<td></td>
<td>15,106</td>
<td>19,107</td>
</tr>
</tbody>
</table>

¹ For detailed composition of food packs, please refer to annex III

Prevention

Objective

*Increased awareness and knowledge leading to improved attitudes, behaviour and practices with regards to HIV prevention, access to VCT, PMTCT and ART services is achieved in all ten countries in the region*

Target number of: 681,500

Project/Expected results

- Improved attitudes, and behaviour among 681,500 women, men and young people including children in all countries in the region.
- Communities are involved, participate and take leadership in community level prevention including VCT, PMTCT and ART activities in all project sites in ten countries.
- Media organizations are well informed and participate in Red Cross Societies events.

Activities

3. Behaviour Change

3.1 RD facilitates development and printing of a youth peer education resource package.

NS in the region have been contributing to the reduction of HIV infection through different approaches, to include youth peer education in their overall prevention work. In order to increase coordination between national societies and impact, a Prevention Strategy and Youth Resource Pack for Young People was developed by the Federation in consultation with the NS.

The Federation’s Global Prevention Officer visited the region for several weeks in January to support the conceptualization of the youth pack and the accompanying peer education curricula for the training aspect of this concept (trainers and peer educators). A regional specialist youth and reproductive health consultant was also recruited for 27 days on this project to provide technical expertise to the RD in setting-up a RC Youth Workshop Consultative Workshop with other youth organisations on sexual and reproductive health, HIV and AIDS and life skills education for young people in Southern Africa. She also developed the youth resource pack for young people.

A consultative meeting for youth was held in South Africa from 12 to 16 March 2007 and attended by 27 youth from the NS. It was agreed with the young people on what to include in the resource pack and also to develop a common understanding and approach to youth peer education. The Youth Resource pack is comprehensive, addressing issues on sexual and reproductive health and life skills. A plan has been developed to train trainers on the resource pack, who will cascade down the training later in 2007 to other
groups at district and community level to reach the volunteers, rolling the concept out into action. The development of the youth pack and the consultative meeting was funded by the OVC RNE project.

3.2 National Societies rehabilitate and furnish youth friendly centres

As part of youth development, NS started to set up youth friendly centres where the youth can come to play, watch educational videos/read materials on HIV and AIDS, sex and reproductive health. Activities include sports, games, videos, drama, educational and vocational classes, social events and actual campaigns. Under the OVC RNE project, funding was made available to support this process, which included the rehabilitation and furnishing of centres. Where existing centres or suitable facilities were available, mostly at branch offices, rehabilitation of the existing structures was prioritized, with them being furnished with materials for youth activities. In some other cases, such as Botswana and Angola where no suitable structures were available, containers or so-called porta-cabins were procured and adjusted to a proper youth centre, which also worked well.

In total 60 youth friendly/open centres in six countries have been established/rehabilitated, of which 28 centres have been newly set up and 32 centres have been rehabilitated and furnished with equipment to facilitate conducting youth activities. The centres have in general been furnished with sports equipment, indoor and outdoor games (board games, jumping castles), music and DVD equipment. In the case of Angola, equipment was provided for setting up a computer room where courses can be provided to the youth.

Rehabilitated youth centre in Swaziland, besides painting the centre has been furnished with jumping castle, games and music/DVD equipment

In the majority of countries, activities started during the project period and an estimated number of 60,091 youth have been reached. The below table outlines the details of the youth centres per country.

<table>
<thead>
<tr>
<th>Countries</th>
<th>Rehab/Furnishing</th>
<th>New</th>
<th>Total</th>
<th>Period</th>
<th>No. youth reached/target</th>
<th>Main activities/focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>March</td>
<td>375</td>
<td>Recreation activities, sports, computer courses</td>
</tr>
<tr>
<td>Botswana</td>
<td>7</td>
<td>3</td>
<td>10</td>
<td>Dec</td>
<td>6,000</td>
<td>Peer education, counselling, volunteer meetings</td>
</tr>
<tr>
<td>Malawi</td>
<td>9</td>
<td>23</td>
<td>32</td>
<td>Jan-Mar</td>
<td>14,750</td>
<td>Football &amp; netball competitions, behaviour change campaigns, HIV and Aids awareness quiz</td>
</tr>
<tr>
<td>Mozambique</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>406</td>
<td>OVC Open Centres with basic facilities. Funds used for running costs</td>
</tr>
<tr>
<td>Swaziland</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>Feb</td>
<td>15,160</td>
<td>Games, video and drama performances, outreach campaigns</td>
</tr>
<tr>
<td>Zambia</td>
<td>7</td>
<td>1</td>
<td>8</td>
<td>Feb-May</td>
<td>23,400</td>
<td>Indoor games, sports</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32</strong></td>
<td><strong>28</strong></td>
<td><strong>60</strong></td>
<td><strong>Dec-May</strong></td>
<td><strong>60,091</strong></td>
<td></td>
</tr>
</tbody>
</table>
It should be noted that the South Africa Red Cross focused their youth development plans on the roll out of Youth and OVC life skill trainings and Peer Education Master trainings, instead of youth friendly centres and the Mozambique Red Cross on OVC Open Centres.

In Cabinda, one of the operational areas of Angola, the NS opted to set up youth centre at the Red Cross office facilities. As outlined in the overview of the Cabinda Youth Centre, the project provided two containers: one for hosting a computer room for training and a books & game library, and one for storing other equipment. Furthermore, a kids' space (with swings and see saws), one small basket field, one jango (open round hut for OVC/youth meetings/gatherings) and two latrines were set up and a generator and music/video equipment provided. The planned activities and working modalities have been defined, and the branches signed a memorandum of agreement regarding the management of the equipment, in particular with regards to the computer room.

**Overview of youth centre set up in Cabinda, Angola**

4. Community Involvement

4.1 NS training volunteers on HIV and AIDS prevention, life skills for support groups in targeted communities.

The OVC RNE project provided valuable funds in support of training volunteers, ensuring that their skills were kept up to date, as follows:

- Botswana Red Cross: 34 Youth Peer Educators trained and 929 youth reached.
- Baphalali Swaziland Red Cross: 75 Youth Peer Educators trained in HIV and AIDS, sexuality and life skills and 3,500 youth and OVC reached through education sessions and drama performances.
- Zambia Red Cross: 164 Peer Educators trained and 7,200 youth and OVC reached.
- Malawi Red Cross: 327 Youth Peer Educators trained, 2,510 youth reached with life skills education.

South Africa
The South Africa Red Cross Society’s youth development activities are particularly strong, with the NS placing emphasis on a master training of Peer Education Trainers, followed by seven provincial training workshops for 118 youth peer educators. The trainings addressed issues on HIV and AIDS, life skills, sexuality, decision making and risk management. Participants were selected from the core group of
volunteers in the youth leadership. In addition, the NS facilitated a master training for Youth and OVC Life Skills, which was followed by eight provincial training camps for a total of 388 youth and OVC. Topics addressed during the training camps included integration, psycho-social work (hero/memory work) and capacity building, how to organize camps, youth to youth liaison, etc.

4.2 NS designing and distributing information, education and communication (IEC) materials.

Most NS are conducting general education to the public through sensitization, using drama at community meetings, sport events, distributions and campaigns, as well as distributing information, education and communication (IEC) materials. Funds for the latter were provided under the RNE OVC project, focusing on awareness of OVC and HIV and AIDS in general. The South Africa Red Cross in particular developed a substantial amount of materials, including 80,000 brochures on HIV and AIDS awareness, 80,000 pamphlets on general health care and 80,000 on OVC, as well as 128,000 flyers on adherence. The materials was dispatched to the branches and distribution to the various target groups has started.

Table 8: Overview of IEC materials developed on OVC and HIV and AIDS in general

<table>
<thead>
<tr>
<th>IEC materials</th>
<th>Angola</th>
<th>Botswana</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>South Africa</th>
<th>Swaziland</th>
<th>Zambia</th>
<th>Lesotho</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed T-shirts</td>
<td>0</td>
<td>400</td>
<td>2,300</td>
<td>0</td>
<td>2,200</td>
<td>300</td>
<td>450</td>
<td>200</td>
<td>5,850</td>
</tr>
<tr>
<td>Printed caps</td>
<td>0</td>
<td>400</td>
<td>1,350</td>
<td>0</td>
<td>0</td>
<td>150</td>
<td>0</td>
<td>0</td>
<td>1,900</td>
</tr>
<tr>
<td>RC calendars</td>
<td>0</td>
<td>400</td>
<td>2,000</td>
<td>0</td>
<td>10,000</td>
<td>300</td>
<td>1,000</td>
<td>0</td>
<td>13,700</td>
</tr>
<tr>
<td>OVC posters</td>
<td>10,000</td>
<td>200</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3,000</td>
<td>6,000</td>
<td>50</td>
<td>19,250</td>
</tr>
<tr>
<td>Brochures</td>
<td>0</td>
<td>5,000</td>
<td>0</td>
<td>26,000</td>
<td>80,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>111,000</td>
</tr>
<tr>
<td>Pamphlets</td>
<td>10,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>288,000</td>
<td>0</td>
<td>5,000</td>
<td>1,000</td>
<td>304,000</td>
</tr>
<tr>
<td>Others*</td>
<td>0</td>
<td>1,000</td>
<td>1,800</td>
<td>26,000</td>
<td>0</td>
<td>1,012</td>
<td>0</td>
<td>52</td>
<td>298,64</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20,000</strong></td>
<td><strong>7,400</strong></td>
<td><strong>7,450</strong></td>
<td><strong>52,000</strong></td>
<td><strong>380,200</strong></td>
<td><strong>4,762</strong></td>
<td><strong>12,450</strong></td>
<td><strong>1302</strong></td>
<td><strong>484,614</strong></td>
</tr>
</tbody>
</table>

* Others include printed umbrellas, banners, stickers, malaria leaflets

4.3 NS enhancing awareness on HIV and AIDS, STIs, ART, VCT, PMTCT and reproductive health services.

This aspect of the overall HIV and AIDS programme is of particular importance, with a different emphasis placed upon the various components in accordance with the national/local need, government and NGO provisions and the actual capacity of the National Society. Volunteers from Angola Red Cross have given regular lectures in the three project areas targeting youth, military, police, truck drivers, sex workers and general public and addressing topics such as “how to use a condom and how to avoid HIV and AIDS”. With an average of three lectures per volunteer in a month, the 60 volunteers have reached an estimated audience of 21,000 in four months.

Malawi Red Cross organized various large-scale events, such as 18 behaviour change campaigns and nine sporting events, on attitudes, behaviour and practices with regards to HIV prevention and access to VCT,
PMTCT and ART services, targeting youth, community leaders, PLHIV and the community in general. An estimated 36,000 people, of whom 22,500 were youth and 13,500 were adults, were reached during the sporting events, and an estimated 27,000 people during the campaigns. Mozambique Red Cross also conducted eleven sessions on “delay of the first sexual encounter” at various schools reaching a number of 5,052 youth.

4.4 NS mobilizing and training communities in HIV and AIDS prevention, through community meetings, house to house visits and interpersonal communication

Red Cross care facilitators and volunteers are chosen from, and work within, their own communities, and are trained to sensitize and teach the same community on HIV and AIDS prevention, as well as providing care and support to PLHIV, OVC and their family members at home. The dissemination is usually achieved through house-to-house visits or regular home visits to clients. For example, volunteers from Malawi Red Cross Society conducted 24,225 house-to-house visits in the communities over the period November 2006 to February 2007, addressing issues on HIV and AIDS. The audience was mainly comprised of the guardians or parents of the OVC, PLHIV, youth and the OVC themselves. During the project period, Mozambique Red Cross also conducted 337 sessions on HIV and AIDS prevention in the community and at schools reaching an estimated number of 16,625 children. The Baphalali Swaziland Red Cross mobilized the community through five OVC campaigns in combination with World AIDS Day, reaching an estimated 12,000 and broadcasted weekly campaigns for a period of two months. In addition, community sensitization took place during the relief distributions, during which the majority of the national societies held HIV and AIDS drama sessions, addressing attitudes and behaviour with regards to HIV and AIDS prevention.

5. Communication

Media organisations are well informed and participate in Red Cross Society events. The OVC RNE funds have been channelled towards scaling-up work with media organizations. A Regional Federation Media Tour was organized by the Federation’s regional information officer in December 2006, World AIDS Day and International Volunteers Day were also used as a vehicle to attract further media coverage (see Annex V). However, additional extensive media coverage/advocacy was also achieved through working in partnership with UNOCHA IRIN News. The partnership resulted in the production of a series of information products (news stories, radio, video and a photo-essay book) raising awareness over issues related to HIV and AIDS, OVC and PMTCT. Please see the section under Advocacy – media involvement for further details.

6.1 NS collaborating with other bodies/organizations (UNICEF/UNAIDS) to conduct campaigns to promote PMTCT, Vitamin A supplementation, immunizations, child feeding, ORS for diarrhoea, provision of ITN.

At the NS project, provincial and national level, external governmental and non-governmental meetings were attended by relevant staff/delegates to ensure a coordinated approach was achieved in the HIV and AIDS sector. The Federation has a global agreement on OVC advocacy with UNICEF, with the majority of National Societies already working with UNICEF on OVC issues which are related to psychosocial support. Collaboration is reached, particularly with UNICEF/UNAIDS and the respective Ministry of Health, on discussions and dissemination regarding PMTCT, Vitamin A supplementation, immunization, child feeding, ORS for diarrhoea, provision of ITN (with ITNs being provided to OVC in this programme).

Care facilitator volunteers undergo training in the above topics on their initial induction into the Red Cross as HBC volunteers and also undergo refresher and specific training courses. The NS in the region now also have access to the newly available HIV Prevention, Care, Treatment and Support – A training package for community-based volunteers (ART modules), which consists of eight generic training modules.

The care facilitators then disseminate to HBC and OVC households during home visits, giving one-to-one advice to beneficiary households and to larger audience during advocacy and prevention sessions. This work is closely monitored by the respective Ministry of Health clinics at each project site. However, it
should be noted though that the main focus of collaboration and campaign development during the RNE reporting period has been PMTCT.

**Prevention of Mother to Child Transmission of HIV**

During the OVC RNE project period a substantial emphasis has been placed on preparing the regional advocacy campaign on PMTCT in close collaboration with partner organizations, which will be rolled-out and implemented in the ten National Societies in the region later in 2007/2008.

An external specialist consultant was employed with RNE funding to conduct a Situation Analysis on the status of PMTCT in the ten southern African countries *(Annex IV)* in December. She collected country-level data and examined the availability of policies, guidelines, communication and behavioural strategies, scaling up plans and management structures for PMTCT. The findings of this analysis were used as the key focus messages which were submitted at the *Inter-Country Workshop to Accelerate Scale Up of PMTCT and Paediatric Care* in Nairobi in February 2007. Partners there included UNICEF, WHO/AFRO and Elizabeth Glaser Foundation.

Work at this meeting helped to further conceptualize a communication strategy. The Federation worked hand-in-hand with UNICEF/UNESCO to develop a Concept Paper on a regional campaign, adopting the Sara Campaign tools. A formal agreement was signed between the Federation and UNICEF outlining roles and responsibilities in the development of the PMTCT Campaign and the division of funding.

**PMTCT Campaign with UNICEF**

The campaign is focused on two main objectives:

- Increase awareness on PMTCT issues among women, men and young people in ten countries in which the Federation is operating in southern Africa. A baseline will be established in a few sites to determine current knowledge on which to measure the outcome of the campaign. While the campaign will be regional in scope, concentrated work will take place in specific countries negotiated with the stakeholders.

- Contribute to social and behaviour change among key targets (women, men and young people) in ten countries in southern Africa by addressing cultural barriers and helping to decrease stigma that constrain PMTCT uptake. The campaign cannot by itself change social and individual behaviour, but rather contribute to such changes.

UNICEF agreed to recruit a consultant for a three month period to help implementation and ensure a professional approach was adopted and will conduct baseline surveys in two countries. Tools are being produced, which include the following:

- Thirteen radio episodes of a maximum of seven minutes each.
- Two 15 minute TV programmes
- Two one minute animated TV spots
- 25,000 generic Sara posters on PMTCT (two different type)
- 35,000 Comic Books and Reader/Teachers Guide.

A regional workshop for all key partners in the ten countries on the roll out of the campaign will also be organized, with the RNE donation used for the 50% pre-payment costs of producing the above mentioned tools.

**Malaria**

Additionally, 12,100 mosquito nets/insecticide treated nets were distributed in those countries with high malaria incidence and in close liaison with the coordinators of the National Malaria Control Programme of the country at the Ministry of Health. During the distributions of the nets, the beneficiaries were sensitized on malaria prevention and proper usage of the nets. In Angola for example, leaflets on malaria prevention were handed out in conjunction with the nets and in one province a representative of the
Ministry of Health was invited to join the distributions and give demonstrations on proper usage of the nets. In most NS, care facilitators followed-up the distributions at the household level to ensure that the nets were being used appropriately.

5.2 NS conducting OVC support group exchanges
Several NS have established OVC support groups or kid clubs where children can play, interact with other children and receive counselling and guidance in an environment that is conducive for their wellbeing. Generally, there are open sessions to which all children who want to be part of the activities can join, as well as closed sessions for psychological support for the OVC through counselling and memory and hero work. The open sessions generally involve sports, indoor and outdoor, as well as more cultural activities like painting, dancing and singing. Sporting events, such as soccer and netball competitions, allow children to interact freely with each other, preventing discrimination and stigmatization.

South Africa Red Cross has organized eight OVC/Youth Camps in February, March and April, with children from their OVC support groups that through the camp activities were able to interact freely with each other, form new friendships and further develop their identities. The Malawi Red Cross organized inter-project soccer and netball competitions for OVC and Youth, enabling children to play and interact with others in a free environment.

ADVOCACY

Objective
Reduction of stigma and discrimination and promotion of rights, policies and access to services for staff and volunteers, PLWHA and OVC in all ten countries in the region. Estimated number of beneficiaries: 1,094,000

Project/expected results
- Advocacy campaign activities such as for the rights of PLWHA and OVC, promotion of access to PMTCT services and sensitization on child abuse are implemented
- Communities, PLWHIV, OVC are more aware of their rights, policies and services in targeted countries
- The media is engaged in dissemination of advocacy messages against child abuse

Activities

6. Advocacy campaign

6.1. National Societies creating community forums to discuss HIV and AIDS issues affecting children and PLHIV.
OVC advocacy campaigns have been conducted by the national societies during the course of the project, and an increased community commitment in the support of OVC is anticipated. Malawi Red Cross conducted 18 successful OVC campaigns in nine districts addressing issues on OVC care, support and protection reaching an estimated number of 27,000 people, and Zambia Red Cross conducted eight campaigns in three districts involving community meetings and rallies, drama performances and public announcements, supported by relevant IEC materials. Baphalali Swaziland Red Cross conducted five OVC advocacy campaigns in combination with World AIDS Day, involving amongst others drama performances on community involvement in the support of OVC with an estimated attendance of 12,000 people.
Furthermore, Malawi Red Cross Society facilitated a Child Protection Training in March for three OVC committees, comprised of community members. The training was conducted with support of two trainers in child protection from the Ministry of Gender, Child welfare and Community Services. Community members now have clear child protection plans addressing child abuse and neglect in their communities appropriately and effectively. In addition, the society sensitized 540 community leaders in nine districts on the rights of OVC, PLHIV and women.

7. Children and community rights

7.1 Development of IEC materials for sensitizing communities on child abuse, rights of children and linking with organizations that can assist abused children.

A selection of T-shirts, posters and brochures were developed by national societies which are addressing issues of child abuse and rights of children. Zambia Red Cross Society, for example developed a series of posters addressing child abuse. Malawi Red Cross, for example developed t-shirts using the Federation slogan “Our Children, Our Future” which were distributed to stakeholders in Government, NGO’s such as Save the Children and UN bodies, such as UNICEF as well as embassies.

Table 9: Overview of IEC materials developed to highlight OVC, HIV and AIDS

<table>
<thead>
<tr>
<th>IEC materials</th>
<th>Angola</th>
<th>Botswana</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>South Africa</th>
<th>Swaziland</th>
<th>Zambia</th>
<th>Lesotho</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed T-shirts</td>
<td></td>
<td></td>
<td></td>
<td>400</td>
<td>2,300</td>
<td>0</td>
<td>2,200</td>
<td>300</td>
<td>450</td>
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<tr>
<td>Posters</td>
<td>10,000</td>
<td>200</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3,000</td>
<td>6,000</td>
<td>50</td>
</tr>
<tr>
<td>Brochures</td>
<td>0</td>
<td>5,000</td>
<td>0</td>
<td>26,000</td>
<td>80,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pamphlets</td>
<td>10,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>288,000</td>
<td>0</td>
<td>5,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Others*</td>
<td>0</td>
<td>1,000</td>
<td>1,800</td>
<td>26,000</td>
<td>0</td>
<td>1,012</td>
<td>0</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td>6,600</td>
<td>4,100</td>
<td>52,000</td>
<td>370,200</td>
<td>4,312</td>
<td>11,450</td>
<td>1,302</td>
<td>469,964</td>
</tr>
</tbody>
</table>

* Others include printed umbrellas, banners and stickers.

8. Media Involvement

8.1 NS conducting anti-stigma and discrimination campaigns at national and community level for PLWHIV and OVC through engagement of the media and consultancies

Federation’s Media Tour of the region and World AIDS Day/International Volunteer Day

The NS work on conducting anti-stigma and discrimination campaigns was supported by the Federation running a media tour, with the Federation’s RD Information Officer working hand-in-hand with the NS Information Officers to attract additional media attention. The tour covered Angola, Lesotho, Malawi, Namibia, Mozambique, South Africa and Zambia. It is estimated that 32 news stories were published; ten radio reports and 3 television showings were aired in international and nation media outlets.
Every year the Red Cross in the region also utilizes World AIDS Day and International Volunteers Day to disseminate HIV & AIDS messages and raise their own profile. This year activities especially for World AIDS Day were stepped-up due to the injection of funds from RNE, which were not only used for event organizing but also the development of IEC materials. Please see Annex V for details on each NS activities.

**Integrated Regional Information Network (IRIN)/UNOCHA and Red Cross Partnership**

In order to engage the media still further, the Federation entered into a partnership with IRIN, with the aim of: producing information products raising awareness over issues related to HIV and AIDS mitigation, protection and support to vulnerable children and adults; prevention of mother/parent-to-child transmission; paediatric AIDS and antiretroviral therapy access and preparedness in general; and HIV prevention among adolescents and young people in southern Africa.

Through this project UNOCHA/IRIN worked closely with the Federation and NS in the region to improve the flow of relevant information on the provision of HIV and AIDS prevention, care, treatment and support services to communities in the southern African region, to PLHIV, OVC. The specific objectives of the campaign were to: enhance existing and new advocacy and awareness raising initiatives and to tackle stigma and discrimination through the promotion of rights of PLHIV and access to HIV and AIDS services.

The following was achieved:

- 36 feature text reports were written and circulated to a network of audience across the globe.
- 12 radio features, with distribution ongoing to regional radio stations for free broadcasting
- 5,000 copies of 144-page photo-book 'Our world: AIDS and childhood in southern Africa' charting the devastating impact of the epidemic on children in the region. To be officially launched by the Federation and IRIN at the South African AIDS conference in Durban in June.
- Four videos produced on various HIV and AIDS issues.

**Coverage**

Whilst it is difficult to measure the impact of this advocacy work, IRIN have tried to estimate the number of people in the region who have either listened to a radio show or read one of the widely circulated press reports. In South Africa alone, the SA FM network boasts an audience of 20 million people. With regard to the readership of the 36 articles, a further eight million people read IRIN’s home site per month (28 million hits) and on the PlusNews site (which is dedicated to HIV/AIDS service) a further 80,000 people read this site worldwide every month, i.e. on PlusNews for a period of six months a further 480,000 could have been reached. There could be a cross-over of readership/audience, but a rough calculation of those reached through just two components of the total four components could be as high as 28 million people worldwide.

The Photo-Essay Book was launched in Durban at the 3rd South African AIDS Conference on 7 June 2007 focusing on OVC, with the actual children who were involved in taking the photographs and putting their story together there at the launch. The book had a huge impact on the audience, who were extremely moved, with the Federation realizing that the photo-essay book not only has great potential as an advocacy tool which is what is was designed for, but also for resource mobilization. The four videos are still in their final stages of production and will be used by the Federation/NS as an advocacy and resource mobilization tool too. Indeed, the arrangement between UNOCHA and the Federation not only increased information on the provision of HIV and AIDS prevention, care, treatment and support services to communities in the southern African region during the RNE project period, but will continue to be excellent dissemination awareness tools for future use by the RC and other organizations working in the same sector.
INSTITUTIONAL STRENGTHENING

Objective
To strengthen the capacity of ten Red Cross Societies and Federation regional delegation in project cycle management, human resource and finance management, governance, resource mobilization and forging strategic partnerships
Target number of beneficiaries: Ten national societies (seven societies are directly included in the project but the three others will benefit from the lessons learnt and all regional tools, activities and training)

Project/expected results
- Monitoring and evaluation, and documentation established and operational in National Societies.
- Management systems and procedures are strengthened in the areas of human resources, logistics and finance development in seven national societies.
- Branch and volunteer management capacity of the seven Red Cross Societies is enhanced.

Activities
9. Monitoring and Evaluation

9.1 RD facilitating strengthening of capacity of national societies in programme management including planning, monitoring, evaluation and reporting, as well as human resources and financial management, in collaboration with regional technical departments.
Firstly, a NS Capacity Assessment was conducted for all NS in December/January as a basis to developing the Country Operational Plans. This process has assisted in addressing the gaps existing within structures and systems and will be particularly important when further funds are received, enabling the HIV and AIDS scaling-up process to commence, meeting the needs of more beneficiaries.
Secondly, a huge amount of work has been achieved on the HIV and AIDS Planning, Monitoring, Evaluation and Reporting (PMER) work with HIV and AIDS indicators and baseline survey tools being established, and an entire Monitoring, Evaluation and Reporting system being developed, tested and rolled-out with the support of a specialist consultant employed within the RNE OVC project for this very purpose, with it being adopted worldwide for all HIV and AIDS programmes.
Thirdly, specific RNE OVC delegates/staff were recruited for this project to enhance implementation and strengthen capacities at the NS level. All NS received regular field trip support visits from the HIV and AIDS technical staff, as well as finance and organizational development team. The RD HR regional manager organized the first HR working group meeting, bringing together NS staff and building recruitment expertise.
Finally, NS capacities were enhanced with the development process of the five-year HIV and AIDS Operational Plans, which were designed using RNE funding. A key team of planning, finance and technical experts worked on developing the Operational Plan tool. They then worked together with each individual NS for at least a week at either the RD or at the NS to fine-tune plans, budgets, donor summaries, beneficiary targets etc. The Operational Plans are already being used by the NS, proving to be useful planning, monitoring, donor liaison and financial tools and will serve as a basis for annual planning in the future in the whole region.

9.2 RD disseminating monitoring and evaluations tools to NS
RNE funds have been used for the development of an entire monitoring and evaluation system for the HIV and AIDS five year programme, with indicators developed in conjunction with other partner organisations, which include UNAIDS and WHO and UNICEF and a baseline survey designed and tested. The Guide to Monitoring, Evaluation and Reporting was also produced. NS staff will be trained in the management, implementation and harmonization of the system. The set of standard indicators developed for the HIV and AIDS programme will enable measurable data to be collected by all NS. This
will not only result in regional accountability, but a measurement and comparison of RC programme results across the region and in other parts of the world (with other regions adopting the southern Africa model). An evaluation plan has also been developed in order to ensure validity and reliability of evaluation data collected through the programme. Tools developed for the baseline survey will be used to measure impact, both qualitatively and quantitatively during baselines, the mid-term survey and for the final evaluation of this programme in four years.

9.3 RD facilitating organization of regional exchange visits to NS

National Societies were encouraged by the RD to conduct exchange visits between different regions in their own NS/countries and between NS in the region, in order to learn from each others experiences. For example, the finance team of Baphalali Swaziland Red Cross, consisting of the finance and administration manager and the two finance officers undertook a regional exchange visit to the RD and Zimbabwe Red Cross HBC programme, and found this a vital learning experience. There were also exchange visits between NS to the RD for HIV and AIDS staff and finance staff, which greatly enhanced implementation of RNE and generally creating a good learning forum. The majority of HIV and AIDS coordinators and finance officers also came to Harare to work with on their five-year Operational Plans for several days in either December 2006 or January 2007. Also, in September 2006, 21 NS staff from the region was given orientation on the RD programmes and went on a field visit to a Zimbabwe Red Cross HBC project in Zvimba, as an exchange experience.

10. Human Resources

10.1 RD facilitates training for NS on psychosocial support
The Federation RD and the Red Cross societies work closely with REPSI (Regional Psychosocial Support Initiative) in training Red Cross staff and volunteers on psychosocial support for children. Psychosocial support for OVC is an important element in all NS five-year HIV and AIDS plans. Relevant programme staff from all NS has been trained through a course on “Introduction to psychosocial support for children”, provided by REPSSI. Many NS are already implementing memory and hero work with OVC and with their parents/guardians. During 2007 there will be refresher training on these and other PSS topics and REPSSI has asked Red Cross to work with them on piloting the new hero work manual.

10.2 RD facilitating training on financial and narrative reporting for NS staff
RNE funds were used to back-up the RD’s reporting unit, with a Reporting Assistant recruited for the period of the project. The OVC RNE team developed a specific narrative reporting format to cover this project, which was derived from each of the NS log-frames. An excellent level of reporting has been achieved from each NS, with this project not only improving accountability, but also NS capacity building. Other templates were also developed to track procurement processes, relief data, etc.

Over the RNE OVC project period several specific workshops/capacity building exercises were also held, as follows. The Africa Reporting Network held from 27 November to 1 December 2006, covering: consolidating feedback on the appeal review exercise; training participants on monitoring and evaluation and ECHO reporting; increasing participants’ capacity to conduct training in log-frames/indicators; enhancing monitoring of deadlines and compliance; and to discuss Africa’s view on proposed new reporting formats, guidelines and training material. The RD also facilitated a three-day reporting workshop for Mozambique Red Cross from 16 to 21 October 2006 with all branch coordinators, which resulted in the NS drafting reporting templates for district, provincial and national levels.

NS Navision financial accounting project
In addition to the two Regional Finance Development delegates, whose specific role it is to work on building the NS capacities’ in finances, the RD has been working with the ten NS on the introduction and roll-out of a Navision accounting system. Funding from the RNE covered an enormous amount of costs in relation to implementation of this system, which included the Navision accounting software, hardware and maintenance license fees. Having Navision in place it is hoped that increased proficiency in financial accountability, donor reporting and capacity will be achieved.

In Botswana, Lesotho, Mozambique, Swaziland, South Africa and Zimbabwe; Navision training was carried out with other NS having been trained previously. Angola and Mozambique’s full training and
implementation of the system was slightly delayed due to the emergency flood/cyclones situation in the respective countries, with an exchange visit being planned between the two NS to enhance the learning/implementation process. Implementation was at different stages with the NS, with Zambia and Lesotho complete and Zimbabwe and South Africa expanding from their headquarters out to the provinces. At least one Navision specific computer and service were also purchased, using RNE funding for each NS, with several NS either needing two servers or two specific Navision computers. Additionally, the Navision maintenance fee for three years was funded by the RNE for the NS, with this injection of funds having a long-lasting impact on the regions financial systems.

10.3 RD supporting NS to recruit adequate staff to conduct activities
The RD has an HR manager and assistant, with their roles not only related to HR issues within the delegation, but also focused on working with the National Societies, building their capacities and advising them on HR issues. NS in the region suffer from problems of poor staff retention and often have a slow recruitment process for new or replacement staff, with this being detrimental to effective programme planning. In order to work towards overcoming such constraints, during the period the RD HR manager visited the Namibian and Lesotho NS, providing direct support and direction. Workshops were also organized in order to build capacities. In September the RD HR manager, with six regional NS HR managers, attended a five day annual HR meeting in Geneva on capacity building issues, HR skills building, score cards and security. This was followed by an HR building workshop held in November in Ethiopia, and attended by five southern African NS representatives. These meetings were funded by the Federation, but had a direct benefit on the OVC programme.

The HIV and AIDS team provided technical advice and support to NS. The team included a technical manager, an OVC delegate, OVC officer and an HBC officer all of whom regularly visited the field. Specific delegates/consultants/staff were also recruited to work on this particular project (see section 12.2 for further details) ensuring that implementation was efficient, professional and timely.

11. Volunteer Management

11.1 RD coordinating NS in strengthening branch development, volunteer mobilization and management systems.
Whilst the RD organizational development (OD) delegate worked hand-in-hand with the ten NS on their volunteer mobilization and management, the major emphasis in this area of work has been the implementation of a Volunteer Management Assessment, which was conducted in Botswana, Lesotho, Malawi and Namibia. The overall objective of the study was to examine the perceptions, attitudes and practices with respect to volunteer recruitment, motivation and retention. The information will serve to guide the Federation and NS leadership on the future direction to improve volunteer management, including increasing volunteer recruitment to match the new beneficiary targets to 2010.

Other more general OD work over the period included providing the Botswana and Zambia NS extra support in branch development, constitutional review of the Zimbabwe Red Cross was also carried out as were exchange visits of branch officers from Botswana, Zambia and Zimbabwe to an East Africa Branch Development forum and facilitating the induction of four National Society staff and Governance Members to the RD.

Capital items
Within the OVC RNE project NS capital items were purchased to enhance the programming capacity, assisting the NS to scale-up their activities and reach further HIV and AIDS infected or affected individuals and households. These items will have an impact for years to come.
Table 10: Overview of capital items procured under the RNE OVC Project

<table>
<thead>
<tr>
<th>Countries</th>
<th>Vehicles</th>
<th>Motor-bikes</th>
<th>Mountain Bike</th>
<th>Computers*</th>
<th>Printers</th>
<th>Photo copiers</th>
<th>Video /camera</th>
<th>LCD projector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Botswana</td>
<td>1</td>
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<td>0</td>
<td>10</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Malawi</td>
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<td>150</td>
<td>3</td>
<td>1</td>
<td>3</td>
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<td>2</td>
</tr>
<tr>
<td>Mozambique</td>
<td>2</td>
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<td>0</td>
<td>6</td>
<td>3</td>
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<td>1</td>
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</tr>
<tr>
<td>South Africa</td>
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<tr>
<td>Swaziland</td>
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<td>11</td>
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<td>1</td>
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<td><strong>39</strong></td>
<td><strong>6</strong></td>
<td><strong>18</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>

NB Laptops and desktops, including equipment for use by Finance department (Navision)
NBB Zimbabwe Red Cross received two computers, Lesotho Red Cross one computer and the regional Delegation received six computers and four printers.

Care facilitators in Malawi receive mountain bikes, HBC kits and umbrellas in order to facilitate their important work in the community.

Implementation and Management

**Objective**
Ten national societies are supported to effectively plan, implement, monitor and evaluate HIV and AIDS programmes in order to strengthen their support to the people infected and affected by HIV and AIDS.

Target number of beneficiaries (2006 – 2010): Ten national societies (seven societies are directly included in the project but the three others will benefit from the lessons learnt and all regional tools, activities and training).

**Project/Expected results**
12. The Federation regional delegation provides technical support to Red Cross Societies in the areas of HIV and AIDS prevention, advocacy, care, treatment and support.
13. The HIV and AIDS programme are effectively coordinated and benefits from effective partnership through sharing of lessons learned and good practice.
14. Project cycle management skills strengthened at regional and NS level.
Activities

12. Regional Delegation Technical Health Support

12.1 Developing monitoring and evaluation systems at RD and NS levels
RNE funds were used to recruit a monitoring and evaluation specialist consultant to work on the development of the five-year HIV and AIDS indicators and baseline survey tools. This project was extremely well timed, as the Federation created a Performance Monitoring and Evaluation Reporting Unit (PMER), which will result in increased measurement of programme impact and accountability. The indicators were produced in collaboration with other organizations working in this specialist area in the same region, to include UNAIDS, UNICEF and the National AIDS Council (NAC) and discussed at a meeting at the Federation’s Secretariat, to ensure compatibility. Recent attendance at a UNICEF workshop in South Africa on Monitoring and Evaluating capacity building for OVC programmes in southern Africa ensured coordination. It is hoped that the baseline tools can be adapted for National Societies outside of Southern Africa, creating good practice from the region. In total four baseline tools have been developed and were field tested in Malawi and Zimbabwe.

- Community leader questionnaire,
- Prevention, Care, Treatment and Support Household questionnaire,
- Behaviour change questionnaire and
- Programme Coverage Monitoring report.

Guidelines for the management and implementation of the monitoring, evaluation and reporting tools and system (at the branch, national and regional level) have been produced, with the next steps including rolling out the system at the NS levels, encouraging the employment of M&E NS staff members, with job descriptions drafted and a training package for NS developed. Finally, research on organisations able to develop a multi-level web-based database were being examined for the region, with such a system being cascaded down to the NS level and training conducted.

12.2 RD recruiting adequate staff to support implementation and monitoring of the project
The HIV and AIDS team provides technical advice and support to National Societies, with key members including a technical manager, an OVC delegate, OVC officer and a HBC officer, who regularly visited the field over the reporting period. The Regional Red Cross OVC Working Group meet several times a year, with a meeting held in Lesotho during February 2007, bringing all nine NS OVC officers together and facilitated by the OVC delegate and officer.

However, due to the fact that the RNE project was challenging in terms of the short operational-time frame, specific staff/delegates were employed to ensure that implementation was effective and timely. Specific staff included a regional RNE OVC programme coordinator and a regional logistics delegate (the latter was funded from non RNE resources but specifically allocated to this project). A NS relief support manager was also employed, being mainly field based, particularly working with the South African and Swaziland NS. It should also be noted that Angola, Malawi, South Africa and Zambia had either a Federation Country Delegation or country delegate, with staff/delegates helping to follow-up implementation/monitoring. Angola and Botswana were new OVC projects and South Africa was particularly challenging with OVC spread throughout the whole country, it was identified quite early on during implementation that additional support was required, with the deployment of RNE OVC consultants to both countries and the recruitment of two national consultants in South Africa. Indeed, problems within the overall project were quickly identified and solutions found.

13. Sharing knowledge

13.1 RD facilitating development and sharing of lessons learned, experiences and good practices
Throughout the RNE OVC project, regular contact between the NS involved has taken place to share lessons learnt, experiences and good practices, with the southern Africa region already being the Federation’s worldwide HIV and AIDS Centre of Excellence. When the Federation was first approached about this particular donation, all ten NS were brought together in South Africa to jointly plan on how
best to use the funds, creating the proposal, log-frame and budgets as a team. In September 2006 at the Southern Africa Regional AIDS Network (SARAN) meeting, implementing strategies were discussed, with bilateral meetings taking place between the RNE team and each individual NS to develop their work-plans, discuss procurement, staffing, budget issues and general implementation. Each NS was encouraged to establish RNE OVC task forces (to include the RD), to share information/experiences. In January 2007 all NS attended a Red Cross HIV and AIDS Global Alliance meeting, which again created an excellent venue for an exchange of experience.

**Good Practice booklets**
The Federation worked in collaboration with SAFAIDS to develop/published HIV and AIDS Good Practice Booklets for several NS, which highlighted different themes, as follows:-

- **Malawi** – Involvement of Chiefs in Home-based Care, Mchinji HBC Project.
- **Namibia** – HIV Testing and Counselling for the community, by the Community. Community Counselling Projects: Increasing Quality and Uptake of HIV and AIDS Health Services.
- **South Africa** – Reducing the ‘human cost’ of Caring. Caring for the Carers providing Community home-based care.
- **Zimbabwe** – ‘We won’t give up until we get to the top’ Support Groups for PLHIV and OVC – Community Based HIV and AIDS Programme.

These Good Practice booklets are not only used to share lessons learnt between NS around the world, but also as promotional materials for external audiences, creating awareness on original interventions in HIV and AIDS programming in southern Africa. A Swaziland Good Practice booklet was produced in 2006 with an Angolan, Mozambican and Zambian Good Practice booklets will hopefully be produced in the second half of 2007, if funds are forthcoming.

**OVC Working Group**
Knowledge was also shared at the OVC Working Group meeting, with such a meeting held in Lesotho and attended by nine NS OVC Officers. Topics discussed included: the regional OVC programme and strategy; community involvement in OVC projects; youth friendly centres, and paediatric ART, RNE OVC project, beneficiary selection criteria, vulnerability assessment and review of the basic OVC training module.

**13.2 RD strengthening or establishing partnership at regional and international level**
Emphasis has been placed on developing further partnerships at the regional and international levels, particularly with the Red Cross’ Global Alliance (which can include external organizations), with this alliance being defined as an *enabling framework* to mobilise capacities and resources to provide harmonised, effective support to NS for the achievement of their country programmes within the framework of the Federation’s Global Agenda. Global alliances are expected to:

- improve the quality of Red Cross work through systematic peer involvement and knowledge sharing;
- improve efficiency through greater coherence and reduced transaction costs;
- attract more resources from traditional and new donors;
- expand the volume of programming;
- ensure that NS capacity building is given central emphasis
- deliver better results and impact for our vulnerable clients

In September 2006, a southern Africa regional meeting for all NS was held in Harare on HIV and AIDS related issues, including the Global Alliance. This was followed by a small-scale Global Alliance consultative meeting held in Johannesburg at the end of October 2006 and a larger Global Alliance meeting held from 28 January – 2 February 2007. The latter meeting brought together the Regional Delegation, ten Southern African NS, nine Partner National Societies (PNS) and Federation Secretariat key staff to plan the operationalization of the HIV and AIDS Global Alliance. The purpose of the meeting was also to discuss country operational plans, budgets and agree on a resource mobilization and an
implementation strategy. Indeed, it is believed that great strides have been made in establishing and strengthening partnerships internationally.

**External partnerships**

The OVC RNE donation resulted directly in several working partnerships being developed, with the majority already highlighted in earlier sections of this report. They include the PMTCT campaign development with UNICEF and WHO/AFCO, with an Agreement now signed between UNICEF and the Federation to formalize this partnership. Another agreement was signed between the Integrated Regional Information Network (IRIN)/UNOCHA and the Federation, which resulted in the production of a series of information products raising awareness over issues related to HIV and AIDS. The Federation also has joint Agreements with WHO/AFRO on the development and country adaptation with SAFAIDS on the Prevention, Care, Treatment and Support training package. The Federation worked hand-in-hand with SAFAIDS on the development of the National Societies Good Practice Documents on their HIV and AIDS work, with RNE funding also contributing to these products.

**Other partnerships and close working relations include:**

- The Regional Inter Agency Task Team (RIATT) on OVC, spearheaded by UNICEF EASARO.
- The Global Network of PLHIV (GNP+) particularly the National Association of PLHIV (NAP+) in Africa, with the RD participating in the International Treatment Preparedness Coalition (ITPC) on treatment literacy between stakeholders regarding the Prevention, Care, Treatment and Support training package and for enhancing harmonisation/coordination.
- Perinatal HIV Research Unit, University of Witwatersrand, Chris Baragwanath Hospital in partnership with UNICEF on strengthening the capacity of regional institutions and organisations to provide technical assistance to accelerate scale up of PMTCT and Paediatric AIDS treatment.
- UNICEF work on Monitoring and capacity building for OVC programmes in Southern Africa.
- UNAIDS Southern Africa partnership forum.

**13.3 RD coordinating donor/partner identification**

Work in this sector has been increased over recent months with the recruitment of a RD grants manager. As part of the resource mobilization, he has worked with the NS on a donor mapping exercise, outlining a total of twenty-six bilateral and nine multilateral donors for further collaboration. Contacts and priority programming of 46 international NGOs which act as partners of the bilateral donors, have also been documented as part of this exercise.

In order to gain the magnitude of donations required to implement all activities outlined in the 5 year HIV and AIDS Programme, RNE funds were also used to develop HIV and AIDS marketing tools. A South African based company was selected to develop a contemporary looking marketing folder which outlines the HIV & AIDS five-year appeal in a dynamic and exciting way. Additionally a multi-media CD video has been developed for marketing/fundraising opportunities along with a power-point presentation. It is hoped that this will enhance partner identification and collaboration, particularly in the corporate sector, where new partners are being sought. These materials will be available to the NS to help them with their local fundraising as it is expected that 40% of funds will come from the country level. In that regard negotiation skills training was organised in November 2006 for all NS leaders to assist them in preparing for their own fundraising plan and to conduct negotiations at the country level.

**13.4 RD organizing donor meetings and information dissemination through Red Cross events or regional and international conferences**

A large number of RC events were organized within the RNE funding period. They included: the launch of the World Disaster Report; launch of the HIV prevention, care, treatment and support tool kit – A training package for community-based volunteers (ART modules); World AIDS Day, TB Day, International Volunteers Day; Launch of the HIV and AIDS 2006-2010 Appeal. Regional Media Tour. All the events created opportunities for information dissemination and attracted media attention. Specific donor meetings included:

**Skillshare workshop:** this was organized jointly by British Red Cross and Federation from 5 to 8 September 2006 in London. The southern Africa region had seven participants.
Embassy donor meeting: The RD also hosted a donors meeting on 1 February 2007 to disseminate the HIV and AIDS country operational plans and advocate support for the programme. The meeting was chaired by the Joint United Nations Programme on AIDS (UNAIDS) inter-country representative and attended by several embassies, UN agencies and other international humanitarian organizations.

European Union: Meeting with the Head of Social Sector to present the regional HIV and AIDS Programme launched and discussed possible grant allocation from EU budget lines, following the recent political decision made by European Commission Humanitarian Aid Office (ECHO) to fund HIV and AIDS programmes

Swedish International Development Agency (SIDA) and Swedish Embassy: (Stockholm and Lusaka) including the Head of SIDA-Africa visited Zambia Red Cross projects in Kapiri-Mposhi, creating further potential donor interest.

14. Project cycle management skills

14.1 RD coordinated strengthening of planning and reporting capacities in the NS

In terms of planning, the NS probably learnt most from their involvement in the development of the five-year HIV and AIDS Operational Plans on project cycle management, with this work funded through RNE. A regional delegation key team of planning, finance and technical experts worked on developing the Operational Plan tool. They then worked hand-in-hand with each individual NS for at least a week at either the RD or at the NS to fine-tune plans, budgets, donor summaries, beneficiary targets etc. The Operational Plans are already being used by the NS, proving to be very useful for planning, monitoring, donor liaison and financial management with Federation support still provided through one-to-one coaching.

IV. LESSONS LEARNT/RECOMMENDATIONS

General Issues

• The injection of Euro 5 million into the OVC component of the HIV and AIDS programme in a short time-frame resulted in the RD/NS having to focus heavily on mobilizing all their human resources. Strengths and weaknesses at the RD and NS levels were identified, with this project being a real learning curve and a good preparation for the scaling-up outlined in the newly released five-year HIV and AIDS Programme. The project was very closely monitored, with problem areas quickly identified and solutions equally quickly sought and agreed, with fast action resulting in all objectives being met. Through implementing the OVC RNE project substantial lessons were learnt and a quick response was sought, with this approach in itself being seen as a positive lesson learnt.

• At times the pressure exerted on the NS and at the RD level, due again to the short project length was heavy, which while creating a momentum and fast action, challenged areas of project prioritization. However, all activities were finally implemented, with the RD/NS feeling a sense of achievement and an attitude of capability being adapted, with RD and NS confidence increased. In addition, all NS including the weakest, succeeded to deliver in accordance to the plan, with this programme serving as an engine to push NS towards positive implementation efforts.

• Several NS set-up new OVC projects as a result of the OVC RNE injection of funds. The Federation advocates the use of the OVC Strategy, which stresses the need to base all OVC work on a firm foundation and strategic approach, but the short-term nature of RNE funding meant that the strategic process followed by some National Societies was postponed. This type of approach takes time; therefore it is not advisable for short-term large injections of funds to be challenged to new OVC projects, with it being better to exclusively focus short-term funds on already existing OVC projects.

• Emphasis in the OVC RNE log-frames and budgets was placed on support and care of OVC, rather than on capacity building at the NS level, which had a very positive impact on the community/beneficiaries.
• Several NS focused their support on OVC projects throughout their whole country, which created a challenging logistics/relief and monitoring situation for their national headquarters to manage. The duration of operating time-frames should be a major consideration when deciding which projects to allocate funds to at the NS level, with a geographical prioritization/focus sometimes being a wise option with fewer project sites benefitting but those focused sites being provided with a more holistic approach and strong monitoring systems. Indeed, the Zambia RC took the opposite approach and decided to focus on fewer OVC sites, but provide holistic support and establish very strong monitoring systems, with the NS implementing this project extremely well.

• More attention needs to be given to NS HIV and AIDS programmes actual funded levels when country earmarking exercises are taking place, to ensure that all pledges included in analysis are actual rather than projected. Indeed, the three NS (Lesotho, Namibia and Zimbabwe) which only received secondary funding through the OVC RNE RD budget line found that their NS HIV & AIDS programmes were not actually totally funded, with several soft pledges not materializing or the NS only concentrating on their 2006 funding picture, excluding the first quarter of 2007. This was detrimental to OVC in those countries and to the general development of the NS. Each NS now has a functioning Operational Plan/budget which clearly outlines the allocation of pledges by donor, which should result in this scenario not being repeated.

Donor Liaison

• Good liaison with RNE was achieved, with any queries answered quickly. The only problem encountered was the length of time it took for both organizations to agree on the contract. This delayed the transfer of funds, which resulted in the project being started a little late. It would be ideal in future if the Federation asks donors if it would be possible to receive an advanced copy of generic contracts for grants towards the end of the negotiation process. This would speed-up the approval/signing process and the transfer of funds. This is particularly important with projects running on short operating time-frames. However, the Royal Netherlands Embassy was very flexible, granting a one-month extension, which was greatly appreciated as it reduced pressure.

Procurement/Operational Issues

• It was very good practice to have small planning meetings between the key OVC RNE RD delegates/staff and the key NS staff right at the beginning of the project. During these meetings discussions took place on whether the NS or RD would procure the relief and capital items, with considerations such as timeliness, quality, and specifications required, costs, importation procedures, capacity NS and transport addressed. Some items easily fell in the RD remit (vehicles, for example) and others, in the NS remit (school uniforms, clothes). A new precedent was established and some regional standardization introduced.

• Items procured within the Federation’s Global Agreement (nets, blankets for example) were without doubt the most competitively priced, but their delivery time was longer and all items procured by such means were imported. Given that this project had a short operating time frame and that the NS capacities in importation is not strong in all cases, it might have been better to have paid more, provided NS extra national procurement support and purchased these items locally if available. Additionally, the blankets are designed for emergency situations, rather than at the household level, with the quality not being of a good enough standard and therefore not being suitable for young children or people suffering from illnesses. This has been addressed with the Global Federation Logistics Department, with a new quality of items and service now available.

• When IT equipment is procured regionally, whilst good prices were gained, the delivery time is slow and the specifications need to be carefully checked to ensure they contain the correct software and are in the right language, with some problems occurring which took time to resolve.

• The RD needs to work with NS and their respective governments to understand national custom regulations in more detail and to disseminate the RC’s role, ensuring that the RC is exempt of duty payments where possible and speed-up the whole clearance process.

• When relief is specifically targeted at children, the standard distribution approach needs to be adjusted accordingly. Signing by a guardian should be organized for children who are very young; children often do not have identification either, and the actual timing of distributions is important, needing to be organized outside of school hours. Safety issues (going home with items of value, especially in urban areas) is also a consideration with close supervision required.
Several NS relief effort was entirely focused through their health departments, with staff not having the proper experience in this sector. Task Force input from other relevant departments was needed for facilitation, which did not unfortunately occur in all NS with coordination being notably better in those NS which established OVC RNE task forces.

The NS need to develop their own logistics departments with professional staff to be a recruited and technical support provided by the Federation to help with the process, with is planned for the second half of 2007 and into 2008.

**Coordination/HR**

- Coordination of such a large project at the RD and NS level was challenging, involving management, administration, finance, logistics, technical HIV and AIDS, Information, Reporting, Monitoring and Evaluating. In order to ensure that all were kept informed the RD established an RNE OVC Task Force, which met regularly. Each NS was encouraged to do this, with the majority adopting this coordination mechanism, which enhanced the smooth and timely implementation of the project.

- A number of meetings between the RD and NS were held to ensure coordination was achieved. The NS were all invited to the RNE OVC planning meeting, then once funds were obtained, several bilateral detailed meetings were held with each NS. During the actual implementation period, three major HIV and AIDS meetings were held, involving all NS. This worked well.

- Given that this was a short-term, well funded project it was ideal to have a specific RD RNE OVC coordinator. This resulted in the HIV and AIDS technical staff being able to concentrate on technical support, with the coordinator dealing with general project management issues. It was essential to have a RD logistics coordinator (even though he was not funded through this project) and a NS relief manager. An HIV and AIDS finance officer was also engaged. It would have been useful though if further RNE OVC administration support was provided for the coordinator and the logistics office, enabling them to be more field-based.

- Several of the NS struggled to absorb the RNE OVC funds/project, finding it difficult to implement all components in the time-frame, this was especially apparent in the ‘start-up’ projects of Angola and Botswana, with staff at the NS not having much operational experience in this sector. Swaziland and South Africa also struggled, but to a lesser extent. In order to overcome these constraints, consultants were deployed in Angola, Botswana and South Africa, with this extra support resulting in full project implementation. The NS relief manager also provided additional project implementation support in South Africa and Swaziland, which worked very well. The overall approach was effective, with all projects implemented within the time-frame, but if another large injection of funds is received, it would be recommended that HIV and AIDS Country Delegates are deployed to five or six of the ten NS (perhaps one delegate could cover several NS) to help them implement the projects to the required standards and build NS capacity.

**Finance**

- The budgets as outlined in the RNE OVC were sometimes too generic between the different NS, with more exact pricing on relief items, for example being required. In order to follow the RNE OVC donor requirements, budget lines were adhered to. Lessons have been learn though with the Operational Plan budgets being more thoroughly research, with relief item pricing based on actual RNE OVC prices gained.

- Several NS found the combination of a large injection of funds being allocated to them in a short period of time challenging, with the RD needing to monitor the funds very closely. The whole transfer of funds from Harare to the NS and the NS then spending and accounting for the funds needed to be speeded-up, with the NS succeeding in speeding up this funding cycle. It was good practice to invite several NS finance staff to the RD for finance meetings, following-up on issues and keeping in very close contact with the NS finance and programme staff and well as conducting field trips to the NS to help them with this aspect of project management. This approach resulted in every NS managing to keep to their budget, not over or under spending.

- Despite great efforts and an extra finance officer being recruited, financial analysis at the RD was at times a little slow, which was due to the heavy workload in that department. This resulted in the operational delegates having to focus more time than normally required on financial analysis. Given the scale-up of the HIV and AIDS programme outlined in the 5-year plan, it is ideal that an HIV and AIDS
finance delegate is being recruited, which should result in faster analysis for the NS on their expenditure and improved project management.

**Reporting**
- An entirely new and innovative M&E system for HIV and AIDS has been developed, which includes reporting templates, but for the purpose of this short-term project, standardized formats, such as relief distribution forms, were developed by the RNE team. An OVC RNE narrative reporting format was also produced based on each of the NS’s individual log-frame, which helped the NS monitor and report on their projects and the RD report to the donor in sufficient detail. Each NS produced very good quality reports, which the team feel can be attributed to the simple formats and the regular feedback provided to each NS after they had submitted their reports, which encouraged them to work hard and build their capacity.

**Partnerships**
- Many partnerships within the OVC RNE operational framework have been formed (UNICEF with PMTCT, IRIN News for Information, SAFAIDS/WHO for the Toolkit, and SAFAIDS for the Good Practice etc). The Federation has found that an enormous effort has had to be placed on the development of each partnership, which has resulted in a more coordinated approach among different organizations but has been quite time-consuming. It has now been agreed that the RD employ a Partnership Officer to take on such a role will enhance partnership facilitation and link PLHIV and organizations working of PLHIV.

**V. CONCLUSIONS AND ACHIEVEMENTS**

The generous donation from the RNE gave the opportunity for the seven selected NS in southern Africa, with the RD’s support to deliver all components of the project, focusing on care, treatment and support for OVC as well as prevention, advocacy and NS institutional strengthening for a period of seven months. Due to the short time-frame though, this donation also presented a major challenge. It is therefore with particular pride that the southern African NS involved in the OVC RNE project can report to the embassy that all the objectives outlined in the proposal were met, with the NS rising to the challenge and really demonstrating their ability to deliver good quality, holistic support to vulnerable children within a short time-frame. Additionally, the Regional Delegation strengthened its own capacities to support the NS and has become a more reliable and credible partner to RNE.

Some 30,000 OVC and 150,000 vulnerable households in seven countries received relief items which included food, blankets, mosquito nets, mattresses/sheets, with 11,000 children able to attend school this year/receive educational support. Over 150,000 household visits have been made by care facilitator volunteers, with the HIV Prevention, Care, Treatment and Support Training Package for such volunteers now available to enhance training. A total of 60 Red Cross youth centres received support with 60,000 youth benefiting from this activity. Furthermore, over 400,000 people were reached through community sensitization, sporting events, OVC campaigns, house-to-house visits and other community forums, with 450,000 IEC materials developed to back-up the prevention activities, providing a longer-lasting, greater impact.

The RNE donation also gave the RD the opportunity to really focus on prevention, developing a well researched and coordinated approach, which will have a greater impact on reducing the spread of HIV, through the use of technical consultants and in collaboration with other specialist organizations. The regional Prevention Strategy and the Regional Youth Resource Pack were both produced with the RNE support. Additionally, in conjunction with UNICEF, a comprehensive PMTCT proposal outlining the production of Sara Campaign tools (13 radio episodes, two 15 minute TV programmes, two 1-minute animated TV spot, two different types of posters) is being developed with this campaign being rolled-out later this year in the region.
Advocacy work was also increased substantially, with 1.56 million people reached through direct NS work in this all important sector. An agreement with IRIN resulted in 36 feature reports, 12 radio features, 5,000 copies of a photograph book and four videos being produced, with IRIN estimating that the feature reports have been read by 29 million people alone and the radio in South Africa alone by a further 20 million people. The Federation also initiated an international media tour in seven NS with 32 news stories, ten radio features and three television reports being aired as a result of the tour, with the NS also capitalizing on World AIDS and International Volunteers Day, with activities and materials funded.

The NS received a huge boost through institutional strengthening from RNE funding, with the Navision finance accounting system being introduced and capital items, including 11 vehicles, 585 bicycles, 68 computers purchased. A Volunteer Management Assessment and HIV and AIDS NS Capacity Assessment were also conducted during the period. An entire HIV & AIDS Monitoring, Evaluation and Reporting system was developed, with indicators established, a baseline survey tool created/tested and roll-out implementation plans scheduled. The RD OVC RNE delegates, consultants, staff and NS staff/volunteers were employed specifically to help NS not only implement this project but also to strengthen capacities with numerous workshops/meetings, field trips, exchange visits conducted and 24,000 copies of NS Good Practice pamphlets shared to document lessons learned. Without exception every NS’s capacity & confidence has increased through the successful implementation of the OVC RNE project.

A focus was also given to the new and innovative southern Africa 5-year HIV and AIDS Programme, which was launched on 1 November 2006, with detailed Operational plans developed for each of the ten NS and the RD, with accompanying budgets. Interaction with new donors will also be made easier, with a full set of contemporary marketing tools developed.

The Euro 5 million donation from the Royal Netherlands Embassy for OVC clearly had an enormous impact on thousands of children in southern Africa and proved that the NS of the region not only have the commitment but also the capacity to scale-up, reaching more vulnerable people in a short period of time. Each NS is proud of its work with OVC through this project, having a huge sense of achievement.

On behalf of all of those children supported through this project, the Federation would like to thank the Royal Netherlands Embassy and the people of Holland for their enormously general support and looks forward to forming new partnerships in the future.

VI. WAY FORWARD

Every minute at least one person dies of an AIDS-related illness in southern Africa. The family members are left behind, mostly young children and elderly grand-parents, who are faced with the grief and shock of losing a loved one. Young people now also find themselves burdened with the responsibility of protecting themselves and their young siblings from poverty and illness.

In order to address what is undoubtedly the greatest challenge of our time, the Red Cross in the southern African region is massively scaling-up its response to HIV and AIDS over the next five years. It will focus on three main objectives: preventing further infection; expanding care, treatment and support and reducing stigma and discrimination and by doing so will quadruple its previous effort in the region.

A total of 50 million people will be reached with messages on prevention and reducing discrimination and services will be provided for 250,000 PLHIV and 460,000 OVC.

The five-year appeal has a total budget of Euro 237 million, with a funding gap to date of Euro 195 million. It is very much hoped that the Royal Netherlands Embassy will continue to be one of the lead partners in our work, helping the Federation/NS in this region to rise to the challenge by alleviating the suffering of vulnerable groups through mobilizing the power of humanity.
The fate of those affected and infected by HIV and AIDS rest in our hands – we strongly believe that the commitment of our staff/delegates, volunteers and partners is there. The previous Royal Netherlands Embassy donation of Euro 5 million for OVC had an enormous impact, but this is just the start - with more funding donated we can quadruple our effort in the region, contributing to further lives and giving hope to millions of people in southern Africa.

It is very much hoped that the Royal Netherlands Embassy will be in a position to provide further funds during 2007 and beyond in support of the five-year HIV and AIDS programme.

“I saw that HIV doesn’t have to end your life; for me, it was just the beginning of life.”
Former street child and sex worker Venancius Rukero. The HIV positive 30-year-old has established an orphanage in Windhoek, capital of Namibia

LIST OF ANNEXES

I. Medical Supplies for HBC Kits and Clinics

II. Distribution Statistics of Relief Materials

III. Composition of food packs per country

IV. PMTCT Campaign Proposal

V. Media Tour and World AIDS Day