



## SOUTHERN AFRICA: REGIONAL HIV AND AIDS PROGRAMME (2006-2010)

*The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 185 countries.*

*This appeal seeks CHF 317.2 million<sup>1</sup> towards a total budget of CHF 384.9 million for the Regional HIV and AIDS Programme in southern Africa for the period 2006-2010, covering the needs of national Red Cross societies in Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe, and the support requirements of the International Federation Secretariat.*

[<Click here to access the Appeal budget and here to view the attached map of Southern Africa region>](#)

Programme	Budget 2006/7	Budget 2008	Budget 2009	Budget 2010	Total Budget in CHF
Prevention	4,784,422	3,780,455	4,447,346	5,648,282	18,660,505
Care, support and treatment	40,006,506	48,496,689	57,792,267	67,395,735	213,691,199
Reducing stigma and discrimination	4,883,283	4,379,806	4,735,829	5,600,366	19,599,285
Institutional strengthening	22,205,777	18,967,865	25,397,529	23,135,031	89,706,202
Federation secretariat support	10,842,954	9,942,888	10,577,894	11,875,071	43,238,806
<b>Total</b>	<b>82,722,941</b>	<b>85,567,703</b>	<b>102,950,865</b>	<b>113,654,485</b>	<b>384,895,997</b>

*The purpose of the Programme, which is the Southern African regional component of the new International Red Cross Red Crescent Global HIV and AIDS Alliance, is to reduce vulnerability to HIV and its impact through preventing further infection; expanding care, treatment, and support; reducing stigma and discrimination; and strengthening Red Cross national and regional capacities. The Programme represents a quadrupling of the Red Cross effort in the region. It plans to reach 50 million people with messages on prevention and reducing stigma/discrimination. It will also provide services for 250,000 people living with HIV/AIDS and 460,000 children that have been orphaned or made vulnerable by HIV and AIDS; representing approximately 10% of the current caseload in the region.*

*The programme will function within in the framework of government-led National HIV and AIDS Strategies, closely coordinated with UNAIDS and other international partners. Key implementation strategies include working at the community level, with the intensified involvement of people with HIV and AIDS; influencing knowledge, attitudes, and behaviour; increasing access to voluntary counselling and testing; preventing mother-to-child transmission; increasing access to anti-retroviral therapy; expanding home-based care for people with HIV and AIDS as well as orphans and vulnerable children, including through psychological, social and livelihood support; promoting livelihoods and food security; advocating for policies for equitable rights and access to services; identifying and reducing sexual and gender based violence; and establishing HIV in the workplace programmes in national societies. This will involve expanded capacity of the ten Red Cross societies and the Federation Secretariat working under the framework of common country plans underpinned by a new Performance and Accountability Tracking System.*

<sup>1</sup> USD 253,760,000 or EUR 199,496,855

The International Federation's activities are aligned with the Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

**Global Agenda Goals:**

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

**The magnitude of HIV and AIDS**

Southern Africa is the epicentre of the worldwide HIV and AIDS pandemic: of the global total of approximately 38.6 million people living with HIV (PLHIV), nearly a third (12.35 million, including 860,000 children aged under 14 years) are in the ten countries of southern Africa<sup>2</sup>. Thus, nearly 10% of the 127 million population of the region is living with HIV. In 2005, some 920,000 people died from AIDS while some 1.1 million were newly infected. The region is also home to nearly 4.6 million orphans due to AIDS. With the exception of relatively low prevalence in Angola, adult infection rates range from over 14% in Malawi to over 33% in Swaziland.

HIV is predominantly transmitted heterosexually in the region. The pandemic is increasingly feminized: there are more than twice as many young adult women infected than men. This has led to high levels of mother-to-child transmission, estimated at between 20-40%, in the absence of interventions. A major determinant of HIV spread is gender inequality linked to risky livelihoods, forced mobility for economic reasons in a context of food insecurity, and increasing impoverishment. There are also high levels of sexual and gender-based violence and exploitation including intergenerational sex. Weakened education, health, administration and other public services mean that poor, vulnerable people have reduced access to essential support.

**Table 2: HIV and AIDS in southern Africa (2005)**

Country	Population (Million)	People living with HIV	HIV+ Adults (%)	Orphans due to AIDS	Deaths from AIDS in 2005
Angola	15.9	320,000	3.7	160,000	30,000
Botswana	1.8	270,000	24.1	120,000	18,000
Lesotho	1.8	270,000	23.2	97,000	23,000
Malawi	12.9	940,000	14.1	550,000	78,000
Mozambique	19.8	1,800,000	16.1	510,000	140,000
Namibia	2.0	23,000	19.6	85,000	17,000
South Africa	47.4	5,500,000	18.8	1,200,000	320,000
Swaziland	1.0	220,000	33.4	63,000	16,000
Zambia	11.7	1,100,000	17.0	710,000	98,000
Zimbabwe	13.0	1,700,000	20.1	1,100,000	180,000
<b>Total</b>	<b>127.3</b>	<b>12,143,000</b>	<b>21.0</b>	<b>4,595,000</b>	<b>920,000</b>

<sup>2</sup> Unless stated otherwise, all data on HIV and AIDS is from *The Report on the global AIDS epidemic: 10<sup>th</sup> anniversary special edition, UNAIDS (2006)*. Figures quoted refer to estimates as at 2005.

## **The impact of HIV and AIDS**

The HIV and AIDS pandemic has had a profound impact on economic growth, income and poverty in southern Africa. In some countries, the economy is projected to shrink by 30% by 2010 due to HIV and AIDS (*UNDP 2005*). At household level, HIV and AIDS increase economic vulnerability due to additional costs of care, treatment and support as well as funerals. Life expectancy at birth has dropped to below 40 years in many southern African countries, along with negative socio-economic impact due to a decline in the productive work force, and increase in dependency ratios. Agricultural output could drop to 40% in households with sick adults, resulting in increased food insecurity and poverty. The main areas where the impact of HIV and AIDS is greatly felt are as follows:

- **Orphans and vulnerable children (OVC):** The plight of OVC is a major concern for all southern Africa governments, which can hardly sustain their ailing economies. Orphans have become an additional challenge to relatives whose incomes are already overstretched. Many children drop out of school to care for their sick parents or siblings. In **Botswana, Lesotho, Namibia, South Africa and Swaziland**, the number of orphans is expected to double by 2010. These children need support now and helping them will require a very long-term commitment by governments, communities and humanitarian agencies. The OVC are often being looked after by elderly and frail grandparents with very limited resources. Governments in the region (except **Botswana and Angola**) have already developed national action plans and policies on OVC.
- **The ‘triple threat’ (HIV and AIDS, food security and weakened government capacity):** There is a dynamic interaction between food security and HIV and AIDS. The pandemic, coupled with consecutive years of drought (2002/3 and 2005/6) has led to deteriorating food security, especially among populations made more vulnerable by HIV and AIDS. In addition, the inadequate capacity of governments and lack of long-term food security strategies have contributed to prevalent food insecurity. The linkage between the pandemic and food security is well recognized and, in some countries, emergency food distributions are an integral part of home-based care (HBC) programmes. However, there is a need to integrate a wider range of mid and long-term food security, livelihood, water and sanitation (WatSan) initiatives in HIV programming across the region. Coping mechanisms for nutritional support, such as backyard and communal gardens, are good interventions.
- **Health care delivery systems:** The public health services are increasingly being overstretched as they struggle to provide health care to patients with HIV-related illnesses and also those with diseases such as malaria and tuberculosis (TB) as well as other opportunistic infections. The effect of HIV and AIDS on the increase in cases of TB cannot be ignored. HIV is the most potent known risk factor for progression to active TB in people with recently acquired infection and those with latent TB. In southern Africa, a good number of clinics are not able to treat PLHIV and refer them to district hospitals. The hospitals do not have the capacity to provide long-term care to chronically ill patients. Thus, there is a greater reliance on non-governmental organizations (NGOs) and civil society groups to provide community home-based care (CHBC) to clients and also to ease hospital bed occupancy by patients with chronic illnesses, particularly HIV-related. Furthermore, the pandemic is impacting on the human resource base of health care systems; many healthcare workers have died of HIV-related illnesses and, in many countries, health institutions are permanently understaffed. This has an impact on the quality of health care services provided.
- **Stigma and discrimination:** Stigma, silence, denial and discrimination significantly undermine prevention, care and treatment efforts, and further extend the impact of the pandemic on individuals, families and communities. The HIV pandemic in southern Africa has an increasingly “feminine face”, correlated with high levels of sexual and gender-based violence (SGBV) and exploitation. Local beliefs, misconceptions and myths influence the ways in which households and communities react and cope with the pandemic.

Levels of knowledge on safe sex and HIV remain low in many countries. Only 10% PLHIV know their HIV status. Weak HIV surveillance often means that people at highest risk are not adequately covered or reached through HIV prevention and treatment strategies. Southern African countries have demonstrated a commitment and willingness to fight the pandemic and many have developed HIV and AIDS policies that guide the implementation of interventions. But in order to have significant impact, HIV programmes should bring stronger attention to gender aspects – including consideration of roles, responsibilities and relationships of both women and men in terms of vulnerability and risk – and should involve males more strongly in the response to the pandemic.

## Southern Africa: Regional HIV and AIDS Programme; Appeal 2006-2010 (Appeal no. MAA63003)

- **Antiretroviral therapy (ART):** ART has beneficial impact, not only on the survival and health of individuals, but also to the wider families, communities and nations. For example, a southern African study has shown that within six months of beginning treatment, patients' labour force participation increased by 20% and weekly hours worked increased by 35%. The demands on family members providing care and support were reduced or eliminated.

The significant drop in price of ART has made viable the universal availability of treatment, and brought hope to PLHIV. However, there are a number of impediments to accessing ART, especially for the most vulnerable. These include lack of transport or money to go to health facilities, inconsistent supply of drugs, lack of treatment for children, lack of appropriate nutritious food and weak health structures. In addition, services for the prevention of parent-to-child transmission (PPTCT), including the provision of the relatively cheap antiretroviral drug (Nevirapine) to stop vertical transmission, remain grossly under-developed.

### The International Federation policy on HIV and AIDS

Combating the global catastrophe of HIV and AIDS is a major goal of the Millennium Declaration, and a key priority for the International Federation's Global Agenda. Mobilizing the power of humanity to make the difference is at the heart of the International Federation's approach to HIV; it recognizes the magnitude of the challenge and acknowledges that the far-reaching complex social impact of the pandemic needs concerted effort by all sectors.

The International Federation is scaling-up its response to HIV and is committed to **reducing vulnerability to HIV and its impact** through:

- Preventing further infections;
- Expanding care, treatment and support;
- Reducing stigma and discrimination.

The above objectives are interrelated. First, effective prevention requires the development of life skills; information, education and communication (IEC) as well as social mobilization to counter stigma and discrimination which hamper access to treatment. Second, effective care and treatment reduces stigma and can boost prevention through, for example, motivating people to accept voluntary counselling and testing (VCT) so as to learn about their HIV status and thus get help in looking after themselves better and protecting others. Finally, PLHIV and their families are a central focus as their interactions within societies contribute towards and reflect the success of the Federation's collective efforts.

At the heart of the Federation's strategy, and in the context of an increasingly feminized pandemic, are gender inequalities that have a direct bearing on personal and social vulnerability to HIV. Women have a greater biological vulnerability to the virus but the main problem is their relative powerlessness; they often have fewer rights and resources. They are frequently forced into early sexual activity, are unable to insist on protecting themselves and may suffer sexual violence and exploitation, including being forced to barter sexual favours for their survival or that of their families.

The application of this strategy encompasses practical interventions, which are guided by local needs realities and the assigned role of National Red Cross/Red Crescent societies as auxiliaries to their governments. They are also part of coordinated national AIDS strategies that are harmonized with international HIV and AIDS-related assistance arrangements.

Our **programming principles** are as follows:

- *Interventions must be evidence-based* – they must be informed by locally-prevalent patterns of HIV risk, vulnerability and impact, and driven by a demonstrable understanding of what is effective in a particular context.
- *Interventions must be main-streamed*, wherever feasible – not only within the structures and programmes of the International Federation, but importantly, they should be integrated into and seek to strengthen community and institutional systems for health, education, social care and livelihood promotion.
- *Interventions must seek out the most vulnerable and build resilience* – in line with the Fundamental Principles of the Red Cross/Red Crescent, they must prioritize reaching and empowering the people that are most in need.

## Southern Africa: Regional HIV and AIDS Programme; Appeal 2006-2010 (Appeal no. MAA63003)

The greatest challenge is to find the most effective and efficient means to deliver the greatest impact for vulnerable people. The Federation is doing this by forming a **Red Cross Red Crescent Global HIV and AIDS Alliance** working in support of country-based National Society programmes. This approach is about strengthening and making better use of the combined capabilities of national societies and the Secretariat, and also bringing in regional networks as well as other funding and operating partners to support community-level action and resilience. The Federation will “work smarter” through common planning, coordination, reporting and accountability mechanisms, so as to achieve scaled-up, sustainable and long-term collective results. It is fully committed to deliver a consistent and predictable package of services in line with this strategy, with the competence and comparative advantage, assessed by a transparent results-based **Performance and Accountability Tracking System**.

### The International Federation in Southern Africa



**The context of change:** After the adoption of [Strategy 2010](#), the International Federation developed an African Red Cross and Red Crescent Health Initiative ([ARCHI 2010](#)) to focus on ten public health priorities in the African continent aimed at reducing mortality from HIV and AIDS, malaria, tuberculosis and other infectious diseases. All African Red Cross Societies signed the [Ouagadougou Declaration](#) during the 5<sup>th</sup> Pan African Conference in September 2000 committing to scaling up health and care interventions, particularly in relation to HIV and AIDS and food security, through volunteer management. Four years later in September 2004, at the 6<sup>th</sup> Pan African Conference, African Red Cross Societies reiterated this commitment and priorities in the [Algiers Plan of Action](#). In 2005, the International Federation adopted its new

programme for the [Federation of Future](#) including a New Operating Model, and enhanced Membership Services and Global Alliances.

**Preparing for scale-up:** In 2001, the Federation’s Regional Delegation for southern Africa coordinated baseline surveys in ten countries to assess the HIV situation, volunteer bases and governance systems. It helped national societies to develop HIV and AIDS country plans, consistent with the national government HIV and AIDS policies.

In 2002, a regional HIV and AIDS proposal for five years (2002-2006) was drawn from the country plans with the support of Partner national societies (PNSs). Funding was sourced from a few donors, particularly the Netherlands Government, Swedish International Development Agency/Swedish Red Cross and IrishAid, who have together provided together CHF 17 million for the period up to 2007.

A programme review in 2004 and a mid-term evaluation in 2005 highlighted key achievements lessons learned and a number of challenges. These include:

- The need to strengthen prevention and scaling up of OVC and advocacy activities;
- Greater and more meaningful involvement of PLHIV and supporting access to treatment;
- The need to build strategic partnerships to ensure provision of complementary activities;
- Addressing National Society absorption capacity at all levels, including effectiveness in volunteer management and resource mobilization, recognizing the need to sustain programming over the long-term;
- The need for stronger monitoring and evaluation;
- Additional emphasis on a caregiver’s policy to address the psychosocial support needs of staff and volunteers.

The development of a new integrated long-term HIV and AIDS strategy and plan was initiated in 2005, taking into consideration the lessons learned since 2001 as well as the changing nature of the pandemic. The basis for forward programme development has been a highly consultative process involving National Society leadership, technical staff and management as well as the Federation Secretariat, PNSs and other regional stakeholders. The Federation’s regional delegation in Harare has supported the ten Red Cross societies to develop their new HIV and AIDS five-year plans and budgets for 2006 to 2010.

## **Southern Africa: Regional HIV and AIDS Programme; Appeal 2006-2010 (Appeal no. MAA63003)**

The programme has benefited particularly from the partnership in the region between the network of associations of people living with HIV and Red Cross societies, starting with Namibia and Zambia. This is part of the agreement between the Global Network of People Living with HIV (GNP+), the Federation as well as the Networks of African People Living with HIV (NAP+) to collaborate on empowering PLHIV through their meaningful involvement in capacity building, advocacy, care and support.

The ten National Society plans reflect a shared integrated approach to mitigate the impact of the HIV and AIDS pandemic. The key interventions are: prevention, care and support; OVC support; psychological and social support; advocacy; food security; ART and institutional development. The integrative approach is consistent with the current global strategies towards providing universal access to prevention, treatment, care and support. Through these plans, the Red Cross societies seek to contribute to their governments' efforts to achieve the [Millennium Development Goals](#) and to progress the declaration of commitment made at the 2001 United Nations General Assembly Special Session (UNGASS) on HIV and AIDS. The Federation Secretariat – through its regional delegation – and Partner national societies will provide technical and financial assistance to national societies in the implementation of these country programmes.

**Scaling up 2006-2010:** The *Southern Africa Regional HIV and AIDS Programme* builds on the track record of HIV and AIDS work of the Red Cross in the region. It is the first major component of the new *International Federation Global HIV and AIDS Alliance* that is under development, guided by the Federation's HIV and AIDS policy and a new Operating Model. This includes the recent appointment of a Special Representative for HIV and AIDS, to provide leadership for this programme.

This Appeal covers the period 2006 – 2010 and is made on behalf of ten national Red Cross societies in the region. Country-level programming will be done in the framework of *National Red Cross HIV and AIDS Programme Plans* developed in line with the Federation's new operating model. The estimated budget is CHF 384,895,997 of which CHF 67,768,349 (17.6 %) has already been covered. Therefore, this appeal seeks CHF 317,127,648.

The covered part of the Appeal comes from some funds that have been carried over from previous HIV and AIDS projects in the region, allowing this new Regional Programme to start. New funds have also been obtained from the Royal Netherlands Embassy to cover some OVC activities until February 2007. The previous [HIV and AIDS consortium appeal](#) will be closed and its funds transferred to this new Appeal, after consultation with the donors involved.

This new HIV and AIDS Regional Programme Appeal is innovative in that it reflects all bilateral and multilateral Red Cross activities and thus shows a complete picture of Red Cross HIV and AIDS support requested for each country. Thus, the Appeal forms a strong base for effective cooperation and coordination at country level, through the concerned national societies. This is anticipated to maximize programme efficiency and impact. This regional programme is founded on strong country-specific action plans which are connected regionally because there is considerable commonality in terms of the underlying epidemiology of HIV transmission, the patterns of risk and vulnerability, cultural and social aspects, and shared political and other regional institutions. This helps to share technical expertise, programming experience and lessons as well as replicating of good practices across countries in the region.

Most governments in southern Africa are demonstrating increased political will to fight HIV and AIDS, partly due to the visible effects of the pandemic, advocacy efforts by civil society groups and the stimulation of increased international funding. In this context, stakeholders have also been challenged to synergize their capacities. This is thus an important opportunity to intensify efforts further and increase the momentum towards universal access to prevention, treatment and care.

The Federation has developed a strong communication and promotion plan to support this Appeal within a framework of international cooperation and coordination. This includes working closely with like-minded NGOs and civil society groups as well as international agencies and governments (at regional, country, and community levels).

## Programme focus

As part of the International Federation Global HIV and AIDS Alliance, the **purpose of the Southern African Regional HIV and AIDS Programme is to scale-up the Red Cross efforts in reducing vulnerability to HIV and its impact in southern Africa.** This will be done through three programming objectives:

- Preventing further infections;
- Expanding care, treatment, and support;
- Reducing stigma and discrimination.

bolstered by a fourth enabling objective:

- Strengthening Red Cross national and regional capacities.

*Click on the country name for its five-year HIV and AIDS strategic plan: [Angola](#), [Botswana](#), [Lesotho](#), [Malawi](#), [Mozambique](#), [Namibia](#), [South Africa](#), [Swaziland](#), [Zambia](#) and [Zimbabwe](#).*

Country	National societies' priority areas for 2006 – 2010
Angola	HIV and AIDS prevention activities targeting truck drivers, commercial sex workers, military, in and out-of-school youth, developing HBC and advocacy interventions.
Botswana	OVC, support and prevention activities for youth, refugees and care-givers for OVC. Botswana Red Cross Society will gradually handover HBC activities to government and will concentrate on HIV prevention, OVC and advocacy activities.
Lesotho	Scale-up integrated HBC to cover the whole country (ART, OVC, PLHIV, support groups, income generating activities and prevention).
Malawi	Consolidating HBC, OVC, prevention, advocacy activities and scale-up ART.
Mozambique	Scale-up integrated prevention, care and food aid to HBC clients (PLHIV and OVC).
Namibia	Scale-up OVC support, prevention, ART, HBC and advocacy activities.
South Africa	Scale-up prevention, care and support for PLHIV, OVC and ART.
Swaziland	Promote integrated food security, prevention in correctional services and among youth, HBC, PPTCT, VCT and ART.
Zambia	Scale-up HBC, OVC support, prevention, ART and food security activities.
Zimbabwe	Consolidate HBC interventions, promote livelihood activities for PLHIV, OVC and ART.

*Note: All the countries focus on prevention; care, treatment and support, reducing stigma and discrimination; and institutional development.*

## Outcome 1: Preventing further HIV infection

### Key Strategies:

- Working at community level to reduce vulnerability to acquiring or transmitting HIV by conducting peer education and community mobilization;
- Information, education and communication (IEC) for general population and targeted vulnerable groups so as to increase knowledge, influence attitudes and change behaviour;
- Promoting voluntary counselling and testing (VCT);
- Promoting the prevention of parent-to-child transmission (PPTCT);
- Promoting skills for personal protection, including condom use.



*A Red Cross care facilitator during a home visit in South Africa.*

Prevention strategies will include the groups most at risk of infection, such as commercial sex workers, truck drivers, in and out-of school youth, correctional services inmates and workers, military personnel, guardians/grandparents of OVC and men who have sex with men. They have a critical role in stemming the rate of HIV spread.

The common approach of most Red Cross societies in southern Africa is peer education, with an emphasis on youth. Its efficacy will be reviewed and supplemented by other approaches such as in-depth one-on-one conversations, community forums, economic empowerment and establishment of youth friendly centres.

## Southern Africa: Regional HIV and AIDS Programme; Appeal 2006-2010 (Appeal no. MAA63003)

The male and female latex condoms are the most efficient available technology to reduce the sexual transmission of HIV and other sexually transmitted infections. The Red Cross societies in the region will engage other agencies and governments to ensure wide distribution of and education on the use of condoms. Reduction and sensitization of communities on safe circumcision and on traditional practices which contribute to the transmission of HIV will be emphasized through involvement of community leaders such as chiefs.

### Expected Results

- Greater number of people reached by peer and IEC programmes (*regional target: 50 million*)
- Greater number of people in targeted groups who correctly identify HIV prevention methods and reject misconceptions on transmission and protection (*regional target: 80% of target groups demonstrate accurate knowledge*).
- Greater numbers of pregnant women who attend VCT and Preventing Mother-To-Child-Transmission (PPTCT) services (*regional target: 80% of targeted women are able to access such services*).

## Outcome 2: Expanding care, treatment and support

### Key strategies:

- Assisting HIV and AIDS orphans and vulnerable children (OVC);
- Providing home-based treatment, psychosocial support and HBC for PLHIV;
- Promoting community support groups and networks;
- Promoting livelihood and food support for the most vulnerable.

The Red Cross societies in southern Africa have made considerable progress on modes of care and support for PLHIV and OVC. By 2005, there were 99 HBC projects and over 5,000 volunteers and their families had been trained to provide basic nursing care to clients. Approximately 50,000 PLHIV and 100,000 OVC received support from the Red Cross societies. The care, treatment and support interventions provided by Red Cross care gives addresses nursing care, emotional, spiritual, psychological, social and material needs of PLHIV and their families. Key to this is the imparting of skills and coping strategies to their family members through household training.



*A Red Cross caregiver with a HBC client during a home visit.*

With the increasing availability of antiretroviral therapy (ART), home-based care is changing shape. The Red Cross, with its wide network of volunteers at grassroots, is well positioned to support clients and families in treatment literacy, treatment preparedness, adherence, counselling and nutritional support – including food security interventions. The ART training package (2006) newly developed by the Federation in collaboration with World Health Organization (WHO) and the Southern Africa HIV and AIDS Dissemination Service (SAFAIDS) will be used to train volunteers working on HBC in support of government efforts to roll out ART.

Red Cross interventions are also designed to ensure communities' access to food and nutrition, clean water and sanitation as well as to develop sustainable livelihoods. The latter includes micro credit, diversifying sources of income, agricultural extension services, vocational training and sustainable access to markets as well as ensuring access to safety nets, including cash transfers and public works programmes (Also refer to Southern Africa: Food Insecurity [Emergency Appeal no. 05EA023](#)).

Greater psychological and social support is also urgently needed. There will be greater and more meaningful involvement of PLHIV in counselling, advocacy and income generation activities. To ensure the active involvement of people living with HIV in all aspects of the programme, links with National Networks for people living with HIV (NAP+) at national as well as with the Global Network of People Living with HIV (GNP+) will be strengthened, especially to provide practical, expert and technical support.

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Support groups for PLHIV and OVC provide psychological and social support for households. These support groups counter stigma and discrimination and help to develop household livelihoods capacity through income generation activities such as vegetable gardening, livestock, poultry, piggery and tailoring.

Caring through psychological and social support for carers is vital to handle the serious stresses generated in communities and families. The volunteer/client ratio continues to increase with the additional demands of ART and OVC support and volunteer burnout has to be better managed.

The emphasis will be equally on improving the quality of service delivery at the same time as scaling-up. This will benefit from stronger partnerships at all levels including with WHO, the World Food Programme (WFP), the Joint United Nations Programme on HIV/AIDS (UNAIDS), Office for the Coordination of Humanitarian Affairs (OCHA), UN's Food and Agriculture Organization (FAO), the United Nations Population Fund (UNFPA) and Regional Psychosocial Initiative (REPSSI) of the United Nations Children's Fund (UNICEF). Educational, material, psychological and social support for children will increase.



*A Red Cross care facilitator assists a support group in tending their vegetable garden in Lesotho*

### Expected Results

1. Greater number of OVC and HBC clients receiving services (*regional target: assistance provided to 460,000 OVC and 250,000 PLHIV needing HBC*).
2. Greater numbers of OVC attending school on a regular basis (*regional target: 80% of all targeted OVC in school*).
3. Greater number of HBC clients achieving score of at least 75% on Quality of Life Index, the parameters of which include mobility, personal hygiene, food availability and emotional status (*regional target: 80% of targeted HBC clients achieve quality of life index*).

## Outcome 3: Reducing stigma and discrimination

### Key strategies

- Promoting community support groups and networks of PLHIV as well as partnerships with PLHIV organizations;
- Ensuring that HIV in workplace policy and programmes for all staff and volunteers are in place in Red Cross Red Crescent national societies;
- Tackling gender inequalities and SGBV;
- Peer education, community mobilization and population-based information, education and communication.

Stigma and discrimination simultaneously reduce the effectiveness of efforts to control the pandemic and create an ideal climate for its further growth. Stigma prevents many people from negotiating safer sex, taking an HIV test, disclosing their status to their partners or seeking treatment, even when prevention services are made available.

An advocacy approach will be taken with emphasis on reducing stigma and discrimination in the general population, and creating an enabling environment for vulnerable people infected and affected by HIV and AIDS. This will include education concerning the promotion of rights for PLHIV and OVC. In addition, advocacy activities will aim to influence decision makers and policy through lobbying and participation in national bodies such as Country Coordinating Mechanisms for the Global Fund to Fight Against Tuberculosis, AIDS and Malaria (GFATM), National AIDS Councils and OVC task forces among others. Emphasis will be on scaling up of partnership activities between national societies and networks of people living with HIV to ensure their greater and meaningful involvement in all aspects of the programme. Implementation of workplace HIV and AIDS policies for Red Cross staff and volunteers will be a priority.

## **Southern Africa: Regional HIV and AIDS Programme; Appeal 2006-2010 (Appeal no. MAA63003)**

Community-specific vulnerabilities to SGBV will be identified and tackled through mobilizing local initiatives to protect and support the most vulnerable. This will include contributing to a system for tracking the extent of SGBV, identifying locally-relevant risk factors, greater access to health, psychosocial, and livelihood support for those affected by SGBV and their families (including post-exposure prophylaxis and ART where indicated) as well as encouraging the particular involvement of men to reduce such violence.

A regional advocacy strategy will be developed in collaboration with all Red Cross Societies in southern Africa. Through the publication of identified HIV and AIDS good practices over the next two years, the Federation Secretariat will promote the achievements of Red Cross programmes, share knowledge and advocate on behalf of vulnerable people.

Despite serious HIV and AID statistics, media and international community attention has been on the decline over the past few years. As a way of profiling these sizeable ‘forgotten emergencies’, the Federation Secretariat will conduct regional tours with national, regional, and international media as well as communications departments of Partner national societies. More than 15 media organizations will be invited to tour the ten countries in the region to give them better insight into the magnitude of the pandemic and to highlight the impact of such emergencies on the most vulnerable, especially children. They will also profile the impact of Red Cross interventions on the lives of the most vulnerable and advocate for more support for integrated and holistic HIV and AIDS initiatives in the region. It is envisaged that this will support fundraising initiatives by Red Cross societies, corporate organizations, the media and the donor community.

### **Expected Results**

1. Greater reporting of stigma and discrimination reports encouraged from among served population groups, and followed-up (*regional target: 80% of reports received are followed-up with appropriate action*).
2. Greater number of openly HIV positive Red Cross Red Crescent staff and volunteers who have access to treatment, if needed, as well as those who report stigma and discrimination from within the Red Cross Red Crescent, including whether or not remedial action has been taken (*regional target: 80% of HIV positive staff and volunteers are able to access needed treatment and 80% of stigma and discrimination reports are followed-up with appropriate action*).
3. Greater reporting of SGBV incidents and cases encouraged from among served population groups and followed-up (*regional target: 80% of SGBV reports are followed-up with appropriate action*).

## **Outcome 4: Strengthening Red Cross national and regional capacities**

### **Key strategies:**

- Improving governance, accountability and leadership of Red Cross Red Crescent national societies for discharging planned commitments;
- Improving volunteer and staff support and management;
- Strengthening programme cycle management;
- Widening partnerships and expanding resource mobilization.

Institutional development support is focused on strengthening national societies from branch to national levels so as to achieve the characteristics of a well-functioning society. The main areas where capacity needs to be strengthened include governance and management, human resources and volunteer management, branch development, infrastructure and systems, programme and financial management as well as monitoring and reporting.

The success of the projects relies on strong branches and volunteers who provide the foundation for community-based home care and support. The Federation Secretariat provides guidance and coaching in branch development and volunteer management as well as support for governance and management, volunteer and youth development as well as ensuring quality and consistency in programming. Strengthening branches where projects already exist will be a priority alongside establishment of stronger volunteer structures and policies in the national societies. Governance training, policy formulation and resource mobilization skills will be promoted to empower national societies’ senior management.

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The finance development component builds the capacity of national societies for the cost-effective, efficient and accountable management of financial resources and to promote increased financial sustainability. In addition, the programme will help build the confidence and financial skills of the National Society staff in systems operation and reporting.

Red Cross societies have already developed their volunteer policies and are working on modalities for improving the management of volunteers. There is therefore a need to support national societies in adjusting to new forms of volunteering and youth work given the challenges in volunteerism that the region is facing. The work of the volunteers in the region was recognized at the regional HBC Symposium held in April 2006, where the Federation regional delegation gave awards to volunteers from all national societies as a token of appreciation. Their work, commitment and challenges were publicized, leading to considerable media and donor attention.



*Red Cross volunteers with former Zambia's president – Dr Kenneth Kaunda– at the HBC Symposium held in April 2006, Johannesburg, South Africa.*

### Expected Results

1. Greater number of volunteer hours mobilized.
2. Adequate funds mobilized (*regional target: 100% of this regional appeal is funded in a timely way so as to enable predictable, sustained programme implementation*).
3. Country-specific programming targets achieved (*regional target: All ten national Red Cross HIV and AIDS plans achieve 80% of the specific targets they have set within set timescales*).

### Implementation and management

This Regional Programme is constituted under the framework of the Red Cross Red Crescent Global HIV and AIDS Alliance, the principles and working modalities of which will be followed. These include an agreement by all national societies to work within a common programming and resourcing framework and contribute to a common monitoring, reporting and accountability system. This emphasises the central role of host national societies in the region with whom all activities are implemented.

With guidance and support from the Federation Secretary General's Special Representative for HIV and AIDS, the Secretariat will ensure a pragmatic and inclusive approach to partnerships and regional coordination. This will be founded on existing structures where possible, starting with the Southern Africa AIDS Network (SARAN) and its various working groups attended by all Red Cross societies in the region. A regional programme meeting of members will be held twice a year, possibly in conjunction with events in the region.

### Partners of the Red Cross Regional HIV and AIDS Programme in southern Africa (as at November 2006)

<b>National Red Cross Societies</b>	Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.
<b>International Federation</b>	Secretariat in Geneva and its Regional Office in Southern Africa.
<b>Partner national societies</b>	Belgium, Denmark, Germany, Great Britain, Iceland, Japan, Netherlands, Norway, Spain and Sweden.
<b>Governments of Southern African countries</b>	Ministries of Health (MoH) and National AIDS Commissions. (NAC).
<b>Governments and their international development cooperation agencies</b>	Canadian International Development Agency (CIDA), Development Cooperation Ireland (DCI), Swedish International Development Agency (SIDA), Belgium Embassy and Royal Netherlands Embassy (RNE).
<b>United Nations Agencies</b>	United Nations High Commission for Refugees (UNHCR) and World Food Programme (WFP).
<b>Other organizations</b>	Family Health International (FHI), Gadaffi Foundation, Global Fund, Bristol Myers Squibb and Soul City Project.

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The involvement of stakeholders from all sectors is paramount for successful National Society responses to HIV and AIDS. These include local NGOs and community-based organizations (CBOs), regional organizations such as REPSSI, SAFAIDS, Southern Africa AIDS Trust, Southern Africa Development Corporation (SADC), Regional AIDS Initiative of Southern Africa and NAP+. Others are UN agencies such as UNAIDS, United Nations Development Programme (UNDP), UNFPA, WHO, UNICEF and WFP as well as international agencies such as the International Organization for Migration (IOM) and donor agencies such as Swedish Agency for International Cooperation and Development (SIDA), the British government's Department for International Development (DFID), the United States Agency for International Development (USAID), Danish International Development Agency (DANIDA), IrishAid, the European Union (EU), government embassies and donor offices in the region.

The HIV and AIDS pandemic has a negative impact on several sectors of society which lie outside the traditional core competencies of the Red Cross Red Crescent Movement. Therefore, the Red Cross societies are not able to solely tackle all aspects of the HIV and AIDS pandemic. It is therefore essential to enter into operational partnerships with other organizations that have the technical expertise and coverage which will complement that of national societies. Partnering with government and the private sector is a priority and active involvement of Red Cross societies' governance is over-emphasized in developing the partnerships. This operational cooperation applies to all levels of the programme from national to community level. At global level, the Federation has already signed agreements with Nestle, Microsoft and the Federation regional delegation in Harare will operationalize them through respective regional offices in southern Africa.

The role of the Federation Secretariat (including Geneva and regionally-based functions) is to:

- Provide policy and strategic guidance;
- Coordinate the Red Cross and other partners supporting the programme;
- Advocate on behalf of the programme and its members;
- Mobilize resources at global and regional levels and support national societies with in-country resource mobilization (the latter has a target of 20% of needed funds being mobilized in-country);
- Facilitate the sharing of knowledge and good practices, including through regional lessons learned and other technical meetings;
- Provide technical support through training, mentoring and support visits to develop the organizational capacity of national societies;
- Ensure timely and adequate monitoring, reporting and accountability as well as managing the share of funds that go through its global financial system.

A *Southern African Regional HIV and AIDS Programme Office* will be established as a subsidiary body of the Federation's Regional Delegation. It will consist of an HIV and AIDS programme manager harnessing the multi-disciplinary skills of the Federation Secretariat (including technical departments as well as disaster management, organizational development, administration, finance, human resources, logistics and management), Partner national societies and Red Cross societies in the region. This emphasises the mainstreaming and integrated approach to implementation. Designated staff will monitor progress by tracking the four objectives of the programme as well as identifying and addressing constraints and bottlenecks to delivery.

All national societies have dedicated HIV and AIDS coordinators as well as technical administrative and financial support personnel. A working advance system has been established as a mode of disbursement of funds where Red Cross societies in the region are expected to make financing requests on a regular basis with funds released accordingly. Monthly updates on expenditures will be provided to all Red Cross societies and finance development training for non-finance staff will be conducted regularly. By 2007, it is expected that all Red NS's will have been coached to meet the criteria to move from working advance to cash transfer system, thus giving all of them full accountability. Existing agreements with partners at global level will be strengthened to benefit NS programmes and to increase their visibility within their community, national stakeholders and international partners.

Programme monitoring and accountability are vital, hence the importance of setting up the **HIV Performance and Accountability Tracking System**. The Federation Secretariat will work with the national societies to improve the timeliness and quality of reporting to donors and other stakeholders. An independent mid-term programme review will be held in 2008 and a final review in 2011.

## How we work

All International Federation assistance seeks to adhere to the *Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief* and is committed to the *Humanitarian Charter and Minimum Standards in Disaster Response (Sphere)* in delivering assistance to the most vulnerable.

For further information concerning Federation programmes or operations in the countries covered by this Appeal, and for National Society profiles, please visit the country pages on the Federation website by clicking on the links below:

[Angola](#)      [Botswana](#)      [Lesotho](#)      [Malawi](#)      [Mozambique](#)      [Namibia](#)  
[South Africa](#)      [Swaziland](#)      [Zambia](#)      [Zimbabwe](#)

## Contact information

**For further information related to this programme please contact:**

- **In Zimbabwe:** Françoise Le Goff, Federation Head of Southern Africa Regional Delegation, Harare; Email: [françoise.legoff@ifrc.org](mailto:françoise.legoff@ifrc.org); Phone: +263.4.70.61 55; 263.4.72.03.15; Fax: +263.4.70.87.84
- **In Geneva:** John Roche, Federation Regional Officer for Southern Africa, Africa Dept., Geneva; Email: [john.roche@ifrc.org](mailto:john.roche@ifrc.org); Phone: +41.22.730.44.40, Fax: +41.22.733.03.95.

**For information on the International Federation Global HIV and AIDS Alliance contact:**

- **In Geneva:** Dr Mukesh Kapila, Special Representative of the Secretary General for HIV and AIDS; Email: [mukesh.kapila@ifrc.org](mailto:mukesh.kapila@ifrc.org); Phone +41.22.73.43.41, Fax 41.22.733.03.95

[Appeal budget and map below; click here to return to the title page.](#)

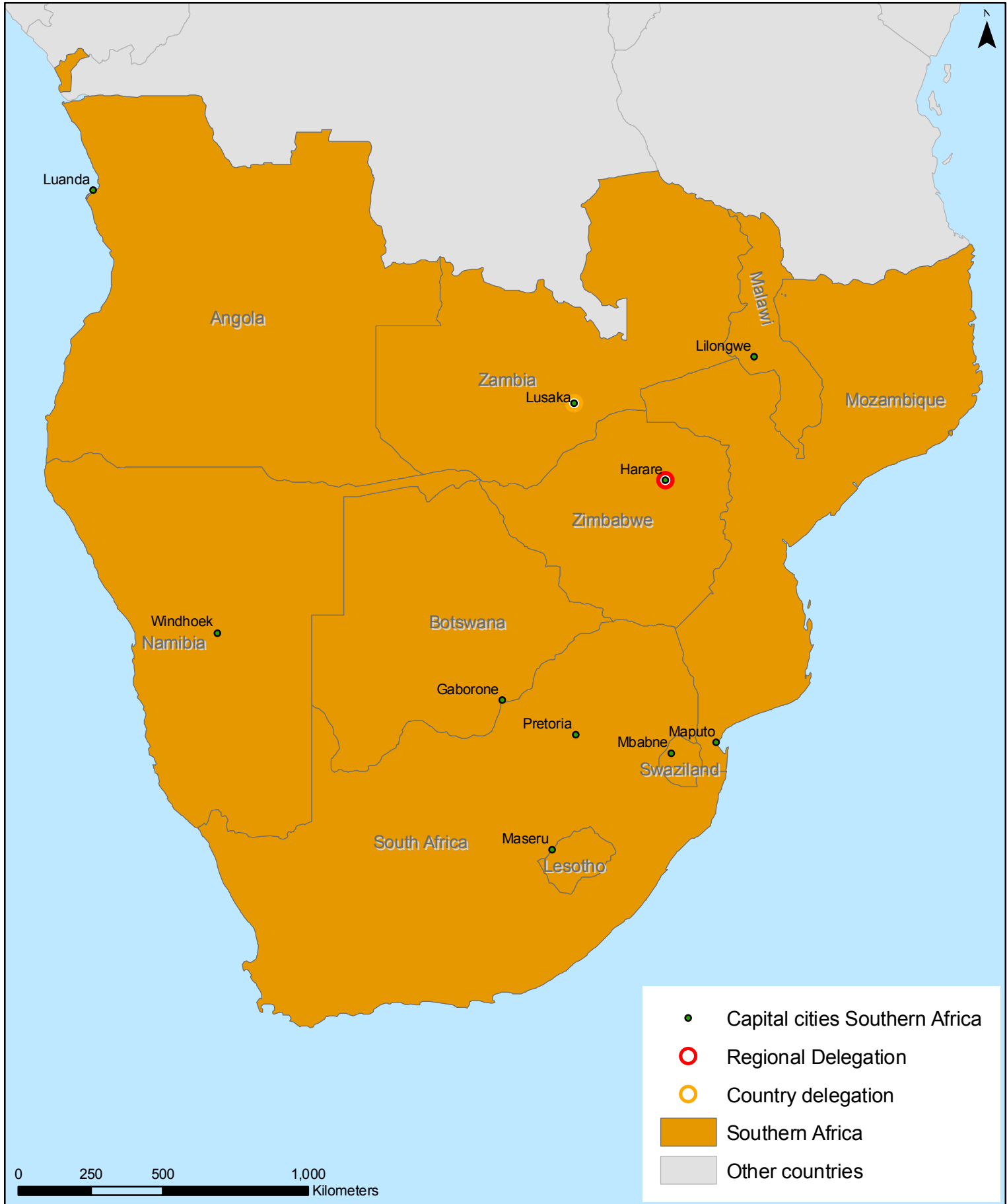
## Budget for 2006-2010 - Southern Africa Regional HIV & AIDS Programme

	2006	2007	2008	2009	2010	Grand total proposal in Chf	%	Fundng plan in Chf	GAP in Chf	GAP in %
Angola Red Cross	936'136	874'640	1'142'916	1'466'113	1'409'471	5'829'276	1.51%	2'349'427	3'479'848	59.70%
Botswana Red Cross	992'481	2'263'383	3'323'117	4'322'861	4'898'340	15'800'182	4.11%	859'445	14'940'737	94.56%
Lesotho Red Cross	970'573	4'717'414	7'005'705	13'853'398	11'161'618	37'708'709	9.80%	2'560'823	35'147'885	93.21%
Malawi Red Cross	2'284'248	8'986'717	9'906'341	10'873'927	11'984'367	44'035'600	11.44%	6'747'986	37'287'614	84.68%
Mozambique Red Cross	2'464'055	10'550'499	14'887'278	19'317'768	24'523'829	71'743'427	18.64%	9'122'011	62'621'416	87.29%
Namibia Red Cross	1'633'784	4'980'030	10'521'312	6'388'764	6'222'282	29'746'172	7.73%	9'959'682	19'786'491	66.52%
Swaziland Red Cross	1'546'964	2'141'145	4'712'436	5'928'066	7'042'926	21'371'537	5.55%	1'224'675	20'146'862	94.27%
South Africa Red Cross	1'835'360	7'049'434	8'299'151	9'523'767	10'827'072	37'534'784	9.75%	4'878'216	32'656'569	87.00%
Zambia Red Cross	2'891'297	7'178'950	9'808'515	13'286'899	14'745'275	47'910'935	12.45%	1'760'997	46'149'938	96.32%
Zimbabwe Red Cross	2'263'038	5'319'842	6'018'045	7'411'408	8'964'235	29'976'567	7.79%	24'846'148	5'130'419	17.11%
IFRC Harare Reg. Delegation	1'116'800	3'504'041	3'511'374	2'851'231	3'341'929	14'325'375	3.72%	3'458'938	10'866'437	75.85%
<b>Sub total activities in Chf</b>	<b>18'934'736</b>	<b>57'566'095</b>	<b>79'136'190</b>	<b>95'224'202</b>	<b>105'121'343</b>	<b>355'982'565</b>	<b>92.49%</b>	<b>67'768'349</b>	<b>288'214'217</b>	<b>80.96%</b>
PSR	1'330'417	4'046'574	5'561'901	6'691'806	7'387'542	25'018'240	6.50%			
RD Recharges	202'800	642'322	869'613	1'034'857	1'145'600	3'895'192	1.01%			
<b>Sub total programme charges in Chf</b>	<b>1'533'216</b>	<b>4'688'896</b>	<b>6'431'514</b>	<b>7'726'663</b>	<b>8'533'142</b>	<b>28'913'432</b>	<b>7.51%</b>			
<b>Grand total in Chf</b>	<b>20'467'952</b>	<b>62'254'991</b>	<b>85'567'704</b>	<b>102'950'865</b>	<b>113'654'485</b>	<b>384'895'997</b>	<b>100%</b>	<b>67'768'349</b>	<b>317'127'648</b>	<b>82.39%</b>



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

# Southern Africa region



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, Federation