

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

Southern Africa: Regional HIV and AIDS Programme

Appeal No. MAA63003

23/04/2008

This report covers the period of 01/01/2007 to 31/12/2007 of a five-year planning and appeal process.



Patricia, a South African Red Cross community home-based care facilitator visiting orphans in the outskirts of Pretoria (**South African Red Cross**)

In brief

Programme summary: The Global Alliance on HIV programme in Southern Africa (2006 - 2010) is implemented by all ten National Societies (NS)¹ and coordinated by the Federation Zone office. The programme aims not only to quadruple the target beneficiaries by 2010, but also to provide quality service to 50 million people reached through a set of evidence-based prevention strategies, 250,000 people living with HIV benefiting from an expanded care, treatment and support programme and 460,000 orphans and vulnerable children (OVC) provided with educational, nutritional, and psycho-social support.

The main activities conducted in 2007 included the following;

- The development of a prevention of mother-to-child transmission (PMTCT) campaign in partnership with UNICEF;
- The roll-out of a comprehensive training package in conjunction with WHO and the Southern African AIDS Information Dissemination Service (SAFAIDS) on prevention, care, treatment and support for community-based volunteers;
- Coaching the NS on operational planning and the production of the 2008 plans, with the participations of Partner National Societies (PNS);
- The development of the planning, monitoring, evaluation and reporting (PMER) guidelines and tools for the HIV and AIDS programme. A zone PMER workshop held in December to orient the NS (PMER officer and HIV and AIDS coordinators) on the tools developed for the HIV and AIDS

¹ Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe

programme;

- The scale-up of advocacy efforts jointly with SAFAIDS and the United Nation's Integrated Regional Information Service Network (IRIN) through profiling the work of Red Cross Societies in southern Africa;
- The development of communication material used in mobilising support on PMTCT, particularly in addressing the need of orphans and other vulnerable children (OVC);
- Provision of food and non-food items to OVC and HBC clients.

Programme Focus: As part of the International Federation Global Alliance for HIV, 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 infection;
- Expanding care, treatment, and support;
- Reducing stigma and discrimination,

bolstered by a fourth enabling objective:

- Strengthening Red Cross national and regional capacities.

Needs: Total budget for 2006-2010 is CHF 384,895,997. The operational budget for the 2006 – 2007 is CHF 82,722,941 (USD 68,763,874 or EUR 50,318,091). To date CHF 37,304,502 has been received which is 45% of the total budget for the 2006-2007 period. Of the total received, CHF 16.6 million was channelled through the Federation, CHF 13.9 million through bilateral Red Cross Red Crescent partners and the remaining CHF 6.7 million through external donors. It should be noted that although the Federation Zone office is not accountable to funding channelled through bilateral projects or external donors, contributions are factored into the operational funding plan according to the information given by the NS and PNS, and in accordance to the HIV and AIDS Global Alliance concept.

The Royal Netherland Embassy (RNE) and Swedish International Development Agency (SIDA)/Swedish Red Cross donated short-term funding of CHF 5.5 million in September 2007, to cover the last quarter of 2007. The RNE and SIDA also pledged CHF 28 million up to 2010, to cover the Federation Zone cost and earmarked NS activities on OVC, tackling gender inequalities, gender-based violence and for capacity development. South African Red Cross benefited from an exceptional donation of CHF 7 million to support the implementation of the integrated strategy for 2006 – 2010.

To ensure a smooth and cohesive implementation of the Federation zone and NS plans for 2006-2010, further un-earmarked funds are needed from 2008 onwards particularly to support home-based care (HBC), prevention and NS capacity development on financial management, PMER, volunteer management, information technology (IT) and logistics.

Click here to go directly to the attached financial reports:

[report 2006](#)

[report 2007](#)

[report 2006/2007](#)

No. of people we help: A total of 23 new HBC projects were started between July and December 2007, bringing support to 68,630 clients. Mozambican Red Cross alone established 18 new HBC projects. During the same period there was a significant (15%) increase in the number of HBC clients in the region, from 60,000 to 69,000. At total of 33 new support groups were established, bringing the total to 678 across southern Africa NS. There was a 37% increase in the number of people reached with prevention messages in 2007 compared to 2006. The number of beneficiary OVC decreased compared to the June 2007 data, which included figures of children supported through the RNE funded programme completed in March 2007.

Table 1: Summary of support provided between July and December 2007

National Society	Number of HBC projects	Number of HBC clients	Number of Care facilitators	Number of OVC	Number of Support groups	Number of people reached with Prevention
Angola*	1	84	75	600	0	108,775
Botswana	1	85	125	70	2	50,400
Lesotho	13	4,099	400	12,631	16	39,614
Malawi	15	4,651	556	13,200	19	275,574
Mozambique	39	7,734	643	5,659	23	130,503
Namibia	8	5,678	2,800	23,524	147	237,500
South Africa	20	15,257	861	7,729	90	1,950,000
Swaziland	10	3,700	475	1,002	24	453,846
Zambia	9	4,400	420	2,000	82	320,135
Zimbabwe	27	22,942	1,361	52,885	275	169,886
Total	143	68,630	7,716	119,300	678	3,736,233

* Angola's figures are estimates

Our partners: The HIV and AIDS programme is implemented in collaboration and/or partnership with governments, community-based, national and international organizations, UN agencies, developmental agencies and Partner National Societies (PNS). The RNE and SIDA)/Swedish Red Cross have been the main donors through the Federation Zone office.

Current context

Southern Africa is the epicentre of the worldwide HIV and AIDS pandemic, with more than 12 million people living with HIV, including over 800,000 children. In 2006 alone, close to one million people died from HIV related illnesses, whilst a further 1.1 million were newly infected. HIV and AIDS has become the leading cause of death in southern Africa among adults, leaving more than 4.6 million orphans to fend for themselves. In addition infant mortality has tripled in most of the region's countries, largely due to the high levels of mother-to-child transmission.

The pandemic has also resulted in a profoundly negative effect on economic growth, demographic structure and security. Predictions reveal that the economies of some southern African countries will shrink by up to 30 percent by 2010 as a direct result of HIV and AIDS, with a decline in the productive work force and an increase in dependency ratios. At household level, the vulnerable communities are burdened by sickness, death and funerals expenses, as well as the rising costs of care and support. Life expectancy in most of the countries in southern Africa is on the decline with that of Swaziland for example currently at 33 years.

The Red Cross and Red Crescent are massively scaling-up its response to HIV and AIDS on a global level through the Global Alliance on HIV framework. Southern African regional HIV and AIDS programme aims to reach 50 million people through prevention strategies, 250,000 people living with HIV (PLHIV) through an expanded care, treatment and support programme and 460,000 OVC with educational, nutritional, and psycho-social support between 2006 and 2010.

Progress towards objectives

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 mother-to-child transmission (PMTCT);
- Promoting skills for personal protection, including condom use.

Through the HIV prevention activities, the NS reached over 6.5 million in 2007 people through country-based strategies and activities. The NS activities on prevention included dissemination of HIV prevention messages, working with youth in and out-school, youth peer education at the community level. However, the capacity of the NS in prevention activities needs further strengthening and the Federation Zone office is ensuring support to the NS by recruiting a prevention officer

The Federation Zone office in collaboration with the Southern African AIDS Information Dissemination Service developed a generic Prevention Strategy for the work place, which will be adopted by the NS. Since the youth consultative meeting held in March 2007, the Federation Zone office has been finalising a youth resource pack for trainers and peer educators on sexual and reproductive health life skills in order to guide and harmonise the NS initiatives.

A multi-media communications campaign on PMTCT was developed in conjunction with UNICEF guided by feedback from qualitative research conducted in July/August 2007 in local communities in Malawi, Lesotho and Swaziland. The purpose of the research was to assess perceptions with regard to the uptake of PMTCT services. The findings led to the modification of the campaign strategy to becoming more country specific as opposed to communicating through generic messages. The country-based communication strategies mainly targeted men and community leaders, reached through radio, television and community theatre/drama.

Over the same period, emphasis was placed on the development, refinement and implementation of the HIV and AIDS Work Place Policies at the Federation Zone office and NS levels, for both staff and volunteers. The objective is to ensure that staff and volunteers are well informed and educated on issues around HIV and AIDS at work place. By December 2007, eight NS had HIV and AIDS Work Place Policies, whilst Angola and Zimbabwe are to finalise by mid 2008. Half of the NS had their policies endorsed by their governing boards and have budgeted for implementation in 2008. Botswana Red Cross volunteers are working closely with voluntary counselling and testing (VCT) centres, in order to adapt to the new role of HBC volunteers due to the advent of antiretroviral therapy (ART). The trained HBC volunteers conducted health education campaigns to promote uptake of VCT.

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.

Approximately 50% of the injection of CHF 5.5 million provided by RNE and SIDA/Swedish Red Cross over the last quarter of 2007 was used to sustain and further develop HBC activities. This enabled the provision of basic food and non-food items for HBC clients and OVC (food, blankets and hygiene items as well as school uniforms, school fees and materials).

Table 2: Quantity distributed: food and non-food items over the reporting period

Country	Food packs		Non-food distributions		
	Food Pack Beneficiaries	Food Packs Distributed	Non Food Beneficiaries	Blankets	Hygiene Kits
Botswana	34	34	840	840	-
Malawi	3,200	3,200	1,000	1,000	-
Namibia	3,000	9,000	-	6,900	-
South Africa	1,200	6,298	5,000	-	5,000
Swaziland	3,700	3,700	-	-	-
Zambia	6,840	6,840	-	-	-
Zimbabwe	59,384	237,540	-	2,000	1,361
Total	77,358	266,612	6,840	10,740	6,361

Table 3: Quantity distributed of educational support/materials for OVC

Country	Beneficiaries	School Learning Materials packs(Uniforms OVC	Shoes	School fees/Registration fees
Botswana	840	-	42	-	-
Malawi	692	692	562	562	562
Swaziland	429	-	-	-	429
Zambia	1,000	1,000	1,000	1,000	1,000
Zimbabwe	52,855	52,855	52,855	1,496	9,417
Total	55,816	54,547	54,549	3,058	11,408

The NS prioritised the distribution of food and non-food items according to defined needs. The distribution of food items was integrated with the NS food security programmes.

- Angola Red Cross instead focused on the prevention activities and youth programmes. This is based on the fact that the HIV and AIDS county programme is strong in prevention and community social mobilisation.
- Botswana Red Cross focused on OVC activities with the government playing a major role in supporting HBC clients. The NS distributed 840 blankets to OVC clients in four project areas, 35 food packs and 300 mattresses in Moshupa.
- Mozambique Red Cross distributed 60 small livestock (goats and chickens) to women's clubs for income generating projects. The WFP provided the food packs which were distributed to the affected communities. The NS also distributed 500 t-shirts, 300 hygiene/medical kits and 56 bicycles to the caregivers.
- Malawi Red Cross assisted HBC and OVC clients with fertilizers for their crops; distributed 20 sports kits to Children's Corners, which provide after-school activities for 7-18 year old children; plus 120 bicycles and 400 HBC kits to their care facilitators.
- Namibia Red Cross distributed 9,000 Epap food packs (pre-cooked cereal mix made from maize, soya and added nutrients) and 6,900 blankets to their clients.
- South Africa Red Cross distributed hygiene packs (body soap, face towel, small wash towel, tooth paste/tooth brush, body lotion, and deodorant) to 5,000 school children, whilst 1,000 HBC clients received 4,828 food packs and 200 OVC received 1,470 food packs rations for two months respectively.
- Swaziland Red Cross's capacity in terms of logistics, warehousing and relief has increased over the last year from experience gains in implementing OVC projects. The NS is now efficient in distribution and only needs support in procurements. During the reporting period, the NS

distributes 3,700 food packs and provided 437 OVC with school fees.

- Zambia Red Cross distributed food packs to 6,840 beneficiaries (HBC clients and OVC). Educational support was provided in terms of books, pens and pencils (6,600 items) distributed in five provinces. In addition 88 bicycles, 30 HBC kits and four motor bikes were distributed to volunteers and project officers.
- Zimbabwe Red Cross had the highest budget on food and non-food distributions due to the challenges in logistic and procurement. Most of the items were procured outside Zimbabwe. Food distributions in the three most food insecure provinces comprised of a double ration, with a total of 237,540 food packs (maize, cooking oil, corn soya blend (CSB) and beans). A total of 1,361 hygiene kits were distributed in eight provinces (250 blankets, bath soap, laundry soap, petroleum jelly and bath towel) for HBC clients and OVC households. A total of 9,417 OVC were provided with school fees.

The Federation Zone office made progress in rolling-out the prevention, care, treatment and support training package for community-based volunteers. Country-based training of trainers (ToT) workshops were held covering topics such as treatment literacy, treatment preparedness, adherence, community-based counselling, nutrition, palliative care and care for carers. The next step is to train volunteers at community level and developing action plans for the process, which is to start in the first quarter of 2008. The training package will be translated into local languages in each country. The NS made deliberate effort to bring on board the WHO country offices and governments onto this initiative, although the progress is slow.

- Namibia Red Cross – 14 participants in August
- Swaziland Red Cross – 89 participants in October
- Botswana Red Cross – 25 participants in October
- Zambia Red Cross – 14 internal participants and 4 external NGO participants in November (World Vision, Care International, Kara counselling and RAPIDS).
- Zimbabwe Red Cross – 16 Field Officers and 139 Care Facilitators



A care facilitator giving emotional support to HBC client at her home in Pretoria (**South African Red Cross**)

As the community home-based care (CHBC) component of the HIV and AIDS programme is used as the entry point for other elements of the programme; monitoring visits and provision of technical support to the ten NS is crucial for the success of the programme. The Federation HIV and AIDS technical team conducted monitoring visits in Malawi and Lesotho (July 2007), Namibia (August 2007), Mozambique (October 2007) and Zambia (November 2007). The monitoring visits ensured provision of qualitative and quantitative information obtained from the implementation level. It was also learnt that the HBC clients visited expressed appreciation of the Red Cross for the continued care and support, including the provision of food and non-food items. It was evident that collaboration with the government department has been effective, given the number of joint programmes running in the countries.

Malawi Red Cross has now scaled-up the HBC activities to 15 districts and intends to strengthen the same in the next three years. Lesotho Red Cross has expanded into 13 districts with support from the Federation (prevention, HBC, food security, and OVC), British Red Cross (HBC, OVC, and prevention), German Red Cross (HBC and OVC), America Red Cross (food security) and the Global Fund for Malaria, tuberculosis (TB) and AIDS.

Support for OVC

The OVC programme receives funding support from the British, Danish, Icelandic, German Norwegian, and Swedish Red Cross Societies, the Global Fund, UNICEF and others. Swedish Red Cross reviewed its funding support under the OVC programme in Malawi, Zambia and Zimbabwe and findings have been reported to SIDA for consideration of further donations. Results from the review indicated commendable achievements from a programme implemented under short-term funding. One of the identified needs is that of strengthening volunteer support and management.

In Zambia, current funding from Swedish Red Cross is through “Children of the World” and a film has been produced following ‘*a day in the life of a young girl living in a child headed household*’ in Zambia. The film was well received and further funding is expected from Children of the World for 2008.

The Swedish Red Cross also made an additional donation for OVC support in October 2007 – the funding was provided by the SADC Committee of Ambassadors in Stockholm. The short-term funding benefited four NS; Zimbabwe to reconstruct a toilet and hygiene facilities at the Bindura Red Cross Centre for pre-school children; Zambia for roofing some building at a community school; Malawi for the children’s corners, where children meet after school for social and sporting activities as well as education on HIV and AIDS; Swaziland for training 58 care facilitators, OVC committee members and volunteers.

The regional OVC working group meet regularly to discuss issue around the development and scaling up of the programme. In southern Africa, nine of the NS have a clear selection criterion for OVC, child care committees, and some have started the “grannies clubs” to support the guardians.

In support of voluntarism, eight NS trained volunteers using the basic training module developed by the Federation, which ensures equipping the volunteers and improvement on quality of service. Some of the NS included the participation of other stakeholders such as teachers, social workers and chiefs in the training workshops which were conducted at national, provincial and district levels. To note is South African Red Cross, which trained volunteers in seven provinces. Swaziland Red Cross trained volunteers in Sigombeni district where an OVC pilot project will be initiated in 2008. Lesotho Red Cross is now incorporating an element of water and sanitation into support for OVC, and like other NS, has a successful horticultural and livestock self-help projects for HBC clients and OVC.

The Federation Zone office maintains collaboration with Regional Psychosocial Initiative (REPSSI), following the pilot ‘hero work’ manual in June 2007. The parties are scaling-up the ‘hero work’ as an effective strategy for psychological support for OVC and their guardians. The implementation of the manual will be pilot in early 2008 in Zimbabwe, through a joint initiative of the Red Cross and REPSSI.

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 sexual and gender-based violence (SGBV);
- Peer education, community mobilization, and population-based information, education and communication.

The RNE also provided funding support (2008 to 2010) amounting to CHF 1.67 million for the NS activities on reducing stigma and discrimination, with a particular focus on tackling gender inequalities and sexual and gender-based violence. The Federation Zone office recruited a partnership officer, to strengthen the implementation of advocacy, anti stigma and discrimination and activities under GIPA (Greater involvement of People living with HIV and AIDS). Priority is on the development of a HIV and AIDS advocacy, anti stigma and discrimination strategy for the southern Africa zone.

Zimbabwe Red Cross, just like other NS continues facilitating support groups meeting, where people PLHIV share experiences and psychologically support each other. Through the support group meetings, anti stigma and discrimination campaigns are promoted, and men are also encouraged to participate. Zimbabwe Red Cross has 555 males and 1,946 females in support groups. In Malawi, 1,290 PLHIV are enrolled in the support groups and the NS has attained greater involvement of PLHIV in their projects. In 2007 alone, the support groups conducted over 150 anti-stigma outreach programmes and the number of people disclosing their status and joining PLHIV support groups has increased. Malawi Red Cross also train and fundraise for support group meetings and outreach programmes.

Namibia Red Cross has also established support groups and activities towards the reductions of stigma and discrimination. This is also part of the mass media programme (Desert Soul) run by the NS. In Lesotho, male focus group discussions continue and are more prominent in the Thaba Bosiu area, looking at VCT and PMTCT in addition to anti stigma and discrimination.

The last six months of 2007 also benefited from a partnership with IRIN, which was initially formalised at the end of 2006 with RNE OVC funding. The partnership involved a joint advocacy campaign resulting in the following outputs:

- 36 feature articles on the work of NS, OVC and PMTCT, written and circulated worldwide;
- 12 radio features to regional and national radio stations for free broadcasting, inclusive of a programme in Portuguese for Angola and Mozambique;
- 5,000 copies of the OVC photo-essay book “ *Our World - AIDS and Childhood in Southern Africa*”;
- Four CD ROMs produced on various NS HIV and AIDS programme activities in South Africa, Malawi and Zambia.

The radio features and text reports are estimated to have reached 28 million people in southern Africa.

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.

The Federation Zone office through its HIV and AIDS technical programme, organisational development, relationship management, PMER and finance development has combined efforts in strengthening NS capacities, in preparation for scaling-up in 2008. A finance delegate and three HIV and AIDS finance officers for the HIV and AIDS programme have been recruited to ensure efficiency in financial management and reporting.

The PMER system for the HIV and AIDS system has been developed in line with the Global Alliance on HIV principles of one performance tracking, accountability and reporting system. The Federation Zone office recruited a PMER officer for the HIV and AIDS programme to ensure systematic support to NS. The Zone HIV and AIDS programme has also guaranteed funding for the salaries of NS PMER officers and five have already recruited (Malawi, Botswana, Namibia, Zambia and Zimbabwe).

The PMER tools and guidelines were developed with assistance of a monitoring and evaluation (M&E) consultants and technical inputs from the Federation Secretariat in Geneva. A PMER workshop was held in December to orient the NS PMER officers and HIV and AIDS coordinators on the new tools. Malawi Red Cross was elected the chair of the PMER working group, which reports to the organisational development sub-committee of the Southern Africa Partnership of Red Cross Societies (SAPRCS). Only Angola Red Cross could not attend the workshop due to visa problems. It was agreed

at the workshop that all NS would develop PMER plans and start using the tools in the first quarter of 2008. The Zone PMER department to provide guidance to all NS on sampling, data analysis, reporting and development of a protocol for the PMER system. Discussions are also taking place regarding the establishment of a database for analysing baseline and monitoring data collected by the NS.

In terms of actual implementation of PMER, Malawi Red Cross took the lead in the recruitment of a NS PMER officer and bilateral support from the Irish Red Cross in the form of an M&E delegate. The volunteers and staff worked hand-in-hand with a national university to conduct a baseline survey in Ntcheu district using the PMER tools. In 2008, Malawi Red Cross plans to roll-out the baseline to other project site, sampling a small percentage of the caseload. South African Red Cross with support from the British Red Cross also conducted a baseline survey in Kwa-Zulu Natal province. Mozambique Red Cross in conjunction with the Finnish Red Cross adapted the baseline tool to conduct a survey and also translated it into Portuguese. A similar baseline survey was also conducted by Lesotho Red Cross in partnership with the British Red Cross. Findings from the surveys have resulted in the tools being revised in accordance with recommendations made.

The NS also received technical support in the development of 2008 operational plans, through in country visits and coaching by the Federation Zone HIV and AIDS team. Through the process, it was evident that some NS requires capacity development on planning and budgeting.

Constraints or challenges:

- Funding support has been on ad hoc basis, with most of it on short-term implementation plans. This affected implementation process where pressure was mounted on NS to deliver within a short period. The Federation Zone office has negotiated for long-term funding support from RNE and SIDA/Swedish Red Cross for a four year implementation period, which should ensure stability and efficiency.
- The Federation decentralisation process had an impact on the programme particularly at zone level where the office was moving from Harare to Johannesburg. The transition process led to gaps in human resources and reallocation of responsibilities, consequently implementation lagged behind. The NS need support in gathering data at the source and production of both financial and narrative reports, which is currently not systematic.

Working in partnership

The southern Africa HIV and AIDS programme is part of the Red Cross Global Alliance on HIV, and subscribes to the principles of the 'seven ones'². The alliance encourages all NS to enter into a single comprehensive and collaborative framework to mobilise capacities and resources in order to provide harmonised and effective support for the scaling-up of HIV and AIDS activities, within the framework of the Federation Global Agenda.

In line with the Global Alliance on HIV, each NS developed detailed annual operational plans, based on identifying and tracking activities, donations and funding gaps, which included bilateral partnerships. PNS funding provided for the HIV and AIDS programme has enabled activities to continue. Donors include the British, Danish, Finnish, Icelandic, Irish, Norwegian and Swedish Red Cross and 14 other PNS are working bilaterally with the NS in the region. A further 17 external major donors, such as UNHCR, WFP, Global Fund, World Bank, National Aids Councils (NAC), De Haan Foundation also support the NS on a multi-country basis.

Outlined below are some of the partnerships;

- Ministry of Health and National AIDS Councils (NAC) programmes in all ten countries;
- IRIN, particularly on advocacy for OVC, stigma and discrimination and PMTCT;
- UNICEF on the development of a multi media communication campaign on PMTCT.

² One set of working principles, One Plan; One set of objectives; One division of labour understanding; One funding framework; One performance tracking system; One accountability and reporting system.

- WHO/AFRO and SAFAIDS, on HIV prevention, care, treatment and support – a training package for community-based volunteers;
- The Regional Inter Agency Task Team (RIATT), spearheaded by UNICEF/EASARO.
- UNAIDS Inter Country Team for Eastern and Southern Africa;
- REPSSI on psychosocial support for OVC;
- The Regional Inter Agency Working Group on HIV in emergencies, spearheaded by UNAIDS;
- SADC Committee of Ambassadors in Stockholm on support for OVC.

Contributing to longer-term impact

The HIV and AIDS programme has been designed to contribute to the reduction of 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 functions within 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 PLHIV; influencing knowledge, attitudes, and behaviour; increasing access to VCT; preventing mother-to-child transmission; increasing access to ART; expanding HBC for PLHIV and OVC, 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 NS. All the above mentioned involves expanded capacity of the ten Red Cross societies and the Federation Secretariat working under the framework of common country plans, underpinned by the performance and accountability tracking system.

Looking ahead

The Federation Zone office has taken deliberate effort to fill key positions in order to strengthen support to the NS. Emphasis is on the development of the anti stigma and discrimination, and tackling gender inequalities, sexual and gender-based violence components of the programme. The prevention strategy will be further refined and Work Place Policies operationalized at both zone and national levels.

The annual Global Alliance on HIV review meeting will be held in early 2008, where NS are to report on progress, targets, lessons learnt and challenges. Partner National Societies will be invited to attend the meeting and share information on the bilateral projects.

The resource mobilisation strategies will be more localised and NS to adapt the marketing tools and use them on fundraising for their country programmes. In order for the HIV and AIDS programme to achieve its objectives, the Federation's Zone for Southern Africa still requires funding, material and technical support from partners and donor agencies to cover the gaps.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

The International Federation's activities are aligned with its 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.

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