Mid-Year report

International Federation of Red Cross and Red Crescent Societies

Southern Africa Regional HIV and AIDS Programme

Appeal No. MAA63003

31 August 2010

This report covers the period 01/01/2010 to 30/06/2010.

Children assisted with memory books in Namibia
Photo: Namibia Red Cross

In brief

Programme Outcome: In line with Strategy 2020, strategic aim 2, to enable healthy and safe living, National Societies in the southern Africa region have continued to implement HIV interventions that aim at alleviating the suffering of people living with HIV (PLHIV) and orphans and vulnerable children (OVC). The Global Alliance on HIV, which is a public health approach with its seven principles,[1] has been rolled out in all the ten National Societies in the region.

Programme summary: The regional HIV programme is directly driven by the UNGASS Declaration of 2006 where governments committed to scale-up interventions towards universal access to HIV prevention, treatment, care and support by 2015. In line with the Millennium Development Goals the International Federation of the Red Cross and Red Crescent Societies (IFRC) Southern Africa Regional Office (SARO) launched an innovative and dynamic five-year (2006-2010) regional HIV and AIDS programme (MAA63003). The ten National Societies[2] in the region embarked on a programme to scale-up and build capacities to improve the overall implementation and management of the programme.

[1] **Seven Ones**: 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.
[2] Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe Red Cross Societies in Southern Africa Region

The aim of the programme was to quadruple people reached by 2010 by targeting 50 million people with prevention messages and peer education activities, 250,000 people with an expanded prevention, care, treatment and support programme and 460,000 OVC with a holistic package of educational, material and psycho-social support.

The year 2010 is the last year of implementation under the long-term funding commitments secured by the IFRC SARO. Funding for the regional HIV programme has dwindled in the first part of the year 2010. With the non-disbursement of funding by the Royal Netherlands Embassy (RNE), the situation has become even much more critical for National Societies with some OVC having to do without services such as educational support. The RNE funding is meant to support OVC activities, gender based violence (GBV) interventions and planning, monitoring evaluation and reporting (PMER) and staff remuneration.

Four years into the implementation of the Global Alliance on HIV in southern Africa, the IFRC and the National Societies have started reflecting on the future of the programme beyond 2010 taking into account various factors impacting on the funding level, the current programme reach, and the collective capacity to meet the established targets. This programme update provides an overview of achievements from January to June 2010, whilst some data presented provides information on cumulative reach since the inception of the programme against the 2010 targets.

Table 1: Overview of beneficiaries reached to date by end of June 2010

Key Result Area	Target 2010	Baseline 2006	Achieved Jan-Dec 2007	Achieved Jan-Dec 2008	Achieved Jan-Dec 2009	Achieved Jan– Jun 2010	Cumulative Reach – 2006 - 2010	Reach against 2010 Targets
Prevention	50,000,000	4,782,711	6,549,900	7,602,529	2,726,394	2,335,451	19,214,274	38%
PLHIV supported	250,000	65,000	68,630	60,421	82,521	59,108	*270,680	*108%
OVC supported	460,000	111,109	119,270	112,543	106,196	80,802	*418,811	*91%
Stigma and discrimination	100% of NS staff in workplace programmes	None	32% of 1,671 staff	41% of 2,224 staff	41% of 2,220 staff	35% of 2050 staff	*38% of 8,165 staff	-
Capacity building	Volunteer hrs mobilized/mth	6,963 volunteers and 774,773 hrs/mth	7,716 volunteers and 858,559 hrs/mth	8,435 volunteers and 894,110 hours/mth	7,977 volunteers and 845,562 hrs/ mth	7,729 volunteers and 819,274 hrs/mth	*31,857 volunteers and 3,376,842 hrs/mth	-

Note: The cumulative reach is calculated by adding up the number of people who received support in each year of implementation even if they are the same people as there is a cost attached to the particular service. The data in asterix refers to person years of support for each service area.

Financial situation:

To date, multiple year funding has been provided by the RNE and the Swedish Red Cross/SIDA with bilateral and multilateral support coming from Partner National Societies (PNS), local authorities, UN agencies, faith-based organisation, non-governmental organisations, and private companies. The total 2006-2010 budget for the appeal (MAA63003) remains CHF 384,895,997. The revised total 2010 budget was CHF 26,172,596 (USD 24,060,117 or EUR 18,342,277), of which 21 per cent has been covered with funding received through the IFRC. Overall expenditure was 60 per cent of the total funding. The low rate of expenditure against income is due to the outstanding pledge of the Netherlands Government.

Table 2: Summary of financial resources collectively raised towards the Global Alliance on HIV programme

Funding Channel	Year	Amount received in CHF
Through IFRC	2007	16,699,321
Through National Societies	2007	20,893,186
Sub total		**37,592,507**
Through IFRC	2008	13,100,371
Through National Societies	2008	16,466,097
Sub total		**29,566,468**
Through IFRC	2009	9,363,164
Through National Societies	2009	7,575,210
Sub total		**16,938,374**
Through IFRC	**2010**	3,454,315
Through National Societies	**2010**	4,952,880
Subtotal		**8,407,195**
Total received towards Appeal	**2007- June 2010**	**92,504,544**

Number of people we help: By June 2010 a total 2,796,826 people were reached with the various HIV and AIDS activities.

Our partners: The Southern African National Societies supported by the IFRC strengthened partnerships with local, regional, and multilateral organizations in an effort to: advocate for greater support to the programme and beneficiaries, learn experiences and best practices, widen the funding base, and increase quality of service delivery. At IFRC level, collaboration has been on-going with embassies, international organizations, UN agencies, development agencies and internally with participating National Societies. Funding support to this appeal (MAA63003) in 2010 has been received through the IFRC from Finnish, Japanese, Icelandic, Norwegian, Swedish and Swedish Red Cross/SIDA and Lars Amundsen Foundation. The Ministries of Health, National AIDS Councils (primarily with funding from the GFATM), UNFPA, UNICEF, UNAIDS, WHO, WFP, European Union (EU), Regional Inter Agency Task team on Children and HIV and AIDS in Southern and Eastern Africa (RIATT), Regional Psycho-Social Support Initiative (REPSSI), Voluntary Services Overseas- Regional Office for Southern Africa (VSO), SAfAIDS, RAANGO, NAPSAR, SAT, UNAIDS, the Southern Africa Technical Support Facility, Engender Health, SONKE Justice Network, RFSU (Swedish Association of Sexuality Education), SWEAT (Sex Worker, Education, Advocacy and Training), Soul City, SADC and many other local, regional, and international organizations partnered with the IFRC and National Societies in the region on various initiatives in support of the programme.

Context

Every day, 7,400 people are newly infected with HIV world-wide. In 2009, a total of 2.7 million people were infected with HIV. Two third of these people are from sub Saharan Africa. Today, an estimated total of five million people living with HIV in low-and middle-income countries are receiving treatment, up from about 400 000 in 2003—a more than twelve-fold increase in six years. Despite progress, the global coverage of antiretroviral therapy (ART) remains low. For every two people newly started on treatment, five more become newly infected. A majority (60 per cent) of people living with HIV are unaware of their HIV status. In 2009, two million people died as a result of HIV. While there is marked progress in treatment, 10 million people will require treatment in the coming years. As a result, UNAIDS has come up with guidelines for a new treatment plan that is easy, feasible and accessible.

The new UNAIDS, Outlook Report outlines a radically simplified HIV treatment platform called “Treatment 2.0” that could decrease the number of AIDS-related deaths drastically and could also greatly reduce the number of new HIV infections. Evidence shows that new HIV infections among young people, in the 15 countries most affected by HIV, are dropping significantly as young people embrace safer sexual behaviours.

Results from a UNAIDS and Zogby International public opinion poll indicate that nearly 30 years into the AIDS epidemic, most countries continue to rank AIDS high on the list of the most important issues facing the world. A UNAIDS economic analysis makes the case for making health a necessity, not a luxury, outlining the critical need for donor countries to sustain AIDS investments and calling on richer developing countries to invest more in HIV and health.

The regional HIV and AIDS programme is an example of a huge investment in health, which has managed to score some successes especially in capacity building, advocacy and in instituting regional partnerships with major players in HIV and AIDS in the region. IFRC has generated quality training manuals and developed standard operating procedures in prevention, care, treatment, support for community home-based care (CHBC) clients and OVC and stigma reduction, GBV and income generating activities (IGAs). These materials will continue to have relevance in the training of community service providers, even after the current funding is phased out at the end of 2010.

The regional HIV programme in southern Africa has left a legacy as one of the biggest attempts for the Red Cross to fight the scourge of HIV and AIDS. The programme demonstrated that Red Cross can work in a sustained way in development in addition to its humanitarian mandate. Trained volunteers numbering almost 8,500 have been given skills, which they use in the communities. National Societies have learnt to be accountable, and most are expanding the PMER system to other components such as disaster management, organisational development, health and care and water and sanitation. IFRC has committed itself in helping National Societies to mobilise resources through high quality, short-term technical assistance provided by IFRC and in some occasions in partnership with the UNAIDS Southern Africa Technical Support Facility.

Table 3: Overview of people reached with various activities by end of June 2010

Country	Preventing further infections	Care, Treatment and Support	Reducing Stigma and Discrimination	Total 2010
Angola	38,022	4,072	0	**42,094**
Botswana	42,563	391	0	**42,954**
Lesotho	23,475	12, 584	393	**36,452**
Malawi	395,997	11,728	1,762	**409,487**
Mozambique	115,008	10,909	*326*	**126,243**
Namibia	48,001	10,661	1,577	**60,239**
South Africa	1,156,503	41,535	407	**1,198,445**
Swaziland	378,507	3,218	312,000	**693,725**
Zimbabwe	137,375	44,818	5,000	**187,193**
Total	**2,335,451**	**139,910**	**321,465**	**2,796,826**

Source: National Society Programme Updates

Progress towards objectives

Prevention of further infection

Outcomes

- Reduced vulnerability to acquiring or transmitting HIV by conducting in and out of school youth peer education and community mobilization;
- Increased knowledge and change in attitudes and behaviour through information, education, and communication (IEC) for general population and targeted vulnerable groups.
- Increased use of voluntary counselling and testing (VCT);
- Increased use of prevention of mother-to-child transmission (PMTCT);
- Increased skills for personal protection, including condom use.

In Africa the majority of infections occur through heterosexual sex, but in 2008 each adult male had access to only four condoms. In Ghana more than 40 percent of infections occur through sex work, men having sex with men and injecting drug use, but only 0.24 percent of prevention spending went towards services for these populations.

Achievements

To fulfil its mandate of providing technical support, capacity building, coordination and resource mobilization to the membership, the southern Africa Regional office, focused during the reporting period on strengthening National Societies' capacities in refining key prevention strategies in order to address the key drivers of the HIV epidemic. The peer education Sexual and Reproductive Health and Life Skills training package was completed and pretested in South Africa and Zimbabwe. It is a practical tool focussing on life skills development and includes case studies, games, and other activities designed to engage youth in peer discussions on how they can protect themselves from HIV, sexually transmitted infections and unwanted pregnancies, with a particular emphasis on risk situations (multiple concurrent partners, intergenerational sex, alcohol and substance abuse, gender-based violence). The language used is simple and appealing to the youth.

At the beginning of the year the Regional office managed to finalize the training package. The training package was printed and distributed to all National Societies. Each National Society received a total of 150 peer educator packs comprising of 60 boxes of the trainers' pack, and 1,000 playing cards. The Portuguese and English versions of the training package are available on a CD Rom for easy adaptation and reprinting.

The Regional office facilitated training of trainers on the training package in 2009 and as a result National Societies' capacities were built up and in 2010 National Societies in the region are taking the lead in the roll out of the training package at national and district level. This is one good example of the *cascading model* the Regional office is taking on together with the membership. After the initial training of trainers by the Regional office in all National Societies with the exception of Namibia and Angola Red Cross, there has been an increase in the number of peer educators in the National Societies from 1,725 in 2009 to 2,860 in June 2010. South African Red Cross is leading the way with a total of 1,029 peer educators trained and reaching huge numbers of youths in and out of school. Table 4 below shows the number of people reached through prevention activities.

Table 4: Overview of the total number of people reached with prevention activities by June 2010

Country	Total	People reached by peer education	People reached by IEC programmes	People who were referred to VCT services	Pregnant women who were referred to PMTCT services	PLHIV supported on positive prevention	Peer educators
Angola	38,022	7,180	25,750	1,201	378	3,513	0
Botswana	42,563	10,241	31,843	479	-	-	57
Lesotho	23,475	720	3,740	16 562	664	-	200
Malawi	395,997	17,360	374,580	1,466	1,180	1,411	430
Mozambique	115,008	98,026	16,982	-	-	-	29
Namibia	48,001	32,146	12,927	1,316	35	1,577	81
South Africa	1,156,503	170,207	936,870	4,691	2,121	42,614	1,029
Swaziland	378,507	59,563	314,909	3,131	344	560	127
Zimbabwe	137,375	76,242	55,940	2,899	383	1,911	907
Total	**2,335,451**	**471,685**	**1,773,541**	**13,503**	**5,105**	**51,586**	**2,860**

Source: National Society Programme Updates

As a result of the 2009 capacity building efforts through the prevention workshop organised for National Societies and their multilateral and bilateral partners, technical support visits to monitor implementation and coaching, emphasis was put on introducing the new HIV prevention guidelines and streamlining of strategies focussing on:

- Strengthening National Society understanding of the key drivers of HIV and the differences in the epidemic between and within countries so that they can refine existing prevention strategies and interventions;
- Meaningful community involvement in HIV prevention programme planning, implementation and evaluation;
- The need to address systematically all prevention interventions, multiple concurrent partnership through IEC, in and out of school youth peer education, VCT, PMTCT and condom use;
- Understanding better the role of male circumcision in HIV prevention;
- Use of the 2008-2009 baseline survey findings in planning, monitoring and evaluating prevention interventions;
- Linking up National Societies to key partner organisations such as National Association of People living with HIV or SWEAT (Sex Worker, Education, Advocacy and Training).

Through sound and coordinated technical support from the Regional office, by way of training workshops, monitoring visits to the national Societies, coaching, e-communication and provision of financial resources the following was achieved in some selected National Societies:

Botswana

In Botswana after receiving training from the Regional office on the prevention training package there has been an increase in the number of trainings for peer education programmes at district level. This is a result of the linkages with the Zambezi River Basin Initiative (ZRBI), which brought in funding support for training volunteers in all Botswana Red Cross Society. A total of 57 peer educators were trained and supported to conduct peer education activities in Kasane, Moshupa, Tonota and Kanye Districts. The peer educators carried out HIV and AIDS education through outreach activities to in and out of school youths and in workplaces and clinics.

In an effort to support prevention activities and community outreach activities, a total of 3,000 newsletters, 6,000 brochures and videos cassettes on prevention activities as well as 300 sun hats, 300 t-shirts and 300 bags were provided to the peer educators. The peer educators were also trained on voluntary non-remunerated blood donor (VNRBD) recruitment under the Club 25 initiative. Safe blood is linked to HIV awareness and as such it is part of the HIV prevention component. The peer education programme was expanded to Kang and Dukwi where 35 peer educators received training on peer education in June 2010.

Lesotho

The Southern Africa Regional office has always encouraged National Societies to build up strong partnerships with governments, non-governmental organizations and the UN Agencies. As a result Lesotho Red Cross Society (LRCS) in partnership with UNFPA and NAC launched a 2010 World Cup Prevention campaign from the 11th June to 11th July 2010 under the theme ***"Kick the ball not HIV".*** It was anticipated that the increased movement of people in and out of Lesotho during the World Cup would put people at risk of being infected with HIV; hence it was found necessary to launch a prevention campaign to sensitize the nation especially the youth. This was done in order to raise awareness on HIV prevention and informing and equipping young people with skills on how best they can protect themselves from getting HIV, thus reduce new infections during the World Cup.

In June LRCS, in partnership with MSF trained 37 support group members from the Kena CHBC Project area on prevention of mother to child transmission (PMTCT). The training targeted mothers-in-law and daughters-in-law as culturally, mothers-in-law are influential on issues relating to the reproductive health and breastfeeding behaviours of their daughters-in-law.

It was critical for them to understand PMTCT concepts in order to influence and advise their sons and partners accordingly. Topics covered during the training included basics on HIV and AIDS, VCT, PMTCT, care of a pregnant mother, nutrition, breastfeeding, formula feeding and positive living.

Namibia

Prevention remains a key strategic area in fighting HIV and AIDS in Namibia. During the reporting period the Namibia Red Cross Society (NRCS) reached 12,927 (7,804 females and 5123 males) through the distribution of IEC material on HIV prevention. An even greater number, 32,146 people were reached through prevention messages disseminated by youth peer educators. The National Society also reached 1,316 people through voluntary counselling and testing (VCT) services provided at the NRCS VCT centre (New Start Centre). This achievement was a result of the introduction of a mobile testing and outreach service on the outskirts of the border town of Katima Mulilo.

Zimbabwe

Whilst the Zimbabwe Red Cross Society (ZRCS) increased the number of peer education activities carried out during this period as compared to 2009, there has been a significant drop in the number of beneficiaries reached from 116,343 to 43,251 (62 percent) during the same period in 2010. This can be attributed to a reduction in HIV and AIDS project areas from 27 to 19 during the period.

The National Society carried out inter-provincial exchange visits focussing on community dialogue on HIV prevention. A total of 8 provinces and 91 youths from 15 project areas participated, reaching more than 3,000 people (1,560 males and 1,440 females) with prevention messages. The dialogues were an effective tool for community sensitization and mobilization on HIV, STIs, PMTCT, VCT, GBV, ART and male circumcision. Communities were provided with the chance to openly discuss GBV and its linkages with HIV transmission.

In the eight provinces, ZRCS also reached a total of 1,899 people through workshops on GBV attended by care facilitators, peer educators, community leaders, church leaders and community members. Community leaders in Matabeleland South acknowledged the initiative taken by ZRCS to openly discuss GBV, which clarified the links between GBV and HIV transmission.

A total of 19 youth advisors from all project areas underwent a training of trainers' workshop on peer education whose topics included life skills, STIs, HIV and AIDS, sexual reproductive health and male circumcision. The youth advisors will act as resource facilitators for subsequent trainings at project site level.

The National Society procured and distributed 1,400 caps and 1,400 t-shirts for peer educators. This will boost volunteer morale as well as increase visibility and identification of peer educators which makes access to target communities easier.

South Africa

South African Red Cross Society (SARCS) reached a total of 170,207 people mainly youth in and out of school through peer education. A training of trainers' workshop on the new sexual and reproductive health and life skills training package was conducted in all the provinces benefitting 212 trainers. The trainers cascaded the training to their respective provinces.

SARCS runs a Young Women Development (YWD) project under the youth development programme whose main objective is to empower women in society. Under the project various activities were carried out throughout the country focussing on income generation, hygiene and self image, gender-based violence (GBV), leadership, life-skills, self-development, gender mainstreaming and learning and sharing challenges affecting women. Through the development and distribution of IEC materials on HIV and AIDS, the project reached a total of 936,870 people.

In partnership with the Ministry of Health, SARCS adapted and printed materials on HIV prevention, treatment, care and support which were distributed to the public on World TB Day. SARCs also conducted community outreach interventions through door-to-door campaigns where 12,993 people were referred for TB and HIV testing mostly at the Mokopane branch in Limpopo Province. The branch has placed counsellors within local clinics where they provide both pre and post test counselling. In addition, 2,121 pregnant women were referred for prevention of mother-to child transmission (PMTCT) nationwide. These women were identified by the caregivers and facilitators during home visits.

Malawi

Malawi Red Cross Society (MRCS) has introduced new innovative ways to address prevention of HIV infection. The introduction of the Young Men as Equal Partners (YMEP) project in Chiradzulu, Mwanza and Nkhatabay Districts has transformed the face of MRCS prevention strategies. A training of trainers' workshop for 21 local professionals in the three districts was conducted by trainers from RFSU was instrumental in establishing the project in MRCS. The participants were drawn from the ministries of health and education. MRCS also conducted an YMEP baseline survey in Chiradzulu, Mwanza and Nkhatabay Districts. The results will provide a frame of reference for measuring impact of the YMEP project.

In order to build a solid foundation for the YMEP project, 60 peer educators were trained on the YMEP concept in Chiradzulu, Mwanza and Nkhatabay Districts by a Regional YMEP Coordinator from Tanzania. An additional 60 teachers from Mwanza, Chiradzulu and Nkhatabay were trained on sexuality and gender for HIV and AIDS prevention. They are supporting the programme as matrons and patrons.

MRCS has also intensified prevention strategies targeting the most at risk persons (MARPS) especially commercial sex workers. A total of 90 commercial sex workers were trained on peer education in Mwanza, Ntchisi, Nkhotakota, Dowa, Kasungu and Nkhatabay Districts. The commercial sex workers are providing peer education at public places such as bars. During the period under review, a total of 18 planning and coordination meetings were convened with 97 commercial sex workers. The meetings have motivated the commercial sex workers to do more though they are challenged by lack of transport to assist them to move to around to educate their peers.

During the review period, MRCS also trained 425 post test club members in Mwanza, Nkhatabay, Kasungu, Nkhotakota and Dowa Districts. The post test clubs reached a record 119,600 youth with HIV testing and counselling (HTC) information. One outcome of this intervention was the counselling and testing of 1,466 youth. During the reporting period, 430 peer educators from MRCS reached 17,360 peers through peer education.

MRCS has also increased culturally acceptable IEC activities targeting the MARPS and the general population. A total of 374,580 people were reached through community mobilization activities including 41 open days in 14 districts, 33 community dialogue meetings in six districts and two HIV and GBV awareness trophies, one each in Chiradzulu and Mwanza Districts. With support from the district hospitals, the National Society distributed 21,362 condoms during the reporting period.

Constraints or challenges

It is becoming evident that National Societies' HIV responses are now changing shape. For instance MRCS is beginning to address specific target groups such as young men and commercial sex workers. There is need for many National Societies to increase their prevention interventions that target the most at risk populations.

HIV prevention activities are still largely underfunded in many National Societies. In order to achieve a reduction in HIV infection in many countries there is need for significant funding directed at prevention interventions.

National Societies will require more peer educators' training packs in order for them to reach many young people at community level. Whilst this is important, most National Societies do not have funding to print more packs.

Development of relevant and culturally sensitive IEC materials is still a challenge in many National Societies. There is need to strengthen the capacity of National Societies in this area. Strong partnerships are required with organizations who are experts in the development of IEC materials.

Expanding care, treatment and support

Outcomes

- Increased assistance to OVC;
- Provision of home-based treatment, psychosocial support and HBC for PLHIV;
- Community support groups and networks are strengthened;
- Livelihoods and food security for the most vulnerable are promoted.

Achievements

After many years of capacity building in OVC programming by the Regional office through the establishment and maintenance of the OVC working group, training workshops, coaching monitoring visits and development of technical documents, most National Societies in the region have continued to focus on quality rather than quantity in provision of services to OVC. During the reporting period the number of OVC supported decreased mainly due to cuts in funding support by some donors and the closure of 8 project areas by ZRCS, which resulted in a reduction of OVC numbers in Zimbabwe from 55,031 to 28,791.

The regional OVC working group coordinated by the Regional office is a technical working group which meets quarterly. The main purpose of the working group is to coordinate National Societies, share experiences and lessons, develop strategies and policies. The working group met once during the reporting period to discuss amongst other issues the sustainability of support of OVC programming. There was renewed emphasis on the need for greater community (and branch) involvement in the programme and the need to build up the capacity and resilience of families and guardians to cope with the children in their care. There was consensus that it is not possible to "discharge" children from the programme unless there were support systems in place to care for the children. Children have different needs and one of the aims of the programme is to empower them through education, psychological and social support, life skills and child participation to build their confidence and self esteem. During the meeting there was also a one day refresher workshop on the updated version of the Hero Book Manual facilitated by REPSSI.

During the working group meeting the Regional office engaged National Societies on the issue of school fees which was discussed at length. Education is vital for OVC if they are to have a brighter future, but school fees and other educational support are expensive. LRCS is lobbying the Ministry of Education to support the educational costs of OVC in the programme. The BEAM (Basic Educational Assistance Model) has been re-introduced in Zimbabwe and ZRCS aims to advocate at national and community level for OVC education costs to be covered by BEAM.

The Child Protection Strategy developed by the IFRC together with the OVC working group, was endorsed by SAPRCS in January 2010 and a plan for the dissemination, orientation and implementation has been developed. The strong partnership with REPSSI continued and plans have been mooted for production of a manual on children as carers targeting child headed households, children taking care of sick parents and elderly grandparents taking care of OVC. National Societies will provide case studies for the manual.

The Regional office provided funding to the National Societies for OVC activities using the Children of the World (COW) funds which is channelled through the Swedish Red Cross. The funding made a huge difference at a time when other funding sources are decreasing and enabled support of almost 5,000 children in Botswana, Malawi, Mozambique, Namibia, Swaziland and Zimbabwe from June 2009 to March 2010. The funding covered a variety of activities including educational and material support, training, and support for kids and grannies clubs and life skills camps.

Through concerted support from the Regional office National Societies in the region managed to implement the following vital activities:

Lesotho

LRCS received support for food security activities from the GFATM during the period. The food security activities focussed on the establishment of key-hole gardens and community gardens. With support from Norwegian Red Cross, LRCS expanded the water and sanitation component of the OVC programme benefitting 780 OVC households.

South Africa

SARCS experienced an increase in the number of OVC provided with psychosocial support through the implementation of a specific psychosocial support programme supported by REPSSI. The National Society has mainstreamed psychosocial support into all programmes.

Malawi

MRCS made a decision not to increase the number of children provided with educational support due to financial constraints. MRCS will also advocate for educational support through the government sponsored bursary which is dispersed at community level. During the reporting period, MRCS provided start-up tools for 40 OVC who were trained in various vocational skills in 2009 and two OVC from the children's corners in Chiradzulu participated in the children's parliament in the district. The National Society increased the number of guardian clubs from 11 to 12.

Namibia

As a result of strong collaboration, NRCS continued to receive some assistance for educational support through a scheme administered by government. The Regional office has always encouraged National Societies to work together with the government.

Swaziland

Grannies or guardians clubs continued to play a major role in many National Society OVC programmes. Activities carried out in the clubs include psychosocial support through memory work or livelihoods projects. During the reporting period Baphalali Swaziland Red Cross Society (BSRCS) established a club for the guardians of children who are on ART. The National society also disseminated the child protection strategy (CPS) to staff and 90 percent of the staff and 56 care facilitators were trained on the CPS. The HR department has included the CPS as part of the staff code of conduct.

Zimbabwe

With financial support from the Regional office, ZRCS established the grannies/guardians clubs in a systematic way by initially carrying out a rapid needs assessment and then a baseline survey to establish the needs and baseline indicators for use as a basis for measuring impact of the clubs. A total of 63 clubs have now been established whose objectives are to strengthen and empower families and communities to effectively implement OVC activities. All the clubs are now involved in livelihood projects including bee keeping, poultry and goat keeping and nutrition gardens. Club members are also trained on basic HIV and AIDS, ART, parenting, health and hygiene. Psychosocial support is provided through memory work.

OVC guardians' club members for Tashinga club in Muchadziya Ward, Chimanimani, Manicaland Province, Zimbabwe: Photo ZRCS

The table below provides an overview of the numbers of OVC supported during the reporting period.

Table 5: Overview of OVC reached with services by June 2010

Country	OVC receiving RC services	OVC receiving food assistance	OVC receiving educational support	OVC receiving material support	OVC receiving psychosocial support	OVC reached by RC kids or youth clubs
Angola	1,499	590	590	512	712	0
Botswana	150	63	0	50	150	50
Lesotho	10,500	20,225	743	9,200	8,115	3,888
Malawi	9,661	0	396	6,700	900	2,560
Mozambique	6,145	1,900	6,145	6,145	6,145	500
Namibia	3,835	237	207	829	863	275
South Africa	19,201	1,250	2,371	908	12,640	5,925
Swaziland	1026	209	436	0	30	50
Zimbabwe	28,791	1,491	1,565	843	5,063	3,298
TOTAL	**80,808**	**25,965**	**12,453**	**25,187**	**34,618**	**16,546**

Source: National Society Programme Updates

Providing community home- based care (CHBC) services

The Regional office has continued to support National Societies in developing technical documents to guide National Societies in the implementation of CHBC. The CBHC programme takes a holistic approach by looking at the entire household as the unit for support focusing on empowering all the members of the family and not the individual alone. For instance, food cannot be provided to a child who may be an OVC and leave out the caregivers.

The promoting adherence for clients on ART and TB treatment is a critical activity that must be strengthened and expanded. The roll-out of ART by governments is encouraging and expanding. However, governments have limited structures and mechanisms to monitor and promote adherence at community level. The Red Cross has the structure and organisational capacity and readiness but lacks funding support.

The establishment of support groups has facilitated the care of clients who are being discharged from the CBHC. The support groups are providing positive prevention for PLHIV. Some support groups, for example, the widows group in Mozambique have embarked on income-generating projects as a way of strengthening livelihoods.

LRCS is ensuring that support group members engage in livelihood activities including food security through keyhole gardens or backyard gardens where they are able to grow vegetables.

The table below provides an overview of the reach or PLHIV supported under the CHBC component between January and June 2010.

Table 6: Overview of PLHIV supported through CHBC related activities in 2010

Country	Number of HBC Projects	Number of PLHIV supported through CHBC	No. of care facilitators/ Volunteers	No. of PLHIV in Support groups
Angola	7	2,573	287	50
Botswana	1	241	46	95
Lesotho	5	2,084	184	639
Malawi	12	2,067	1086	1,411
Mozambique	29	4,764	651	595
Namibia	7	6,826	683	1,577
South Africa	24	22,334	437	2913
Swaziland	8	2,192	365	1319
Zimbabwe	19	16,027	1,130	3,365
Total	**112**	**59,108**	**4,869**	**11,964**

Source: National Society programme updates

The number of clients has decreased slightly from 60,750 in June 2009 to 59,108 in June 2010. Equally the number of care facilitators decreased from 7,955 in June 2009 to 7,729 in June 2010. Some of the reasons for the decrease are :-

- Reduced funding to the regional HIV and AIDS programme.
- Many clients have become mobile hence they have been discharged from the programme and joined other forms of support such as psychosocial support through the support groups.

The Regional office has continued providing guidance on admission and discharge criteria especially with the change among clients who are on antiretroviral treatment (ART). There is less and less focus on traditional nursing care by National Societies as a result of the roll out of ART in many countries in the region. UNAIDS reports indicate that there is an increase in the number of people accessing treatment in low income countries. At the end of the 2009, 5.2 million people were on treatment world-wide and 60 per cent of these are in high HIV prevalence countries the majority of which are in southern Africa. Approximately three million people are receiving ART in southern Africa and South Africa alone accounts for 30 per cent of the people on treatment. The majority of people on treatment are healthy and mobile. They no longer require intensive care at home and they have fewer opportunistic infections. This has transformed the way CHBC is implemented in many countries hence the need for a new approach in CHBC.

During the reporting period, the Regional office developed new CHBC minimum standards and were rolled out across all National Societies. The main purpose of the standards is to ensure that National Societies are provided with guidance on the management of clients in the era of ART and to guide on the admission and discharge of clients from the programme. The Regional office organized and conducted a CHBC minimum standards workshop in Namibia, Windhoek in February 2010 for five countries namely Malawi, Namibia, Zimbabwe, Botswana and Zambia. The workshop was attended by 40 participants including field officers working at project sites who were trained on the CHBC minimum standards. The workshop was also an opportunity for the five National Societies to review the CHBC minimum standards manual before finalization. The second workshop was held in Maputo in April 2010 for the Portuguese speaking countries, attended by 35 participants from Mozambique and Angola Red Cross.

The CHBC minimum standards manual is almost ready for publication pending translation into Portuguese and will be shared with other regions within Africa and beyond. Through the support provided by the IFRC in the form of capacity building, monitoring and coaching the capacity of National Societies programming was strengthened and increased. As a result the following achievements were realised:

Zimbabwe

Despite a backlog in care facilitator allowances disbursements, care continued to hold monthly meetings in all provinces with their team leaders and update their reports and share information related to programming.

ZRCS provided counselling and health education to 18,010 and 16,027 CHBC clients in first and second quarters respectively. Outreach activities on ART continued in the two pilot districts of Mt Darwin and Chivi where a total of 750 clients are benefiting from the integrated ART project funded by Danish and Swedish Red Cross. A total of 12 officers from ZRCS participated in a CHBC minimum standards workshop held in Namibia to review the content, structure and feasibility of the standards.

With support from UNICEF, ZRCS received CHBC kits during the reporting period. Funds were also received for the Health and Care programme through the IFRC, to support the HIV and AIDS programme in the procurement of hygiene kits for the OVC and production of IEC materials for cholera, malaria and HIV and AIDS.

ZRCS also worked with other stakeholders to develop the National CHBC guidelines which have been defined as “an integrated system of HIV care designed to meet the health needs of individuals, families and communities in their local setting”. Some of the components include Provider Initiated Testing and Counselling (PITC) and Behaviour Change (BC), which had been mainstreamed into CHBC making it more appealing and resilient.

Malawi

In MRCS, the number of vulnerable people on the programme (OVC and PLHIV) keeps on declining but the interventions are becoming more holistic than before. After a rapid assessment conducted in 2009, the CHBC targets for 2010 were drastically reduced in accordance with the resource base. MRCS supported 2,067 CHBC clients during the reporting period including 246 clients who were discharged due to the combined benefits of ART and good nutrition. During the reporting period 254 CHBC volunteers from Lilongwe, Chiradzulu, Mwanza Ntchisi, Nkhotakota and Nkhatabay were trained on management of MDR-TB, psychosocial support for children living with HIV, advocacy and planning, monitoring, evaluation and reporting.

The capacity of the PLHIV support group to be self sustaining was enhanced through the training of 100 members from four support groups from Zomba, Karonga and Lilongwe Districts. The support group members were trained on positive development and mushroom production. The National Society also purchased and distributed CHBC kits to care facilitators in Zomba, Balaka, Mchinji, and Karonga Districts.

Mozambique

The Mozambique Red Cross Society[3] (CVM) has changed the approach of its CHBC programme to reflect the change in programming from the traditional nursing care to home visits. The National Society is focusing more on home visits where services include psycho-social support, adherence monitoring and HIV awareness with minimal nursing care in line with new government guidelines. During the reporting period, the National Society provided support to 2,845 CHBC clients from Tete, Manica, Gaza, Ressano Gacia and Maputo.

[3] In Portuguese: Cruz Vermelha de Moçambique

The staff who were trained on the training package on HIV prevention, treatment, care and support in 2009, continued training and disseminating messages to care facilitators on issues such as adherence, treatment literacy, and ensuring that those on treatment are supported. More funding is required to train more volunteers on the training package and also to reprint the documents.

CVM has continued to be one of the strongest partners of the government in care and support. The National Society operates is an extended arm of the government at community level. Unlike other organizations that work in urban areas, the National Society works in remote rural areas. CVM has contributed to the formulation of policies on care and support in the country and has been part of the working group that reviewed the overall work on care and support.

In addition, the National Society has continued to strengthen income generating activities (IGAs) by implementing activities such as cattle breeding, fruit-tree planting, production of cereals and legumes, breeding of small animals such as ducks, goats, pigs and chickens and hiring out cattle for ploughing, vegetable growing, milling, construction of dams, wells, and improved barns, tanks for fish breeding, installation of small-scale irrigation systems and construction of adequate livestock facilities.

South Africa

During the reporting period, the number of CHBC clients in SARCS decreased by 40 percent as a result of the provincial government departments not approving the stipend for volunteers/care givers. The care givers were not able to follow up clients in the homes.

Swaziland

During the reporting period, the Baphalali Swaziland Red Cross Society (BSRCS) provided support to 2,192 home-based care clients, who benefited from basic nursing care services, treatment adherence counselling, and livelihoods support (integrated food security and IGAs). During the period under review, 93 new clients (39 males and 54 females) were enrolled into the CHBC programme, whilst 11 deaths were reported and 28 clients were discharged from the programme.

Due to the decrease in funding support to the programme, the maintenance of care facilitators that receive monthly incentives is becoming a great challenge. There were 155 care facilitators from five divisions who were trained on the PMER system designed for the HIV and AIDS programme in December 2009, however due to lack of incentives these care facilitators are unable to report.

The National Society has developed a discharge plan in order to cut down on the costs. With financial support from the Japanese Red Cross received through the Regional office, this exercise is targeted for completion by the end of 2010. Feedback from care facilitators has revealed the difficulties in discharging CHBC clients particularly those on ART since they need regular follow up to ensure adherence to treatment. Strong linkages should be developed in the community and innovative strategies should be developed on how to support clients who are being discharged from the CHBC programme by strengthening family and community support.

Namibia

During the period under review; prevention, care treatment and support interventions were implemented in seven regions namely Caprivi, Kavango, Otjozondjupa, Oshikoto, Ohangwena, Kunene and Khomas through the CHBC programme. The Regional office provided funding and technical support to the Namibia Red Cross society and as a result, a total of 6,826 clients were provided with care and support services of which 4,377 were females and 2,449 were male. A total of 381 new clients enrolled on the programme resulting in an increase in the number of clients when compared to the same period in 2009.

Constraints or challenges

All National Societies were constrained in their implementation of the programme due to lack of adequate financial resources. Most of the components of the programme were not implemented as planned. The major problem was the non-availability of RNE funding which affected the provision of support to OVC. As a result, it has negatively affected the reputation of the Red Cross at community, district, national and regional level. A large number of OVC have been denied educational, nutritional and material support due to non-disbursement of funds.

Volunteers who were supporting the children have also left the programme joining other organizations. Staff members in National Societies have been retrenched and National Societies have accrued debt in unpaid salaries and benefits.

It is important to note however that the uncertainty of sustained external funding sources and the withholding of funds for the second half of 2009 by the RNE have inhibited long-term planning, programming, and scale up. The funding trend from both bilateral and multilateral donors has been characterised by earmarked donations, the availability and magnitude of funding is changing from year-to-year. There is a need to increase dialogue with existing and potential donors to ensure long-term and flexible funding support in order to balance coverage in all programme components. The lack of funding support has forced ZRCS to close eight project sites resulting in a discharge of 25,000 OVC from the programme.

Due to the decreased funding support coupled with the roll out of ART, some CHBC sites have closed in Malawi, Mozambique, Zambia and Zimbabwe. On a positive note, some National Societies have started discharging clients who have fully recovered. LRCS and MRCS are discharging clients to support groups, where they meet regularly to discuss coping mechanisms; and engage in IGAs that are economically empowering.

Reducing stigma and discrimination

Outcomes

- Community support groups and networks of PLHIV as well as partnerships with PLHIV organizations are strengthened;
- Ensuring that HIV in workplace policy and programmes for all staff and volunteers are in place in Red Cross Red Crescent National Societies;
- Reduced gender inequalities and sexual gender-based violence;
- Increased awareness against stigma and discrimination through peer education, community mobilization, and population-based information, education and communication.

Achievements

Promoting support groups

In order to strengthen support groups in National Societies, regional guidelines are being developed in conjunction with the Regional Network of African People Living with HIV in Southern Africa. The guidelines will be used throughout SADC with a strong endorsement from the SADC HIV and AIDS Unit. National Societies in the region will be oriented and trained jointly with the national networks of people living with HIV in the ten countries. It is expected that support groups will be well managed and maintained after the training of group members and facilitators.

Together with the network of people living with HIV, the National Societies will strengthen income generating activities approaches. It is important to note that the main focus among many organizations is increasingly becoming economic support through microcredit facilities, cash transfers and income generating activities.

MRCS is leading the way in this approach as the National Society has started discharging clients to support groups. The support group members meet twice in a week to discuss coping mechanisms; and engage in income generating activities in order to empower themselves economically. The National Society trained 100 members of support groups from Lilongwe, Karonga and Zomba Districts on positive development and mushroom production.

With funding support through the EU/Finnish Red Cross, BSRCS trained members of support groups in IGA management and positive living. This project was implemented in partnership with Swaziland National Network for People living with HIV and AIDS (SWANNEPA) a national network for people living with HIV.

SARCS continued to strengthen the young women in development programme. The programme is reaching many young girls with life skills and positive messages. The young girls in schools meet to discuss the challenges they encounter in life such as sexual abuse, pregnancy and drug and alcohol abuse.

HIV workplace policy and programmes

Table 7: Staff on workplace programmes

Country	Full time staff	Staff participating in workplace programme
	June 2010	June 2010
Angola	154	44
Botswana	72	9
Lesotho	74	30
Malawi	106	85
Mozambique	291	50
Namibia	678	46
South Africa	400	236
Swaziland	90	85
Zimbabwe	185	142
Total	**2,050**	**727**

The Regional office has continued to promote work place programmes among the National Societies emphasizing that `charity begins at home` and that we have to walk the talk. During the reporting period, National Societies made steady progress in implementing HIV and AIDS Workplace Policies mostly by disseminating existing policies to staff and volunteers at branch levels. During the reporting period, SARCS with support from the Finnish Red Cross reviewed the policy to include wellness in the PSS programme. This will go a long way in helping staff and volunteers. Though funding maybe a major impediment to the implementation of workplace programmes, National Societies can still implement their workplace programmes with no or less funding. What is required is the will and involvement of management in the process and it should be driven by human resources departments.

Reducing gender inequalities and tackling sexual and gender based violence

The Regional office developed a GBV strategy which is now in its roll out stage. With availability of funding National Societies would have increased their GBV interventions at community level, however due to lack of funding there has been a lag in the introduction of new activities in the National Societies. The major challenge to implement this strategy has been the non-disbursement of funds by RNE since June 2009. In accordance with the contractual agreement RNE was supposed to fund OVC, GBV and part of NS capacity building. National Societies activities have been severely affected as a result of the withholding of the funds. However some National Societies such has MRCS have continued to strengthen the community victim support units by working with other partners.

Many National Societies have made significant improvements to sensitize both staff and volunteers on Masambo fund application. Swaziland, Malawi, Mozambique and Zimbabwe are National Societies that have submitted applications for volunteers and staff to Geneva. Out of 90 applications, 47 percent of them have been funded and these are from Malawi and Mozambique Red Cross Societies.

Through technical and financial support provided by the IFRC and bilateral partners the National Societies achieved the following:

Swaziland

BSRCS has embarked on a campaign aimed to raise awareness on GBV of people at community level and amongst the staff. The National Society mounted two billboards with GBV messages along the Mbabane-Manzini corridor where they are estimated that to reach more than 300,000 people per day. The National Society advocates for gender equality even in its recruitment and currently has 53 females and 44 males on its staff compliment. Out of the 68 people working on the HIV and AIDS programme, 33 are males and 35 females.

Namibia

During the period under review NRCS established a total of 238 support groups. In Caprivi region alone, the National Society ran a post-test club which encouraged client who test positive to join support groups. Support group members come together for group counselling once per week. Group counselling activities were introduced after it was discovered that time for counselling at VCT centres was too short for a counsellor to cover all topics for a client to understand and accept his or her HIV status and change behaviour. Group counselling sessions help clients gain more information on HIV and AIDS and have a better understanding of their status.

NRCS trained a total of 40 support group members as support group leaders. The training covered the following topics critical stress, stigma and discrimination, advocacy and HIV and AIDS. Another 20 support group members were trained on nutrition and micro- gardening to empower support group members to manage their own individual and group gardens. The objective was to reduce dependency and generate income for the members.

A total of five members from different support groups attended a one week proposal writing training in Windhoek. As a result of the work of support groups, cases of discrimination have generally decreased nation-wide as more people are sensitised on issues related to the negative effects of stigma and discrimination.

Lesotho

LRCS conducted a training workshop for 15 project officers on GBV in February 2010 facilitated by the Child and Gender Protection Unit, Ministry of Health and Social Welfare Department and Ministry of Gender. Project officers are expected to cascade the training to care facilitators who interact regularly with survivors of GBV.

During the reporting period, LRCS assisted four OVC to claim their inheritance whilst a total of 59 who could not be assisted were referred to the Child and Gender Protection Unit (CGPU) and Office of Master of the High Court for further assistance. LRCS reached 393 people through 20 advocacy meetings held with various authorities on issues of discrimination, property inheritance and children's rights.

Zimbabwe

ZRCS conducted a national IEC material development workshop leading to the production of 1,500 pamphlets and 1,000 posters on GBV, which are being distributed to target communities. In addition 19 training workshops on GBV were conducted at project site level in partnership with the Ministry of Youth, Gender and Development. Each workshop was attended by approximately 30-40 participants.

The NS continued to participate in anti-stigma campaigns at provincial level through participation in events such as World AIDS Day commemorations. The NS also reached 5,000 people with anti stigma messages through the use of Ambassadors of Hope at events such as Zimbabwe International Trade Fair (ZITF) and the Chimanimani Arts Festival.

Constraints or challenges

With the development of the regional GBV strategy, National Societies are ready to engage further and implement their action plans. GBV interventions however require active sectoral collaboration (health, social services, police, judiciary, and other support services) and sustained funding. The uncertainty of funding makes it difficult for National Societies to further engage in such initiatives.

Implementation of the GBV strategy continues to be a challenge in many National Societies. Efforts will be made in the second half of 2010 to assist National Societies to implement their planned activities in tackling GBV at community level should funding be released by the RNE. A training of trainers' workshop will be held to train National Societies on the implementation of GBV activities.

Support groups continue to have challenges in implementation due to lack of guidelines. In the second half of 2010 the guidelines will be developed to address this challenge. Many support groups lack funding to start community based IGAs. With the increased number of clients being discharged to support groups, there is need to strengthen both support groups and IGAs to ensure coherent support to the clients in support groups.

Funding for the training of trainers on support groups and IGAs is a challenge. NS staff and project officers are not trained on how to run support groups as a result the knowledge and skills are not cascaded down to the care facilitators and supervisors who manage the support groups. More funding is required for this component in order to sustain the ongoing activities in care treatment and support.

There are weak linkages with networks of PLHIV. National Societies need to strengthen relationships with the national and regional networks of people living with HIV.

While the interest and need among National Societies to apply to the Masambo Fund has been emphasised and more applications are being submitted, there is a challenge of availability of funding for new applicants. Aggressive fundraising efforts should be applied in order to mobilize more funds for the Masambo fund at Geneva level.

Building National Society capacity

Outcomes

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

Achievements

Panning, monitoring evaluation and reporting

The Regional office embarked on a midterm review from January to April 2010. Four countries were visited namely Lesotho, Malawi, Mozambique and South Africa. The rest of the countries participated through postal questionnaires. The objective of the MTR was to assess progress made so far by the IFRC and the ten National Societies in southern Africa in the implementation of the Global Alliance on HIV in the region, and to make recommendations on the future direction of the programme. The MTR focused on various aspects of the programme including reviewing the cost effectiveness of some key interventions, structures, processes and systems established for the regional programme. A team of external consultants was hired to carry out the mid-term review with strong support and guidance from IFRC. Recommendations from the mid-term review will be factored into the planning process for the next four years.

One of the key findings from this study is that the Global Alliance on HIV concept has been understood and adopted by the National Societies in the form of the seven principles and programmatic framework. However, the implementation of the seven principles is of varying degrees, with some National Societies such as Malawi and Zimbabwe Red Cross having successfully applied all the seven principles. The review noted that the two principles hardly applied are "*one division of labour understanding*" and "*one accountability and reporting system*". Basically these have been difficult to apply as National Societies are protective of their bilateral relationships and sources of funding and they have to report to different donors which have different requirements.

The review team also interviewed partners in the Global Alliance, where many PNS expressed their willingness to continue their bilateral funding to National Societies, whilst still reluctant to fully commit. This situation is unlikely to change, so with few new donors, the funding of the Global Alliance programme for the future looks bleak. In addition, some donors who provide funding through the IFRC are questioning the advantages of regionality and are reviewing their funding approaches.

Volunteer management

Strong linkages have to be created with the organisational development (OD) departments in all National Societies in order to address current discrepancies in volunteer management. The midterm review found out that National Societies do not have a standard strategy for recruiting, motivating and supporting volunteers. Efforts should be made to streamline and harmonize the volunteer management systems at National Society and regional level.

Human resources management

The IFRC southern Africa Regional Representation Office experienced staff losses during the reporting period with the resignation of the operations manager and finance officer and the move to Geneva of the HIV Coordinator leaving the Regional HIV delegate and the Health and Care Coordinator managing the programme. At National Society level, many project officers have been retrenched or have left the programme due to uncertainties in funding. The Human resources management and development at National Society levels should be strengthened in order to address the prevailing challenges, the major factor being the financial constraints to pay reasonable salaries and benefits.

Resource mobilization

The Norwegian Red Cross confirmed the allocation of NoK1 million to the regional HIV programme to support activities in NRCS and BSRCS. The funding will go a long way in supporting HIV activities that have not been funded in the two NS due to non-availability of RNE funding.

The Japanese Red Cross confirmed funding for LRCS, MRCS and BSRCS totalling JPY 3 million for each NS. Additional funding was allocated for IFRC regional activities amounting to JPY 3 million. The Swedish Red Cross and the Icelandic Red Cross have continued to give funding to support HIV and AIDS activities at regional and country levels.

At country level due to support from the Regional office, National Societies are increasing their efforts in fundraising. Many National Societies such as NRCS, LRCS, MRCS, BSRCS, CVM and BRCS are accessing GFTAM funding through their governments or National AIDS Commissions. Some of these National Societies have developed strong partnerships with UN agencies and corporate in fundraising. This is an excellent trend since opportunities for resource mobilization at global and regional levels are becoming increasingly scanty. The way forward for National Societies is to ensure that they position themselves strategically at country level as the most preferred organisations in their countries in all aspects including transparency and accountability.

Constraints or challenges

The uncertainty of future funding support and the delay by one of the major donors in disbursing funds for 2009 and 2010 has had negative implications for planning and implementation of the programme activities including the transition plans. There is a need to urgently map out the future structure of the programme beyond 2010 and establish concrete plans for diversifying the donor base particularly at local level tapping into government and corporate sources.

Negotiations are under way with RNE on the release of funds to the IFRC to support National Society activities. Should any funds be disbursed in the later part of 2010, the operational capacities of the IFRC and the National Societies will undoubtedly be stretched as they rush to spend the funds by December 31, 2010 as stipulated in the contractual agreement between the RNE and the IFRC. It would be prudent for the donor to allow the National Societies to cover all expenses incurred from June 2009 to December 2010 and also to give time for proper spending and reporting.

Working in partnership

In order to increase its market share and competitive advantage in the region, the IFRC has strengthened its linkages with relevant partners. The aim of partnerships will continue to be reviewed and evaluated looking at value addition. The IFRC has a comparative advantage among many regional organizations. It has a facet that allows it to have influence at global, regional and country level using its structures. In the coming years the IFRC will focus on its advocacy role to ensure that the organization uses it maximum potential to influence policies at global, regional and country level. During the reporting period the following activities have been implemented together with partners.

Regional Inter-Agency Task Team on Children and AIDS (RIATT)

IFRC is a member of RIATT (Regional Inter-agency Task Team on Children and AIDS). RIATT is an important networking group for southern and eastern Africa for partners to come together and discuss vital issues on policy and programming related to children and AIDS. IFRC is a member of the “Strengthening Families as Units of Care” working group which is looking at inter-generational issues between elderly caregivers and the children they care for. Issues discussed at RIATT are passed on to National Societies via the members of the regional OVC working group – for example the most recent RIATT meeting which was held in March 2010 focussed on child sensitive social protection. Some National Societies will be involved in conducting focus group discussions with children which will feed into the RIATT inter-generational research.

RIATT is also the forum where SADC issues relating to OVC and youth support are discussed. Most recently this included a discussion on the SADC minimum package on support for OVC which is currently being developed and which will provide policy and programme guidance to member states.

Regional Psychosocial Initiative (REPSSI)

IFRC has an MOU with REPSSI which is the leading organisation in SADC working with partners to promote psychosocial care and support for children affected by HIV and AIDS, poverty and conflict. IFRC has been working closely with REPSSI for many years. Collaboration has included joint manual production – for example the *memory work* manual and the manual on *mainstreaming PSS into CHBC* – and in 2010 will be collaborating on a manual on working with older carers and children as caregivers. The manuals produced are used by governments and SADC partners to strengthen psychosocial support interventions in the region. National Societies benefit from this collaboration by attending joint trainings related to PSS – in 2009 this included training on *mainstreaming PSS into paediatric ART* and more recently the members of the OVC working group received training on the revised *hero work manual*. The OVC working group pre-tested the first hero manual with REPSSI. National Societies also develop joint work plans with REPSSI for country specific PSS work.

Programmes and policy on OVC support are all discussed at a regional level through the regional OVC working group. Most recently this has resulted in the development of a regional Child Protection Strategy which has been endorsed by SAPRCS and which all National Societies have pledged to implement. Through the regional working group, members are sponsored to attend relevant regional conferences – for example the First International Conference on Family Based Care for Children in Africa held in Nairobi, and bring back learning and good practice to share with the rest of the group. IFRC facilitates the sharing of good practice within the group – for example, OVC officers from four National Societies together with children attended the ZRCS children's camp and children's conference. The IFRC also facilitates the development of good practice documents for regional learning – for example the LRCS good practice document on caring for children on ART. The working group members are also involved in the regional Red Cross campaign on access to paediatric ART.

Adaptation of the WHO/SAFAIDS/IFRC training package for community based volunteers

After the joint development of a generic Training package on HIV prevention care treatment and support for community based volunteers to support government efforts in the roll out of ART at community level, IFRC once again using its comparative advantage led the process of adaptation at county level working closely with WHO – AFRO. The training package has found acceptability at country level with ministries of health leading the process of adaptation by bringing together all relevant partners together. IFRC and WHO have provided technical support in the process of adaptation. The training package has contributed in various ways including development of care and support minimum standards, guidelines and HIV policies.

Regional partners such as SAFAIDS, VSO-RAISA, REPSSI, SADC and ARASA have used the training package as reference material and have promoted or advocated for its use among grass roots partners.

The following interventions were jointly implemented with WHO:

Zambia – Ministry of Health

IFRC and WHO provided technical support in the adaptation of the training package. Care Zambia funded the process by bringing together all district AIDS task force focal persons and national partners including faith based organizations. As a result the entire training package has been adapted and is now a national training package being used by MoH and all partners.

Lesotho Ministry of Health

Lesotho was the first country to lead and complete the adaptation process of the training package. The package is currently being translated into Sesotho by the University of Lesotho. The training package was instrumental in training community-based volunteers country-wide who were involved in the "Know your status" campaign.

Mozambique Ministry of Health

The MoH, CDC, UNDP and WHO country office led the process in the translation into Portuguese and adaptation of the training package. IFRC, WHO and VSO-RAISA together supported the process. A launch of the adapted training packaged was conducted and all partners in the country were oriented on the training package. The training packaged has become the main training tool national-wide.

Namibia Ministry of Health

IFRC and WHO supported Namibian government and its partners in the adaptation process of the training package which has resulted primarily in the development of CHBC minimum standards and additional training materials on HIV treatment and support. The developed and adapted materials will help the government and its partners on the implementation of treatment programmes at national, regional, district and constituency levels.

Botswana Government

With full technical support from WHO and IFRC, the government of Botswana is almost at the end of the adaptation process of the training package. The MoH brought together all partners to review the generic training package in order to suite the local situation – cultural and political. As the SADC HIV unit is based in Botswana, a representative was present at the adaptation meetings. It is planned that after the adaptation process is complete a training of trainers workshop will be held at which IFRC and WHO will be invited to facilitate.

Malawi Government:

The Malawi Government has not entirely adapted the training package, however, the MoH with support from the WHO country office; VSO-RAISA and the MRCS have succeeded in using the training package in the development of a comprehensive CHBC manual. MRCS on behalf of the IFRC SARO has been called upon by national partners including networks of PLHIV to train trainers on the training package.

VSO-RAISA has used the training package to train its country coordinators in all its six countries. Furthermore, VSO has cascaded training down to its grass roots partners in South Africa, Namibia, Mozambique, Malawi and Zimbabwe. Their advocacy work has included the training to SADC parliamentarians too.

UNDP in Mozambique has used the training package to train its partners operating in flood prone areas to equip their community-based volunteers with treatment and adherence skills/knowledge. The volunteers will be able to trace people who are on ARVs during flooding and make follow ups to ensure adherence to treatment. This is in support of government efforts to sustain adherence to treatment.

Reduction of the Burden of care on women and girls:

At the mandate of SADC, three organizations namely VSO-RAISA, IFRC and WHO-AFRO, conducted consultative meetings with stakeholders in six countries namely Namibia, South Africa, Malawi, Mozambique, Zambia and Zimbabwe to find out the views of the stakeholders on the extent of the burden of care among women and girls. The research was to produce an advocacy strategy directed at SADC members to consider the challenges and plight of women and girls in view of provision of care and support. The advocacy framework was presented at the AIDS International Conference in Vienna and it attracted lots of discussion.

Regional PMTCT Multimedia campaign

In partnership with UNICEF office for east and southern Africa, a regional and country PMTCT multimedia campaign to strategically increase the involvement of men in PMTCT was crafted and finally implemented in Lesotho, Swaziland and Malawi. IFRC provided funding and technical support and in the initial stage conducted a snapshot survey of the PMTCT status quo in the region on which basis the multimedia campaign was founded. In the three countries, the initiatives provided examples to government on how to strategically increase PMTCT uptake and also how to address challenges of provision of PMTCT services in resource-limited countries.

Contributing to longer-term impact

The regional HIV programme has contributed to the reduction in the HIV prevalence especially among the young people who are the major targets for peer education activities in all National Societies in the region. Red Cross has concentrated on interventions for in and out of school youth for many years and results are being observed. In many countries the incidence among the young people is falling.

The Red Cross niche has been for many years in providing CHBC services. Many clients who were bedridden ten years ago are now up and mobile. This is due to the concerted efforts that National Societies through their network of volunteers are providing to the PLHIV and OVC. It is important to plan long term interventions for care and support in order to observe impact.

In all project sites approximately 80-90 percent of all clients are mobile. The other impacts that can be observed are the high adherence levels among many clients on treatment (ART/TB) in Red Cross supported projects. The volunteers (care facilitators and peer educators) are doing a commendable task to ensure that those on treatment are followed up and take their drugs at all times.

Looking ahead

For the future (2011-2014) there is a need for IFRC together with NS to adjust the current programmatic strategies to take into consideration current trend in HIV and AIDS programming (tailored prevention interventions targeting the key drivers of the epidemic, a shift in needs in terms of provision of nursing care services to chronically ill to treatment literacy, adherence to treatment, positive living, psychosocial support, nutrition and economic empowerment of clients, households and communities) and finally to agree on how to move forwards on the structural and programmatic integration of HIV with other health and care needs and interventions.

IFRC should continue to provide technical support to the National Societies, as the bilateral donors can also realise more benefits from their investments if technical support to the National Societies is coordinated from a central office. The strategy will result in a phasing out of the majority of support services provided by SARO whilst focusing more on directing resources towards National Society capacity strengthening and programme implementation (operations management, coordination, resource mobilisation, financial management and development).

In the second half of the year IFRC and National Societies will focus on the development of new HIV and AIDS programme plans, development of guidelines on support groups with the Network of African People Living with HIV in Southern Africa, strengthening the PMER systems in Angola and Mozambique and conducting a beneficiary satisfaction survey in four countries in the region.

The IFRC regional office will finalise the community home based care minimum standards and work in close collaboration with the humanitarian diplomacy unit on resource mobilization, media and profiling of the HIV programme and increase advocacy and collaboration with SADC and other regional partners.

The National Societies will continue with the roll out of the reproductive health and life skills training package and other technical documents developed by the Regional office.

How we work

All 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.

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Contact information

For further information specifically related to this report, please contact:

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- In IFRC Southern Africa Region**:** HIV and AIDS Unit: Samuel Matoka**,** HIV Coordinator**,** Email samuel.matoka@ifrc.org; Phone: Tel: +27.11.303.9700, Fax: +27.11.884.3809; +27.11.884.0230
- **In IFRC Southern Africa Region**: Ken Odur, Regional Representative, Johannesburg, Email: ken.odur@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230
- **In IFRC Africa Zone:** Dr Asha Mohammed, Head of Operations, Johannesburg, Email: asha.mohammed@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230

For Resource Mobilization and Pledges to the programme (enquiries)

- **In IFRC Africa Zone:** Ed Cooper; Resource Mobilization and Performance and Accountability Coordinator; Johannesburg; Email ed.cooper@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

For Performance and Accountability (planning, monitoring, evaluation and reporting (enquiries):

- **In IFRC Africa Zone:** Theresa Takavarasha; Performance and Accountability Manager, Johannesburg; Email: terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

International Federation of Red Cross and Red Crescent Societies

MAA63003 - Southern Africa Regional HIV and AIDS

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAA63003
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget		**10,056,684**			**0**	**10,056,684**
B. Opening Balance		**2,014,126**			**0**	**2,014,126**
Income						
Cash contributions						
Finnish Red Cross		*14,082*				*14,082*
Finnish Red Cross (from Finnish Government)		*79,800*				*79,800*
Icelandic Red Cross (from Icelandic Government)		*82,525*				*82,525*
Lars Amundsen Foundation		*150,000*				*150,000*
Netherlands Government		*0*				*0*
Other		*192*				*192*
Swedish Red Cross		*405,338*				*405,338*
Swedish Red Cross (from Swedish Government)		*80,639*				*80,639*
C1. Cash contributions		***812,576***				***812,576***
Outstanding pledges (Revalued)						
Finnish Red Cross		*10,062*				*10,062*
Finnish Red Cross (from Finnish Government)		*57,016*				*57,016*
Japanese Red Cross		*109,591*				*109,591*
Swedish Red Cross		*386,779*				*386,779*
Swedish Red Cross (from Swedish Government)		*40,436*				*40,436*
C2. Outstanding pledges (Revalued)		***603,884***				***603,884***
Income reserved for future periods						
Netherlands Government		*6,590,751*				*6,590,751*
C3. Income reserved for future periods		***6,590,751***				***6,590,751***
C. Total Income = SUM(C1..C6)		**8,007,210**			**0**	**8,007,210**
D. Total Funding = B +C		**10,021,336**			**0**	**10,021,336**
Appeal Coverage		**100%**			**#DIV/0**	**100%**

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance		2,014,126			0	**2,014,126**
C. Income		8,007,210			0	**8,007,210**
E. Expenditure		-2,518,674				**-2,518,674**
F. Closing Balance = (B + C + E)		7,502,662			0	**7,502,662**

International Federation of Red Cross and Red Crescent Societies

MAA63003 - Southern Africa Regional HIV and AIDS

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAA63003
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)			**10,056,684**			**0**	**10,056,684**	
Supplies								
Shelter - Relief			1,024				**1,024**	**-1,024**
Construction Materials			16,417				**16,417**	**-16,417**
Clothing & textiles	404,909		56,718				**56,718**	**348,191**
Food			72,028				**72,028**	**-72,028**
Seeds,Plants			31,774				**31,774**	**-31,774**
Water & Sanitation	67,800							**67,800**
Medical & First Aid	156,092		39,833				**39,833**	**116,259**
Teaching Materials	1,414,008		201,140				**201,140**	**1,212,868**
Utensils & Tools	3,000		2,465				**2,465**	**535**
Other Supplies & Services	501,415		38,649				**38,649**	**462,766**
Total Supplies	**2,547,224**		**460,047**				**460,047**	**2,087,177**
Land, vehicles & equipment								
Computers & Telecom			0				**0**	**0**
Others Machinery & Equipment			1,716				**1,716**	**-1,716**
Total Land, vehicles & equipment			**1,716**				**1,716**	**-1,716**
Transport & Storage								
Storage	49,304		2,581				**2,581**	**46,722**
Distribution & Monitoring			154				**154**	**-154**
Transport & Vehicle Costs	426,808		101,659				**101,659**	**325,150**
Total Transport & Storage	**476,112**		**104,394**				**104,394**	**371,719**
Personnel								
International Staff	372,000		297,061				**297,061**	**74,939**
National Staff	225,960		108,172				**108,172**	**117,788**
National Society Staff	2,591,041		612,297				**612,297**	**1,978,744**
Consultants			31,361				**31,361**	**-31,361**
Total Personnel	**3,189,001**		**1,048,891**				**1,048,891**	**2,140,110**
Workshops & Training								
Workshops & Training	1,270,162		314,884				**314,884**	**955,278**
Total Workshops & Training	**1,270,162**		**314,884**				**314,884**	**955,278**
General Expenditure								
Travel			223,777				**223,777**	**-223,777**
Information & Public Relation	772,668		173,888				**173,888**	**598,780**
Office Costs	120,438		108,706				**108,706**	**11,732**
Communications	81,360		43,068				**43,068**	**38,292**
Professional Fees	55,539		27,705				**27,705**	**27,834**
Financial Charges	21,540		-33,530				**-33,530**	**55,070**
Other General Expenses	868,955		32,216				**32,216**	**836,739**
Total General Expenditure	**1,920,500**		**575,829**				**575,829**	**1,344,671**
Programme Support								
Program Support	653,684		161,442				**161,442**	**492,242**
Total Programme Support	**653,684**		**161,442**				**161,442**	**492,242**
Services								
Shared Services			57,803				**57,803**	**-57,803**
Total Services			**57,803**				**57,803**	**-57,803**
Operational Provisions								
Operational Provisions			-206,332				**-206,332**	**206,332**
Total Operational Provisions			**-206,332**				**-206,332**	**206,332**
TOTAL EXPENDITURE (D)	**10,056,684**		**2,518,674**				**2,518,674**	**7,538,010**
VARIANCE (C - D)			**7,538,010**				**7,538,010**	