



Southern African Development Community



SADC HIV and AIDS Fund

Increasing domestic funding for a sustained response

The Southern African Development Community (SADC) is a 15-country intergovernmental organisation established in 1992. Its purpose is to enhance the development and economic growth of Southern Africa, alleviate poverty, and improve the standard and quality of life of the region's people through regional integration. SADC further seeks to promote coordination and cooperation between national and regional strategies and programmes.

Background

The Southern African Development Community (SADC) consists of 15 Member States that share a common goal of regional integration and the eventual free movement of people and goods across the region. SADC further seeks to promote coordination and cooperation between international and regional strategies and programmes.

In July 2003, under the guidance of the Maseru Declaration on HIV and AIDS, SADC heads of states and governments established the regional HIV and AIDS Fund. The Fund supports short-term research and intervention projects implemented by government and civil society partners that: expand or complement existing

programmes; involve three or more countries across a number of sectors; and are cost effective. Ministries of Health and national AIDS authorities have to endorse the projects. The goal is to enhance the capacity, output or impact of existing HIV and AIDS programmes in Member States.

The Fund is currently comprised of funding from SADC Member States, with 5% of their annual SADC contributions going to the Fund, but is open to funding from the private sector, nongovernmental organisations, civil society, and philanthropic organisations.

The SADC Secretariat coordinates the Fund. A steering committee oversees its management and administration, which strictly adheres to the principles of transparency, accountability, good governance, efficiency, and professional management, as prescribed by SADC rules.

Priority Areas for Funding

The Fund's priority areas are:

- HIV and AIDS prevention, care, treatment, and support
- Systems strengthening and development
- Capacity development
- Policy and operations research
- Promotion of research in conventional and traditional medicine
- Mainstreaming of HIV and AIDS or cross-cutting issues, such as gender

Project Implementation to Date

The first round of disbursements, which totalled US\$6,206,286, supported 12 implementation and research projects involving 14 Member States during the period July 2011 to July 2014. These projects enhanced Member States' capacity to address HIV prevention, and have generated knowledge that will inform the region in the development of evidence-based policies and program interventions. A second round, with a total budget of US\$3,990,201, will support 10 implementation and research projects during the period July 2014 to July 2016. The following are results from selected round one projects:



A child is weighed - IBFAN Project

Project Highlights

Capacity Building and Implementation

Many Paths Up the Mountain: Leveraging Traditional Health Practices for HIV Prevention, Treatment and Care, African Clinical Research Organization (ACRO). This project built the knowledge, attitude, and practices of traditional health practitioners (THP) in Botswana, South Africa, and Zimbabwe in the prevention and treatment of HIV and AIDS. The World Health Organization estimates that up to 80% of the population of Southern Africa makes use of traditional medicine. The project worked to integrate THPs into the health delivery system as a quality resource for HIV-related services.

Capacity Development of Health Workers and Mothers in Infant and Young Child Feeding Counselling in the Context of HIV and AIDS, International Baby Food Action Network (IBFAN). IBFAN designed this intervention to increase the HIV-free survival of HIV-exposed infants and improve their mothers' health and survival. Counselling training on infant and young child feeding (IYCF) was implemented

in Mozambique, Swaziland, Tanzania, and Zambia through government structures and existing national prevention of mother-to-child transmission (PMTCT) programmes to ensure sustainability. Project results include: 68 master trainers were trained, who in turn trained 544 community-based peer counsellors across the four countries, who have counselled 12,836 mothers in IYCF.

Communicating HIV Prevention in Southern Africa, Panos Institute Southern Africa (PSAf). PSAf implemented this project in six countries (Angola, Lesotho, Malawi, Swaziland, Zambia, and Mozambique) from 2012 to 2013. A variety of HIV-related topics were addressed via community radio stations in each country, including male circumcision, PMTCT, multiple concurrent partners, and traditional practices. The project used community-led discussions to challenge traditional beliefs, practices, attitudes, and behaviours that are barriers to effective HIV prevention.

Strengthening the Capacity of Community-Based Organisations in Botswana, Zambia, and Zimbabwe for an Improved HIV Response, Primson Management Services (PMS). PMS implemented this two-year programme for

30 community-based organisations (CBO) involved in HIV prevention, 10 each in Botswana, Zambia, and Zimbabwe. Focusing on four priority areas, the project sought to: (i) strengthen their financial management systems; (ii) build functional and transparent governance systems; (iii) develop capacity in a results-based management approach to programme planning, implementation, and evaluation; and (iv) develop results-based strategies aligned to national priorities. A comparison of pre- and post-assessment scores documents that the vast majority of the CBOs improved their capacity in these critical areas and now have a better chance of securing donor funding.

Training of Trainers to Improve the Availability of Equipment and Other Protective Materials for Universal Precautions at the Health Workplace in the SADC Region, Southern African Network of Nurses and Midwives (SANNAM). This project conducted 34 training of trainers workshops on Universal Precautions in six countries (Angola, Democratic Republic of the Congo, Malawi, Mauritius, Mozambique, and Tanzania), increasing the capacity of over 1,000 nurses and midwives to protect themselves from infections, including HIV, and other occupational hazards.



Recording for a community radio station - PANOS Project

Research

Is There Need for Targeted HIV Prevention Programs for Sexual Minority Groups in Botswana, Zambia, and Zimbabwe? Biomedical Research and Training Institute (BRTI). Using qualitative and quantitative research methods, this study: estimated HIV prevalence among men who have sex with men' described their characteristics, including variations in sexual identity and behavioural risks associated with HIV infection; measured the extent to which they were being reached with services' and identified facilitating and inhibiting factors for effective HIV prevention. Conclusions are: 1) There is a high level of reported prevalence of HIV and STIs among sexual minorities; 2) There is low access to preventive measures, such as condoms, lubricants, and counselling; and 3) There is a low level of knowledge about HIV transmission and prevention, including personal risk reduction strategies, within the study population. Several recommendations for action are offered.

Sexual and Reproductive Health of Adolescents Living with HIV in Southern Africa: Needs and Opportunities, Southern African AIDS Trust (SAT). This study explored psychosocial and sexual and reproductive health (SRH) needs of adolescents aged 10 to 19 living with HIV in Malawi, Mozambique, Zambia, and Zimbabwe to identify gaps between needs and available SRH and HIV-related initiatives. The research aimed to provide evidence to inform current programming strategies and local, regional, and international policies. A second objective was capacity strengthening for regional partners. The findings confirm that: social and economic determinants influence the level of SRH and HIV knowledge; disclosure of serostatus remains a major concern for adolescents living with HIV; and fear of the stigma associated with living with HIV is an important barrier to adolescents' ability to discuss HIV with their peers, families, or health care providers. Numerous recommendations are offered addressing social and family support and access to SRH services for adolescents, among other topics.

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