

HIV/AIDS Information: the power to make a difference

SAfAIDS ANNUAL REPORT
July 2004 — June 2005

SAfAIDS

Southern Africa HIV/AIDS Information
Dissemination Service





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**ANNUAL REPORT
2004-2005**



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SAfAIDS

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Thank you...

- To our Donors – Department for International Development-UK (DfID), Royal Netherlands Embassy (RNE), Swedish International Development (SIDA), Humanistic Institute for Cooperation with Developing Countries (HIVOS), Development Cooperation Ireland, [Oxfam Canada, Healthlink Worldwide, Joint United Nations Programme on HIV/AIDS (UNAIDS), DCI Zambia, AJWS, ActionAid, UNIFEM, Oxfam America, Save The Children UK]
 - To our Board of Trustees
 - To all our Partners and Stakeholders
- ... for your continued support and interest in our work.

Director's Message

Sub-Saharan Africa has just over 10% of the world's population but is home to two thirds of all people living with HIV and AIDS. By 2010, number is expected to reach an alarming 18 million, especially if access to life-prolonging treatment remains limited.

Two decades after being discovered, HIV/AIDS has shown the world over that it is an extraordinary kind of crisis that demands the right combination of leadership and exceptional, dynamic, creative and flexible responses.

*Lois Lunga,
Executive Director*

The HIV and AIDS epidemic is taking place with the backdrop of deepening poverty and civil unrest in most countries. Despite the pockets of success, nearly half the region's population lives in extreme poverty. Africa still houses about three quarters of the world's poorest countries, which is making it difficult to make headway against African poverty and the Millennium Development Goals (MDGs) by 2015. The gap between the rich nations and the poor countries remains wide and is likely to grow wider as HIV and AIDS erodes the meagre resources of many countries, most of which have very little or no resources to deal with the epidemic. Thus the epidemic will continue to outpace the poorly financed responses.

Women are the most affected. In southern Africa, the number of women living with HIV outnumber males by as much as two to one in some age groups. In addition, women bear the brunt of the epidemic by being the principal care givers of the ill relatives and orphans. Young people now account for half of all the new HIV infections world wide. At least 6 000 young people contract the virus everyday (UNAIDS 2004), a figure which is threatening the future generation, the leaders and decision makers of tomorrow.

Despite this daunting picture, there are some notable achievements and many lessons have been learned. Although a cure remains elusive, progress has been made in the area of treatment. The year 2004 saw a marked upsurge in the use of antiretroviral drugs in southern Africa. This was catalysed by the WHO 's '3 x 5' initiative which led to significant cuts in the price of drugs and demands on government resources. A combination of national leadership, widespread public awareness and intensive prevention efforts have definitely managed to place a dent in the epidemic. Countries like Zambia have managed to lower their prevalence rate.

In the process, prevention programmes have suffered from loss of attention and prioritisation, ultimately resulting in reduction, and in some cases complete lack, of resources. Whilst it is generally agreed that in the absence of a cure for AIDS, preventative efforts are the only effective tools that the world has to fight this epidemic, in practice there is very little to demonstrate this understanding. For SAfAIDS, information is the major tool to use in the fight against HIV and AIDS. As such, the information must be well targeted, selected, repackaged and distributed to the vulnerable groups that have no other access to information.



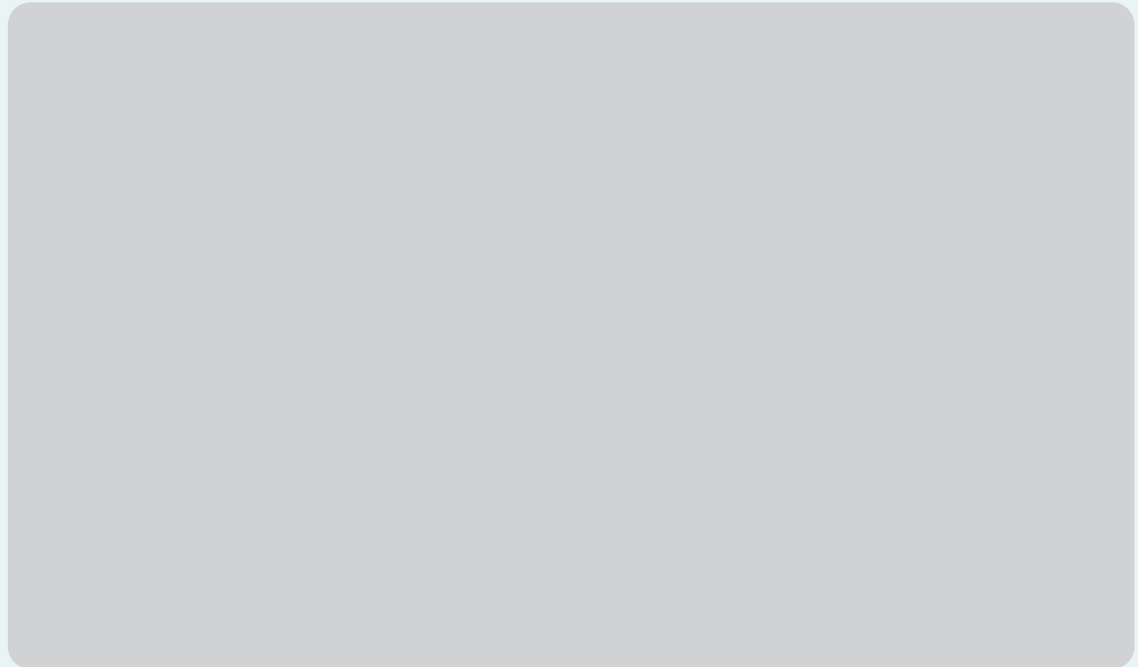
SAfAIDS is renowned for its “cutting edge” information packaged for different groups. The advancement in technology, rather than being seen as a threat, must be viewed as an opportunity to reach creatively those that can easily be reached and to intensify our efforts to reach those pockets where people still have no access to even basic information. Our future impact lies in our ability to scale up and intensify our efforts. At SAfAIDS, we believe information can be used to catalyse and mobilise individuals and communities to understand their needs and situations so that they can become energised to take control of their own lives and to cope with impacts of the epidemic.

“HIV and AIDS Information: the power to make a difference,” is SAfAIDS slogan and the driving principle in its work. At SAfAIDS the on-going challenge is to show whether it does make a difference and, if it does, what kind of change.

We are challenged to strive to remain a learning organisation, to closely monitor the epidemic with agility and follow its waves, while at the same time always staying one step ahead in our responses. HIV and AIDS is unique in the nature of its spread, its extent and the depth of its impact. This means that, in our unique position of being the leading regional HIV and AIDS information dissemination service, we should understand the information needs of the leadership in the process of developing and scaling up a truly regional HIV/AIDS response that will positively impact on the epidemic.

The priorities for the new year include a special focus on vulnerable populations like women and girls, young people, people with disabilities and mobile people. SAfAIDS will design innovative strategies to reach these special groups with relevant and culturally sensitive information.

The future for organisations like SAfAIDS, in this volatile environment, lies in our ability to remain focused, strategic, dynamic and creative amidst challenges that look insurmountable.



Chair's Message

I am delighted once again to present the 2004-2005 annual report for SAfAIDS. The year was marked by major challenges with regards to funding. However, we want to acknowledge the tremendous support that we have received from all our donors and collaborative partners who have contributed in various ways to the organisation.

The HIV and AIDS epidemic continues to tear apart the very fabric of the family in southern Africa amidst developmental challenges like poverty and economic and political instability. SAfAIDS priorities remain clearly anchored on disseminating accurate, appropriate and up-to-date information, while taking cognisance of other developmental challenges that fuel the epidemic. Gender and human rights will remain key cross-cutting issues in responding to the feminisation of the epidemic.

In the last year, the cost of printing and distribution of SAfAIDS materials, together with overall costs of personnel and administration support, went up by over 300%, making it very challenging to continue our work.

It is essential that all HIV and AIDS programmes continue to scale up their efforts and to be strategic so as to remain cost-effective and results-oriented. We are challenged to review, critique and analyse our products and services constantly.

Despite all these challenges, SAfAIDS experienced programmatic growth. A SAfAIDS sub-office was opened in Zambia to implement a large community treatment preparedness project. New satellite resource centres were also opened in Botswana and Zambia, as part of SAfAIDS ongoing decentralisation process to improve the HIV and AIDS information flow.

The regional nature of SAfAIDS work allows us to take advantage of opportunities in one country while we battle with challenges and obstacles in another. This allows us to find solutions in other countries to continue working in the challenged countries.

On behalf of the SAfAIDS Board and Staff, I would like to thank all our donors and stakeholders who have remained steadfast in their financial support of SAfAIDS. Finally, I would like to thank the SAfAIDS staff that have remained dedicated to the organisation and its mission in these challenging times. Your contribution is truly valued.

George Smith
Chairman: SAfAIDS Board of Trustees

*George Smith, Chairman:
SAfAIDS Board of Trustees*



1. Introduction

The southern Africa region is facing one of the most severe health and development challenges in the world. The HIV and AIDS epidemic, compounded by high poverty rates, famine, drought and inadequate public health infrastructure, has caused escalating rates of mortality and morbidity. According to the UNAIDS 2004 global epidemic report, of the 10 countries in the southern Africa report prevalence rates of over 15%.

HIV and AIDS have stretched the region's health care services and systems beyond their capacity. Limited resources, logistics and procurement barriers, and the ongoing migration of trained healthcare personnel, continue to affect the quantity and quality of care available. Despite efforts to roll-out ARV treatment, the unmet need for treatment in the region remains unacceptable. Elevated rates of illness and death continue to place regional economies and national economic sectors under severe threat. Although many people living in the region continue to cope in day-to-day existence, the most devastating effects of the epidemic will be experienced by future generations, as today's epidemic has decreased macro-economic planning, policy interventions, investment and socio-economic development.

Of the millions of people living with HIV in the region, approximately 57% (13.1 million) are women and girls. Gender inequality and power imbalances enhance the vulnerability of women to HIV infection. Equally, traditional gender roles have left women with heavier burdens of care at household and community levels. Empowerment of women and girls through the elimination of gender inequality and violence is an essential step in the fight against HIV/AIDS.

Reflecting on the challenges facing the region, policies and programmes are urgently needed to reinforce prevention, enhance communities preparedness for treatment, encourage positive living and eliminate the ongoing stigma and discrimination felt by people living with HIV and AIDS. All efforts need to take into consideration the impact of gender and the socio-economic environment.

2. About SAfAIDS

Established in 1994, SAfAIDS is a regional non profit organisation, based in Harare, Zimbabwe. With support from local partners, SAfAIDS currently implements its programmes in Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. SAfAIDS core activities include capacity development; information production, collection and dissemination; networking, partnership development and the promotion of dialogue and debate on cutting-edge and emerging issues related to HIV and AIDS.

Mission

To promote effective and ethical development responses to the epidemic and its impact through HIV and AIDS knowledge management, capacity development, advocacy, policy analysis and research in the southern Africa region.

Vision

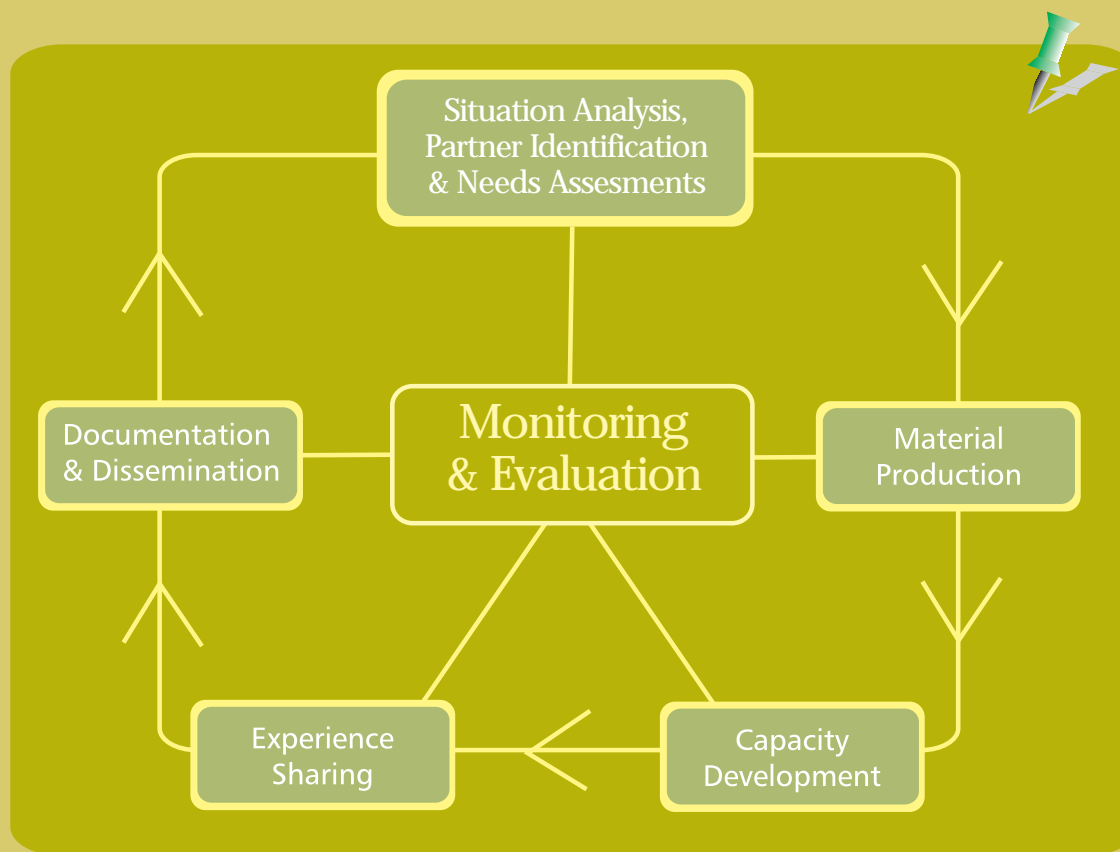
To be the leading southern Africa regional organisation communicating, managing and disseminating HIV/AIDS information that enhances national and organisational responses to the epidemic.

SafAIDS' Strategic Objectives

1. Increase access to and understanding of accurate, relevant up-to-date HIV/AIDS information to strengthen HIV and AIDS interventions and coping strategies.
2. Strengthen the capacity of intermediary organisations and policy makers to mainstream HIV and AIDS, gender and human rights in their programmes.
3. Increase awareness and understanding of HIV and AIDS related policies among intermediary organisations to enhance policy formulation, programming and advocacy within the region.
4. Strengthen the capacity of advocacy and activist organisations to repackage and utilise HIV/AIDS information and media to enrich advocacy strategies and debates.
5. Strengthen the capacity of media practitioners, institutions and networks in accurate and positive reporting on HIV/AIDS to reduce stigma and discrimination.

SafAIDS' Operational Strategy

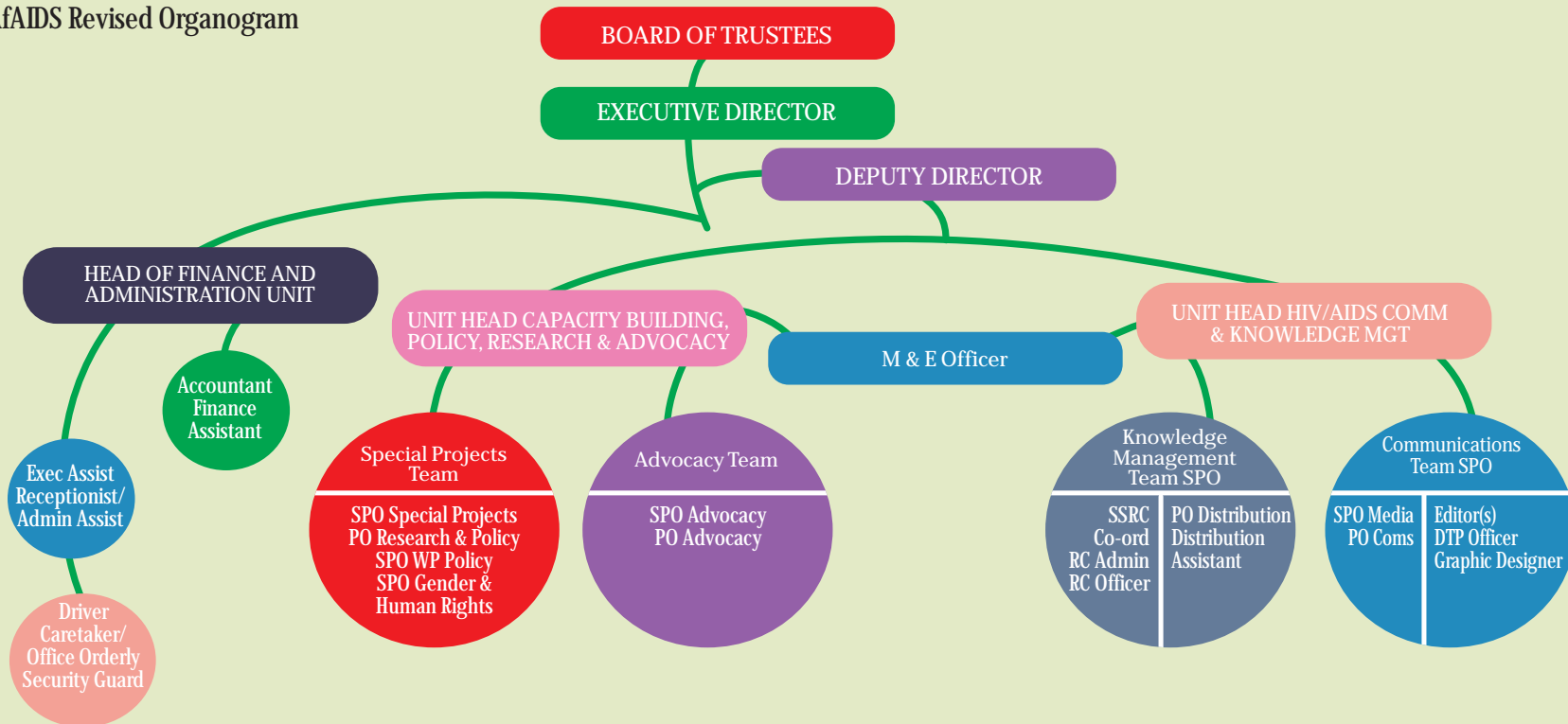
SafAIDS operations are based on a strategy that places an emphasis on the following processes: situation analysis/ partner identification, material production, capacity development, experience sharing, documentation and dissemination.



Organisational Structure

SaFAIDS has two compact and effective operating Units which manage its programmes: HIV/AIDS Communication and Knowledge Management (HACKM) and Capacity Development, Research, Policy and Advocacy (CPRA). Staff members are organised into teams to implement programmes in the following areas: Advocacy, Special Projects, Knowledge Management and Communications. The structure strengthens internal and external communication and also enhancing the effectiveness of its programmes. SaFAIDS' structure puts emphasis on the team approach.

Figure 1: SaFAIDS Revised Organogram



SAfAIDS Board of Trustees

A Board of Trustees governs SAfAIDS. It consists of individuals drawn from a wide range of skills and experience. The Board holds bi-monthly meetings to provide overall policy and strategic direction to the organisation. Below are members of the board:

- | | | | |
|---|--|---|--|
| ⌘ | Hon. Justice Smith, Chair of the Board
<i>Retired Judge, Zimbabwe</i> | ⌘ | Ms Helen Jackson, Founding Member
<i>Regional HIV/AIDS Advisor, UNFPA</i> |
| ⌘ | Ms Carla Horne, Vice-Chair
<i>Director of HOSPAZ</i> | ⌘ | Dr Godfrey Woelk
<i>Associate Professor and Chairperson of
the Department of Community Medicine,
University of Zimbabwe</i> |
| ⌘ | Mr Tony Kanengoni, Treasurer
<i>Financial Director, CIMAS</i> | ⌘ | Ms Isleen Araujo
<i>HIV/AIDS programme officer
International Organisation for Migration</i> |
| ⌘ | Ms Evelyn Serima
<i>HIV/AIDS Specialist, ILO</i> | | |

3. Focusing on Women and Girls

Empowerment through “Edutainment”: Social Change through Integration of HIV/AIDS, Gender and Human Rights into the World of the Performing Arts

Modern and conventional technology such as the Internet, email and modern media (newspapers, televisions and radio) have been used in many regional interventions. Unlike these modes of communication, performing arts are sure to reach all members of the community, including those of lower socio-economic status and the illiterate. Community members are often more comfortable with, and trust the

performing arts, including song, dance, theatre, mime, poetry and story telling – traditionally accepted and appreciated for centuries southern Africa countries. As a result, SAfAIDS initiated a unique project aimed at mainstreaming human rights, gender and HIV/AIDS through the use of the performing arts.

As the first phase of this project was completed with sponsorship from Oxfam America (SARO), SAfAIDS developed a training manual for performing artists. In addition, the manual was piloted at a regional training of trainers (ToT) workshop for performing artists on 7-12 February 2005, in Harare. A total of 37 participants attended the workshop from six southern Africa countries and two East Africa countries. Participants represented numerous performing artist groups, including Millennium Production House (Botswana), Youth Net and Counselling – YONECO (Malawi), Ombetja Yehinga (Namibia), Kamoto Community Arts, Tafika Theatre, Tagwamo Arts Theatre (Zambia), Centre for Domestic Violence Prevention (Uganda), On the Road Performing Arts and Linkage Trust (Zimbabwe). SAfAIDS aims to print and widely disseminate the Training Manual as well as replicate the programme in the coming year.

*Wrestling Two Epidemics: HIV/AIDS and GBV
16 Days of Activism Against Gender Based Violence (GBV)*

In 2004, the 16 Days of Activism Against Gender Based Violence Campaign chose a theme which highlighted the common issues in violence against women and girls and the HIV and AIDS epidemic. The campaign aimed to emphasise the impact of gender-based violence on the current HIV/AIDS epidemic. Violence, and the fear of violence, hinders women's ability to prevent transmission of HIV and compromises their access to a range of services, including testing and treatment. In addition, too many women experience further violence once they are infected or perceived to be infected with HIV.



SAfAIDS took on an active role in commemorating the 16 Days of Activism Against Gender-Based Violence during the period 25 November- 10 December 2004. It supported the campaign by circulating campaign messages to over 36 000 mobile phone subscribers, developed radio shows, held a national discussion forum, produced three episodes of 'Perspectives' TV Programme on gender-based violence, women and girls and HIV/AIDS treatment. SAfAIDS used its communication channels such as its website, e-fora and resource centres to distribute materials which include posters and campaign ribbons.

Gender Mainstreaming – Understood or Misunderstood: Southern Africa Regional Gender Mainstreaming symposium

Is Gender Mainstreaming an Outlived Paradigm in the midst of HIV/AIDS?

As many individuals and organisations hinted that global and regional initiatives to mainstream gender had not done justice towards protecting women and girls in the midst of HIV/AIDS, SAfAIDS resolved to offer a regional platform to explore the issues, barriers and challenges to

mainstreaming gender. In April 5-7 2005, SAfAIDS hosted its first southern Africa regional symposium on gender mainstreaming in Mbabane, Swaziland. This ground-breaking event brought together over 150 participants from government departments; private sector and business coalitions; United Nations agencies; regional and global developmental blocs such as SADC and the European Union; non-governmental, community-based and faith-based organisations; media and academic networks; people living with HIV/AIDS; human rights and gender activists; members of the legal fraternity and members of the donor community. Among the dignitaries who attended the symposium and offered insight and inspiration to participants were her Royal Highness, Queen Inkosikati Lambikiza of Swaziland and Dr Graça Machel.



"My proposal is a social movement, like the one that brought down apartheid: those who are the most oppressed first liberated themselves, then they liberated others; women will liberate themselves. We have to reinvent traditions in the sub-region - I am not saying reject them, but reinvent them ... unless women and girls assert their rights, they will continue to bear the brunt of the disease. Girls must be told to be assertive, not to be passive. Wives, knowing that your man is out with other women - and your mother-in-law says there is nothing she can do to protect you, that you must resign yourself to death from AIDS - No. That must change!" – Dr Graça Machel

The purpose of the symposium was to explore whether gender mainstreaming is understood or misunderstood. The impact of gender mainstreaming efforts on the empowerment and protection of women and girls living with HIV and AIDS was central to all debates. From the symposium, short-term and long-term advocacy goals were identified. The Gender Mainstreaming Symposium significantly widened SAfAIDS pool of partners in the region. Amongst them are partnerships with National Emergency Response Council of HIV/AIDS – NERCHA (Swaziland), Women and Law in Southern Africa (Swaziland), Men as Partners and FEMNET-Men to Men Project (Kenya).

A key outcome of the symposium was that SAfAIDS joined a process to lobby the SADC Heads of State to review the SADC Gender and Development Declaration in relation to policies and provisions to protect women and girls against HIV infection. SAfAIDS conducted an audit of the various declarations to which SADC countries are signatories and explored the successes and ongoing challenges related to sexual and reproductive health.

4. Treatment Literacy... Treatment Action Now!

In 2005, SAfAIDS initiated a project in partnership with the Zambia Central Board of Health, National Network of People Living with AIDS, and a core group of NGOs working in HBC in an effort to improve the uptake of antiretroviral treatment in the country.

Sponsored by DCI, the project is being managed from Zambia in SAfAIDS newly established sub-office, which is housed at Zambia Red Cross in Lusaka. The project was initiated because it was recognised that despite the low cost of ARV treatment and an enabling environment in the country, low uptake of VCT and ART services remains a challenge. Using home-based care initiatives as an entry point, SAfAIDS aims to improve treatment literacy and overall treatment preparedness in Zambian communities.

The project is currently being implemented in four provinces with the highest prevalence rates. These are Lusaka (22%), Copperbelt (19.9%), Southern (17.6%) and Eastern (14%). The project aims to reach 40 000 people from the rural and peri-urban areas. The overall aim of the project is to complement national efforts to increase uptake of ART through enhanced community preparedness and increased advocacy efforts.

In January 2005 SAfAIDS Zambia office was established and equipped with furniture and IT equipment. From 28 February to 1 March 2005, SAfAIDS held a Partners' Consultative Workshop, which brought together

representatives from home-based care organisations, NGOs, CBOs, FBOs, advocacy organisations and government to build consensus on proposed project design, implementation and monitoring. A trainer of trainers workshop was conducted on 30 May 2005. The workshop was facilitated by leading HIV/AIDS activist and trainer, Dr Peter Adams, from South Africa. It is anticipated that these trainers will strengthen the capacity of non-health community workers and volunteers to mobilise communities for access to treatment services (VCT and ART). The national trainers will train 10000 non-health agents to reach out to approximately 200 000 PLWA.

Treatment literacy materials were developed in conjunction with these organisations. Project partners are currently reviewing the materials to be endorsed and used in the training. Material produced under the project for training include:

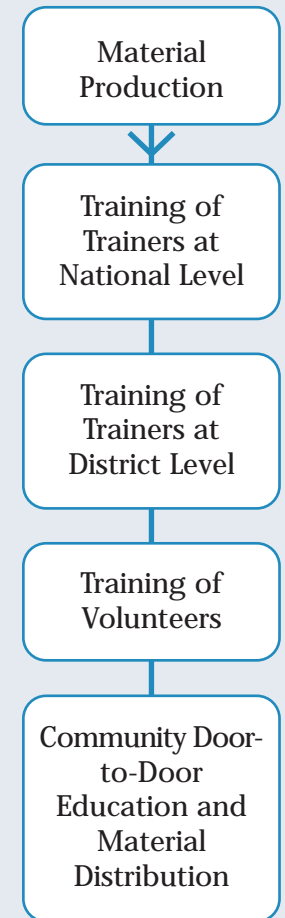
- Reference Manual on ART for non-Health Agents
- Trainers' Guide on ART
- Participant Handbook

To support Treatment Literacy:

- *Treatment Literacy Toolkit*
- *Women's Treatment Toolkit*
- *Treatment Advocacy Toolkit*

Radio broadcasts in five local languages, advocacy activities and experience-sharing workshops will be conducted to complement a comprehensive community volunteer training programme. The primary outcome of the project will be to enhance community preparedness and promote the use of VCT and ARV services.

Treatment Literacy Capacity Building Model



5. Mobilising Communities and Workplaces for Social Action

Operationalising knowledge management in HIV and AIDS organisations

Over the past year SAfAIDS has provided capacity building and technical assistance in the field of knowledge management to JSI (UK) – ZHAP (Zimbabwe HIV and AIDS Program) partners. This activity offered the partners assistance in managing the information and knowledge systematically so as to create, learn, share, organise and exploit lessons learned from program work.

The program aimed to capture and document organisational knowledge and experiences as well as to help organisations to 'Know what they know' and manage information to improve their work. Organisations were encouraged to record the history of the organisation development and to create institutional memory for continuity as well as establishing a publication strategy.

SAfAIDS worked in partnership with JSI (UK) – Zimbabwe office to offer capacity through workshops and one-on-one technical assistance to the organisations. The ZHAP partners involved were Dananai (Murambinda), Batsirai (Chinhoyi), Matabeleland AIDS Council (Bulawayo), FOST and PADARE in Harare. Workshops were also conducted to capacitate individuals within the organisations to write proposals and reports and document their work. Field visits were conducted at regular intervals, to offer technical assistance and follow up on agreed plans. During these visits partners were assisted to carry out content and knowledge audits as well as set up Knowledge Management Systems.

This project was innovative and new and as a result faced numerous challenges, including inadequate budgeting of resources for knowledge management within organisations, the need for a shift in management style and organisational culture. The majority of organisations have no systems in place and require a complete framework/strategy for Knowledge Management and documentation activities. The need for documentation, knowledge management and information sharing is essential to monitor, evaluate and build the regional capacity to address HIV and AIDS experiences. As a result, more support is needed for organisations to encourage the prioritisation of knowledge management and allocate resources to document their experiences effectively.

Batsirai Group has done a lot in the area of knowledge management since the first meeting with SAfAIDS was held. What is needed now is for the organisation to take the above recommendations and turn them into action plans. The plan should be implemented and evaluated on time. To achieve this noble goal, the process of knowledge management should be documented to show clearly how knowledge at Batsirai is created, stored, monitored and evaluated, shared and disseminated for improving efficiency and effective programming. [Amon Tisibele, KM Champion, Batsirai].



Scaling up Access to Treatment Through Workplace Programmes

The workplace provides a critical point of entry for HIV prevention and treatment interventions that target both employees and their families. Over the past few years, SAfAIDS has developed a comprehensive HIV/AIDS workplace programme that seeks to expand prevention, care, support and treatment programmes in the work world.

In 2004-2005, SAfAIDS continued its efforts to support organisations to develop workplace policies and programmes. In the past year, SAfAIDS workplace programme has successfully supported HIVOS Partners in Mozambique and Malawi, HOSPAZ, Crystal Candy and the Royal Netherlands Embassy, among others, to implement their prevention and treatment programmes effectively.

A challenge for organisations is the delay by top management or boards of directors to approve and implement HIV/AIDS workplace policies and programmes.

Instead of just offering technical assistance in policy development, SAfAIDS has moved a step further to assist organisations to finalise their workplace policy and to oversee the implementation. Sustaining an HIV and AIDS treatment programme is a challenge for small-to-medium enterprises as well as locally funded NGOs.

If an organisation cannot afford antiretroviral drugs, it is advisable to refer employees to government treatment roll-out programmes, which may be accessed at a fairly reasonable cost.

A key lesson learned through the workplace programme is that most employers feel the uptake of services, eg. VCT and treatment, is still limited due to stigma and discrimination. It is critical to develop an all-inclusive HIV/AIDS workplace policy that is non-stigmatising and non-discriminating.



Regional Symposium on “Securing the Future for Southern Africa: Perspectives in the Work World.”



The first ever regional symposium on this subject was organised and conducted by SAfAIDS in partnership with Namibia Network of AIDS Service Organisations (NANASO). The event took place in November 2004 in Windhoek, Namibia. Over 120 participants from all over the region participated. United Nations agencies, SADC, Governments, donors, multilateral companies, NGOs, business coalitions, employers and workers unions attended the three-day

regional symposium. The objectives were to get delegates to receive information and to share knowledge and experiences in dealing with HIV/AIDS in the work world.

Based on the evaluation feedback most participants felt that they learnt a lot from the symposium and promised to continue networking particularly on information exchange. A multisectoral approach involving all stakeholders (business coalitions,

governments, private sector, UN agencies, employers federations, trade unions and NGOs) was called for and the SADC secretariat was identified as the focal institution to take up the recommendations of the workshop for implementation in the future.



6. Facilitating HIV/AIDS Information Flow in the Region

In 2004, SAfAIDS marked 10 years as the region's leading HIV/AIDS information dissemination service. Since its inception, the SAfAIDS Resource Centre has been a flagship initiative for the organisation. This year, SAfAIDS launched an upgraded Resource Centre in a new, more accessible building, located next to SAfAIDS main offices. The Minister of Health and Child Welfare, Dr David Parirenyatwa, officially opened the new Resource Centre.

The new and improved facility offers Internet searching as well as video viewing. In addition, it has two user workstations, which contain a bibliographic database with more than 10 000 physical documents and 600 electronic documents. The Resource Centre offers a variety of information services such as responding to information requests, distribution of IEC material, circulation of electronic documents, Internet searches and video viewing. The Resource Centre's primary clients are researchers, policy makers, and programme implementers from universities, the media, private sector institutions, FBOs, UN agencies, development agencies, ASOs and other NGOs. In an effort to improve its monitoring and evaluation, the Resource Centre has developed an electronic database of its users.

Due to its reputation, quality of services and highly skilled staff, officers at the SAfAIDS Resource Centre have received requests for technical assistance in setting up HIV and AIDS information centres. In 2004-2005 SAfAIDS assisted with the development of resource centres for the following organisations: Seke AIDS Library, ADRA, Zimbabwe Open University, the Centre and SPW.

“Your resource centre is helpful and it reveals how committed you are in fighting the HIV/AIDS pandemic through providing the much needed, necessary information”
— J. Nyamadzawo – *Department of Philosophy, University of Zimbabwe*



SaFAIDS Satellite Resource Centres

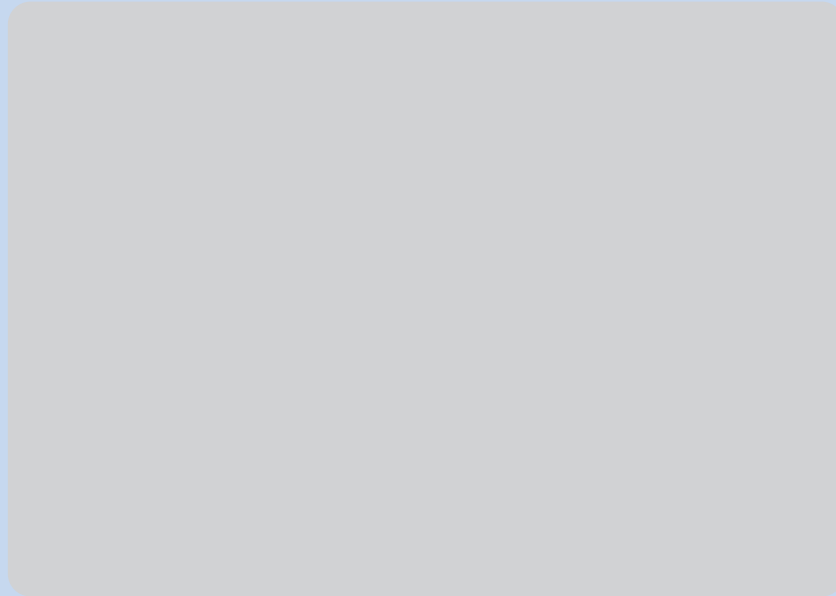
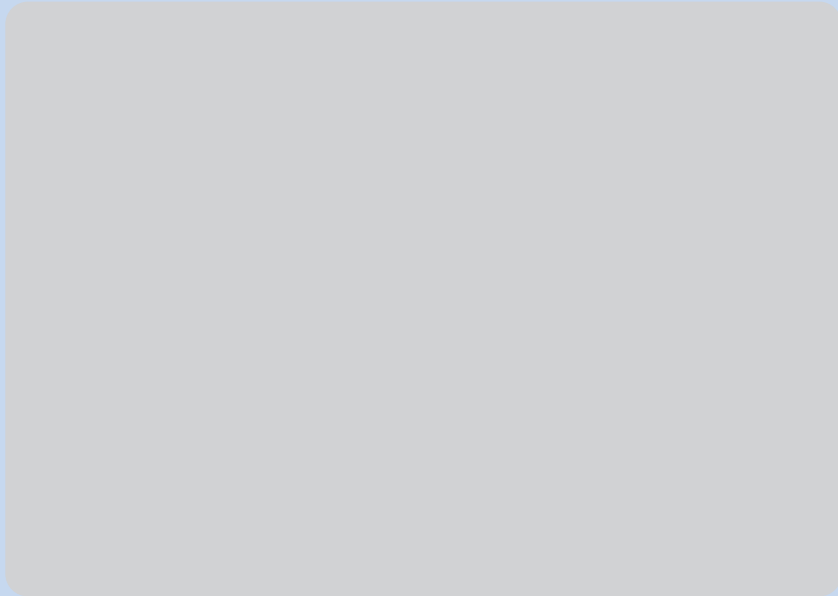
Located in Zimbabwe, SaFAIDS main resource centre has faced challenges in providing information services to the region. To bridge the gap between SaFAIDS main resource centre and intended users at national level, the organisation has developed satellite resource centres in four countries (Botswana, Malawi, Namibia, Zambia). SaFAIDS Satellite Resource Centres are jointly managed by national partners. In Namibia, SaFAIDS works with NANASO. In Malawi, the resource centre is housed at the Blantyre City Assembly. SaFAIDS two newest resource centres are housed with BONASO in Botswana and Afya Mzuri in Zambia. In addition to serving as HIV and AIDS information hubs with all the facilities of the main resource centre, the satellite resource centres also facilitate discussion fora on key HIV/AIDS and offer training on setting up resource centres. Only a week after it opened its doors, the Resource Centre housed by Afya Mzuri was visited by over 200 people.

Publications and Resource Material

SaFAIDS News— In 2004-2005 SaFAIDS continued to produce its quarterly newsletter, *SaFAIDS News*, which carries articles about emerging trends and issues related to HIV/AIDS in the region. The September issue was a special edition and was devoted to the issues emerging from the 15th International HIV and AIDS Conference that was held in Bangkok, Thailand in July. Currently the newsletter has a circulation of 8,000 copies per edition. Its sister newsletter, *Noticias Sida*, was produced and distributed in Lusophone countries, with a print run of 2000 copies per quarter.

▲ *SaFAIDS Main Resource Centre marketing forum being attended by various experts*

▼ *BONASO/SaFAIDS Resource Centre in Botswana* ►



Starting with the December 2005 issue, the newsletter carried *SA/AIDS News Plus*, a four-page centre-spread covering the latest research findings, including innovative responses to the HIV and AIDS epidemic in southern Africa.

From next year, SAfAIDS anticipates a drop in the number of hard copies produced and an increase in electronic circulation. The escalating costs of printing and distribution have affected the production of the newsletter. SAfAIDS has had to develop innovative methods such as column sponsorship, electronic distribution and subscriptions to ease the cost of overall production. It will be an ongoing challenge for SAfAIDS to ensure that individuals and organisations who need the information are able to access it.

Southern Africa HIV/AIDS Action (SAHAA)— Southern Africa HIV/AIDS Action (*SAHAA*) newsletter is a quarterly publication, which has a unique style aimed at communicating HIV and AIDS information.

In clear and concise language, the newsletter provides the latest information to health workers, people living with HIV and AIDS (PLWHA) groups, community-based organisations (CBOs) and other grassroots organisations working in the HIV/AIDS sector. It seeks to improve the skills of its readership in the implementation of HIV and AIDS initiatives at the grassroots level. Each issue of *SAHAA* has been carrying a particular theme, enabling it to be used as a resource long after its publication.

From September 2004 to March 2005, three issues of the English newsletter and three issues of the Portuguese version were published. A total of 120,000 copies of the English version were published whereas 6,000 newsletters of *Accao HIV/AIDS na Africa Austral* were produced. From December 2003 to March 2005, a total of five issues of the Portuguese version (*Accao HIV/AIDS na Africa Austral*) have been published.

Topics and Dates of Publication

<i>Southern Africa HIV/AIDS Action</i>	<i>Accao HIV/AIDS na Africa Austral</i>
September 2004-Issue 61 Theatre for Development	September 2004-Issue 4 Crianças Orfas e Vulneráveis
December 2004-Issue 63 Women, Girls and HIV/AIDS	• December 2004 –Issue 5 Teatro para o Desenvolvimento
March 2005- Issue 64 Community Preparedness for Anti-retroviral Treatment	• March 2005- Issue 6 Mulheres, Raparigas e HIV/SIDA

Although positive feedback was continuously received from readers, the high costs of printing and distribution have had a severe effect on the production and distribution of this newsletter.

Sexual Health Exchange— Sexual Health Exchange, a newsletter jointly published by SAfAIDS and KIT of the Netherlands, is produced in both English and Portuguese. The newsletter has a print run of 12,000 for the English version and 2,500 for the Lusophone readership. Each issue covers a specific theme. The newsletter has become an important tool for improving knowledge on HIV and AIDS for its readers, while it is also used by trainers as a resource in the topic of HIV/AIDS. A previous survey of the newsletter

established that *Sexual Health Exchange* had positive influence on policy makers in the field of sexual and reproductive health.

During the 2004-2005 period, only three issues of the newsletter were published due to funding constraints. Issue 2004/1 was published in July while issue 2004/2 was published in September and December 2004 issue (2004/3-4) whose theme was girls and young women.

Books and Booklets

Planning Our Future: A Booklet for Families and Communities.

HIV and AIDS is a crisis in Zimbabwe. One in every four sexually active adults is infected with HIV. The lives of HIV affected and infected children have become harder.

Many children have lost their father or mother or both. Making arrangements for the future is a concern for many homes across Zimbabwe, but has a special relevance to families affected by HIV and AIDS. *Planning Our Future: A Booklet for Families and Communities*, a joint publication by SAfAIDS and John Snow International (JSI) of the UK, aims to arm individuals, families and communities on how to prepare and plan for the future. It has five sections, each explaining important areas of future planning. The publication draws upon the work of successful programmes and innovative initiatives in Zimbabwe.

HIV and AIDS Workplace Policy and Workplace Programming Training Support Manual

SAfAIDS receives numerous requests from various organisations seeking advice on the development of workplace policies that address HIV and AIDS related issues in the work world. To address the concern, SAfAIDS has embarked on a regional Training of Trainers (TOT) project on HIV and AIDS workplace policy development. The objective of the regional TOT workshops is to equip trainers with relevant skills required to develop HIV and AIDS workplace policies. Upon completion of the training, participants are expected to assist their organisations and other institutions to develop HIV and AIDS workplace policies.

SAfAIDS has developed an *HIV and AIDS Workplace Policy and Workplace Programming Training Support Manual* in an effort to provide those in the workplace with responsibilities for HIV and AIDS policy and programmes, a resource they can use as a reference and a guide. The training manual will be printed and distributed in early 2006.

Children's Information Kit

The impact of HIV and AIDS on children has created a crisis in the region. In Zimbabwe, it is estimated that 780 000 children have lost their parents to AIDS. Consequently, children are increasingly heading households and dealing with adult pressures, thus losing their fundamental rights as children. Adult infirmity and death leave children vulnerable to societal ills, compromising access to their various rights, as resources are diverted to health care and other services for the sick.

Given this, SAfAIDS and the Child Protection Society developed a Children's Information Kit intended for personal reading, training purposes, as an advocacy and lobbying tool, as a means to enhance involvement of children in policy and programme initiatives affecting them or as a guide to programming around child rights and HIV/AIDS. The user-friendly kit was also designed for use by all who play key roles in modelling the life of children in the context of HIV and AIDS in Zimbabwe (community leaders, role models, parents, guardians and child caregivers, child-focused service providers, policy makers, local authorities and other persons interested in the welfare of children). This kit will be printed and distributed in early 2006.

Treatment Literacy Materials

In line with the WHO's '3 by 5' initiative which aims to provide access to treatment for three million people by the end of 2005, governments and civil society are making efforts to ensure that care, support and treatment are being made available. However, one of the major challenges in the initiative is inadequate treatment literacy and lack of community preparedness. In an effort to bridge this gap, SAfAIDS has repackaged information on HIV and AIDS prevention, care support and treatment for use by organisations and individuals.

1. Treatment Literacy Toolkit

To complement the efforts of regional government efforts, SAfAIDS has developed treatment literacy materials to share with trainers and communities as a means of preparing those communities for treatment. The Treatment Literacy Toolkit has been developed and focuses on issues related to prevention and treatment of Opportunistic Infections (OIs), nutrition, psychosocial support and counselling, anti-retroviral treatment and complementary treatments. The toolkit's information is presented as fact sheets, brochures, working cards, posters, stickers and a calendar (including a pencil and an eraser) for those on treatment to enhance their adherence to treatment. The intended users of this toolkit are home-based care workers and people living with HIV and AIDS.

2. *Women's Treatment Literacy Toolkit*

This tool kit aims to give practical information on ARV treatment to women, girls and those supporting them. In a simple, yet clear, tone the contents of the tool kit aim to enable readers to make informed decisions about HIV and AIDS prevention, care, support and treatment. Numerous pictures and diagrams are used which make the toolkit equally useful to low literacy populations. Explanations specific for women, eg. how HIV and ARV medicines may affect bodies of women and girls, are good for men, boys and organisations/institutions to read so that they can understand and support women and girls better. The kit has different tools for use in a variety of settings. These include fact sheets, posters, activity cards and lists of additional resource materials, which can be used for different groups. Although the primary target group for the toolkit is women and girls, the information is also very useful for male partners, spouses, brothers, sons or male care-givers to women and girls.

3. *Treatment Advocacy Toolkit*

Many non-governmental organisations (NGOs), Community Based Organisations (CBOs) and AIDS Service Organisations (ASOs), involved in HIV and AIDS care and support activities are challenged to do something about improving access to treatment for people with HIV and AIDS. These groups tend to have limited experience and knowledge about advocacy for access to HIV and AIDS treatment. To support these groups, SAfAIDS has put together a Treatment Advocacy Toolkit to provide key stakeholders with information to assist them to understand advocacy and develop innovative advocacy strategies. The package is intended to help users find practical ways to understand, plan and undertake advocacy work on HIV related treatment. The treatment advocacy pack was designed for use both as an information resource and as a training resource for planning and implementation of advocacy activities on HIV related treatment.

Individuals and groups who intend to do advocacy work on HIV related treatment or are currently involved in such activities will benefit from the *Treatment Advocacy Toolkit*. The groups may include, but are not limited to, ASOs, NGOs, CBOs, FBOs, PLWHA groups, support groups and the general public.

MIPA Brochure

In 2001 the United Nations Declaration of Commitment on HIV/AIDS endorsed the Greater Involvement of People Living with HIV/AIDS (GIPA) principles agreed upon by people living with HIV/AIDS at a meeting in Denver in 1983. Since GIPA's inception, UNAIDS has promoted the involvement of people living with HIV/AIDS on its Programme Coordinating Board. Likewise, other United Nations agencies have followed suit by mainstreaming GIPA principles into a variety of their structures.

Regardless of these efforts by the United Nations, other key players have done little to integrate GIPA principles into regional and national responses. GIPA is primarily promoted by a few individuals living with or affected by HIV/AIDS. This is often done by 'going public' about their serostatus or experiences with the epidemic in the hope of giving it a human face and voice, and directing the public's attitude towards the plight and needs of PLWHAs. Prevailing gaps in the greater and meaningful involvement of PLWHAs (MIPA) in HIV and AIDS related responses in the region have been recognised. To support organisations to adhere to MIPA/GIPA principles, SAfAIDS has developed a brochure which explains GIPA, highlights the importance and relevance of MIPA and shares methods of successfully mainstreaming MIPA into HIV and AIDS programmes.

Gender, Human Rights and HIV/AIDS in Southern Africa

There is overwhelming evidence that gender inequalities and violation of human rights continue to fuel the epidemic. Both factors also limit the effectiveness of current efforts to combat the epidemic. Despite the emphasis on human rights and the meaningful involvement of women and men living with HIV, most HIV and AIDS policies and programming have not responded adequately. Eleven years after the International Conference on Population and Development was held in Cairo (1994) and 10 years after Beijing Platform of Action (1995), HIV and AIDS practitioners and policy makers are still grappling to translate knowledge on gender inequalities in HIV and AIDS into effective and responsive policies and programmes.

Therefore, UNIFEM and SAfAIDS collaborated in the production of a book to address these multi-faceted linkages of gender, human rights and HIV/AIDS in southern Africa. The book is largely inspired by lessons and experiences on these issues in Lesotho, Namibia, Swaziland and Zimbabwe. The content of the book goes beyond discussions on the nexus between HIV/AIDS, gender and human rights to providing potential strategies for mainstreaming these issues into HIV and AIDS policies and programmes. It is a resource book, intended for key stakeholders in the fields of HIV and AIDS, gender and human rights.

7. Dialogue, Debate and Discussion

Dialogue is an essential part of social action. The voices of those infected and affected by HIV and AIDS need to be heard clearly in international, regional, national and local debates. By opening channels of communication, effective policies and programmes can be developed to address emerging issues related to HIV and AIDS. Through 2004-2005 SAfAIDS placed an emphasis on developing activities and programmes that created a platform for individuals and organisations, as well as policymakers and community leaders affected by the epidemic, to express, discuss and debate the issues impacting on them.

Expressing Your Perspective

In 2004 SAfAIDS successfully produced a half-hour weekly television programme, entitled Perspectives. It was produced in close collaboration with Zimbabwe Television (ZTV). Developed as a talk-show, the weekly series saw its host, invited guests and live studio audience debate and discuss key HIV and AIDS issues affecting Zimbabwe and the region. Topical issues such as access to ARV treatment, child-headed households, psycho-social support, workplace and HIV/AIDS, home-based care, nutrition, traditional herbs and medicines, prevention and positive living were discussed. Although initially produced as a thirteen-episode series, the programme gained popularity and ZTV requested it to be extended. In total, 52 episodes were produced and aired. Significant feedback from viewers was received by way of letters to SAfAIDS, ZTV and the media, phone-calls and e-mails. Many of them emphasised the educational value of the programme. Debates and discussions prompted through the programme were also frequently picked up in local news media through letters to the editor, news articles and reviews of the programme. Among local HIV/AIDS organisations, 'Perspectives' was a tool for advocacy, as it offered many individuals an opportunity to voice their opinions. The results can be significant. After one episode on HIV/AIDS, the organisation was invited to the President's office to discuss how people with disabilities could be supported in local HIV and AIDS programmes.

Viewer's Feedback:

“In this day of HIV/AIDS, the programme gives hope to the hopeless... I however would like to appeal to ZTV to extend Perspectives to an hour” — (Pauline Madondo, *Letter to the Editor, Herald*)

“I have followed the programme, ‘Perspectives’, so many times and I have found it very informative, educative, eye-opening, revealing, all encompassing vis-a vis HIV/AIDS and explicit to the ordinary viewer”. — (Gabriel Mashanda, *Letter to SAfAIDS*)

Linking Research and Policy Through Discussion

Over the past few years SAfAIDS has hosted regular discussion fora (DFs) in Zimbabwe, which brought together researchers, policy makers and HIV/AIDS programmers to debate topical issues on HIV and AIDS. The DF has become a venue where new research findings, current policies and innovative programmes can be presented and discussed. For example, in February 2005, coinciding with Zimbabwe's month of care, SAfAIDS hosted a discussion forum to discuss new guidelines and standards of care for home-based (HBC) programmes in Zimbabwe.

SAfAIDS DFs were also used as venues to provide feedback on international conferences. A special half-day DF was held to highlight and share new ideas, issues and recommendations brought up at the 15th International AIDS Conference, which was held in Bangkok, Thailand. Two-hundred participants from different organisations attended this discussion and expressed appreciation of the information they had gained at the forum. One of the participants, Angeline Mugwendere, the Director of Campaign for Female Education Association (CAMA), stated:

“I do feel like I have been to Bangkok and back in just those few hours I was in the forum.”

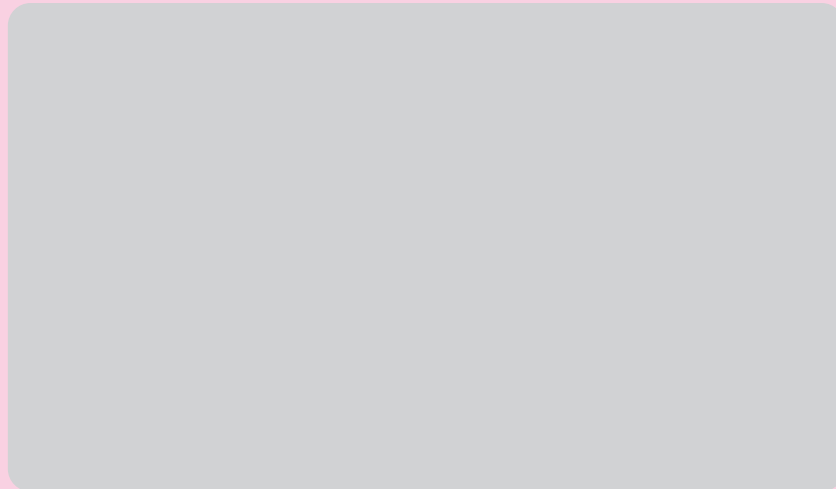
SAfAIDS DFs are recognised as valuable platforms for discussion and debate. of this activity in Zimbabwe, SAfAIDS expanded the initiative in the region. In 2004-2005, co-hosted DFs in several other countries with partners such as NANASO (Namibia), MANASO (Malawi) and BONASO (Botswana). SAfAIDS will continue to host bi-monthly DFs in conjunction with its key partners.



8. Building on our Strengths

SAfAIDS has faced numerous internal and external challenges through the past year. Yet, despite these, SAfAIDS has continued to produce a high volume of quality products and programmes for the region. The dedication and skill of its staff forms the backbone of the organisation and it is through their initiative and leadership that SAfAIDS has continued to grow.

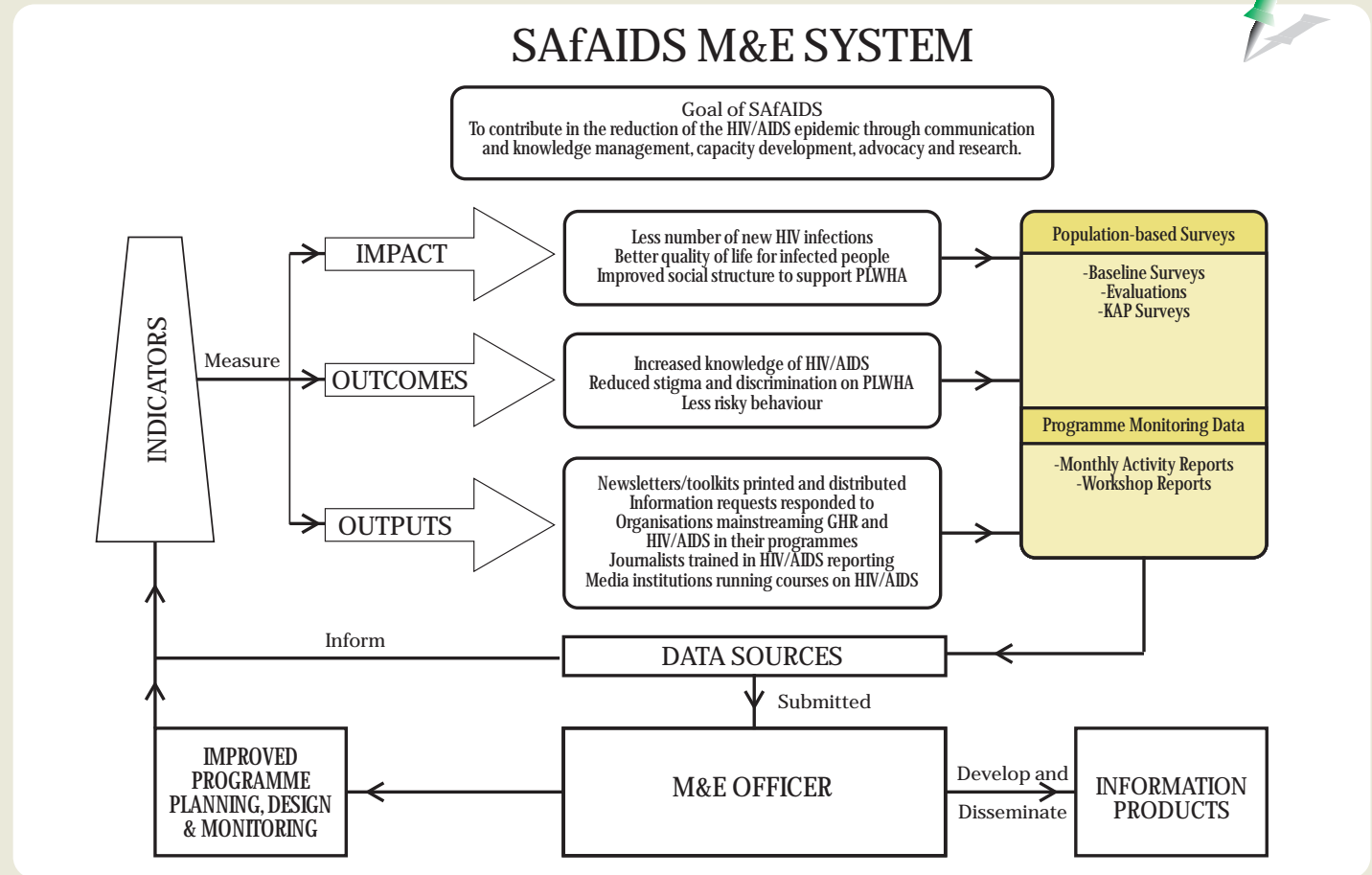
To build on our strengths and continuously improve our capacity, SAfAIDS staff has organised various in-house sessions and attended external workshops throughout the year. For example, a writing and facilitation skills workshop was held in November 2004 to improve its capacity to produce high quality reports. Internal knowledge management sessions were also organised on a bi-monthly basis for SAfAIDS staff.



Monitoring and Evaluation

In the past, the process of monitoring and evaluating activities and programmes has posed a challenge to SAfAIDS. To address this gap and strengthen the organisation capacity to use an evidence-based approach to programme management, SAfAIDS undertook several steps to improve its monitoring and evaluation.

Firstly, a workshop facilitated by Centre for the Evaluation of Public Health Interventions (CEPHI) was held for all staff from 27 to 30 September 2004. The objectives of the workshop were to create awareness and enhance evaluation skills among all staff, as well as to develop a results-based monitoring and evaluation (M&E) plan for SAfAIDS. In February 2005, a senior monitoring and evaluation officer was hired. Using a structured M&E plan, SAfAIDS now collects M&E information from its activities on a monthly basis. This information is analysed and used to strengthen current programmes.



9. Financial Report

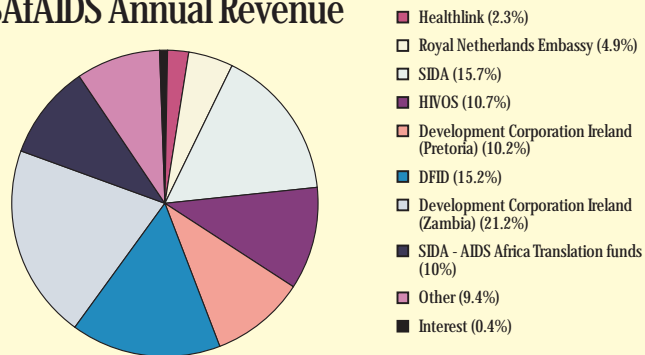
In the year 2004-2005, SAfAIDS total income was US\$2 542 968, of which 59% was provided by basket funding donors and 41 % was sourced through smaller projects. SAfAIDS spent 89% of funding on programmes, while 11% was spent on administration and capital expenditure.

Throughout the year, the inflationary environment and escalating costs of both production and distribution severely affected the organisation's activities. No major capital expenditure was incurred owing to limited funding.

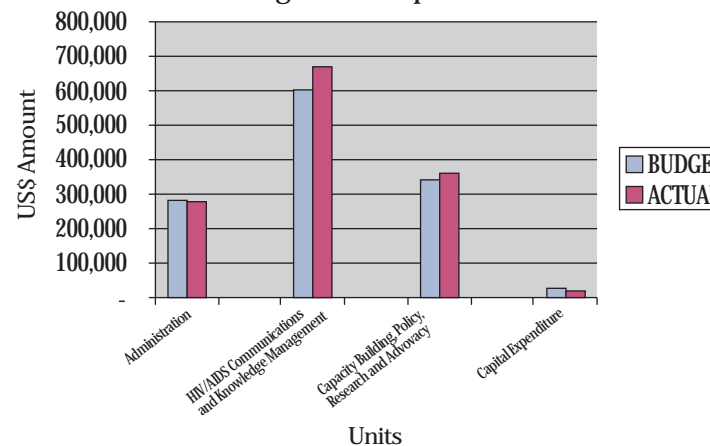
The only exception was the purchase of a motor vehicle for the Zambia Community Preparedness project.

SAfAIDS sincerely thanks all its funding partners for their continued and valued support over the years. These include SIDA, Dfid, DGIS, HIVOS, DCI, as well as Healthlink, American Jewish World Service (AJWS), John Snow International (JSI), Oxfam America, Oxfam Canada, Red Cross, UNIFEM and Action AID who have supported specific programme activities.

SAfAIDS Annual Revenue



Budget versus Expenditure





Southern Africa HIV/AIDS Information
Dissemination Service

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