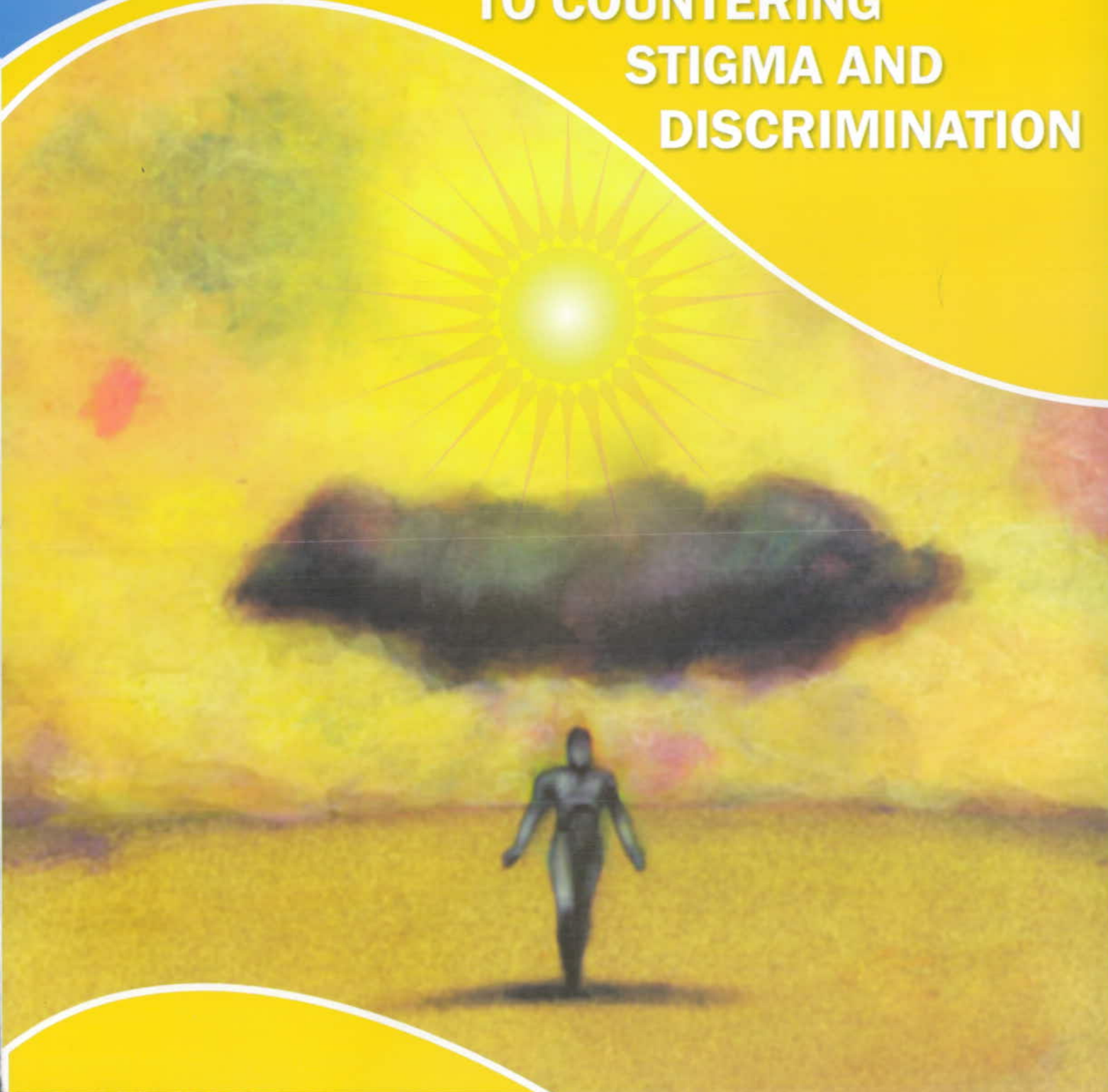




The SADC/EU Project on HIV and AIDS: **MAKING A DIFFERENCE**

TO COUNTERING STIGMA AND DISCRIMINATION



The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE TO COUNTERING STIGMA AND DISCRIMINATION

People living with HIV and AIDS not only have to cope with the physical effects and emotional trauma of having a life threatening disease, they also have to contend with the stigma and discrimination that so often accompany the virus in this region.

Stigma and discrimination have a profound effect on the epidemic for the following reasons:

- They facilitate the spread of the virus as people may hide their status for fear of being ostracised or punished.
- They deter people from seeking testing and taking treatment even when it is available.
- "Self stigma" may result when people living with HIV and AIDS and their families choose to alienate themselves from the community and wider support.
- These stresses may hasten the progress of HIV to AIDS as the added strain on the immune system weakens the ability of the body to fight the virus.

These were some of the concerns that led SANASO (Southern African Network of AIDS Service Organisations) to undertake a project aimed at preventing, reducing and ultimately eliminating HIV and AIDS related stigma and discrimination. It hoped to achieve this by mobilising existing networks of people living with HIV and AIDS and providing them with guidelines on best practices and strategies to counter stigma and discrimination, which can be adapted to suit local needs and cultural contexts. This information was aimed at changing the attitudes and perceptions of individuals, families, communities, health care workers, faith based organisations, the media and employers towards those suffering from the virus.

The project was undertaken in partnership with the national networks of AIDS service organisations in the following Member States: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

The project began in January 2004 and ended in December 2005. A grant was provided to SANASO for this project through the SADC/EU project on HIV and AIDS.



So, what difference has the project made?

One of the major outputs of the project was a set of guidelines on HIV and AIDS stigma reduction strategies for use by NGOs and the communities that they work with. The guidelines focused on four problem areas where stigma is experienced: 1) Stigma in the family 2) Stigma in faith based organisations 3) Stigma in the workplace 4) Stigma in the media

Difference to the family:

Stigma in the family is particularly difficult to tackle due to the complex relationships within a family and the gender imbalances that are often prevalent. Add to this the fact that open communication about sexual topics is virtually taboo in African families. This combination of gender imbalance, misconception and poor communication ensure that stigma remains entrenched in many families.

The guidelines are making a difference to families by creating greater awareness of gender relations, which play a major role in the continuation of stigma and discrimination. Stigma within the family will only be reduced through the use of attitude changing interventions that address gender equity and increase sensitivity to gender issues. Increased awareness of these issues will benefit not only women and the family but society in general as well.

The guidelines also encourage including children in interventions at an early age and provide suggestions of child-centred approaches to addressing the epidemic. Many of these approaches facilitate open expression between family members using memory boxes or books. Life skills approaches also rely on communication among peers through role play, debate, story telling and discussion. Increased communication within families can begin to break the culture of silence on HIV and AIDS. The benefits of this in helping to eliminate stigma in the family are clearly enormous.

Difference to the faith based organisations:

Faith based organisations can play an important role in reducing stigma. They often take on many HIV and AIDS related services such as counselling, education, health care, care for orphans and home based care. As such, they both encounter and counter the stigma that goes along with close involvement with PLWHA. However, it is also true that stigma is sometimes rooted in religious beliefs. For example, people with HIV and AIDS may be seen as sinners and rejected from church communities. Beliefs that limit women's roles may lead to stigma against women with HIV and AIDS.

The guidelines are making a difference to faith based organisations by:

- Helping them to clarify the framework for their theological response. In this way they can counter traditional notions of sin and blame.
- Providing FBOs with a "to-do" list of things they can do to fight stigma and discrimination such as:

1. Work on reconciling PLWHA with those of differing or extreme opinion.
2. Mainstream AIDS and sexuality education into church services. Regularly discussing such topics in church makes it easier to discuss them at home thereby allowing family members to more openly discuss matters of sexuality.
3. Respond to the fears people have about the virus by providing up-to-date information on the means of transmission.
4. Provide a safe place for people to disclose their status and receive support and compassion rather than condemnation.

Difference to the workplace:

Stigma in the workplace is perhaps the most insidious type and its effects can be felt not only on the stigmatised individual, but also on his or her family. Use of the knowledge of a person's status to discriminate against them in terms of recruitment and promotion is increasingly common. If the individual loses his or her job due to this discrimination, the family may lose access to healthcare, shelter and education. The workplace suffers because it has to replace the lost skills and waste money on recruitment and training. Industrial relations often worsen and an atmosphere of fear and distrust may lead to the loss of other non-infected staff. Effective, enforceable policies are therefore critical if stigma is to be eradicated in the workplace.

The guidelines are making a difference to workplaces by:

- Providing a concise look at the different policies, regulations and codes that are already in place on AIDS in the workplace.
- Listing the basic principles for reduction of stigma at the workplace.
- Listing the main issues that are addressed.
- Describing the most effective strategies in combating workplace HIV and AIDS related stigma and discrimination.
- Providing six key components for an effective workplace policy.

These guidelines therefore provide all the "raw material" workplaces need to come up with their own, effective policy on fighting stigma and discrimination. Creating workplace environments that encourage prevention, treatment and care and are supportive of all employees regardless of their status is obviously beneficial to those living with HIV and AIDS. Such an environment is also beneficial to those who are not infected as it makes testing and treatment less frightening if they know they will not be victimised if they do test positive. Employers benefit too when employees work in an open, positive, non-discriminatory environment where they can be fully productive.

Difference to the media:

The media has tremendous power. It can fan the flames of stigma and discrimination or it can play a positive role in dispelling the misconceptions and miseducation that lead to stigma and discrimination. However, sloppy reporting, unethical sensationalist reporting, censored reporting on sexual matters, the use of stigmatising language, lack of respect for confidentiality, and dubious medical claims of 'cures' can all lead to an inaccurate, damaging and stigmatising view of HIV and AIDS.



The guidelines are making a difference to the media by providing a number of thinking points to consider when reporting on HIV and AIDS, such as gender, language, confidentiality, misconceptions, children and so on. They also provide a list of questions endorsed by various media organisations to provide guidance to media councils, training institutions, media companies and journalists and editors. Such a checklist gives the media a way to self monitor so that the stories, articles and images of HIV and AIDS in the media are reasonably stigma free. It also has the benefit of helping the media to raise awareness and promote action to challenge HIV and AIDS related stigma and discrimination.

Difference to SANASO national networks:

Before this project was undertaken, it was unclear what capacities the different national networks had and didn't have. A major output of the project was an organisational capacity assessment of all SANASO national networks to look at various areas affecting their delivery of support to PLWHA.

This assessment provided substantial benefits to SANASO national networks in that it revealed their differing capacities and highlighted the gaps that exist. Each network was provided with recommendations which, when implemented, will help to build the capacity of that network. The capacity of SANASO itself was increased by doing this project and it has gone on, with support from UNAIDS, to complete a business plan focusing on the areas of networking and advocacy.

Difference to selected Member States:

A final output was that some Member States were given funds to strengthen their capacity at national level through SANASO networks in the areas of the family and faith based organisations. Building capacity not only strengthens Member States' ability to combat stigma and discrimination, it also enables them to fight other aspects of the epidemic as well.



How are the people of SADC benefiting from the project?

Targeting stigma and discrimination in the places where they exist will encourage people to look at the way they treat PLWHA in their homes, churches and workplaces. This will change the image of stigma as something that is happening "out there" to something that we are doing and that is happening right around us. Such a paradigm shift would be of great benefit to the people of SADC who are living with the disease.

The guidelines will benefit PLWHA experiencing stigma and discrimination in the family by targeting the gender imbalances that foster such attitudes and by encouraging greater openness and improved communication within families.

This project has encouraged faith based organisations to build on their strengths in fighting stigma and discrimination. By mainstreaming AIDS education into church services, providing accurate information and a safe place to disclose one's status, encouraging reconciliation and challenging ideas of sin and blame, FBOs can create an environment of open communication and clear information in which stigma can not take hold.

The workplace will also benefit from the guidelines by facilitating the development of policies and programmes that protect PLWHA from stigma and harassment and make it clear to all employees that attitudes and actions that discriminate will not be tolerated.

The media has been given a means to monitor itself to ensure that stigmatising articles, programmes and images do not reach the public. The guidelines also provide points to consider when using an ethical approach to HIV and AIDS reporting.

Gaps in SANASO national networks have been identified and recommendations have been provided to help them build up their capacities. More effective national networks will benefit PLWHA in all the participating Member States.

Finally, addressing stigma and discrimination generally will contribute towards encouraging greater openness by people living with HIV and AIDS and increase the visibility of the epidemic. If stigma and discrimination can be reduced and ultimately eliminated, people living with HIV and AIDS will be able to live free from rejection and people who suspect they may be infected will be more willing to go for testing and get onto treatment.



Where to get additional information about the project:

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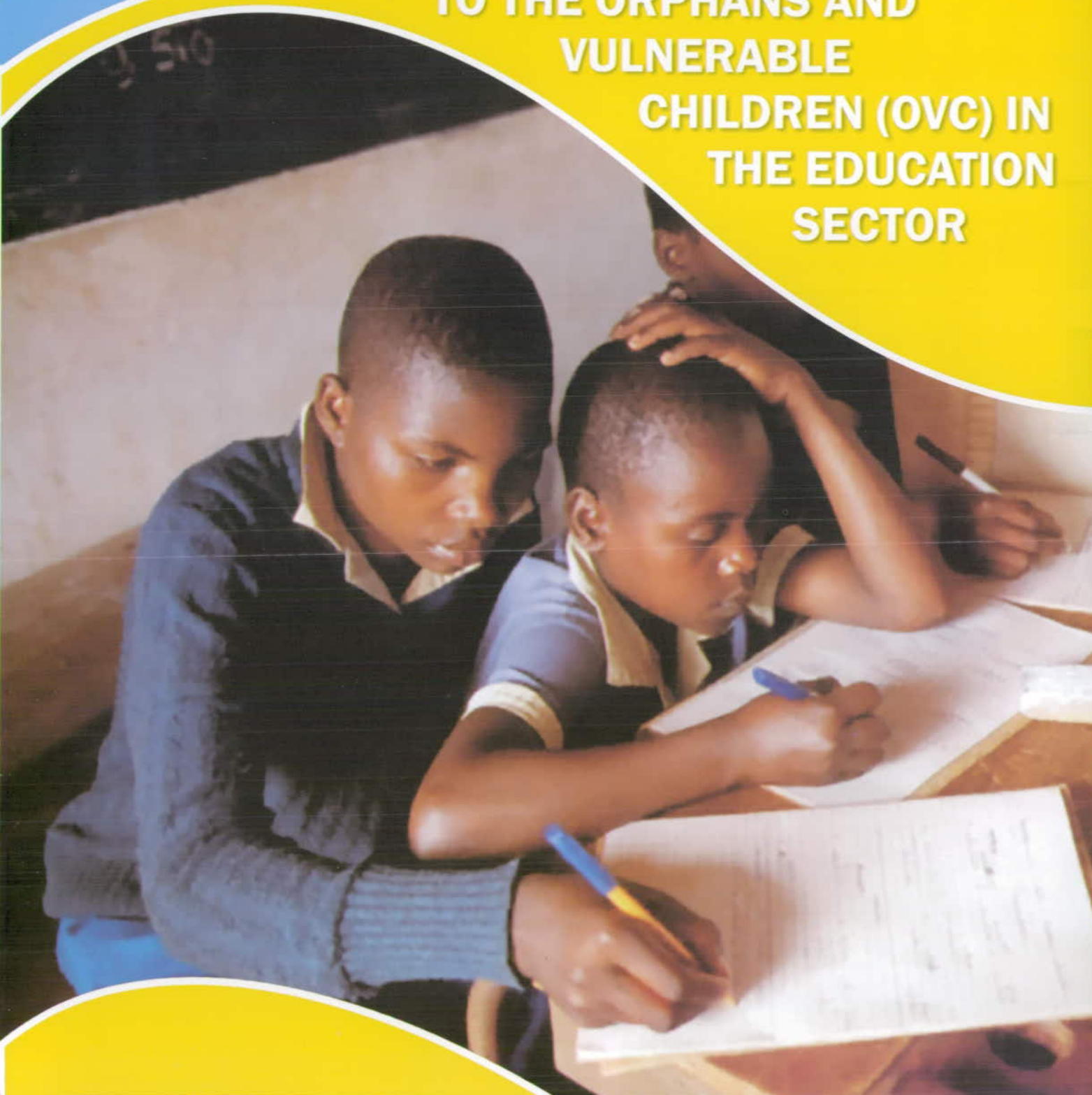
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The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE

**TO THE ORPHANS AND
VULNERABLE
CHILDREN (OVC) IN
THE EDUCATION
SECTOR**



The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE TO THE ORPHANS AND VULNERABLE CHILDREN (OVC) IN THE EDUCATION SECTOR

The HIV and AIDS epidemic is making orphans of children on a daily basis. The death of a parent is harrowing enough for a child, but to lose both is devastating not just emotionally, but socially and financially as well. Many orphans and vulnerable children suddenly have to support themselves, find food and shelter and look after siblings or a sick or dying parent. Naturally, schooling is often affected. By dropping out of school these children are denied the chance to reach their full potential and face a bleak future. In addition, they may suffer the stigma and discrimination that is so often associated with HIV and AIDS. Many of these children find themselves alone in the world and desperately in need of support.

Concern for these orphans and vulnerable children led a consortium of organisations led by Health and Development Africa (HDA) to undertake a pilot project that intended to create "Circles of Support" for these children. As many of the orphans and vulnerable children in the region are of school-going age, the project is located within the school system. The aim of the project was to maximise the participation of OVC in the school system by establishing community and school based networks which liaise to identify the particular needs of these children and seek solutions.



'Circles of Support' were piloted in Botswana, Namibia and Swaziland. The project received a grant through the **SADC/EU Project on HIV and AIDS** to implement these initiatives. The project was launched in September 2003 and concluded in December 2005.

So, what difference has the project made?

Difference to orphans and vulnerable children:

The HIV and AIDS epidemic in Southern Africa has hit children especially hard. Many have been orphaned. Many have had to watch at least one parent get sick and die. Many are infected or sick themselves. Many have been sent to live with relatives who may not care for them as they should. Some are made head of their households at a young age and have to support younger siblings. Almost always their financial situation worsens considerably. Many drop out of school which furthers darkens their future. And most have to endure stigma and discrimination from the community around them.

The main objective of the "Circles of Support" project was to increase the access of OVC to schooling. By providing orphans and vulnerable children with the things that other children in their school have, they are less easily singled out for stigma and discrimination. They are able to continue school which ensures that they can meet their full potential and do not face a future of even greater poverty. Schools also play a key role in meeting the physical needs of affected children through feeding programmes.

There is also the psychological benefit for these children of feeling that someone both in school and in the community is looking out for them. This is important for children who have lost both or one parent. When they have needed help, COS teachers or community members have referred them to social workers, NGOs or the police. HIV infected OVC have been helped to get access to ARVS. The home visits have had the added benefit of making caring adults aware of any unsafe home environments.





A final, but very important, benefit of this project is the empowerment of orphans and vulnerable children. Participating schools have been encouraged to facilitate the creation of OVC support groups that are run by OVC themselves. It is the project's intention to help OVC become more involved in fund raising activities such as starting vegetable gardens, chicken houses or school based competitions. Life skills and HIV and AIDS teaching will further empower orphans and vulnerable children by reducing their risk of HIV infection while building their self-esteem and protecting them from exploitation.

Difference to communities:

By building on existing networks and initiatives already underway in communities, the project easily won the support of communities and was able to help existing projects and initiatives to expand and reach greater numbers of OVC. Community organisations gained capacity through project implementation training including such things as support mobilisation, the use of facilitation tools and progress monitoring.

The project also helped to facilitate better communication between schools and communities and between teachers and students. Better communication within communities will boost the chances of success of community development initiatives. By providing family and community members with a chance to discuss the problems they experience as a result of the HIV and AIDS epidemic, the project also provided acknowledgement and counselling. This will make a difference to communities because care givers are more willing to continue in that role if they feel that their work and their struggles are recognised and appreciated.

Finally, the project is making a difference to teaching staff and community members through the development of skills and understandings that lead to personal growth. Participating teaching staff and community agents received training on OVC which greatly increased their knowledge and understanding of HIV and AIDS. This improved awareness should help to protect them from infection but should also make them more empathetic towards those who are infected or ill.

Difference to schools:

Many teachers were aware that some of their students were facing problems due to being orphaned, but they did not feel they had the means or the official sanction to take action. The teachers and community members involved now have a means to take action when faced with sleepy, ill or frequently absent students and their counselling skills help them not only to communicate well with students and parents, but also with their own children. Teachers who are involved with students and sensitised to their problems are more successful teachers.

Improved communication between students and teachers and between teachers and community members will also benefit schools by helping to address issues before they become major problems. Better communication also helps to fight stigma and discrimination which can only spread and grow in a climate of misinformation, ignorance and lack of communication.

Difference to implementing partners:

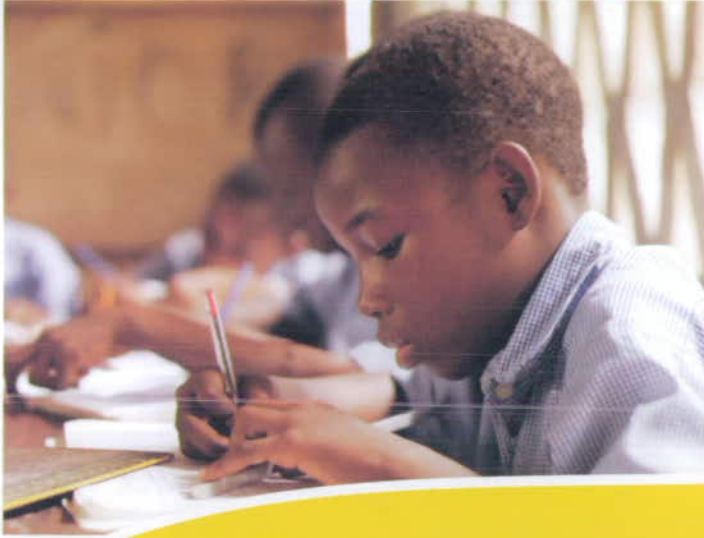
HDA worked through implementing partners, IDM being the partner in Botswana, SIAPAC (Pty) Ltd in Namibia and JTK Associates in Swaziland. Through this system HDA made a deliberate effort to build the capacity of these country based institutions in each of the participating countries. These institutions would be critical in the roll-out of the "Circles of Support" in the pilot Member States and beyond.



How are the people of SADC benefiting from the project?

Before the launch of this project many teachers and community members were aware of children in need of support; those who had been orphaned, those living with a sick parent, those suddenly not coping with school or clearly ill themselves. However, many felt helpless when faced with the enormity of the situation of HIV and AIDS. The orphans and vulnerable children themselves did not know who to turn to.

Since the inception of this project and the training that goes with it, participants were more confident in tackling the problems affecting orphans and vulnerable children. They have been sensitised to the conditions in which these children are living



through home visits and have discovered the needs of these families. This has empowered them to try to meet these needs whether it's through guiding a child to a social worker or NGO, providing shoes or blankets or paying school fees. Participants are now better able to actively contribute to community development and no longer feel unable to help. Through this project participating communities and schools are becoming more caring and welcoming to orphans and vulnerable children and are beginning to fulfil the roles they were always supposed to play. The benefits to these children of just being accepted and supported are immense.

In addition, the COS project model has benefits that can serve the people of SADC. It is based around a toolkit which pulls together all the components of the project:

- 1) outlines of the process from inception through to monitoring and evaluation
- 2) research tools
- 3) facilitation tools
- 4) references and appendices and
- 5) child participation guidelines.

This model and toolkit can benefit the people of SADC in that it can begin to rebuild the social capital within communities that has been lost or reduced as a result of the HIV and AIDS epidemic. Greater social capital allows for more cooperative action which would be of enormous benefit to all communities affected by AIDS.

Where to get additional information about the project:

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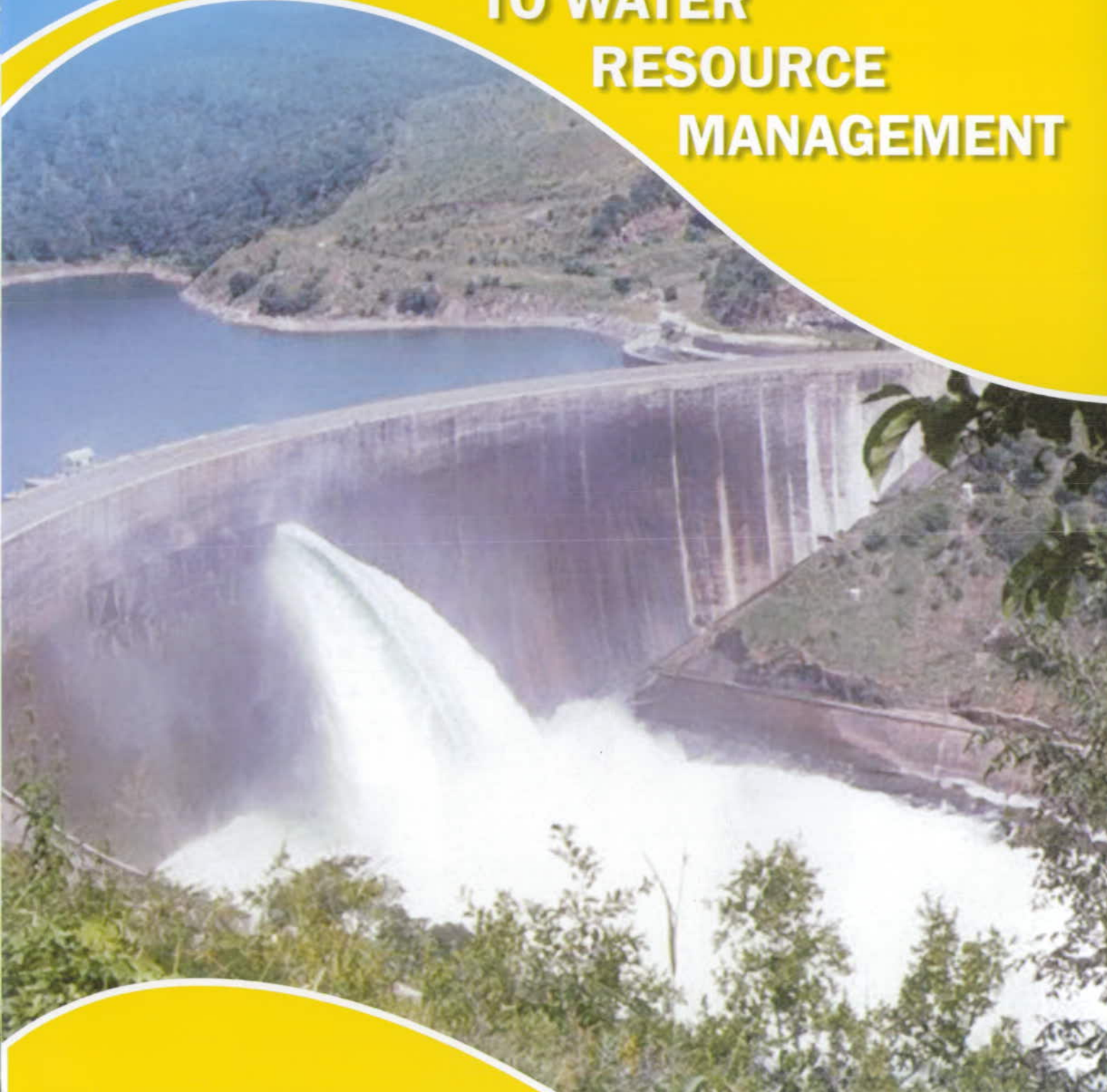
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The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE

TO WATER RESOURCE MANAGEMENT



The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE TO WATER RESOURCE MANAGEMENT

Water is one of the most critical resources not only for human life, but also for the management of HIV and AIDS and for the economic development of the SADC region. While it is clear that the HIV and AIDS pandemic is affecting all sectors of the economy in this region, it is less clear exactly how HIV and AIDS may be impacting water resource management and the security of water supplies in SADC countries. Although many countries in the SADC region have been at the forefront of the application of environmental impact assessment (EIA), HIV and AIDS issues have only rarely been included when conducting EIAs for the water sector. Thus, little is known about the relationship between HIV and AIDS and water security in this region.

With this in mind, the Council for Science and Industry Research (CSIR), in partnership with the Southern Africa Institute for Environmental Impact Assessment and the University of Botswana collaborated on a project aimed at devising a strategy to reduce the impact of HIV and AIDS on water resource management.

*The project hoped to do this using the environmental impact assessment process. The project received a grant through the **SADC/EU Project on HIV and AIDS** to implement these activities which were undertaken in Botswana, Lesotho, South Africa and Swaziland. It was launched in September 2003 and concluded in July 2005.*



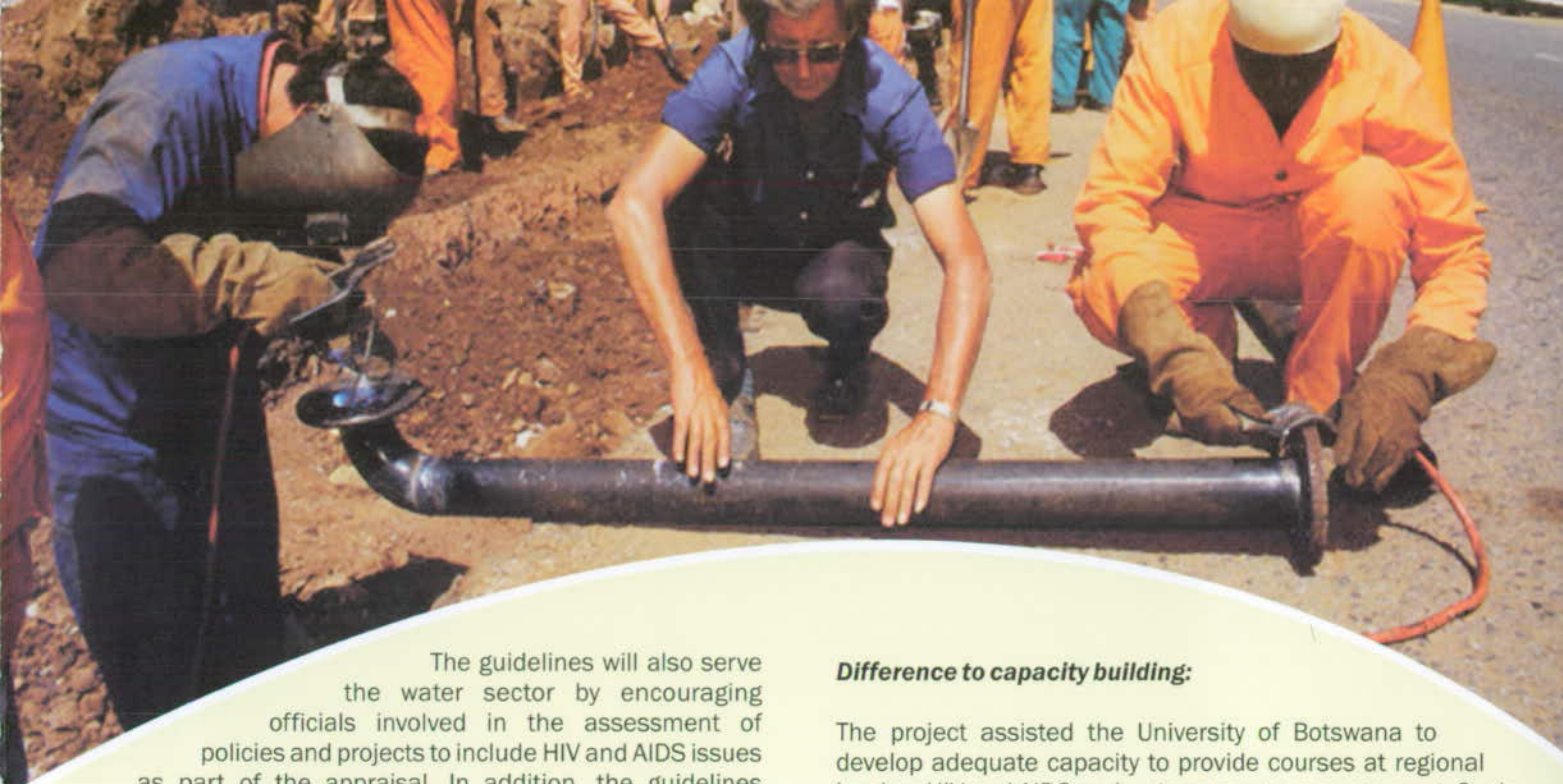
So, what difference has the project made?

Difference to the water sector:

The water sector is certainly being affected by the HIV and AIDS pandemic and water projects are probably contributing to the spread of the virus, but no impact assessments have been carried out to discover the true extent of these interrelationships. This means that the water sectors of participating SADC Member States are building infrastructure and planning future water use without taking HIV and AIDS into account.

The country assessments to determine the impact of the epidemic on the water sector of the four countries are making a difference by providing key information on the relationship between HIV and AIDS, water resource management and the environmental assessment process. Understanding how HIV and AIDS are undermining the security of water supplies in the region will ensure more effective planning in the use of water supplies.

Another major output was the development of guidelines for integrating HIV and AIDS issues into the water sector. These guidelines are important because they will increase the awareness of water sector officials and EIA practitioners of the ways in which HIV and AIDS affect their planning as well as how water projects may be contributing to its spread. Better understanding of the interconnections between the two should not only allow for more effective planning for water use and monitoring of water security, but should also help the water sector to put in place interventions and programmes to stop the spread of AIDS through their projects.



The guidelines will also serve the water sector by encouraging officials involved in the assessment of policies and projects to include HIV and AIDS issues as part of the appraisal. In addition, the guidelines provided strategies and processes for the more systematic inclusion of HIV and AIDS issues as part of routine environmental assessments. This will benefit the sector by ensuring that projects and plans have HIV and AIDS components designed to mitigate against the damaging effects of the epidemic. They will also have to consider the ways in which the project itself may be facilitating the spread of HIV.

Finally, the project will provide greater understanding among employers of the impacts of the epidemic on water sector productivity such as HIV and AIDS-related absenteeism and death, high staff turnover and reduced skills. When these impacts are recognised and understood, policies and programmes can be put in place to tackle them.

Difference to the EIA process:

HIV and AIDS have rarely been considered when EIAs for the water sector have been done. This is partially due to the fact that there has not been an accepted methodology for incorporating HIV and AIDS issues into the EIA process.

The integration of HIV and AIDS into the EIA process provides benefits that go beyond the benefits to the water sector. It will allow all development projects that use the EIA process to benefit from a more complete instrument and projects in other sectors will be able to adapt it for their own use.

Difference to capacity building:

The project assisted the University of Botswana to develop adequate capacity to provide courses at regional level on HIV and AIDS and water resource management. Such courses have become part of the curriculum offered by the University under its short course programme. This has the potential for making the University of Botswana a 'Centre of Excellence' on issues of HIV and AIDS in water resource management.

Difference to water sector workers:

It is evident that water projects can contribute to the spread of HIV and AIDS. Workers often work on a short term basis or seasonally and this may mean they are living away from home. Loneliness and lack of diversion may lead workers to indulge in high risk sexual practices with members of nearby communities. Many water projects are in isolated areas which may be far from health services and HIV and AIDS programmes. All of these factors can lead to the spread of HIV and AIDS.

The country assessments are making a difference to water sector workers by highlighting the ways in which HIV infection is being transmitted between workers involved in water projects and the communities with whom they interact. This information will be useful in the development of programmes and strategies aimed at preventing and mitigating against new infections.



How are the people of SADC benefiting from the project?

The main problems facing the water sector in terms of HIV and AIDS were a lack of understanding of the interrelationships between the two and a dearth of information on what factors influence the effects of HIV and AIDS on water security. Although the water sector had a tool in the EIA process for measuring the impacts of water projects, including socio-economic and bio-physical impacts, there was no accepted methodology for incorporating HIV and AIDS issues into the process. This situation was detrimental to the region in terms of water security and detrimental to water sector workers who were not benefiting from HIV and AIDS interventions.

The people of SADC are benefiting from this project in a number of ways:

- Deeper understanding of the ways in which HIV and AIDS are impacting the water supply in the region means there will be greater awareness of the need to include HIV and AIDS when planning water use. This will benefit the people of SADC by ensuring that their water supply is secure.
- The project has provided data on the ways in which water projects contribute to the spread of HIV and AIDS. A better understanding of this relationship has led to improved interventions to prevent water

projects from infecting local communities. This will benefit the people of SADC by protecting communities against new infections.

- Water sector employers are now taking a closer look at HIV and AIDS impacts such as absenteeism and death, high staff turnover and reduced skills. When these impacts are recognised and understood, policies and programmes can be put in place to tackle them. This will benefit the people of SADC by protecting and treating those workers who are infected and providing programmes aimed at preventing new infections.
- By providing examples of indicators that can be used to monitor AIDS prevention interventions, the guidelines will ensure the sector selects and implements only those interventions known to work. This will directly benefit water sector workers.



Where to get additional information about the project:

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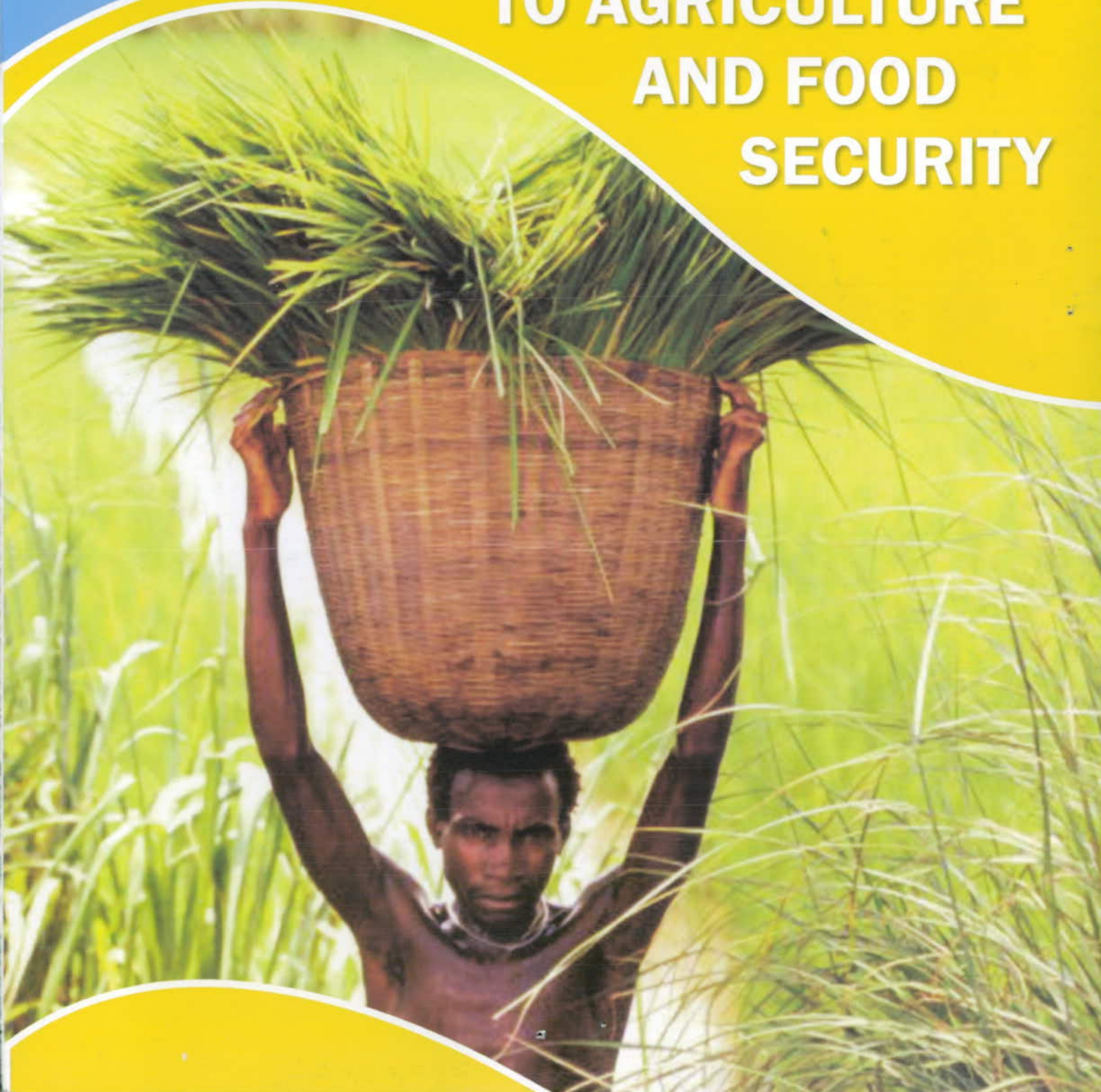
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The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE

TO AGRICULTURE AND FOOD SECURITY



The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE TO AGRICULTURE AND FOOD SECURITY

Over 70% of people in Africa rely on subsistence farming. It is well known that HIV and AIDS are affecting all sectors of the economy in many SADC countries, but relatively little is known about what impact HIV and AIDS is having on rural populations and subsistence farming. Are rural people able to keep up with food production when they are increasingly falling ill? What does increasing illness and death mean for labour availability and the transfer of skills and knowledge in the agricultural sector? What effect is the epidemic having on rural communities? Are subsistence farming communities being reached by national AIDS policies and programmes? Is agricultural production being hampered and how is this affecting the development of SADC?

These were some of the questions that led FANRPAN (the Food, Agriculture and Natural Resources and Policy Analysis Network) to undertake a quantitative study to investigate the impact of HIV and AIDS on agriculture and food security in the SADC region.



The project had the following aims:

- To examine the impacts of HIV and AIDS on food and agricultural production.
- To determine the number and demographic characteristics of households affected by the epidemic.
- To explore the effectiveness of current responses to determine if the needs of rural households are being effectively met.

The project was launched in October 2003 and completed in November of 2005. A grant was awarded to **FANRPAN** for this study through the **SADC/EU project on HIV and AIDS**. The study was conducted in seven countries, namely: Botswana, Lesotho, Swaziland, South Africa, Namibia, Zambia and Zimbabwe.

So, what difference has the project made?

Difference to the agriculture sector:

The agriculture sector is no doubt being hard hit by the HIV and AIDS epidemic, but there is little information on infection rates, on the impact to rural communities and on the effect on food production levels. Without accurate and current information, it is difficult to plan strategies and programmes that would be effective in tackling the pandemic in this sector.

The major outputs of this project were the country assessments and resulting regional report which showed the impact that HIV and AIDS is having on the sector and offered policy options. It is evident that one of the most important ways in which agricultural policy can contribute to reducing the spread and negative effects of HIV and AIDS is through efforts to effectively reduce poverty. The question is how to create policies that will deliver such results. This project has offered a number of implications for policy makers to consider which should ensure that agricultural policy more carefully targets such imperatives as:

- Greater focus on productivity-enhancing investments in rural areas
- Guidance on the creation of interventions that prevent and treat AIDS while at the same time promoting basic education, improved agricultural technology and the development of markets
- More context-specific programmatic responses to HIV and AIDS
- More interventions that increase labour availability such as labour-saving technologies and the promotion of less labour-intensive crops





- More direct welfare support, assistance with micro-credit and assistance with restocking of livestock
- Interventions to support social capital such as safety nets for households supporting orphans and capacity building for community based organisations
- Direct provision of physical assets or services such as veterinary services

In addition, a regional Household Vulnerability Index (HVI) was developed from the regional analysis of the country reports. The purpose of the index is to establish an aggregate vulnerability of the impact of the epidemic on individual households. The index was used to analyse results by three degrees of vulnerability, namely coping level households, acute level households and emergency level households. The index has been tested for reliability through additional funding. This index is a tool that can be used by policy makers to guide interventions relevant to degrees of vulnerability and to facilitate monitoring of effects of the interventions.

Another major benefit to the agriculture sector was the development of a regional database. The database was developed from data collected from country reports. It was then developed through intensive participatory consultations with researchers, policy makers and other regional stakeholders. It provides a set of variables and accompanying data from the participating countries.

Using this database, FANRPAN was able to conduct advanced modelling and analysis, testing of hypothesis and comparisons across Member States. The result was a regional report. The database is benefiting the sector by identifying gaps in available information, allowing for more accurate prediction of food production, taking into account the impacts HIV and AIDS are having. This, in turn, leads to improved planning. An agriculture sector, armed with comprehensive and up-to-date information, will be better prepared for the damaging effects of the epidemic and better able to recover from them. A stronger agriculture sector will be better placed to ensure food security for the SADC region and will enhance its economic development.



The database is available on the SADC and FANRPAN websites. Updating of the database by Member States, FANRPAN and SADC Secretariat is continuously being done.

Difference to rural communities:

It is clear that agriculture sector workers and subsistence farming communities have been hard hit by HIV and AIDS, but little is known about the number and demographic characteristics of households affected by the epidemic. Subsistence farmers are increasingly facing competing demands between caring and productive activities. Are the current responses effectively meeting the needs of rural households?

This project is making a difference to agriculture sector workers and rural communities by putting a spotlight on subsistence farming households. By collecting data directly from such households and seeing the effects of HIV and AIDS in the field, the project assessed whether current programmes are adequately meeting the needs of rural communities. The vulnerability index will also play a big part in helping to reduce the vulnerability of these communities. With this knowledge, programmes, strategies and interventions will be more targeted and hopefully more effective in treating those who are infected and in preventing new infections.

Difference to agricultural research:

As has been mentioned, there has been little knowledge about how the HIV and AIDS epidemic is affecting the agriculture sector, rural communities and food production and security. This is probably because the agricultural research sectors in participating Member States have lacked the capacity to conduct major research projects and have lacked appropriate measuring tools.

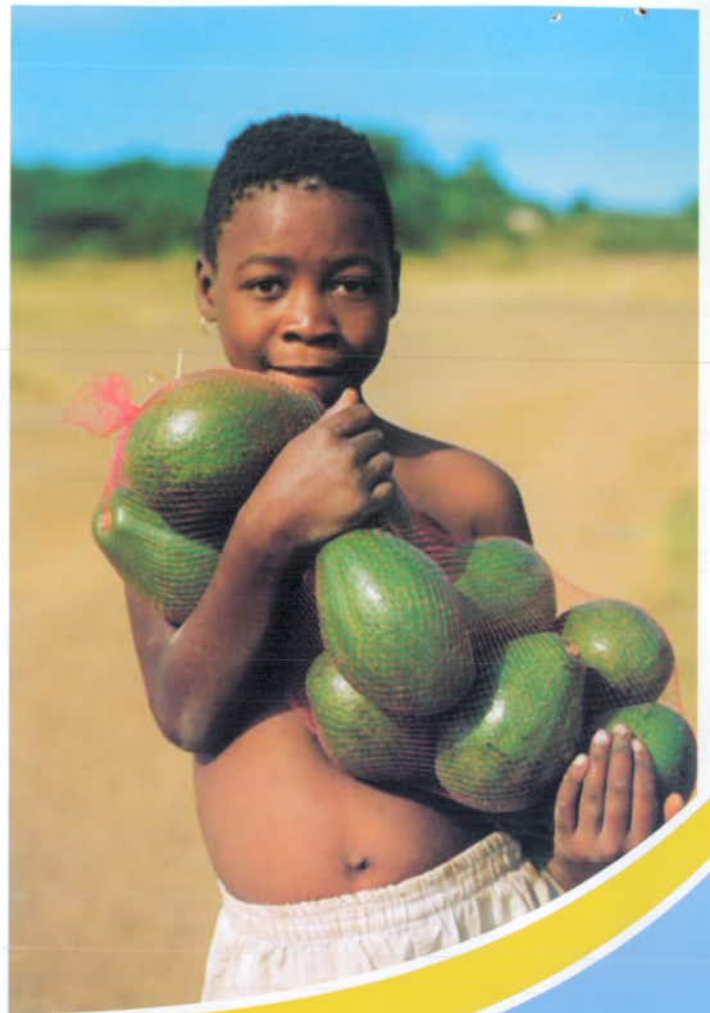
This project is making a difference to agricultural research first by building capacity in regional researchers. They have taken part in a major field data collection project and seen an instrument like the vulnerability index at work and will be able to use these skills in other agricultural research projects.

Secondly, agricultural research will benefit from the Household Vulnerability Index by providing researchers with an assessment tool that can provide comparable data locally and regionally. The tool will also facilitate tracking of relevant indicators over time.

How are the people of SADC benefiting from the project?

Problems of limited data on the effects of HIV and AIDS on subsistence farming communities have been addressed in a number of ways through this project. Country assessments highlighted the impacts and provided a number of policy options. A vulnerability index was developed which will supply information on vulnerability levels and help to reduce the chances of infection among rural communities. And, finally agricultural research capacity has been substantially strengthened.

All of these project outputs will benefit the people of SADC. The information gathered during this project will be fed into national and regional databases on the impact of HIV and AIDS on the food, agriculture and natural resources sector. This will then lead to the formulation of programmes that more directly meet the needs of rural households and communities. Communities that are adequately reached by effective HIV and AIDS interventions will be better protected against infection and better able to access treatment if they are already infected.



Where to get additional information about the project:

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The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE

TO THE TRANSPORT SECTOR



The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE TO TRANSPORT SECTOR

Transport sector workers, especially long distance truck drivers, spend long stretches of time away from home and family. Their work is sometimes lonely and they are often forced to spend long periods of time waiting at border posts. Commercial sex workers, often women of low social and economic status, come into contact with these men and regularly provide sexual services in exchange for money and food. This combination of highly mobile transport workers and commercial or subsistence sex workers has led to high concentrations of HIV and AIDS along major transport routes. This provides a platform through which the epidemic may spread to surrounding communities. Thus, transport sector workers become vulnerable to HIV and AIDS, but so too do members of all the communities that line major transport routes throughout the **SADC** region.

In recognition of the vulnerability of transport workers and nearby communities to HIV and AIDS, **World Vision International** launched a project that aimed to lessen the impact of the epidemic on the transport sector. The Grant Beneficiary hoped to achieve this by building capacity in the transport sector in the participating countries through the development and promotion of multi-sectoral HIV/AIDS policies, strategies and programmes.

*The project was launched in December 2003 and completed in November, 2005. It was implemented along one of the most heavily used corridors between Swaziland, Mozambique, Zambia and Zimbabwe. A grant was provided to **World Vision International** through the **SADC/EU project on HIV and AIDS**.*



World Vision International aimed to meet its objective through three main activities.

These were:

- To increase the capacity of transport company managers, transport sector associations and government transport ministry officials to develop, document and implement HIV and AIDS workplace policies, strategies and programmes.
- To improve coordination, networking and awareness of HIV and AIDS prevention and mitigation.
- To advocate for the inclusion of HIV and AIDS components in the **SADC** transport sector policies including harmonisation of border protocols and clearing formalities.

So, what difference has the project made?

The difference to the transport sector:

The effects of the epidemic are being felt especially keenly in the transport sector. High levels of infection are causing absenteeism and affecting productivity. Costs of recruiting and training new staff are high, especially in skilled areas such as long distance truck and train driving. There are also obvious hazards involved in allowing people debilitated by illness to drive. The effects of the epidemic are therefore being felt at many levels from individuals and families to communities, the private sector and ultimately the public sector.

The project tackled some of these problems by seeking an understanding of stakeholders' needs through consultative meetings. Such networking between transport sector organisations in the region was important in terms of strengthening relations and providing a platform through which stakeholders could discuss their experiences and share ideas. Through documenting and sharing best practices about interventions, transport workers and their partners will be better protected from infection.

The project also helped transport organisations and companies to develop workplace HIV and AIDS policies for their employees. This is important in protecting employees from discrimination and unlawful dismissal. Policies also provide guidance as to what should happen when employees become ill. This safeguards the rights of both the employee and the transport company.





Workplace HIV and AIDS policies and programmes also deliver benefits to the transport organisations and companies. They provide a strategic plan for combating rising infection rates and a means to cope with the absenteeism and declining productivity of those who are already infected.

By supporting the development of a transport sector HIV and AIDS policy in Mozambique and Zambia and a draft policy for the truckers association in Swaziland, the project hopes to trigger a SADC wide response for the transport sector that will enhance the effectiveness of all Member States' HIV and AIDS policies, programmes and strategies. This will have direct benefits for the economic development of the SADC region. Stronger economic development leads to jobs, greater opportunity and better resources and infrastructure.

The difference to road transport sector workers:

Transport sector workers are especially vulnerable to HIV infection due to long periods of time waiting at border posts, which are high transmission areas. Their work is often lonely and boring and provides little entertainment or diversion. They do not regularly come into contact with health services and are often on the move, meaning they may not be reached by HIV and AIDS prevention programmes. Commercial sex workers have stepped in to provide company and diversion and this has led to high infection rates along the main transport corridors in the region.



Transport sector workers will benefit from workplace HIV and AIDS policies in that their rights will be respected and they will have recourse if they are treated unfairly. The networking of stakeholders also benefits transport sector workers as it leads to a deeper understanding of the causes of high infection rates among these workers and the ways in which the epidemic is impacting the sector. Once these are known and policies are in place, programmes to protect them from infection can be instituted. The sharing of knowledge of best practices in regard to interventions will ensure that workers get interventions and programmes that are known to work.

The difference to communities:

Communities in high transit areas including border posts have also been badly affected by the high HIV infection rates among transport sector workers. Transport sector workers often have low levels of awareness about HIV and AIDS and low risk perception. They may not regularly use condoms. Being far from home, they often stay in communities along the routes they travel and engage in risky sexual practices possibly with many different partners. This has led to the spread of HIV and AIDS along the main transport routes and many of these communities are also showing high HIV infection rates.

The project is making a difference to these communities by improving awareness of HIV and AIDS prevention and mitigation strategies among transport sector workers, including long distance truck drivers. A greater level of understanding of the virus and how it is transmitted among truck drivers will provide increased protection to the communities as the truck drivers may be more willing to use condoms and have fewer partners.

By building capacity and sensitising customs and immigration officials on factors fuelling the epidemic in border areas, their officers will be more aware of the imperative to process road transport workers quickly. Less time spent in high transmission areas and the communities surrounding them should mean fewer new infections in those communities.

How are the people of SADC benefiting from the project?

It is well known that the transport sector has been especially hard hit by the HIV and AIDS epidemic. What is less well known is the fact that the communities along the main transport corridors have been equally hard hit. As these transport corridors cross all Member States, a harmonised **SADC** wide response has become critically important.

This project is making a difference by bringing together the key stakeholders in the transport sector to collaboratively address the issue of HIV and AIDS in the workplace. While different governments and national AIDS programmes have developed country specific policies and programmes, a more coordinated **SADC** wide response for the transport sector will enhance the effectiveness of HIV and AIDS policies and programmes. A harmonised and strengthened effort to arrest the spread of the virus in the transport sector will have considerable benefits for individuals and communities but also for the economic development of the **SADC** region.

Networking among transport sector organisations in the region will mean greater awareness and a deeper understanding of the factors leading to a high infection rates among workers in this sector. This will ensure that more effective, relevant programmes and interventions are put into place.

The development of workplace HIV and AIDS policies and programmes will have a direct benefit to transport sector workers in the region by protecting their rights and health. It will also benefit transport company directors and managers by boosting productivity and reducing absenteeism. Healthier transport sector workers should mean a reduction in the number of new infections in the communities lining major transport routes.

Finally, streamlining border protocols and clearing procedures will mean long distance drivers will spend less time waiting at border posts and more time with their families. This should lead to reduced vulnerability of these transport workers to HIV and AIDS.



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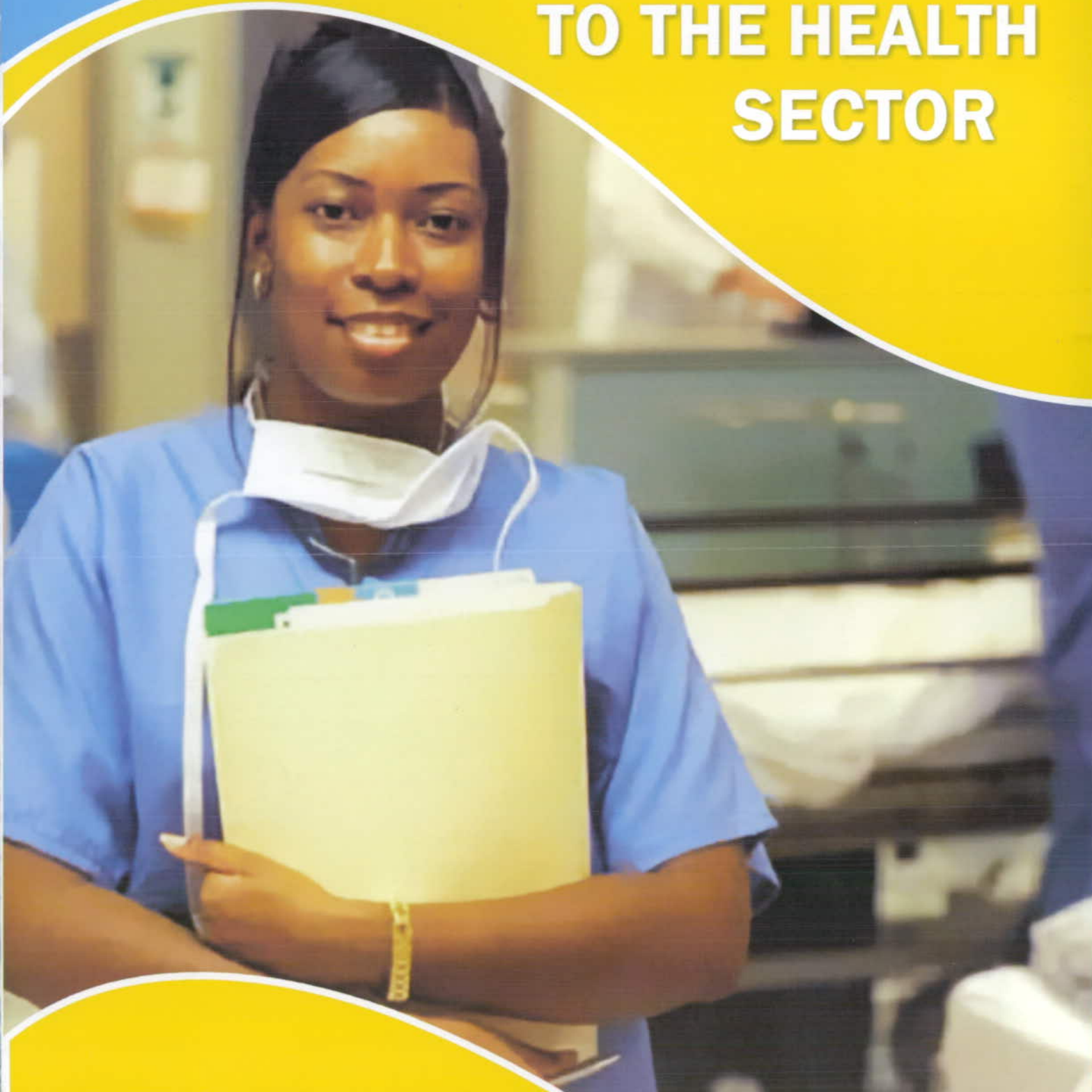
World Vision International

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The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE

TO THE HEALTH SECTOR



The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE TO THE HEALTH SECTOR

Nurses and midwives are at the frontline of health care provision in responding to the HIV and AIDS pandemic. Usually female, often poorly paid and working in difficult, high pressure circumstances, they must cope with the devastating effects of the virus every day. In addition, there is already a group of nurses who are infected and having to work in the sector while fighting the virus themselves. Such high levels of stress can lead to burnout, psychological trauma and eventually declining job effectiveness.

Recognising and relieving the stress faced by nurses and midwives is likely to lead to a better motivated and more effective cadre who are more likely to stay in their jobs providing improved treatment to patients. Minimising the chances of infection among nursing professionals is critically important if we are to improve their professional and personal conditions. In keeping with such thinking, a pilot project was launched that aimed to strengthen the health care sector by developing tools and approaches to help nurses and midwives cope with the physical and psychological trauma of attending to sick and dying patients. In effect, care for the caregivers.



This project, which was undertaken by SADC AIDS Network of Nurses and Midwives (SANNAM), looked at the living and working conditions of nurses and midwives involved in the treatment of HIV and AIDS patients and sought ways to improve their working conditions and minimise their chances of occupational exposure to the virus. An additional aim of this project was to develop a regional plan on universal precautions and to this end a survey was conducted to identify the extent to which universal precautions (UP) are practised in SANNAM member countries.

The project was launched in all 14 Member States of SADC in February 2004 and concluded its work in January 2006. A grant was provided to SANNAM for the project through the SADC/EU project on HIV and AIDS. SANNAM is a regional network that aims to build capacity among nurses and midwives to deal with the epidemic by sharing information and promoting best practices.

So, what difference has the project made?

The difference to the health sector:

The health sectors of the SADC Member States are clearly struggling under the effects of the massive health crisis that is HIV and AIDS. This region is the home to the majority of people living with and affected by HIV and AIDS in the world. Nurses and midwives not only have to treat ever increasing numbers of patients with inadequate resources, but themselves are more vulnerable to infection with a deadly disease than ever before. The strain of the work and low pay is leading many nurses to seek better work outside the region.

The project supported the undertaking of a survey on universal precautions. The study has shown a discrepancy between recommended universal precautions protocols and practice in health facilities, more especially in the rural areas. The majority of health personnel interviewed reported that their facilities do not have protective wear at all times, that they do not wash their hands after procedures at all times and nearly half indicated that their facilities did not have a consistent supply of water and soap was available sometimes. Sterilisation and disposal of equipment was also found to be problematic. Even though policies for these were available in most facilities, there was still about a third of staff that did not adhere to the protocols.

The survey on universal precautions came up with a number of recommendations in the areas of equipment and protective wear, training, equity of resources and services and networking, monitoring and evaluation. Increased advocacy for protective wear and





disposable syringes should ultimately lead to a safer working environment for nurses and midwives.

Healthier, less stressed nursing professionals will benefit the health sector through reduced absenteeism and greater productivity. It should also help to stem the tide of nurses and midwives leaving for higher paid jobs outside the region.

By identifying gaps in occupational health and safety practices in hospitals and health centres, measures can be put in place to ensure that nursing professionals are not subjected to needless health risks involving injection needles and hazardous materials, among others.

The results of the universal precautions study have also informed the development of the Occupational Risk reduction strategy. The strategy will go a long way in capacitating Member countries in risk reduction and also providing guidance to the principles of occupational health and safety.

The health workers were also trained in risk reduction. This has helped nurses and midwives to identify and avoid risks in the workplace. Needle stick prevention training will contribute to protecting nursing professionals and will hopefully eliminate one of the ways in which nurses become infected. Understanding how hospitals and health centres are putting nurses and midwives at risk and addressing those risks will minimise unnecessary work stress and protect them from infection.

This project has also made a difference to the health sector by advocating for support to nurses and midwives infected with HIV and AIDS. Ministries were sensitised to the need for special support for nurses and midwives and they were lobbied to provide counselling and the provision of ART as a priority. This will ensure that the caregivers are adequately cared for themselves.

The difference to SANNAM:

Nurses need strong national nursing associations to fight for better working conditions and to represent their interests. One of the problems for many nurses and midwives working in the region is that their national nursing associations have very little capacity. In some cases it is not known what capacity the national association has and where the shortfalls are. This project has been addressing that problem through a capacity assessment which has identified the key gaps in the nursing associations of Member States.

An assessment of the capacity of National Nurses Associations was conducted at the beginning of the project. The purpose of the assessments was to provide information on levels of organisation and skills available in the National Nurses' Association (NNAs). The capacity was assessed on the following key areas, knowledge of universal precautions, availability of infrastructure, project management skills in the NNAs, their leadership and governance, media skills and government relations. The main areas of deficiency in NNA capacity and resources were a lack of trained full time personnel in the association, lack of finances for paying association staff and lack of management skills. The results of the assessment were used to guide SANNAM on addressing capacity weakness within its membership.

Some of the pertinent capacity building interventions that resulted from this assessment were twinning of the NNAs. Stronger country associations have been twinned with weaker counterparts to build greater capacity. By developing the capacity of the associations, the project not only strengthens the associations, but nurses and midwives also reap the benefit of being supported by a strong, capable association.

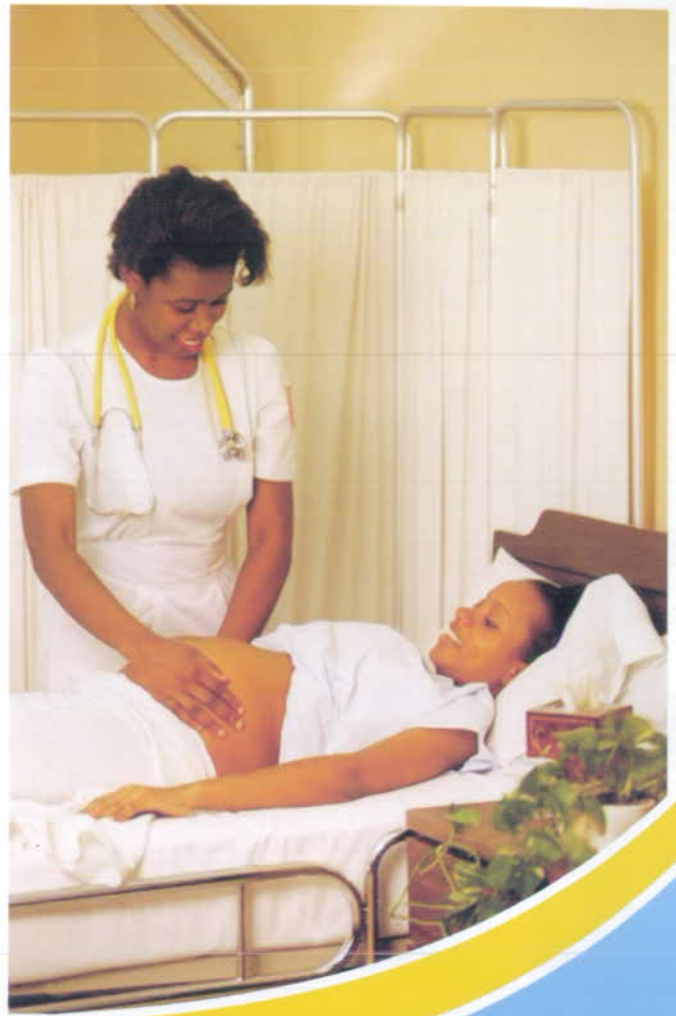


How are the people of SADC benefiting from the project?

Reducing the risk of HIV infection will have a direct effect on the health of nurses and midwives. Needlestick prevention training will further reduce the risk of occupational exposure to infection. Fewer nurses will contract HIV in the execution of their professional duties. This will mean fewer nursing professionals are lost to the epidemic and this, in turn, will help to maintain quality health care services.

Adherence to universal precautions will secure better health service provision and a healthier SADC population. Ensuring that nurses and midwives have accurate and up-to-date information on injection safety, safe water use, disposal of hazardous material and hygiene practices will protect not only nurses and midwives, but also the millions of patients who pass through hospitals in this region every year.

Greater links between country nursing associations will also benefit the people of SADC, but in a less direct way. The assessment noted that associations were at different levels of development. By pairing stronger country associations with weaker associations, disbursing funds to those associations that had developed plans and then monitoring to support implementation, weaker associations are helped to achieve a higher level of development. Stronger nursing associations will build capacity among nurses and midwives to deal with the epidemic by sharing information and promoting best practices. This leads to better service provision through a more empowered, motivated nursing workforce.



Where to get additional information about the project:

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The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE

TO INFORMATION SHARING

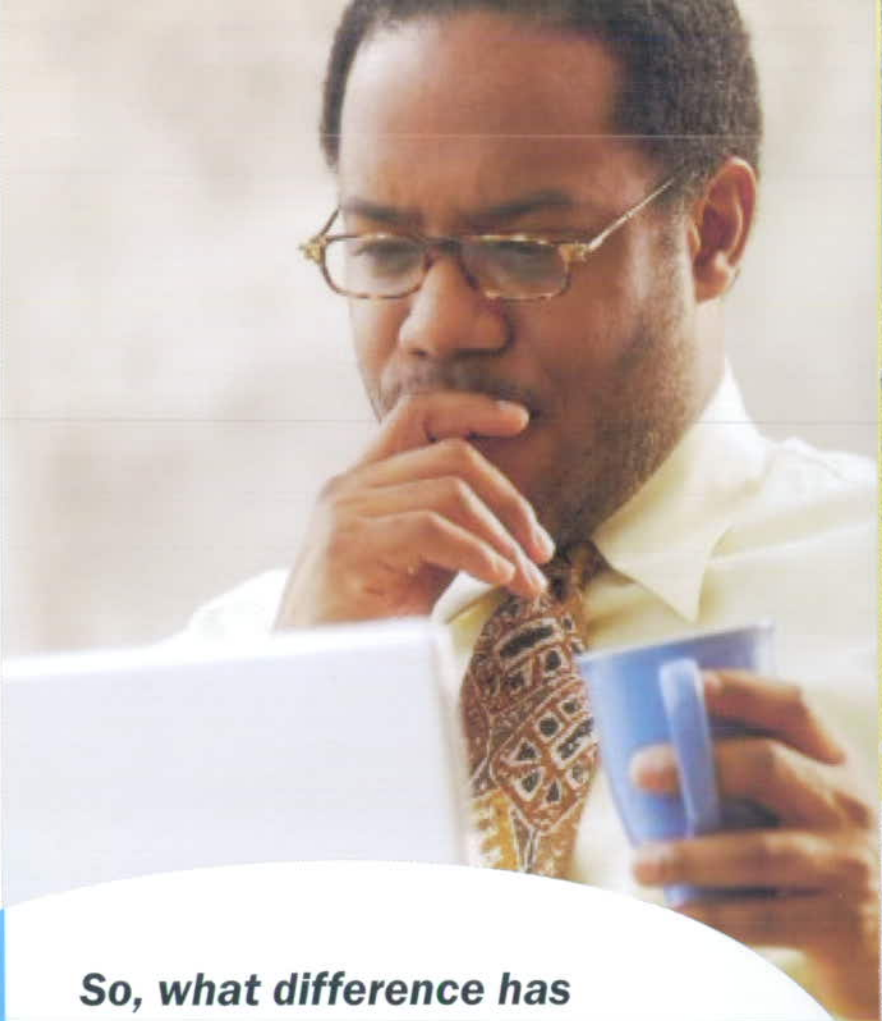


The SADC/EU Project on HIV and AIDS: MAKING A DIFFERENCE TO INFORMATION SHARING

It is estimated that there are over 100,000 ongoing or completed projects being undertaken on HIV and AIDS in the SADC region. The subject matter of these projects ranges from behaviour change and antiretroviral treatment to issues of policy and capacity development. However, there is no centralised system for accurately collating this information for the sharing of experiences and best practices among interested persons in the SADC region and beyond. The information and communication technologies exist to develop a regional repository of information on projects and studies that will facilitate better coordination and sharing of experiences and avoid a duplication of efforts.

In response to this challenge, the Faculty of Health Sciences of the University of Witwatersrand undertook to coordinate the compilation of a SADC HIV and AIDS online research database and portal through the Southern Africa HIV and AIDS Research and Training Partnership Programme

The project covered the following **SADC** Member States: Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. A grant was awarded to the Grant Beneficiary through the **SADC/EU project on HIV and AIDS** and the project began implementation in December 2003 and was completed in January 2006.



So, what difference has the project made?

Difference to information sharing:

Up until now HIV and AIDS research projects and initiatives were taking place all over the region, some duplicating others and many ignorant of complementary projects taking place in neighbouring countries. Projects could not build on existing data and research findings because there was no central storehouse of information on HIV and AIDS in Southern Africa.

This project is making a difference to data collection in the region in that it is establishing a one-stop-shop on HIV and AIDS information. It is a useful tool for researchers, policy makers, development agents, community activists, government officials, NGOs or anyone needing to find out about past and present initiatives, current statistics or latest treatment research. It also lessens the chances of duplication of projects and provides opportunities for collaboration between researchers both within the same country and in different Member States.

It is home grown and specifically focuses on initiatives being undertaken in Southern Africa. This is important because initiatives that have worked in Northern, developed countries may not work in this part of the world. It also provides an accurate picture of who is doing what and where.

The database is, however, linked to other important international websites such as those of the Africa programmes of the WHO, USAID and the World Bank. This has the benefit of providing the regional picture in terms of HIV and AIDS indicators, but set in the wider global context.





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The SADC HIV and AIDS Database and Information Portal aims to facilitate the sharing of research information or expertise for prevention, care and mitigation of the impact of HIV and AIDS. The portal is funded through a SADC/EU project on HIV and AIDS that has the following components:

- [Database and Online Portal Project Sector](#)
- [Multi-Country Transport](#)
- [Water Resources Management](#)
- [Mobile Populations](#)
- [Prevalence and Behavioural Risks](#)
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- [The Health Sector \(Nurses and Midwives\) Security](#)
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USEFUL LINKS

SADC DATABASE

<http://www.sadcaidsinfo.org/index.cfm>
 SADC HIV and AIDS
 Database & Information Portal

Difference to regional collaboration and partnership development:

Regional efforts at collaborating in tackling the HIV and AIDS pandemic were also negatively affected by the lack of a central information source containing data on all the main initiatives taking place in the region. Lessons learnt and best practices were known only to those close to the specific project and the odds of duplication were almost certain.

This project is making a difference by encouraging researchers and health and development personnel to participate in regional partnerships in the design and review of HIV and AIDS projects. A central database of news and research about HIV and AIDS should lead to increased networking between organisations as they come to know about each other. Complementary projects will find each other and be able to collaborate more easily.

Difference to capacity building:

The development of databases and information portals requires people with technical skills and, as such skill was lacking in some of the countries, the project identified the need to build greater capacity among local researchers.

By initiating the development and strengthening of national databases on HIV and AIDS in each of the participating countries which are then linked to the SADC HIV and AIDS Research Database and Information Portal, the project hoped to build ownership of the project and enhance capacity. Ten national institutions received training in collecting data, maintaining databases and developing and maintaining web-based portals thereby strengthening national information capacities. Individual countries have begun to identify funding sources to develop these databases and by focusing on institutions rather than individuals, institutional capacity is being increased.

Finally, the inclusion of a database of technical experts from the region will help countries and organisations to design evidence and research-based policies and programmes to prevent HIV, provide care and support to those living with HIV and AIDS and to scale up the provision of treatment in the region.



How are the people of SADC benefiting from the project?

While it can be said that a great deal is being done to help the people of SADC in their struggle against the HIV and AIDS epidemic, the truth is the efforts have been sporadic and unilateral. Although there have been a great many projects, there has been little information sharing and even less collaboration. This has meant a scattered and piecemeal approach to tackling the epidemic in the SADC region.

This project is changing the situation by bringing together all the good quality HIV and AIDS research findings, ongoing projects, current news and even grassroots initiatives and collating them in one centralised database. In this way, researchers and development practitioners, health ministries and aid agencies can see exactly where there is duplication of effort, where there needs to be more effort and which projects can complement each other to create a more effective, powerful project.

In addition, the database will eventually upgrade the quality of HIV and AIDS research projects and initiatives. Studies wanting to be included in the database are run through a vigorous process to ensure validity with strict criteria such as sound methodology, conclusion and policy implications. This makes a difference to HIV and AIDS research and initiatives by ensuring that researchers and programme developers are stringent in their thinking and planning and do not waste time and effort on projects that will not yield sound results or findings.

It will hopefully also provide greater recognition for smaller, grassroots initiatives and enhance partnership development. Research and HIV and AIDS organisations will benefit through

assistance with calling for proposals and/or sourcing local researchers. All of these benefits will enhance the regional response to the epidemic.

Finally, the project has the potential to play a role in the continent's struggle against HIV and AIDS by providing accurate reports on the HIV and AIDS status of the region in terms of certain indicators for use at major African and international conferences and summits.

The people of SADC will then be more satisfactorily aided in their struggle against the HIV and AIDS epidemic in a way that is unified, effective and likely to bring about the desired effects: namely a halt to new infections, better treatment and care for those infected and affected and the eventual elimination of HIV and AIDS as a major threat to the region.



Where to get additional information about the project:

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