

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

Southern Africa: Regional HIV and AIDS Consortium

Appeal No. MAA63002

This report covers the period of 01/01/2006 to 31/12/2006 of a two-year planning and appeal process.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



Volunteers at the Home-based Care symposium held in April 2006 in Johannesburg South Africa. International Federation.

In brief

Programme Summary:

The Southern Africa regional HIV and AIDS Consortium project has been running since 2002 and was closed 31 December 2006. The remaining funds were transferred to the Regional HIV and AIDS Programme 2006-2010 ([MAA63003](#)) – which was launched on 1 November 2006 - after consultation with the donors involved.

Care and Support: Southern Africa Red Cross Societies have strong home-based care (HBC) projects reaching over 60,000 clients and 100,000 orphans and vulnerable children (OVC). These National Societies are supported with material, emotional, psycho-social and educational support. Approximately 6,000 volunteers provide nursing care and support services to HBC clients and OVC. The need for sustainable nutritional support cannot be over emphasized, and empowerment of people living with HIV (PLHIV) with skills for positive living as well as income-generating activities is critical.

HIV Prevention: The ten National Societies continued to conduct HIV prevention activities including youth peer education as well as HIV awareness through campaigns and drama. With support from the International Federation Regional Delegation in Harare, the National Societies made a humanitarian decision to scale-up the HIV prevention component through the new five-year HIV and AIDS programme by targeting to reach 10 per cent of their respective country populations. Focus will be on promoting life skills for personal protection, adolescent sexual and reproductive health, information, education and behaviour change communication, as well as prevention of parent-to-child transmission (PPTCT). A total of 50 million people are targeted to be reached by 2010.

Advocacy: Partnerships are being strengthened with other organizations with good practices in advocacy such as the United Nations Children's Fund (UNICEF), the National Association of PLHIV (NAP+), the United Nations Programme on HIV/AIDS (UNAIDS) and Global Network of PLHIV (GNP+).

In the sub-region, progress has been made in forging practical partnerships with the national networks for PLHIV. National Societies have developed joint plans with the National AIDS Councils, and continue to collaborate during implementation. A multimedia communication strategy on PPTCT is being developed and will be implemented in 2007.

Goal: To contribute to the reduction of HIV and AIDS transmission, and to alleviate the suffering of vulnerable people infected and affected by HIV.

Needs: Total 2006-2007 budget CHF 5,787,999 (USD 4,759,867 or EUR 3,572,839), out of which 72.3 per cent covered. The expenditure for 2006 in total was CHF 3,316,661, and the funds were spent on prevention, care, treatment and support including OVC and advocacy activities. Interest accumulated to about CHF 3,442. **Click here to go directly to the attached financial report.**

For more detailed information on the 2006 activities, please see Programme Update 1 and 2:

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual06/MAA6300201.pdf>

Programme Update no. 2: <http://www.ifrc.org/docs/appeals/annual06/MAA6300202.pdf>

No. of people helped: The programme benefited approximately 60,000 PLHIV. Nearly 100,000 OVC and over five million people were reached with prevention messages in all ten countries of the Southern Africa region.

The Namibia Red Cross supported 33,000 OVC with food through the World Food Programme (WFP), while the South Africa Red Cross Society provided assistance to 50 adult and 25 OVC support groups.

Table 1: Beneficiaries of HIV and AIDS activities for 2006

National Society	HBC projects	HBC clients	Care facilitators	OVC	Support groups	prevention
Angola	1	84	75	600	0	3,658,238
Botswana	0	0	98	574	1	40,000
Lesotho	9	2,787	369	6,666	13	6,947
Malawi	15	4,500	556	13,200	17	35,000
Mozambique	21	7,100	550	4,571	20	1,087,522
Namibia	7	3,986	2,084	17,176	135	115,000
South Africa	20	11,875	1,315	5,134	75	50,050
Swaziland	12	1,327	220	1,581	8	51,414
Zambia	8	4,447	391	1,000	73	5,500
Zimbabwe	27	21,985	1,321	46,237	296	105,036
Total	120	58,091	6,979	96,739	638	5,154,707

Source: National Society reports 2006

Our Partners: A total of approximately 20 partners worked with the programme at regional, national and community levels. Support was received from the Royal Netherlands Embassy (RNE) and Swedish International Development Agency (SIDA)/Swedish Red Cross. In 2007, funds from SIDA/Swedish Red Cross were transferred to the new HIV and AIDS appeal 2006-2010.

Current context

In 2006, a number of Southern Africa Red Cross societies underwent governance and management changes. The newly elected board members and recruited senior management were oriented by the Federation regional delegation's management. New HIV and AIDS coordinators were also recruited in Botswana, Lesotho, Malawi and Mozambique Red Cross societies. The Baphalali Swaziland Red Cross Society HIV and AIDS coordinator was promoted to health programmes manager and the National Society is in the process of recruiting a replacement.

Food insecurity continued to persist, with thousands of people being affected. And people living with HIV (PLHIV) and orphans and vulnerable children (OVC) are the most at risk during droughts and food insecurity situations due to their weak coping mechanisms. The HIV and AIDS home-based care (HBC) projects were an integral part of the just closed Southern Africa Food Insecurity emergency operation ([05EA023](#)). Food aid was provided to HBC clients and OVC in the seven countries under the operation. Livelihoods approaches such as vegetable gardening, livestock farming and food-for-work have been integrated into the 2006-2010 HIV and AIDS programme that was launched on 1 November 2006.

The introduction of antiretroviral therapy (ART) by governments, complemented by food aid provided by the Red Cross societies through HBC, has improved the health status of most clients and some are no longer bedridden. Red Cross care facilitators are being trained in providing adherence support to clients on ART and tuberculosis's directly observed treatment short course (DOTS). The food aid programme assisted in delivering medication and psychosocial support to the affected populations. However, children are still not adequately provided with ART and this remains a serious concern in the region.

Progress towards objectives

In order to respond to, and mitigate the effect of the HIV and AIDS epidemic in Southern Africa region - which is hosting the biggest number of PLHIV in the world - a new southern Africa regional HIV and AIDS Programme (2006-2010) was launched on 1 November 2006 by the Federation in conjunction with the ten National Societies in the region. The programme builds on the track record of HIV and AIDS work of the Red Cross in the region over the past six years. It is the first major component of the Federation's new Global HIV and AIDS Alliance that is under development, guided by the Federation's HIV and AIDS policy and the new operating model from the Federation of the Future (FoF).

The HIV and AIDS regional programme is founded on strong country-specific plans of action which are connected regionally because there is considerable similarity in terms of the underlying epidemiology of HIV transmission, the patterns of risk and vulnerability, cultural and social aspects as well as shared political and other regional institutions. This helps to share technical expertise, programming experience and lessons learned as well as replication of good practice across countries in the region.

This new programme, which seeks funding amounting to CHF 317,127,648, is the biggest appeal launched by the International Federation to address a health and development problem. To support this appeal, the Federation regional delegation in Harare managed to secure EUR 5 million from the Royal Netherlands Embassy (RNE) to scale up its response to the needs of the growing number of OVC within the region. The programme had an operational timeframe of six months in seven most affected countries namely, Angola, Botswana, Malawi, Mozambique, Swaziland, South Africa and Zambia.

Orphans and Vulnerable Children (OVC)

All National Societies in the region are scaling up their support for OVC, which is a major part of the new integrated HIV and AIDS programme. Nine out of the ten countries now have national OVC officers and the regional working group meets on a quarterly basis to discuss technical issues related to children, training needs and share lessons learned. The holistic OVC support includes educational support, psycho-social support, material support, pre-school centres, horticultural projects and nutritional support, children's clubs and support groups, feeding centres, child rights training, support for foster parents and guardians, life skills training, children's camps, advocacy for paediatric ART, shelter construction for child-headed households, mentoring projects, creation and support of child care committees, youth friendly centres and youth peer education.

Funding was secured through Swedish Red Cross and SIDA in 2005 for two years to commence the scaling up of OVC support by Red Cross societies. The process took the form of a strategic approach through conducting situation analyses on OVC, developing project proposals, budgets and plans of action. It was carried out in selected project areas in Botswana, Malawi, Namibia, South Africa, Swaziland and Zambia.

The seven National Societies implementing the OVC programme had a short timeframe to deliver on the implementation of the OVC programme funded by the Royal Netherlands Embassy (RNE) and the Swedish Red Cross. The programme was closed in March 2007. Programmes implementation was particularly efficient in Malawi, Mozambique and Zambia, while extra support was required in Angola, Botswana, South Africa and Swaziland. For Angola, working with OVC is totally new as their previous focus was mainly on prevention. The Federation regional delegation in Harare contracted consultants for three months in Angola and South Africa Red Cross societies to ensure faster implementation.

Due to the nature of the OVC programme funded by RNE, a lot of relief materials were purchased in December and a relief support manager was recruited for three months to assist in the operational planning and distribution. In response to the increased need for supporting more OVC in schools, Lesotho and Zimbabwe (who were not part of the RNE project) were provided with additional funding from Swedish Red Cross for educational support costs.

Knowledge Sharing and Dissemination

On 7 April 2006, the Federation regional delegation, in conjunction with National Societies in the region held a symposium on home-based care (*Caring Together... Come Closer*) in Johannesburg, South Africa. It was attended by approximately 300 participants from the Red Cross societies in southern Africa, Geneva and other regions, the corporate sector, United Nations (UN) agencies, regional organizations, embassies and governments. The purpose of the HBC symposium was to share the experiences of the Red Cross in care and support and to promote partnerships as well as to acknowledge the tireless work of the volunteers.

The HBC symposium endorsed the new regional five year HIV and AIDS programme for the ten National Societies and the Federation. The Federation regional delegation facilitated the development of two good practice documents. The Lesotho Red Cross Society good practice is on the integrated community-based orphan care project, funded by the Norwegian Red Cross and the Federation. The Baphalali Swaziland Red Cross Society is on Sigombeni project, which comprises of HBC, voluntary counselling and testing (VCT), prevention of parent-to-child transmission (PPTCT), primary health care, food security interventions and OVC support. The project is funded by the Swiss Red Cross, Finnish Red Cross and the Federation.

Strengthening of Existing Projects

At community level, over 6,000 volunteers in the region provided care and support to PLHIV and OVC, and conducted health and hygiene activities through home visits to households with clients and families including nursing care, education on nutrition, HIV prevention, management of opportunistic infections, water and sanitation (WatSan) and provision of psycho-social support. The volunteers provided on-the-job training for primary care givers who are either family members or neighbours.

Support groups for PLHIV were strengthened through implementation of income generating activities (IGAs) such as backyard gardening, poultry and piggery. Livelihoods of PLHIV under Red Cross projects have been enhanced in Swaziland, Zambia and Zimbabwe through strong support group activities. They have improved food security and nutrition and are able to generate funds to cover household basic needs and medical expenses.

HIV Prevention

The HIV prevention strategy focuses on training young people and giving them skills on how to transmit information about HIV prevention and control. The target group could be peers by age, occupation, status, trade and location. Some National Societies are conducting general education to the public through sensitization, using drama at community meetings, sport events and campaigns, as well as distributing information, education and communication (IEC) materials and condoms.

There was low uptake of PPTCT services in southern Africa region. According to a PPTCT Situational report (2006), only 10% of pregnant women are accessing PPTCT services and the country plans and policies are not being implemented due to various reasons ranging from financial and lack of political will to insufficient service delivery capacities. In effect, a regional PPTCT advocacy campaign was

initiated in September 2006, together with the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) Africa Regional Office and Southern Africa AIDS Information Dissemination Service (SAfAIDS).

A multi-media communication campaign will be implemented in 2007 at national level in the ten National Societies, targeting political leaders, and at community level. Mothers will be trained as peer educators and volunteers will be deployed as lay counsellors at the mother and child health (MCH) clinics to educate pregnant women and provide support to understaffed and overstretched health facilities.

Using the opportunity of the RNE OVC grant, the Federation regional delegation in Harare embarked on the development of a resource pack on Youth Peer Education (YPE), which covers life skills, sexual and reproductive health, sexually transmitted infections (STIs) and HIV and AIDS to be published in 2007.

Care, Treatment and Support Training

A total of 22 Red Cross HIV and AIDS care facilitators and 12 trainers graduated in April 2006, following the pre-testing of a three-week training programme on an HIV prevention, treatment and support training package. The pre-test was conducted in partnership with SAfAIDS, WHO, the Ministry of Health (MoH) in Zimbabwe, Hospice Association of Zimbabwe (HOSPAZ) and The Centre (an organization for PLHIV).

The HBC training package was successfully launched on 2 October 2006 in Harare, with the participation of 250 participants. The training package will empower volunteers with information on treatment, preparedness, basic facts on HIV and anti-retrovirals (ARVs), nutrition, palliative care, counselling and care for carers. This is a generic training package which is the first of its kind worldwide. Orientation on the training package was held from 3 to 6 October 2006 for HIV technical programme officers from Africa, Asia and Europe.

Working in partnership

Partnerships have been developed with networks of PLHIV in the region. However, there are challenges in coordination, understanding of roles and responsibilities in programming. It is important to clearly state the operating model of a memorandum of understanding (MoU), before going into partnerships. An MoU was signed between the Federation and WHO to guide the country offices on how to work together. Other partnerships were developed with UNICEF, SAfAIDS, United Nations Integrated Regional Information Networks (IRIN), Regional Psychosocial Initiative (REPSSI), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

The federation regional information officer and the ART technical advisor attended a Regional Integrated Advocacy Steering Committee (RIASCO) meeting and IRIN briefing in Johannesburg. The delegation has an agreement with IRIN on publicizing the work of the Red Cross from the region. The delegation also met with OCHA and IRIN to discuss the development of an advocacy campaign strategy targeting OVC.

In September, the Southern African Regional AIDS Network (SARAN) meeting for Red Cross societies was held in Harare, and was attended by HIV and AIDS coordinators, OVC and partnerships officers. The issues discussed included progress on implementation of activities – impact, constraints and how these are being addressed; the integration of activities on health, food security and strengthening of partnerships with national networks with PLHIV. Prevention activities and draft guidelines were discussed with a presentation from Padare - a national organization from Zimbabwe.

The HIV and AIDS scaling up committee meeting was held in September 2006, and secretaries general of Namibia, Malawi, Swaziland and Zimbabwe as well as the Zambia Red Cross Society health

adviser attended. The new HIV and AIDS programme was discussed, with particular emphasis on human and financial resource capacities of the implementing National Societies. The existing terms of reference (ToRs) and operations of the committee were also reviewed and will be endorsed by the Southern Africa Partnership of Red Cross Societies (SAPRCS)¹.

On 31 October, a consultative meeting on the Southern Africa HIV and AIDS programme was held in Johannesburg to discuss the way forward and the performance tracking system. The meeting, which was facilitated by the Special representative to Secretary General on HIV and AIDS, was attended by the British, Danish, Hellenic, Japanese and Swedish Red Cross societies as well as Federation regional delegation and Geneva Secretariat key staff.

Contributing to longer-term impact

The indicators to improve quality of care and support provided by the Red Cross volunteers include the weaning of clients from HBC, reducing the number of bed-ridden clients, less frequent opportunistic infections, reducing mortality (closely linked to food support), reducing frequency of clinic attendance and improving relationships with care givers.

The food aid and security projects improve the well-being of HBC clients. The study of backyard and communal gardens in Swaziland (Mid-term Evaluation 2005), the Zimbabwe Red Cross Society study (2003), the Namibia Red Cross study (2003) showed that food distribution had a remarkable effect on physical well-being of HBC clients. The Swaziland study showed that backyard gardens contributed significantly to household nutrition. Clients recovered remarkably and were quickly weaned from HBC to support groups. The physical improvement was associated with emotional and psychological improvement of the client and the family members.

ART has increased the demand for VCT, as clients realize the benefit of HIV testing. Care facilitators have had to change their roles from care givers to adherence counsellors. There are indications that provision of educational and food support has resulted in improved school attendance.

In the long run, the prevalence rate will reduce in the region as a result of reduced risky behaviour among the youth as well as the participation of traditional leaders in HIV and AIDS prevention projects. People living with HIV can now disclose their sero status without the fear of stigma and discrimination. As a result, the PLHIV will be able to live positively and seek treatment without fear.

There is improved programme management through training of staff and volunteers in relevant areas of project cycle management. Financial management systems have been strengthened by installing Navision accounting software and training. Volunteers have been motivated through care for carers' initiatives. South Africa has a well-defined psychological and counselling support project for volunteers.

Looking Ahead

Implementation of the five year HIV and AIDS programme (2006 -2010) for the Federation and National Society will be the priority for support from the Federation regional delegation. Mobilization of the required financial, human and other material resources is fundamental to programme implementation. The programme is a continuation of the previous consortium-funded programme, with emphasis on a scaled-up response reaching more people and improving the quality of interventions under the Global HIV and AIDS Alliance.

Southern Africa Red Cross societies have all included substantial support for OVC in their new HIV and AIDS country programmes, and their aim is to support 10% of the OVC population in southern Africa. However, while recognizing the need to scale up, it is also essential that programmes are of good quality and that the children receive holistic support either through the Red Cross or through Red Cross partners.

¹ Southern Africa Partnership of Red Cross Societies – formed in 1997, the partnership aims to strengthen the collaboration, cooperation and self-determination of National Societies in the region, with the aim of achieving a greater level of self-sustainability.

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International Federation of Red Cross and Red Crescent Societies

MAA63002 - SOUTHERN AFRICA HIV AND AIDS CONSORTIUM

Financial Report 2006 - 2007

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAA63002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	5,787,999					5,787,999
B. Opening Balance	3,493,897					3,493,897
Income						
<u>Cash contributions</u>						
<i>Netherlands Government</i>	1,099,031					1,099,031
C1. Cash contributions	1,099,031					1,099,031
<u>Outstanding pledges (Revalued)</u>						
<i>Netherlands Government</i>	-1,172,300					-1,172,300
<i>Other</i>	968,400					968,400
<i>Swedish Red Cross</i>	75,000					75,000
C2. Outstanding pledges (Revalued)	-128,900					-128,900
<u>Reallocations (within appeal or from/to another appeal)</u>						
<i>Netherlands Government</i>	0					0
<i>Swedish Red Cross</i>	-282,880					-282,880
C3. Reallocations (within appeal or	-282,880					-282,880
<u>Other Income</u>						
<i>Miscellaneous Income</i>	3,442					3,442
C6. Other Income	3,442					3,442
C. Total Income = SUM(C1..C6)	690,694					690,694
D. Total Funding = B + C	4,184,591					4,184,591

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	3,493,897					3,493,897
C. Income	690,694					690,694
E. Expenditure	-3,316,661					-3,316,661
F. Closing Balance = (B + C + E)	867,929					867,929

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		5,787,999					5,787,999	
Supplies								
Clothing & textiles	327,550	140,793					140,793	186,757
Food	240,126	94,744					94,744	145,382
Medical & First Aid	268,321	66,690					66,690	201,631
Teaching Materials	517,852	158,444					158,444	359,408
Utensils & Tools	22,840	1,426					1,426	21,414
Other Supplies & Services	218,802	59,875					59,875	158,927
Total Supplies	1,595,491	521,972					521,972	1,073,518
Land, vehicles & equipment								
Vehicles	108,925	130,327					130,327	-21,402
Computers & Telecom	13,000	25,476					25,476	-12,476
Office/Household Furniture & Equipm.	4,000	6,415					6,415	-2,415
Total Land, vehicles & equipment	125,925	162,218					162,218	-36,293
Transport & Storage								
Storage	43,733	57,975					57,975	-14,242
Distribution & Monitoring		50,166					50,166	-50,166
Transport & Vehicle Costs	140,570	114,711					114,711	25,858
Total Transport & Storage	184,303	222,853					222,853	-38,550
Personnel Expenditures								
Delegates Payroll	51,000	42,565					42,565	8,435
Delegate Benefits	33,000							33,000
National Staff	200,322	109,181					109,181	91,141
National Society Staff	1,408,758	901,346					901,346	507,411
Consultants	85,921	45,977					45,977	39,944
Total Personnel Expenditures	1,779,001	1,099,069					1,099,069	679,931
Workshops & Training								
Workshops & Training	618,277	426,386					426,386	191,891
Total Workshops & Training	618,277	426,386					426,386	191,891
General Expenditure								
Travel	178,918	219,711					219,711	-40,793
Information & Public Relation	330,644	144,867					144,867	185,777
Office Costs	141,027	96,987					96,987	44,040
Communications	94,117	51,392					51,392	42,725
Professional Fees	20,000	15,194					15,194	4,806
Financial Charges	98,100	323,681					323,681	-225,581
Other General Expenses	245,977	111,026					111,026	134,951
Total General Expenditure	1,108,783	962,857					962,857	145,926
Program Support								
Program Support	376,220	215,583					215,583	160,637
Total Program Support	376,220	215,583					215,583	160,637
Operational Provisions								
Operational Provisions		-294,277					-294,277	294,277
Total Operational Provisions		-294,277					-294,277	294,277
TOTAL EXPENDITURE (D)	5,787,999	3,316,661					3,316,661	2,471,337
VARIANCE (C - D)		2,471,337					2,471,337	

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IV. Project Details

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
Health & Care							
P63021	Regional Consortitum	3,063,831	-1,455,112	-740,779	867,940	820,774	79,995
PAO410	HIV/AIDS Regional Co	38,628	134,509	-173,147	-11	335,983	162,836
PBW410	HIV/AIDS Regional Co	34,737	198,441	-233,177	-0	437,413	204,236
PLS410	HIV/AIDS Regional Co	119,773	96,993	-216,766	0	340,261	123,495
PMW410	HIV/AIDS Regional Co	832	249,748	-250,579	-0	551,344	300,765
PMZ410	HIV/AIDS Regional Co	1,013	136,013	-137,026	0	319,647	182,621
PNA410	HIV/AIDS Regional Co	57,127	231,367	-288,494	-0	502,794	214,299
PSZ410	HIV/AIDS Regional Co	5,657	216,673	-222,330	0	474,896	252,566
PZA410	HIV/AIDS Regional Co	70,029	244,971	-315,001	-0	577,264	262,263
PZM410	HIV/AIDS Regional Co	24,003	313,603	-337,606	0	684,838	347,233
PZW410	HIV/AIDS Regional Co	78,267	323,488	-401,755	0	742,785	341,029
Sub-Total Health & Care		3,493,897	690,694	-3,316,661	867,929	5,787,999	2,471,337
Total	SOUTHERN AFRICA HIV AND	3,493,897	690,694	-3,316,661	867,929	5,787,999	2,471,337