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.

In brief

Programme Summary: Botswana Red Cross Society (BRCS) programmes are implemented in line with the government framework and policies on health and care, HIV and AIDS and disaster management. BRCS is phasing out the home-based care (HBC) activities, except in Dukwi refugee camp, because the Government has established similar HBC programmes in most parts of the country. The peer education programme in schools has so far reached 40,000 youth in over 30 schools. BRCS is actively involved in monitoring adherence to antiretroviral therapy (ART) and tuberculosis (TB) direct observation treatment strategy (DOTS) at the household level. The National Society runs 11 day care centres for pre-school children and a mentoring programme for orphans and vulnerable children (OVC).

Goals: BRCS aims to improve the capacity to deliver quality services to the most vulnerable people through the design and implementation of well-coordinated community response programme as well as the implementation of the characteristics of a well-functioning national society.

No. of people we help:

<table>
<thead>
<tr>
<th>Programme</th>
<th>Targeted beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Development</td>
<td>5,000</td>
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<tr>
<td>Information, Communication and Tracing.</td>
<td>50,000</td>
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<tr>
<td>Health and Care.</td>
<td>40,000</td>
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<tr>
<td>Community-based First Aid (CFA)</td>
<td>4,000</td>
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<tr>
<td>Tlamelong Rehabilitation Centre.</td>
<td>8,000</td>
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<tr>
<td>Tshimologo Stimulation Centre.</td>
<td>8,000</td>
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<tr>
<td>Disaster Management.</td>
<td>20,000</td>
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Our Partners: BRCS has 24 partners including community-based, national, and governmental and development organizations, as well as United Nations (UN) agencies.

Current context

HIV and AIDS is having a devastating impact on households, particularly among the most vulnerable people as they lose productive members to AIDS related illnesses. Households affected by AIDS are usually diverted from labour intensive growing crops, to crops that are less labour intensive. This has an impact on the income and food production of the family. The public health sector is increasingly being overwhelmed as it struggles to cope with providing health care services to patients with HIV and AIDS related illnesses. BRCS is working closely with the government in providing care, support and treatment to the affected people. The National Society concentrates more on prevention particularly on youth development programmes as the government has taken the lead in the provision of home-based care and antiretroviral therapy (ART).

Some areas in Botswana were affected by natural disasters, such as flooding and strong winds. BRCS had the lead role in disaster response. The government is currently reviewing legislation on people with disabilities and BRCS was fully involved in the on-going disability legislative process covering employment act and possibly establishment of a disability grant.

Progress towards objectives
Health and Care

**Goal:** The general health of the community is improved.

**Objective:** BRCS is equipped with skills to implement community-based health care interventions in order to alleviate the health of the vulnerable people.

BRCS has contributed to the reduction of HIV transmission through effective, culturally relevant and evidence based HIV and AIDS behaviour change communication (BCC) activities. In line with ARCHI 2010\(^1\), BRCS has committed itself to scaling-up prevention, care and support and advocacy activities on HIV and AIDS to contribute to the national efforts of reducing transmission and mitigating the impact of HIV and AIDS. The major focus is behaviour change among the young people. BRCS youth peer educators (YPE) have been trained on creative approaches to communicate HIV and AIDS prevention messages. A total of 68 YPE were trained in Kanye/Moshupa and Tonota districts. YPE tools include drama, singing, poetry and debate which are very effective ways of influencing youth behaviour change. HIV and AIDS shows in schools and public gatherings and presentation of plays at schools for dissemination of health issues were also held. Topics covered included teenage pregnancy, peer pressure, assertiveness, psycho-social support, building blocks, proper use of condoms and other health issues.

BRCS held a series of consultative meetings with key partners such as government ministries to strategically position its programmes. These efforts facilitated a successful programme implementation particularly integration of HIV and AIDS activities into government projects.

The registration of orphans and vulnerable children (OVC) in Moshupa started with the support from social workers and village development committee members. A total of 574 children have been registered in nine areas and 20 volunteers recruited to assist with the OVC project. The OVC will be receiving support from the Royal Netherlands Embassy through the Federation regional delegation in Harare. Relief items have been distributed to the majority of registered OVC. Procurement of support material was done, these included, 530 food packs, 4,800 blankets, and 300 insecticide-treated mosquito nets (ITNs) and 530 clothes packs, 552 school bags, stationery, 570 raincoats and 533 mattresses.

Translucent

As of October 2006, 75,785 patients were enrolled on antiretroviral therapy (ART) programme out of the 85,000 targeted. The HIV and AIDS prevalence rate has decreased to 32.4%. Even though prevalence rate has dropped, prevention activities are still required. More people also need to be given information on the importance of testing for HIV and enrolling on ART programme. The increased number of people on ART programme calls for ART adherence programmes.

**Community-based first aid:** BRCS community-based first aid (CBFA) programme is strengthened to incorporate HIV and AIDS issues impacting on administration and utilization of first aid centre.

BRCS is one of the leading providers of first aid training in Botswana, with a broad objective of providing skills to administer emergency treatment to injuries and promoting safety at work. The National Society therefore coordinated all first aid activities in the country including training on basic and commercial first aid. In 2006, a total 70 volunteers, 844 community members have been trained in first aid and kits sold to the general public. Various stakeholders tasked the BRCS to develop a standard national first aid training manual, which was finalized in December 2006.

**Rehabilitation:** Young people with disabilities are self reliant, skilled and employable through vocational training provided at BRCS rehabilitation centres. Tlamelong rehabilitation centre programmes focuses on physical therapy, skills training and economic empowerment, promotion of disability awareness, and empowering youth with disability

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\(^1\) ARCHI – Refer to: [http://www.ifrc.org/what/health/archi/](http://www.ifrc.org/what/health/archi/)
and HIV and AIDS programmes for people living with disabilities. However, the programme has limited funding and BRCS engaged in fundraising activities to ensure self-sustainability. The centre served 864 people during the period with the limited government funding.

A total of 27 young adults with disabilities in a residential programme successfully completed the first part of their two-year skills training in textile, horticulture and cookery in December 2006. BRCS rehabilitation centre successfully started a catering department and managed to raise over CHF 12,000. Products made by trainees at the centre (textile, vegetable, food) were sold for fundraising purposes. A total of 290 clients received physiotherapy and 45 wheel chairs were sourced from different donors and distributed to clients. Those who are financially capable rented wheelchairs on short-term basis and funds raised were used to sustain the services. Partnership was established with a local wholesaler and twelve youth with disabilities secured employment in the outlets.

Tlamelong rehabilitation centre also provides peer counselling and organizes social activities including sporting activities such as football, snooker, basketball and chess for youth with disabilities. Youth were provided with general information aimed at enhancing their understanding of their disability at a workshop organized by BRCS youth office.

At Tshimologo stimulation centre, as part of rehabilitation and stimulation, children are trained in physical skills such as, sitting positions, feeding positions, standing, walking and holding things with their hands. The children are also taught how to lace-up and polish shoes, brush teeth and wash hands, and are trained on speech and language development. Training is tailor-made for each individual according to the needs. When the children are well trained and can perform most of the new skills, they are referred for placement at other institutions. The centre also undertakes community-based rehabilitation at a number of places in and around Francistown. At the present moment, Tshimologo stimulation centre has clients in Francistown, Tonota, Shashe Mooke, Mathangwane, Borolong, Tshesebe, Mabudzani, Lethakane and Matselagabedi. Unfortunately, the Tshimologo Stimulation Centre has not attracted enough funding through the Appeal and hence failed to reach the target of 8,000 children.

Disaster Management

Goal: BRCS's capacity in disaster management is strengthened through the design and implementation of well coordinated community response programme.

Objective: To improve the capacity of the National Society to manage disasters through capacity building and community empowerment initiatives.

BRCS responded to Selibe Phikwe and Tati Siding disasters where about 500 households were affected. They provided clothes, blankets and washing powder to the households. A report of the assessment disbursed from the Federation regional delegation in Harare.

A total of 251 refugee children were registered in Dukwi Refugees Camp Day Care centre and 95 children graduated in 2006 to start primary education. Five successful tracing initiatives for relatives of orphans and unaccompanied children were done; four children were reunified with their families. The International Committee of Red Cross (ICRC), in cooperation with the tracing programme, helps to restore links with family members who are separated by internal conflict or international disturbance and natural disasters. This is done through the exchange of Red Cross Messages (RCMs). Follow-ups were made on displaced children and other social cases on a monthly basis. In support of food security, 12 families consisting of 56 individuals who are urban refugees were financially supported on monthly basis to meet the costs of food, shelter and electricity.

Three one-day discussion sessions were conducted with women on physical and sexual violence and their right to seek justice. The participants suggested that to improve the situation, active male involvement in sexual and gender-based violence (SGBV) activities is necessary.

The implementation of the planned disaster management activities was affected by lack of funding, until the empress shoken fund was availed. BRCS disaster management appeal has not attracted funding from 2004 until now, as we report.
Humanitarian Values

Goal: BRCS has increased promotion of Fundamental Principles and dissemination of Humanitarian Values to influence behaviour change.

Objective: BRCS has increased capacity to promote Fundamental Principles and Humanitarian Values by 2007.

Although, BRCS has been in existence since 1948, not everybody is well informed about the role of the National Society and the Red Cross and Red Crescent Movement. A media workshop attended by 20 electronic and print media participants was held to strengthen the relationship with media to encourage publicity and create awareness on the work, Principles, Values and activities of the National Society and the Red Cross/Red Crescent Societies (Movement).

In December 2006, BRCS launched its web site (www.botswanaredcross.org) and strategic plans. Seven press releases were issued to the media. This led to airing of BRCS activities and projects on both public and private radio stations. Another five articles on National Society activities were published in the government and private print media. A communication and media strategy has been drafted, to aid publicity on the work, Fundamental Principles, Humanitarian Values and activities of the Movement. BRCS continued to circulate a quarterly newsletter among stakeholders to promote its image and better understanding of its auxiliary role to the government.

The information and dissemination department is in need of trade tools such as a laptop for processing and documentation of data during field assessments. Most the activities are supported through funding and material support from the ICRC.

Organizational Development

Goal: BRCS has an improved capacity to deliver quality services to the most vulnerable people through the implementation of the characteristics of a well-functioning National Society.

Objective: BRCS’s capacity for governance, management and programme implementation is strengthened to improve service delivery to the most vulnerable people.

In order to maintain and develop programming BRCS has developed a relevant and effective organizational development strategic plan. BRCS reviewed its constitutions, which was submitted to the Joint Commission for consideration and comments. The process will enable the National Society to effectively create and strengthen their governance structures and to provide quality service to the vulnerable people. The National society is also reviewing the Cooperation Agreement Strategy (CAS) in-order to support the new HIV and AIDS programmes through bilateral and multilateral agreements. The constitutional annual general assembly was held and some new members elected. The newly elected members were inducted on the Red Cross Code of Conduct, Principles, and Values as well as their roles and responsibilities. The process allows governance and management to be transparent and accountable to all members and stakeholders.

Branch development has been revived and new branches/divisions established, members and volunteers recruited and capacity building activities conducted. By end of 2006, 24 branches of the BRCS were functional and widely spread in all provinces. A total of 20 branches were revived.

The BRCS was without a youth officer most of the year until November 2006, a youth officer was finally recruited. The youth programme is responsible for forming in and out-of-school youth clubs around the country, and providing skills training to youths.

BRCS volunteers and staff were chosen as respondents of the volunteer’s management assessment, which was undertaken by the Federation regional delegation in Harare. The committee members and volunteers were assisted to plan for the recruitment of more volunteers and establish relationships with the local authorities.
The Federation finance delegate conducted a financial review, thereafter a plan of action (with budget) was developed based on recommendations. In a bid to ensure that BRCS becomes sustainable, a fundraising consultant was engaged. A choral festival was organized to raise funds for the department.

A total of 4,000 volunteers and 110 staff members benefited through training workshops on the roles and responsibilities of executive committees and management. In 2006, 200 youth and 50 volunteers were addressed on gender based-violence (GBV) in three branches. A needs assessment for youth centres was conducted. BRCS have established 12 youth resource centres and trained 34 youth centre volunteers on life skills and HIV and AIDS issues. In December 2006, the youth programme took 33 young people on a working camp. The objective was to teach young people various skills, as well as to revive and recruit new members into the branch and doing some community work.

Working in partnership

BRCS hosted a Norwegian Red Cross technical team in October 2006, accompanied by the regional representative of Danish Red Cross, whose mission was to consider including Botswana in its Africa Scale up Initiative.

BRCS programming was affected by high staff turnover including volunteers leaving to join the government programmes. Partners such as Danish Red Cross assisted the National Society by supporting key positions at the headquarters.

Contributing to longer-term impact

There are at least two trained volunteers in each of the ten branches, which enable quicker response to emergencies. This has improved the capacity of the National Society in the move towards community empowerment and a well prepared National Society by 2010. DM training focused on the most vulnerable groups i.e., women and children, thus preparedness and response plans on gender issues concerning women and children were well integrated.

All trainees were introduced to the Disaster Relief Code for the Red Cross Movement, non governmental organisation Code of Good Practice, and Sphere Standards and their application. In our response activities, the quality standards were shared with stakeholders for observance during the interventions and planning of evacuation sites.

BRCS programmes contributed to the Federation’s Global Agenda by empowering people living with disability as a special group. Many people have been trained on first aid and thus will be able to respond better to disasters. Trained peer educators have mobilized the community towards a better understanding of the Red Cross existence and services. The volunteers in the HIV and AIDs programme are dedicated to the programme and their partners and contribute to the preventing of the HIV infection. Youth volunteers developed a good working relationship with government health personnel as they collect condoms from clinics and other health and distribute to the community. Positive media reports during all the BRCS events, helped in creating a better understanding of the role of the Red Cross thus improving relationships with the other partner organizations, corporate world and the public.

The Regional HIV and AIDS Programme Appeal (MAA63003) was launched on 1 November 2006. The International Federation is scaling-up its response to HIV and is committed to reducing vulnerability to HIV and its impact through:

- Preventing further infections;
- Expanding care, treatment and support;
- Reducing stigma and discrimination.

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BRCS HIV and AIDS programme targets to reach 700,000 people with HIV prevention, 250 PLHIV in Dukwi refugee camp and 12,000 OVC in 12 project sites with care, treatment and support by 2010. An integrated HIV and AIDS five year (2010) programme (MAA63003BW) is seeking a total of CHF 17,225,948 for a period of five years.

Looking Ahead

Due to increasing demand for BRCS services, 16,000 volunteers will be recruited by 2010 and the Volunteer policy reviewed accordingly. The youth programme intends to launch a vigorous sensitization campaign across the country.

There will be a continued exposure of local authorities to disaster preparedness issues and International Humanitarian laws. The ICRC has funded the training for 60 participants which will be conducted in April 2007. Our capacity will further be strengthened by the Regional Disaster Response team (RDRT) training planned for August 2007. The Society’s capacity will enable the department to strengthen its disaster preparedness and response capacity and meeting contingency needs. In 2008 and 2009, coverage in all branches will be scaled up to be able to conduct VCA’s in the related communities without limitation in terms of human resource.

More work will be done in 2007 towards enhancing economic empowerment by seeking potential employers and funds to start income generating projects at community level. BRCS will find ways of training more people to generate income for the NS. The department will also improve the quality of training and register with Botswana training authority. In view of the fact that HIV prevalence rate is still high, BRCS will scale up its activities to ensure wider coverage. The NS will continue to disseminate information on its role and the Fundamental Principles of the Red Cross Movement through dissemination workshops, provision of educational material such as brochures, website, posters, bill boards and newsletters.

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