

Plan 2010-2011



International Federation
of Red Cross and Red Crescent Societies

Botswana

Executive summary

Botswana Red Cross Society (BRCS) two year plan emanates from the priorities as espoused in its strategic plan (2006 – 2010) and the on-going review exercise of the strategy beyond 2010. The vision of BRCS leadership is to shape the National Society into a model of excellence in addressing the needs of the most vulnerable people. Programmes have as thus, been designed to capacitate BRCS towards attaining its vision. Focus for the next two years is on building the institutional and implementation capacity of the National Society particularly in terms of sustainability beyond 2010, the year in which most of the bilateral partners agreements will be coming to an end.



This plan while addressing the four Global Agenda's goals, it deliberately excludes the HIV and AIDS component, which has been addressed separately under the Global Alliance on HIV. The plan also excludes First Aid, refugee programme, information and tracing activities, those interventions which have funding commitments from Belgian Red Cross, UNCHR and ICRC respectively. BRCS will revise its Strategic Plan, taking into account priorities of the [Johannesburg Commitment](#) adopted by Red Cross and Red Crescent Leaders at the 7th Pan African Conference (PAC).

To accomplish its goal of providing support to the National Society, the IFRC has reviewed its strategic direction by developing the new global strategy – [Strategy 2020](#): developed through an extensive consultation process with active participation of all National Societies, including meetings in all Zones. Strategy 2020 is based on three mutually-reinforcing strategic aims for 2020;

1. Save lives, protect livelihoods, and prepare for and recover from disasters and crises;
2. Enable healthy and safer living;
3. Promote social inclusion and a culture of non-violence;

and three enabling actions to deliver Strategic Aims

1. Build strong National Red Cross Red Crescent Societies;
2. Pursue humanitarian diplomacy to prevent and reduce vulnerability;
3. Function effectively as the International Federation.

This plan for 2010-2011 is seeking a total of CHF 0.9m (EUR 0.6m or USD 0.8m)

[Click here to go directly to the attached summary budget of the plan](#)

Country context

Table 1: Statistics from the Human Development Report 2007/2008¹ for Botswana

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|--|-------|
| Population, total (million), 2005 | 1.8 |
| Life expectancy at birth, annual estimates (years), 2005 | 48.1 |
| Adult literacy rate (% aged 15 and older), 1995-2005 | 81.2 |
| Under-five mortality rate (per 1000 live births), 2005 | 120 |
| One-year olds fully immunized against tuberculosis (%), 2005 | 99 |
| One-year olds fully immunized against measles (%), 2005 | 90 |
| HIV prevalence (% aged 15-49), 2005 | 24.1 |
| Human Development Index value, 2005 | 0.654 |
| Human Development Index rank, 2005 | 124 |
| Human Poverty Index (HPI-1) value (%) | 31.4 |
| Human Poverty Index (HPI-1) rank | 63 |
| Population living below \$2 a day (%), 1990-2005 | 55.5 |
| Population using improved water source (%) 2004 | 95 |
| Population using improved sanitation (%) 2004 | 42 |

Botswana's economy is sustained by diamonds, which account for 30% of its gross domestic product (GDP). Over the last three decades, Botswana had one of the fastest growing economies in the world, sustained by fiscal discipline and sound management. Since diamonds are a finite resource, the need for economic diversification is one of the government's most pressing economic challenges. Botswana has good relations with its neighbours, and with the international community. The country hosts refugees from the Democratic Republic of Congo (DRC), Rwanda, Namibia and Zimbabwe. The number of refugees has recently increased due to the deepening economic crisis in Zimbabwe.

Botswana has a population of 1.8 million people. Small scale livestock and agriculture are the most important sources of food for the majority of the population. The shortage of water and the lack of irrigation infrastructure weaken agricultural output. Most of the country is desert, which leaves little land for cultivation. Game parks are an important source of income for the country as they attract a lot of tourists. Botswana remains heavily dependant on South Africa for its imports.

Unemployment is estimated at 24.6%. In most cases only a few members from extended families have a paid job. Only a few people earn very high income, whilst 30% of the population is classified as being income poor (*Botswana Human Development Report 2006*). Poverty is perpetuated by the fact that more than 60% of families are single parent. Gender disparities are only now being actively addressed through creation of more employment opportunities and the strengthening of government structures to address gender issues.

Although Botswana is termed a third world country, it is viewed as a relatively wealthy country. Despite this economic achievement, Botswana is plagued by persistent drought and the increased family dependency on the government. This is perpetuated by the increased number of households with chronic illnesses, disabilities as well as increased deaths resulting from HIV and AIDS related conditions.

¹ UNDP, Human Development Report 2007 - 2008

National Society priorities and current work with Partners

The plan outlines programme components under disaster management, health and care, as well as organizational development. BRCS's institutional development has been assisted by Partner National Societies, particularly the Danish and Norwegian Red Cross. This support has greatly helped putting in place sound financial and human resource policies and systems, which has further strengthened the capacity of the National Society. There is still a gap in terms of harnessing the full potential of the systems, and it is believed with the continued support from the IFRC, partners and the government, BRCS will reach its full potential over the planned period and excel in its implementation.

Disaster Management Priorities



BRCS responded to the needs of families displaced by flood during the first quarter of 2009, with support from the IFRC.

In 2009, the effectiveness of the disaster management programme attracted the attention of the Government and it is envisaged that contribution from the local authorities will continue. BRCS is working towards building community resilience and capacity to manage common disasters through the active involvement of the youth. As a result, the National Society has identified the need to empower youth in disaster risk reduction (DRR) activities. The youth were very active during emergency operations, such as flooding between January and April of each rainy season. Communities and their leaders have acknowledged their lack of techniques, knowledge in risk reduction, prevention, and response and are willing to be empowered.

BRCS has been engaged in finalizing a Disaster Management Master Plan with a realistic action plan. It is on the basis of the Master Plan that the submission in this plan does not cater for the planning phase but rather focus on implementation of the Master Plan components which include advocacy, community participation and training. The focus is on preparedness for natural disasters particularly floods and droughts. The idea is to train volunteers at local levels who can then form disaster response teams. Disaster preparedness also demands availability of adequate disaster relief items such as tents, which can immediately be distributed in the event of disasters.

The Zambezi River crosses seven countries in southern Africa among which is Botswana and in the past eight years, flooding in the basin has resulted in mass displacements, caused outbreaks of water-borne and vector-borne diseases, and has devastated crops and livestock, as well as damaging the environment. This represents a humanitarian challenge amongst southern Africa National Societies, who have also a common vision of maximising the impact of Red Cross interventions in an integrated and holistic way. Whilst Red Cross flood operations had managed to avert loss of life and livestock and to prevent disease outbreaks, it was argued that the challenges faced by affected communities were beyond the scope of emergency relief. Sequential to this review, the ZRBI project was developed aimed at reducing vulnerability and building community resilience against hazards and threats. The ZRBI project was endorsed by the seven affected countries including Botswana (Angola, Malawi, Mozambique, Namibia, Zambia and Zimbabwe)² in June 2009. The initiative is in line with the IFRC's *Framework for Community Safety and Resilience*, which provides a foundation upon which Red Cross Red Crescent integrated community-level risk reduction can be planned and implemented.

Health and Care Priorities

The focus on health has over the years been on HIV and AIDS, which had pushed the country beyond limitations. Nevertheless, BRCS health and care programme has not attracted any funding over the past few years. While this is still the case, with HIV and AIDS making the majority of the NS budget, there are other health related challenges that require attention. This includes inter alia, the control of communicable diseases such as influenza, cholera typhoid fever, diarrhoea, polio; measles control and other general public health education activities.

BRCS has been a long time partner of the government in addressing health issues and discussions are underway to enter into a long-term Memorandum of Understanding to formalize the partnership. However, this support does not cover all NS requirements, resources and assistance from other partners are much welcome.

BRCS is one of the leading First Aid training agents in Botswana, with a broad objective of providing skills on emergency treatment to injuries and promoting safety at work. The National Society coordinates all First Aid activities including training on traditional and commercial First Aid. Various stakeholders tasked the BRCS to develop a standard national First Aid training manual, which was finalised in December 2006 though the printing and publication is yet to be completed.

The programmes at the BRCS's Tlamelong Rehabilitation Centre focus on physical therapy, skills training and economic empowerment, promotion of disability awareness, and empowering youth with disability on social skills and HIV and AIDS programmes for people living with disabilities. The Tlamelong Rehabilitation Centre also provides peer counselling and organizes social activities including sporting activities such as football, snooker, basketball and chess. Youth were provided with general information aimed at enhancing their understanding of their disabilities at a workshop organized by BRCS youth office. Young adults with disabilities are also trained on life skills through two-year courses covering textiles, horticulture and cookery. BRCS rehabilitation centre successfully started a catering department as an income-generating project for the NS. BRCS also helps trained youth with disabilities in securing employment from local companies. However, the programme has limited funding support and BRCS will reinforce fundraising activities to ensure self-sustainability.

² For more information on ZRBI refer to: http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi_River_Project_LR3.pdf

BRCS also operates two rehabilitation and stimulation centres in Francistown and Sefhare for children between the ages of two to 12. The children are trained in physical skills such as, sitting positions, feeding positions, standing, walking and holding things with their hands as well as being provided with pre-school education. In 2009 the Ministry of Health and that of Education, Skills and Development co-funded two of the centres and it is envisaged that in 2010 they will take up the third centre.

In 2010, BRCS will be in its final year of implementing the five-year integrated HIV and AIDS programme (MAA63003BW)³, which is part of the southern Africa Regional HIV and AIDS programme (MAA63003) and a component of the IFRC Global Alliance on HIV. The ambition to scale-up has not necessarily translated into capacity for increased resource mobilization and implementation. It is unlikely in the current economic context that BRCS will be able to raise additional funding foreseen to scale-up HIV interventions by the end of 2010. Most of the funding from the IFRC and PNS existing agreements are coming to an end in 2010. In addition, the annual income either through the IFRC or direct to National Societies is expected to decrease (perhaps by 30 percent if not more), primarily due to the financial crisis that has engulfed all sectors (government, private sector, foundations and Movement partners).

BRCS leadership progressively discussed the future of the HIV programme at the Southern Africa Partnership of Red Cross Societies (SAPRCS) meeting held in June 2009. The leaders agreed on the urgent need to integrate HIV and AIDS activities with other community-based health and care activities, while ensuring alignment with government priorities. SAPRCS also commissioned a rapid assessment to determine the implications of doing so; develop a detailed plan and budget that will take into consideration the transition of the programme management and activities. Therefore, in 2010, the HIV and AIDS programme will continue supporting the current level of beneficiaries with more integrated and holistic activities in prevention and care for OVC, while ensuring positive living and ART adherence support for PLHIV. The programme plan for 2011 will be reviewed based on the results of the rapid assessment, no later than December 31, 2009.

Organisational Development Priorities

In 2009, BRCS managed to establish divisional structures and in the next two years, focus will be on making them fully functional. Human resources and financial management systems have been put in place and the challenge is to ensure effectiveness in their work. The rationale for the capacity development appeal is to ensure BRCS has functional, sustainable and representative governance and management structures at all levels by 2010. Focus is on implementing the 2006 – 2010 strategy to reach the outlined goals, aimed at developing programming. In 2010-2011, BRCS is strongly committed to becoming a national humanitarian agent with effective and efficient service delivery.

The areas of focus continue to be as follows:

Institutional Capacity

- Office buildings and storage facilities: the BRCS is currently limited in terms of office accommodation and storage facilities hence the need to develop such. This is required both at Headquarters level and regional level.
- Ability to harness local resources: there is need to strengthen capacity to mobilize local resources, hence the need for technical support to develop fundraising strategy and support for its implementation.
- Marketing and communication strategy: the visibility of BRCS is limited and that makes it difficult to convince stakeholders on its operations and capacity. This requires the need for a comprehensive marketing and communications strategy as well as its implementation.

³ For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003BW) or follow the link <http://www.ifrc.org/appeals/annual06/MAA63003BW.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

- Institutional support to clientele: the capacity of BRCS to address the needs of the vulnerable is currently very limited. There is need to strengthen this primary role through adequate support for the needy, particularly through increased welfare for volunteers. BRCS should therefore strengthen its capacity to recruit and retain volunteer membership (policy, incentives and motivation)
- Sustainability strategy: the BRCS needs to invest in sustainability projects that would generate income to reduce dependence on donors. This requires seed capital.

Implementation Capacity

The BRCS has had a history of limited implementation capacity and there is need to further strengthen some specific areas that would improve the capacity of the society.

- Skilled personnel: there is need to further recruit and retain programme officers particularly at branch and regional levels to support branch development and project implementation at community level. The BRCS would need to be able to support recruitment and retention of at least eight programme officers by 2010.
- Transport: project implementation at branch level and support to branch activities is currently limited by lack of transport.
- Lack of operational systems: the National Society is still to strengthen and professionalize its operational systems including human resources management systems, finance management systems, project management systems, information management systems (database), as well as planning, monitoring and evaluation tools. This shall indeed require adequate technical support from the IFRC.

With support of the IFRC Sub-Zone office, BRCS underwent a volunteer management assessment in 2006, which has a set of recommendations on improving voluntarism. The committee members will be assisted to plan for the recruitment of more volunteers and establishment of relationships with the local authorities. Progress has been made in finance development and in 2009 the IFRC Sub-Zone Office has supported the implementation of Navision Accounting Software at headquarters, and rolling out to branches is intended to be undertaken in 2010.

Secretariat supported programmes in 2009-2010

Disaster Management

a) The purpose and components of the programme

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| Programme purpose |
| Reduce the number of deaths, injuries and impact from disasters. |

The Disaster Management programme budget for 2010-2011 is CHF 0.9m (EUR 0.6m or USD 0.8m)

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|---|--|
| Programme component: Disaster Preparedness | |
| Outcome 1 | Enhanced human, financial, and material resources, effective and efficient disaster management system through the implementation of the DM master plan |
| Outcome 2 | Self-reliance of individuals and communities is improved to reduce their own vulnerability to public health emergencies and disasters. |
| Programme component: Disaster Response | |
| Outcome 1 | Quality of disaster response and humanitarian interventions is enhanced to meet the needs of refugees and communities affected by displacement. |
| Programme component: Disaster Risk Reduction | |
| Outcome 1 | Vulnerability of communities in disaster prone areas is reduced through timely information, capacity and resilience building interventions. |

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| Outcome 2 | Nutritional conditions within vulnerable communities are improved with special attention on women and child-headed households. |
| Programme component: Zambezi River Basin Initiative | |
| Outcome 1 | The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness. |
| Outcome 2 | Access to adequate and nutritious food commodities is increased among communities along the Zambezi River basin. |
| Outcome 3 | The number of deaths, illnesses and impact from diseases is reduced among communities along the Zambezi River basin. |
| Outcome 4 | National Society capacity to implement disaster preparedness, response and recovery operations is increased. |

b) Potential risks and challenges

The recurrent floods and droughts posed a risk of diverting attention from the development to long-term programming to emergency operations. Another potential risk is human resource management and high turnover of volunteers. Volunteer support is needed particularly during relief operations.

Health and Care

a) The purpose and components of the programme

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| Programme purpose | |
| Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. | |

The Health and Care programme budget for 2010-2011 is covered and will be revised in 2010.

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| Programme component: Community-Based Health and First Aid | |
| Outcome 1 | The number of communities which are able to cope with health risks and hazards in their environment is increased through integrated NS community based health and First Aid activities. |
| Outcome 2 | Mother and Child health is improved through immunization services to children and mothers in areas of BRCS operations. |
| Outcome 3 | The level of community health knowledge is increased through the development and distribution of health related information, education and communication (IEC) materials. |
| Programme component: | |
| Outcome 1 | Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations. |
| Programme component: HIV and AIDS (Refer to Link http://www.ifrc.org/appeals/annual06/logframes/Africa/MAA63003AO.pdf) | |
| Outcome 1 | Prevent further infections through targeted community-based peer education and information, education, and communication (IEC) activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT). |
| Outcome 2 | Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support. |
| Outcome 3 | Address stigma and discrimination with targeted communication and advocacy activities. |
| Outcome 4 | Build the NS capacity to plan, implement, and manage the programme. |

b) Potential risks and challenges

The major limitation is with financial sustainability of the community-based rehabilitation activities and in reaching out to people with disabilities.

Organisational Development

a) The purpose and components of the programme

| Programme purpose | |
|--------------------------|---|
| | Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. |

The Organisational Development programme budget for 2010-2011 is covered and will be revised in 2010.

| Programme component: Leadership and Management Development | |
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| Outcome 1 | BRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organisational performance and accountability. |
| Programme component: Well-functioning Organisation | |
| Outcome 1 | BRCS has well defined policies, systems and procedures in place for the effective management of the NS. |
| Outcome 2 | Effective financial management systems, procedures and tools are in place and systematically used. |
| | BRCS has capacity in planning, tracking performance, and reporting as stipulated in the IFRC's "Performance and Accountability Framework". |
| Programme component: Branch Development and Volunteer Management | |
| Outcome 1 | BRCS has vibrant branches delivering quality services through their local volunteer and youth networks. |
| Outcome 2 | BRCS has well established systems and procedures for the systematic provision of technical support to its branches. |
| Programme component: Resource Development | |
| Outcome 1 | Capacity to mobilise resources and its own sustainability is enhanced through the implementation of well designed income generating programmes. |

b) Potential risks and challenges

The greatest challenge in organizational development during the planned period will be on reaching out to branch structures and building their capacities for implementing programmes, as desirable within Red Cross/Red Crescent *modus operandi*. An organizational development survey conducted in 2009 revealed an extensive number of challenges that require redress including financial and leadership crisis. There is need to resuscitate the energies and capacities at branch levels for stronger volunteer base, which is a pre-requisite for a functional National Society that has implementation capacity. To achieve this, BRCS needs more financial and human resources, thus focus is drawn to increasing resource mobilisation and external relations capacity.

BRCS has had enormous challenges in programme implementation due to high staff turnover. There has been an extensive organizational structural review and salaries review to improve on staff conditions. A Performance Management System has also been introduced in 2009. All programme managers and officers have also been trained on project management. It is envisaged that all the above will promote a culture of high performance, which will in turn improve on programme implementation and management.

BRCS is also faced with the risk of losing its trained volunteers to other agencies offering better incentives. Efforts will be made not only to recruit and train more volunteers, but retain them through concurrently developing a database for managing the volunteer network. Discussions are on-going with the government on the possibility of funding and supporting the volunteer management programme.

The need remains to strengthen the information and communication programme to raise its profile as an auxiliary to the government in the provision of humanitarian services. Financial and material resources such as computer equipment and accessories are needed to support the programme covering activities such as production of information, education and communication (IEC) material (brochures, internet, Website, posters, billboards), newsletters, media tours and radio programmes.

Principles and Values

a) The purpose and components of the programme

| Programme purpose | |
|---|--|
| Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion. | |

The Principles and Values programme budget for 2010-2011 is covered and will be revised in 2010

| Programme component: Promotion of Fundamental Principles and Humanitarian Values | |
|---|--|
| Outcome 1 | Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values are enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity). |
| Outcome 2 | Target population is sensitized to Fundamental Principles and Humanitarian Values and changing behaviour. |
| Programme component: Operationalization of Principles and Values | |
| Outcome 1 | The dissemination of the Fundamental Principles and Humanitarian Values is an integral part of all NS programmes and activities. |
| Programme component: Prevention of Sexual and Gender-Based Violence | |
| Outcome 1 | BRCS mainstreams gender issues in all its programmes |

b) Potential risks and challenges

A biggest challenge is the lack of a focal manager for the promotion and operationalization of the Humanitarian Values and Fundamental Principles. This entails that BRCS may not meet the demand now from the public and volunteers who require more awareness on International Humanitarian Law (IHL), anti-stigma and discrimination, sexual and gender-based violence.

Role of the Secretariat

The Secretariat's budget for its support role in 2010-2011 is covered under Organisational Development programme

a) Technical programme support

The IFRC will continue providing technical support in all areas based on the National Societies' priorities.

b) Partnership development and co-ordination

BRCS is partnering with government departments namely Ministries of Health, Education, Department of Social and Community Development; sector agencies namely National Youth Council, Social Community Development; Community-based organisations namely, Village Development Committees; Faith-based organisations; United Nations agencies namely UNHCR, UNICEF and WHO. In 2009, BRCS received a grant from the government of over USD1.2 million for its core costs, which only leaves a gap in funding support in programme development.

BRCS is widely recognised by the government, civil society and developmental partners as a key partner in development and implementation of national policies. At the same time, BRCS is increasing local partnerships and tapping into opportunities to generate revenue such as developing commercial First Aid training services and increasing membership. Strategic partnership has been established with government, networks of PLHIV, local non-governmental organisations (NGOs), corporate, faith-based and community-based organisations.

The greatest motive for BRCS is on developing effective and efficient means of delivering the greatest impact for vulnerable people through the formation of country-based operational alliances.⁴ The purpose of the operational alliance is to most effectively utilise the collective resources of the IFRC members and where appropriate, other partners, to enhance the capacity of the Operating National Society in order to achieve greater impact for vulnerable communities through the delivery of a quality programme. This approach is aimed at strengthening the resource base of the national society and widening the pool of human resources.

Red Cross Red Crescent Movement partners include the IFRC, ICRC, Belgian, Danish, Norwegian and Swedish Red Cross Societies. Movement partners support BRCS as follows: Belgian Red Cross in health and care, Danish, Norwegian and Swedish Red Cross in capacity development and ICRC in promotion of Fundamental Principles and Humanitarian Values. The IFRC technically supports in governance and management development, institutional development and programme management. While the partnership agreements are due to end by 2010, it is envisaged that the exit strategies will take into cognisance the continued programmes of the National Society particularly putting in place sustainability measures.

c) Representation and Advocacy

Through advocacy and publicity work BRCS has been recognised as a reputable and credible humanitarian organisation. In 2010-2011, the will focus on;

- Increasing awareness and recognition among key humanitarian agencies;
- Highlighting the plight of beneficiaries in Botswana and the role that BRCS plays in addressing their challenges and needs;
- Promoting the BRCS strategic plan 2006-2010 as a new tool for humanitarian response in the country; and
- Promoting and raising the profile of the work of the Red Cross in Botswana.

d) Target Population:

BRCS is targeting 1,000 people in disaster preparedness and 3,800 refugees in Dukwi Camp. Through its health and care programme, the National Society target is train 6,000 people in community-based First Aid, 10,000 people to be provided with mosquito nets, rehabilitation of 240 youth with disabilities and reaching 500 youth with life skills development projects. In capacity development, 4,000 volunteers will be trained, over 8,000 members, 13 governing board members and 64 staff educated on the Fundamental Principles and Humanitarian values.

Promoting Gender Equity and Diversity

Gender sensitivity, anti stigma and discrimination elements will be incorporated in programme planning and implementation. The NS ensures that the vulnerable people it serves live with dignity and services are compliant to the Sphere minimum standards, at the same time contributing to the Millennium Development Goals.

⁴ **Operational Alliance** - An Operational Alliance is a grouping of Federation members (Secretariat and National Societies) who agree to cooperate together. If appropriate, the Alliance will cooperate with external partners (e.g. EU, WHO).

The Red Cross activities will enlist the participation of women and children as they are key actors in family health, and more specifically on water supply and hygiene-related issues. BRCS programmes contributed to the Global Agenda by empowering people living with disability as a special group, and emphasising the involvement of PLHIV. Gender mainstreaming is incorporated in all programmes, which are implemented to ensure that the vulnerable people live with dignity.

Quality, Accountability and Learning

In performance and accountability, focus shall be to strengthen the planning, monitoring and evaluation skills of programme managers to ensure proper routine tracking of the key elements of programme performance through record keeping, regular reporting and surveillance systems, field visits, management meetings with community leaders and other stakeholders in order to prevent duplication of services to communities. National programme managers will assist with systematic monitoring visits to all projects, and ensuring that reporting systems are efficient and effective. Like all NS in southern Africa, BRCS requires baseline surveys to provide basic data upon which programmes will be developed. The IFRC Sub-Zone Office, through its Performance and Accountability department will provide support in enhancing tracking and measurement of programmes to determine their impact.

| How we work | |
|--|---|
| <p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p> | <p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity. |
| Contact information | |
| <p>For further information specifically related to this plan, please contact:</p> <ul style="list-style-type: none"> • In Botswana: Mabel Rammekwa, Secretary General, Gaborone Email: brcs@info.bw; Phone: Tel: +267. 35.24.65; Fax: 267.35.23.52 • In Southern Africa Sub-Zone: Françoise Le Goff, Head of Sub-Zone Office, Johannesburg; Email françoise.legoff@ifrc.org; Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230 <p>For pledges towards the programmes:</p> <ul style="list-style-type: none"> • In IFRC Southern Africa Sub-Zone: Laurean Rugambwa; Resource Mobilisation Coordinator, Johannesburg; Email: zonerm.southafrica@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230 <p>For Performance and Accountability (Planning, Monitoring, Evaluation and Reporting) enquiries:</p> <ul style="list-style-type: none"> • In IFRC Southern Africa Sub-Zone: Theresa Takavarasha; PMER Manager, Johannesburg; Email: terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Mobile: +27.83.413.3061; Fax: +27.11.884.3809; +27.11.884.0230 <p>For media enquiries:</p> <ul style="list-style-type: none"> • In IFRC Southern Africa Sub-Zone: Matthew Cochrane; Communication Coordinator, Johannesburg; Email: matthew.cochrane@ifrc.org; Phone: Tel: +27.11.303.9700; Mobile: +27.83.395.5266; Fax: +27.11.884.3809; +27.11.884.0230 | |

MAABW002 - Botswana

Budget 2010 - 2011

Budget 2010

All figures are in Swiss Francs (CHF)

| | Disaster Management | Health and Care | Capacity Building | Principles and Values | Coordination | Total |
|----------------------------|---------------------|-----------------|-------------------|-----------------------|--------------|----------------|
| Supplies | 147,000 | | | | | 147,000 |
| Land, vehicles & equipment | | | | | | |
| Transport & Storage | 49,500 | | | | | 49,500 |
| Personnel | 105,000 | | | | | 105,000 |
| Workshops & Training | 70,500 | | | | | 70,500 |
| General Expenditure | 71,300 | | | | | 71,300 |
| Depreciation | | | | | | |
| Contributions & Transfers | | | | | | |
| Programme Support | 30,818 | | | | | 30,818 |
| Services | | | | | | |
| Contingency | | | | | | |
| Total Budget 2010 | 474,118 | | | | | 474,118 |

Budget 2011

All figures are in Swiss Francs (CHF)

| | Disaster Management | Health and Care | Capacity Building | Principles and Values | Coordination | Total |
|----------------------------|---------------------|-----------------|-------------------|-----------------------|--------------|----------------|
| Supplies | 112,000 | | | | | 112,000 |
| Land, vehicles & equipment | | | | | | |
| Transport & Storage | 41,000 | | | | | 41,000 |
| Personnel | 101,000 | | | | | 101,000 |
| Workshops & Training | 56,500 | | | | | 56,500 |
| General Expenditure | 59,650 | | | | | 59,650 |
| Depreciation | | | | | | |
| Contributions & Transfers | | | | | | |
| Programme Support | 25,732 | | | | | 25,732 |
| Services | | | | | | |
| Contingency | | | | | | |
| Total Budget 2011 | 395,882 | | | | | 395,882 |