

Plan 2010-2011



International Federation
of Red Cross and Red Crescent Societies

SWAZILAND

Executive Summary

Despite Swaziland's predominantly subtropical climate and good access to water, drought is an increasing challenge for communities in its lowveld. The country also faces large income disparities, declines in economic growth, limited access to food and increasing socio-political tensions. The ravage of the HIV and AIDS pandemic are widespread. Population growth is in a freefall, life expectancy now sits at 40 years and an increasing number of elderly people are now caring for the many orphans due to HIV.

The Baphalali Swaziland Red Cross Society (BSRCS) is going through an institutional change process in order to be well prepared to respond to the widespread humanitarian needs. In July 2009, a new governing board was elected which marks the beginning of a turnaround following years of decline in the quality of governance, management and programming. BSRCS will now focus on revising 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 1.1m (EUR 0.7m or USD 1.1m)

[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 Swaziland

Population, total (million), 2005	1.1
Life expectancy at birth, annual estimates (years), 2005	40.9
Adult literacy rate (% aged 15 and older), 1995-2005	79.6
Under-five mortality rate (per 1,000 live births), 2005	160
One-year olds fully immunized against tuberculosis (%), 2005	84
One-year olds fully immunized against measles (%), 2005	60
HIV prevalence (% aged 15-49), 2005	33.4
Human Development Index value, 2005	0.547
Human Development Index rank, 2005	141
Human Poverty Index (HPI-1) value (%)	35.4
Human Poverty Index (HPI-1) rank	73
Population living below \$2 a day (%), 1990-2005	77.8
Population using improved water source (%) 2004	62
Population using improved sanitation (%) 2004	48

Swaziland has the world's highest HIV infection rate among the 15-49 year olds. People living with HIV (PLHIV) is estimated at 230,000 (2006, UNAIDS Annual Report), HIV and AIDS – deaths is 24,000 (UNAIDS 2004) and children who are made vulnerable and are orphaned because of HIV and AIDS are estimated at 120,000 by 2010 (the number might double by 2015) and 5,000 children die of HIV and AIDS related illnesses every year (2004 UNAIDS Report). According to the *Economist Intelligence Unit*, the probability of a Swazi aged 15 years today reaching the age of 40 is now only 26 percent. The HPI-1 index, which measures severe deprivation in health by the proportion of people who are not expected to survive age 40, gives Swaziland a value of 35.4, which ranks 73 among 108 developing countries for which the index has been calculated. Moreover, the Gini² coefficient measure of income inequality for Swaziland is 60.9, one of the highest in the world. The country's ranking in the UNDP's human development index is 141 out of 177 countries. Its ranking has fallen in recent years because of the high incidence of HIV and AIDS.

The global climate change has adversely affected Swaziland, which has experienced its worst drought, since 1991/2. An assessment conducted by a joint team from the FAO, WFP and the local Vulnerability Assessment Committee (VAC) revealed that 410,000 people will require humanitarian assistance such as food, agricultural inputs, water and sanitation (WatSan), health and nutritional services as well as livelihood recovery. Prices of agricultural inputs and other basic household necessities have dramatically increased and are beyond the reach of most vulnerable households. According to the VAC and the WFP/FAO joint assessment teams, the country's maize deficit is at 41 percent, and the most vulnerable subsistence farmers will require external assistance in order to produce an adequate amount of food for the next season.

¹ UNDP, Human Development Report 2007 - 2008

² A value of zero represents perfect equality and a value of 100 perfect inequalities

National Society priorities and current work with partners

Following a successful Annual General Meeting held in July 2009 and the election of a new governing board, BSRCS is undergoing a change process that calls for intensified support from the IFRC and other partners. This plan has been developed accordingly to the priority areas in the next two years, with a lot of work require on capacity building and development of policies, structures and systems of programming. Its priorities are derived from the strategic plan and are aligned to those of the local authorities; thus in disaster preparedness and response, community-based health and First Aid. The government categorically supports the management of the Red Cross Clinics through provision of staff, medicines and equipment.

Disaster Management Priorities



BSRCS are have a long-term livelihood projects and food security programme through which beneficiaries are provided with chicks and small livelihoods to keep and sell for income generation.

With the support of the IFRC Southern Africa Sub-Zone Office and Partner National Societies (PNS), BSRCS pre-positioning of disaster relief materials will be reinforced. This would allow quick response in the case of an emergency. Through its disaster management unit, BRCS shall focus on establishing disaster reduction committees and teams at branch levels, as well as the promoting the disaster management curriculum through the national primary, secondary and tertiary education systems.

Food insecurity remains a major cause of malnutrition and poverty in the Southern African region, as well as being responsible for high rates of morbidity and mortality in vulnerable communities. Causes of food insecurity include HIV and AIDS, climate change, population size, poor governance, decline in public services, decline in crop production, increasing inflation and debt. Swaziland is among the five countries in Southern African (Lesotho, Malawi, Namibia Swaziland

and Zambia) selected to implement the IFRC Five-Year Strategic Framework on Food Security in Africa.³ BSRCS will work, in accordance with the new Food Security initiative to:

- Reduce the vulnerability of communities through longer-term support to livelihoods and food security;
- Strengthen livelihoods in order to improve food security and resilience, in alignment with our disaster risk reduction work;
- Further strengthen and integrate long-term food security plans in the areas of community-based health care, water and sanitation.
- According to 2005 United Nations Development Programme (UNDP) estimates, Swaziland's 1.1 million people have the world's highest HIV and AIDS infection rate of 45.3 percent.

The present drought situation has already had an adverse effect on PLHIV on antiretroviral therapy (ART) as they require good nutrition to complement their medication. Young girls from poor households are reported to be engaging in negative coping strategies including transactional sex, thus leading to an increase in sexually transmitted infections (STIs). There is also an increase in cases of gender violence, school dropouts, skin diseases, diarrhoea, and child abuse reported.

Health and Care Priorities

The community-based health and First Aid (CBH&FA), like in other National Societies is also being revamped and developed at divisional level. Focus is on building capacities on health promotion at community level. Most of the CBH&FA activities will be integrated into emergency health services and mother and child health.

In response to the erratic water supply and inadequacy in the availability of sanitation facilities, BSRCS aims to grow its water and sanitation programme, with support of the IFRC. The main activities are provision of safe water as well as protection of sources, construction and rehabilitation of latrines, health education and hygiene promotion.

In 2010, BSRCS will be in its final year of implementing the five-year integrated HIV and AIDS programme (MAA63003SZ)⁴, 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 BSRCS 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 is 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).

BSRCS 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.

³ For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

⁴ For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003SZ) or follow the link <http://www.ifrc.org/appeals/annual06/MAA63003SZ.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

Therefore, in 2010, the HIV and AIDS programme continues 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 people living with HIV (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/Capacity Building Priorities

Following the appointment of the new leadership, focus is on re-organising the governance and management at national and branch levels. To achieve good governance and leadership at all levels, there are sturdy plans for peer-supported capacity building, which involves exposure to sound governance practices, coaching and mentoring by peers. This is complemented by strengthening membership and improving volunteer management systems. The aim is to scale-up services to the vulnerable in a more efficient and effective way.

BSRCS will ensure that the regional branches are strengthened and have capacity to disseminate the Red Cross principles, values and mandate. The purpose of promoting the Movement's Fundamental Principles and Humanitarian Values (P&V) is not simply to ensure that people – staff, volunteers, public and private authorities, or the community in general know of these P&V, but to influence their behaviour through developing an understanding and raising awareness.

While the promotion of P&V is a core area in its own right, their integration into all activities of disaster management and health and care in the community is also seen as an essential part of what makes a well-designed Red Cross Red Crescent (RC/RC) intervention. Promoting and respecting our P&V is indispensable if the RC/RC is to be perceived as an impartial, neutral and independent actor, and furthermore to facilitate the RC/RC to carry out its mandate. BSRCS operational programming based on, and in conformity with, our P&V is key to demonstrating the comparative advantage of the RC/RC versus other humanitarian actors. The dissemination programme has been supported by the ICRC, local media at regional and national levels. However, the programme is in the process of repackaging the activities on the operationalization of the P&V, through close consultation with the ICRC. In addition, the ICRC supports the tracing activities in three areas with refugee programmes.

Secretariat supported programmes in 2010-2011

Disaster Management

a) The purpose and components of the programme

Programme purpose

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

The Disaster Management programme budget for 2010-2011 is CHF 0.6m (EUR 0.4m or USD 0.7m)

Programme component: Community-Based Disaster Preparedness

Outcome 1	Human, financial and material resources and disaster management system enhanced through the implementation of the DM master plan (DMMP).
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	Improved disaster response mechanisms to meet the needs of those affected by disasters.
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Programme component: Community-Based Disaster Risk Reduction (DRR)

Outcome 1	Vulnerability of communities in disaster prone areas is reduced through timely information, capacity and resilience building interventions.
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Programme component: Food Security	
Outcome 1	Household food availability is improved.
Outcome 2	Household food utilisation is improved.
Outcome 3	Household access to food is improved.

b) Potential risks and challenges

The potential challenges include the non-availability of funds and the adverse climate change (i.e. too little or too much rainfall prohibiting the community members from working on the projects). In order to ensure effective disaster response and build community resilience, BSRCS will train divisional staff and communities on food security and livelihoods recovery initiatives. Another challenge is limited transport facilities (vehicles) for use during disaster response interventions. Resource mobilisation efforts will be enhanced targeting the governments, NGOs, communities to increase participation and support during emergency operations

Health and Care

a) The purpose and components of the programme

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 CHF 0.3m (EUR 0.2m or USD 0.3m)

Programme component: Community-based Health and Care	
Outcome 1	Communities have capacity to reduce their own vulnerability to health risks and hazards in their environment through knowledge of local community-based health and First Aid (CBH&FA).
Outcome 2	Mother and child health is improved through immunization services to children and mothers in areas of BSRCS 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: Public Health in Emergencies	
Outcome 1	Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.
Programme component: Water and sanitation⁵	
Outcome 1	Improved access to safe water and sanitation facilities among the target population according to the SPHERE minimum standards.
Programme component: HIV and AIDS (Refer to Link http://www.ifrc.org/appeals/annual06/logframes/Africa/MAA63003SZ.pdf)	
Outcome 1	Prevent further HIV 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 National Society capacity to plan, implement, and manage the programme.

⁵ Global WatSan Programme supported by EU under the IFRC Global Water and Sanitation Initiative

b) Potential risks and challenges

Such as other programmes, the health and care programme has in the past affected by limited funding support, emanating from poor stakeholder buy-in. Therefore BSRCS is planning to engage government, specifically the MoH in the roll-out of CBH&FA at community level in order to ensure sustainability. The issues on capacity particularly for the water and sanitation programme will be addressed through the IFRC Sub-Zone health and care unit, based on the gaps identified by the National Society.

Organisational Development/Capacity Building

a) The purpose and components of the programme

Programme purpose

Increase local community, civil society and Red Cross capacity to address the most urgent situations of vulnerability.

The Organisational Development/Capacity Building programme budget for 2010-2011 is CHF 0.2m (EUR 0.1m or USD 0.2m)

Programme component: Leadership and Management Development

Outcome 1 BSRCS 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 BSRCS has well defined policies, systems and procedures in place for the effective management of the National Society.

Outcome 2 Effective financial management systems, procedures and tools are in place and systematically used.

Outcome 3 BSRCS 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 BSRCS has vibrant branches delivering quality services through their local volunteer and youth networks.

Outcome 2 BSRCS 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

Support is expected from all stakeholders in order to enhance the quality of governance, management and programming. Commitment is also expected from the new leadership in order to achieve the tenets of a well-functioning National Society.

BSRCS in general and particularly in the past few years has not had enough attention from donors and PNS; this may be primarily due to the size of the country but also its limited absorption capacity. Consistency and continuity in leadership is required for the National Society in order to be more proactive, responsible and accountable.

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 CHF 63,000 (EUR 41,000 or USD 60,000)

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

b) Potential risks and challenges

The increased operational demands reduce the amount of time on issues around the promotion of Humanitarian Values and Fundamental Principles. This is managed through close cooperation with the disaster management and health programme managers, with a strong emphasis on integration. Another challenge to the programme is the reluctance of community leaders to allow discussions and activities around the reduction of discrimination and gender violence, supposedly as a result of cultural beliefs. Similarly, it is tackled through ensuring cooperation and involvement of community leaders in planning and implementation.

Role of the Secretariat

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

a) Technical programme support

The IFRC's mandate is to provide technical support and co-ordination to BSRCS and the tasks are geared towards strengthening branches, increasing membership, restructuring and developing various policies, procedures and guidelines. Other support includes those for logistics, information, and planning, reporting and human resource management. Technical support is directly provided by the programme departments and support service units at IFRC Sub-Zone.

b) Partnership development and co-ordination

The IFRC also facilitates relationship building between BSRCS and its stakeholders including Movement components (PNS, IFRC, ICRC) and humanitarian agencies. BSRCS is formalising partnerships with its local partners through Memoranda of Understanding. A fundraising committee at the governing board level will guide and direct all the fundraising efforts. A partnership forum will be created for all the stakeholders to come together and explore ways of collaborating and co-ordinating. The combination of resources and efforts would maximise the collective impact for the services being delivered. Support from the IFRC is needed on improving co-operation and co-ordination, utilising the Co-operation Agreement Strategy (CAS) to develop a country level cooperation strategy that aligns National Society needs, capacities and priorities as well as the support received from partners.

c) Representation and Advocacy

The National Society leadership supported by the IFRC will ensure the National Societies is well represented at all strategic national fora on humanitarian issues and social development. In that regard, the IFRC provides guidance in media and public relations.

Promoting gender equity and diversity

There is limited male participation in all the programmes and this disparity is being addressed by mobilising the male volunteers at community level. Community empowerment programmes are targeted at accommodating more women than men following the increase of female-headed families as a result of the HIV and AIDS pandemic. The incorporation of messages addressing gender violence would be done in all the campaigns and commemorations. The dissemination of the Red Cross Principles and Values would be strengthened to promote the respect for human dignity.

Quality, accountability and learning

BSRCS strives to become a successful national organisation by ensuring that it has and will continuously develop its five fundamental assets, which are competent people, relevant programmes, efficient organisational structure, adequate resources and effective ways of working. BSRCS endeavours striking a balance between programme design and the implementing capacity in order to enhance quality on programming.

Accountability is through tracing the performance of programme, measuring and sharing the impact with the stakeholders. The impact and improved quality of life for beneficiaries will be monitored through a simple but systematic collection and examination of data. The performance and accountability unit takes care of issues related to programme performance and tracking. Annual donor consultative meeting will be held to create the platform for programme review and planning by all the stakeholders.

How we work

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".

Global Agenda Goals:

- 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

For further information specifically related to this plan, please contact:

- **In Swaziland:** Nathi Gumede, Secretary General, Email; nathigumede@yahoo.com
Phone: Tel: +268.404.2532; Fax: 268.404.6108
- **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

For pledges towards the programmes:

- 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

For Performance and Accountability (Planning, Monitoring, Evaluation and Reporting) enquiries:

- 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

For media enquiries:

- 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

MAASZ002 - Swaziland

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	34,825	50,740				85,565
Land, vehicles & equipment			34,736			34,736
Transport & Storage	52,079	20,999	3,492			76,570
Personnel	95,905	34,333	50,739	7,613		188,590
Workshops & Training	41,852	18,490	1,560	4,266		66,168
General Expenditure	44,429	32,419	38,025	19,174		134,047
Depreciation						
Contributions & Transfers						
Programme Support	18,707	10,913	8,937	2,159		40,715
Services						
Contingency						
Total Budget 2010	287,797	167,894	137,489	33,211		626,391

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	34,825	29,898				64,723
Land, vehicles & equipment			8,736			8,736
Transport & Storage	52,079	17,781	2,078			71,938
Personnel	105,005	4,555	30,225	1,690		141,475
Workshops & Training	45,449	9,568	1,040	834		56,891
General Expenditure	45,118	24,534	21,455	25,096		116,203
Depreciation						
Contributions & Transfers						
Programme Support	19,637	6,002	4,417	1,920		31,976
Services						
Contingency						
Total Budget 2011	302,113	92,337	67,950	29,541		491,941