

Plan 2010-2011



Southern Africa Sub-Zone

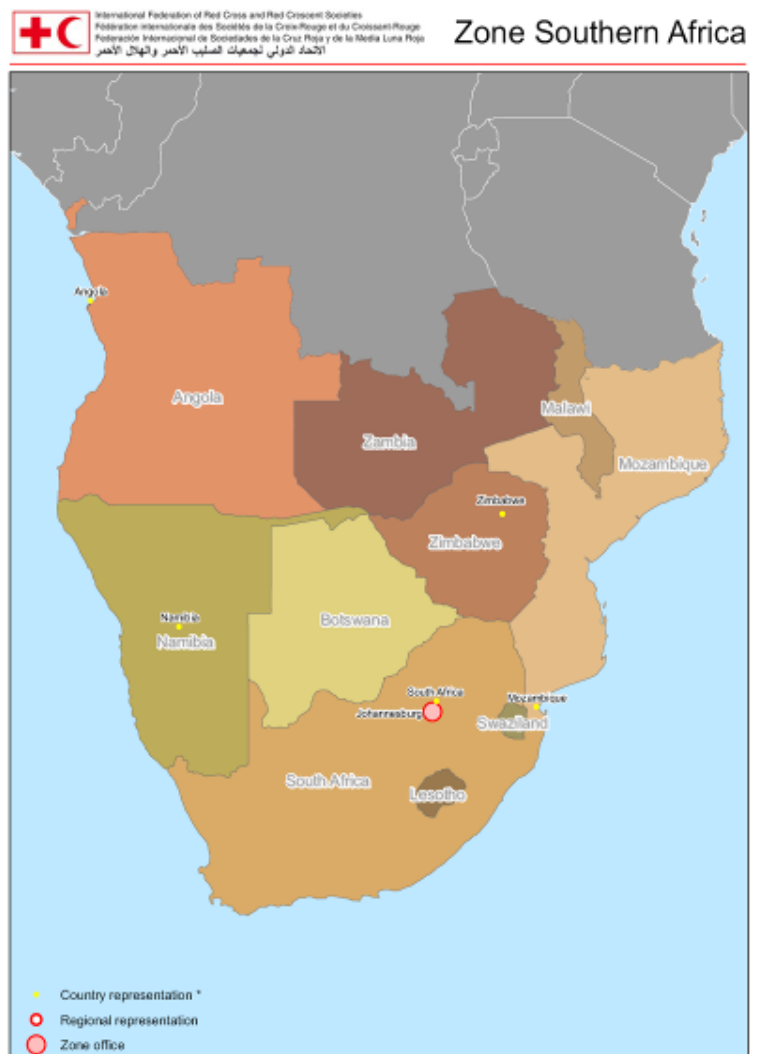
Executive summary

Southern Africa region comprises ten countries with a shared total population of approximately 130 million. Life remains a daily struggle for most communities across the region. An increase in the frequency, complexity and magnitude of natural disasters, influenced in part by climate change, and coupled with socio-economic shocks and endemic inequality, has exacerbated the vulnerability of millions across the region.

Southern Africa (in common with the rest of sub-Saharan Africa) carries a disproportionate burden of the global HIV and AIDS pandemic and features prominently in terms of prevalence rates for tuberculosis, malaria and diarrhoeal diseases.

These on-going challenges demand increased humanitarian action: action where National Red Cross Societies play a central role in addressing vulnerability at a community level.

The work of National Societies in southern Africa region in the coming two years will be in line with the new strategic direction of the IFRC as outlined in [Strategy 2020](#). This strategy, developed in close consultation with National Societies, takes into considerations findings of the review of Strategy 2010 and many other thoughtful suggestions received from Red Cross Red Crescent members, volunteers, staff and partners from all over the world.



The map used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its affiliation. Map data source: CIA's Federation
* Country representations are shown in small size locations based on establishment and funding availability. They are the delivery point for time-limited, later made support to one national society.

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.

The Secretariat is developing a supportive implementation framework that translates Strategy 2020 into commitments i.e. how the Secretariat will support National Societies on its implementation.

This IFRC southern Africa Sub-Zone (SA Sub-Zone) two-year plan outlines priority areas in supporting the programmes of the ten southern African National Societies, has a constitutionally mandated role to deliver services for its members. The IFRC will support the National Societies through:

- Strengthening capacity in programming, governance and management development;
- Scaling-up integrated programming through enhancing volunteer management, branch development, human resource skills, local and international resource mobilisation;
- Developing and promoting accountability in programme management and implementation;
- Encouraging cooperation, strategic partnerships, operation alliances and knowledge sharing.

In the next two years focus is on consolidating long-term programmes such as the HIV and AIDS, at the same time as developing strategies to deal with existing and predicted vulnerabilities over the next decade. The National Societies will be technically supported to revise their Strategic Development Plan taking into account priorities of the [Johannesburg Commitment](#) adopted by the Red Cross and Red Crescent leaders in the 7th Pan African Conference (PAC).

The total 2010-2011 budget is CHF 6.0m (EUR 3.9m or USD 5.7m)

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

Context

Table 1: Statistics from the Human Development Report 2007/2008¹ for Southern African Countries

Country	Population, total (million), 2005	Life expectancy at birth, annual estimates (years), 2005	Adult literacy rate (% aged 15 and older), 1995-2005	Under-five mortality rate (per 1000 live births), 2005	One-year olds fully immunized against tuberculosis (%), 2005	One-year olds fully immunized against measles (%), 2005	HIV prevalence (% aged 15-49), 2005	Human Development Index value, 2005	Human Development Index rank, 2005	Human Poverty Index (HPI-1) value (%)	Human Poverty Index (HPI-1) rank	Population living below \$2 a day (%), 1990-2005	Population using improved water source (%) 2004	Population using improved sanitation (%) 2004
Angola	16.1	41.7	67.4	260	61	45	3.7	0.446	162	40.3	89	..	53	31
Botswana	1.8	48.1	81.2	120	99	90	24.1	0.654	124	31.4	63	55.5	95	42
Lesotho	2.0	42.6	82.2	132	96	85	23.2	0.549	138	34.5	71	56.1	79	37
Malawi	13.2	46.3	64.1	125	97	82	14.1	0.437	164	36.7	79	62.9	73	61
Mozambique	20.5	42.8	38.7	145	87	77	16.1	0.384	172	50.6	101	74.1	43	32
Namibia	2.0	51.6	85.0	62	95	73	19.6	0.650	125	26.5	58	55.8	87	25
South Africa	47.9	50.8	82.4	68	97	82	18.8	0.674	121	23.5	55	34.1	88	65
Swaziland	1.1	40.9	79.6	160	84	60	33.4	0.547	141	35.4	73	77.8	62	48
Zambia	11.5	40.5	68.0	182	94	84	17	0.434	165	41.8	96	87.2	58	55
Zimbabwe	13.1	40.9	89.4	132	98	85	20.1	0.513	151	40.3	91	83.0	81	53

Southern Africa remains home to some of the world's most pronounced vulnerability. Namibia's life expectancy rate of 51.6 years is the highest of the ten countries in the region², but the figure places the country at only 129 out of 179 countries according to the United Nations Development Programme (UNDP)³. This grim indicator can largely be explained by the well documented burden of HIV and AIDS in the region. Southern Africa is still at the heart of the global HIV and AIDS pandemic, with prevalence rates exceeding 15 percent in eight of the ten countries. Five million children in the region, it is believed, have lost one or both of their parents to HIV and AIDS⁴.

Beyond this now decade's long crisis, southern African countries are also faced with disproportionate burdens in terms of tuberculosis (including multi-drug resistant tuberculosis), malaria and diarrhoeal diseases. These concurrent epidemics conspire to divert limited funding away from development towards ad hoc emergency management, a phenomena that increases the inequality of health and care between rich and poor countries⁵.

But vulnerability in southern Africa goes beyond health risks and challenges. Climate change is widely expected to have a serious and negative humanitarian impact on communities across southern Africa. Shifting climates are expected, for example, to contribute to a drying out of the region over the next two decades. All countries (save Zambia) are categorized as having 'medium to high' vulnerability to significant and potentially devastating deteriorations in water quality and availability over this period⁶.

¹ UNDP, Human Development Report 2007 - 2008

² IFRC southern Africa sub-Zone: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe

³ UNDP, 2008 Statistical Update: Namibia

⁴ UNAIDS "AIDS epidemic update, regional summary, sub-Saharan Africa

⁵ International Federation of Red Cross and Red Crescent Societies "The Winning Formula to Beat Malaria" April 2009

⁶ Global Humanitarian Forum "The anatomy of a silent crisis" June 2009, pg 43

In this regard, hunger remains an ever present threat across the southern Africa. In 2008, at least 33 million people in the region were classifiable as food insecure⁷. The US government has classified broader sub-Saharan Africa as the most vulnerable in the world to food insecurity, a pattern likely to worsen given its dependence on grain imports and vulnerability to the aggravating impact of climate change on already tenuous seasonal patterns. On a positive note, the Government of Malawi also announced this year a food surplus of 1.3 million tonnes, resulting, it claims, from its heavy investment in subsidizing fertilizers and other agricultural inputs⁸. This represents a staggering turn around in the country's food security situation. As recently as 2005, five million Malawians were threatened by food insecurity as a result of pervasive drought.

Climate change is also expected to drive a continued shift in regional disaster trends. In recent years, National Red Cross Societies have reported an increase in the frequency and intensity of climate-related disasters, including floods, droughts and storms. This upward trend is likely to continue, with the hammer falling particularly hard along the Zambezi River Basin and along Mozambique's Indian Ocean coast. In 2009, well over one million people living along the Zambezi River in Angola, Botswana, Namibia and Zimbabwe were displaced or otherwise affected by severe flooding.

The impact of the global financial crisis has been felt in the region. The UN has warned that it expects the financial crisis to undercut the factors that drove economic growth amongst Least Developed Countries⁹ between 2002 and 2007¹⁰. South Africa – the continent's largest economy – is in recession for the first time since 1992¹¹, an economic reality that quickly undermined the new government's pledge to create 500,000 new jobs and extend the country's wealth to those still living in poverty.

At a continental level, international financial institutions have revised their economic growth projections for 2009 from 6 to 3.25 percent for 2009. The International Labour Organization (ILO) has warned that at least 73 percent of sub-Saharan Africa's workforce is in 'vulnerable employment'¹². It should be noted, though, that an analysis of financial trends at even a country level can be grossly misleading in terms of understanding the impact of the global financial crisis on the region's poor. There remains significant inequality in the distribution of wealth in many of the countries in the region. The most striking example of this is Angola, where new found oil wealth has made the country one of the wealthiest on the continent. Despite having one of the highest per capita GDPs on the continent (at USD 3,756), more than 70 percent of the country lives on less than USD 2 per day¹³.

The crisis is also expected to contribute to a drop in remittances – money sent from nationals working abroad. For many developing economies, remittances constitute one of the larger income streams. The Overseas Development Institute has predicted a global decrease of between USD 25 and 67 billion in remittances in 2009, with an estimate that sub-Saharan African communities could incur losses of approximately USD 6 billion¹⁴.

⁷United States Department of Agriculture "Food Security Assessment, 2008-09" June 2009

⁸ Agence France Presse (AFP) "Impoverished Malawi claims record maize harvest" 23 June 2009:

http://www.google.com/hostednews/afp/article/ALeqM5gu-XsUqz73Ss_YD-yDADTIQOpVFw

⁹A grouping of 49 countries that includes: Angola, Lesotho, Malawi, Mozambique and Namibia

¹⁰ United Nations Conference on Trade and Development "The Least Developed Countries Report 2009" July 2009

¹¹ The Times (South Africa) "South Africa is now in recession" 26 May 2009:

<http://www.thetimes.co.za/News/Article.aspx?id=1007190>

¹²All Africa.com "Africa: What the economic crisis means for the continent" 23 July, 2009:

<http://allafrica.com/stories/200907230941.html>

¹³ Global Finance Magazine "Angola profile": <http://www.gfmag.com/countries/331-angola.html>

¹⁴ Overseas Development Institute "The global financial crisis and remittances: What past evidence suggests" June 2009: <http://www.odi.org.uk/resources/details.asp?id=3366&title=global-financial-crisis-remittances>

Politically, southern Africa remains one of the more stable regions on the continent. In the first half of 2009, Angola, Malawi and South Africa all held relatively peaceful presidential and/or national elections. The previously stagnant political situation in Zimbabwe also showed signs of improvement, with the creation of a government of national unity in February 2009. However, the still existing social tensions in Zimbabwe, waves of strikes across South Africa, and tightening political contexts in Angola and Swaziland, remain of concern to many analysts.

The challenges faced by southern African countries belie some tangible humanitarian successes in recent years. In June 2009, Mozambique's health minister announced that measles had been effectively defeated; a staggering achievement attributed largely to the country's mass vaccination campaigns. Mozambique has also recorded dramatic successes in its battle with malaria, announcing a 24 percent reduction in cases and a 35 percent reduction in related deaths since 2007¹⁵.

Governments and aid agencies have also reported a 'levelling off' of HIV prevalence in sub-Saharan Africa. This positive trend has been attributed in part to more pervasive national roll-outs of anti-retroviral treatment and improved prevention of mother to child transmission. The fight is a long way from finished, but progress is clear for perhaps the first time.

Priorities and current work with partners

The IFRC's role remains that of coordination, harmonisation, capacity development, programme performance measurement, tracking and management, information communication and technology (ICT) advocacy, and more importantly resource mobilisation. Strategic partnership will be fostered with an array of partners from the Red Cross Movement, governmental, non-governmental, UN Agencies and the private sector. Currently, there are 21 Partner National Societies¹⁶ (PNS) supporting programmes in Southern Africa. Through their auxiliary to the government, the National Societies collaborate with line ministries in community-based programmes and emergency operations. The programme will also benefit from global memoranda of understanding with international organisations such as WHO in health, DFID in disaster management, EU in Water and Sanitation and WFP in food security. SA Sub-Zone will continue engaging with global consortiums such as the Global Malaria Initiative, the Stop Tuberculosis (TB) Campaign, the ACP-EU Water and Sanitation Initiative and with UNICEF and other strategic allies. In 2009, SA Sub-Zone developed and strengthened positive partnerships with USAID (Tuberculosis in South Africa) and with the pharmaceutical company Eli Lilly (multi-drug resistant tuberculosis in Mozambique, Namibia and South Africa). Through active participation in measles and polio campaigns ties with UNICEF have also been strengthened.

Key to building National Societies capacity to deliver high-quality programmes is strengthening the functionality of the thematic regional working groups, giving them fresh impetus and support. In doing so, ensuring that the groups are driving the programmes guided by the commitments from the 7th Pan African Conference. At the centre of our activities is positioning the Red Cross as a major contributor to the achievement of the Millennium Development Goals (MDGs).

¹⁵ All Africa.com "Mozambique: Country on the way to eliminating measles" 3 June, 2009:

<http://allafrica.com/stories/200906030923.html>

¹⁶ American, Australian, Austrian, Belgian-Flanders, British, Canadian, Chinese, Danish, Finnish, French, German, Icelandic, Ireland, Italian, Japanese, Korean, Netherlands, Norwegian, Spanish, Swedish, Swiss Red Cross



An
insecure
water
source
used for
domestic
purposes
by a
community
in Malawi

In order to effectively support the disaster management programmes, partnerships are being strengthened with governments through the NS on the development of national policies and programmes; in addition enhancing strategic partnership with UN agencies (OCHA, FAO etc.), national Vulnerability Assessment Committees (VAC) within the SADC Research Unit, renowned regional metrological centres and universities with strong research and development links. The success of relief interventions over the past few years has been due to the high level of integration and networking at the Sub-Zone level with the creation of taskforces (health and care, finance, performance and accountability, communication, resource mobilisation and human resources departments), as well as increased consultation with resident PNS and other key stakeholders.

The Zambezi River basin is characterised by numerous humanitarian challenges. In the past eight years, flooding in the basin has resulted in mass displacements, has caused outbreaks of water-borne and vector-borne diseases, and has devastated crops and livestock, as well as damaging the environment. This represents a shared vision amongst southern Africa National Societies - one 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 the review, the **Zambezi River Basin Initiative (ZRBI)** was developed aimed at reducing vulnerability and building community resilience against hazards and threats. The initiative was endorsed by the seven affected countries (Angola, Botswana, Malawi, Mozambique, Namibia, Zambia and Zimbabwe)¹⁷ at the meeting of the Southern Africa Partnerships of National Societies held in June 2009. The ZRBI 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.

¹⁷ For more information on ZRBI refer to: http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi_River_Project_LR3.pdf

As noted above, **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. With support of the IFRC Secretariat, Lesotho, Malawi, Namibia Swaziland and Zambia have been selected to implement the Five-Year Strategic Framework on Food Security in Africa.¹⁸ Although a global programme, local resource mobilisation is encouraged to see the programme achieve its goal.

Health and Care Priorities

All the National Societies indicated interest in scaling up **Community-Based Health and First Aid (CBH&FA)**, utilizing the new material developed at a global level. The CBH&FA initiative brings First Aid for common injuries to the community; identifies and addresses community health priorities; advocates health promotion and disease prevention and prepares volunteers to respond to disasters.



Work of the Red Cross volunteers is a backbone in delivering service to the most vulnerable people

Cholera is a preventable and treatable disease, which unfortunately is now endemic in southern Africa. In late 2008 and early 2009, the Sub-Zone suffered its worst cholera outbreak, which resulted in close to 100,000 cases and just under 5,000 deaths in Zimbabwe. Cholera cases and deaths were also reported in Angola, Botswana, Malawi, Namibia, Mozambique, South Africa, Swaziland and Zambia. Lack of investment in infrastructure and particularly in safe water supplies and adequate sanitation in many countries means that cholera (and other water borne diseases) will unfortunately continue to be a major public health concern in 2010 and beyond. Key to preventing loss of life to cholera will be an operational focus on a comprehensive approach to cholera prevention and sustainable provision of water and sanitation facilities. Volunteers remain a major force in achieving the needed link between health facilities and the community. The IFRC will focus on strengthening National Society links with local authorities such as the Ministry of Health and, crucially, on the prepositioning of vital supplies such as cholera kits, rehydration solutions and water treatment chemicals in countries historically susceptible to cholera outbreaks.

¹⁸ For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

The trend in funding for **malaria** programmes is positive with unprecedented amounts of money gone to control activities since 2004, reaching an estimated USD 1.5 billion from all sources combined in 2007. Disbursements from international donors alone increased almost threefold from USD 250 million in 2004 to USD 700 million in 2007 and are expected to increase to USD 1.1 billion in 2008. The southern Africa Sub-Zone needs to access a greater portion of these funds to play a meaningful role in malaria reduction. The malaria reduction programme will continue to be focused on high burden countries (Angola, Malawi, Mozambique, Zambia and Zimbabwe) whilst assisting low burden countries (Botswana, Namibia, South Africa and Swaziland) to engage with their Ministries of Health, agencies and foundations such as the William J. Clinton Foundation in pushing for the eradication of malaria. At country level, focus is on mainstreaming malaria prevention and control activities with the CBH&FA outreach programmes.

Tuberculosis (TB) remains a major problem in southern Africa, hence will continue strengthening community-based activities to complement the work of formal health systems by delivering care and support "beyond the clinic door". In South Africa, Mozambique and Namibia in particular Red Cross will continue to serve as an entry point to help people most at risk. The experience of National Societies in social mobilisation, communication and advocacy in other health issues is favourable for up-scaling TB programming approaches, which include peer support, advocacy, awareness raising and adherence to treatment protocol. Relationships with government health systems and donors such as USAID and Eli Lilly will be strengthened in order to reach more clients with essential information, education and communication (IEC) services.

In June 2009 the WHO announced a global **influenza pandemic** by raising the alert level to Level 6: the first global pandemic in 40 years. An influenza pandemic will have a very significant effect on southern Africa, especially because of high HIV prevalence. In 2010, SA Sub-Zone will continue, through USAID funding, to support targeted National Societies in their Human Pandemic Preparedness (H2P) programmes as well as lending technical assistance to all National Societies in the area of pandemic preparedness and response.

Polio to a lesser extent, still poses challenges in Angola and Namibia, which are classified as re-importation countries. The National Societies will continue taking a vital role in highlighting the significance of vaccination against such preventable disease, whilst the IFRC provides technical support on developing the social mobilisation proposal, resource mobilisation and reporting on lessons learnt.

Voluntary non-remunerated **blood donation** (VNRBD) and in particular the youth-based "Club 25" methodology is a priority for a number of National Societies. There has been a lot of work done already elsewhere on this including the development of internationally recognized monitoring and evaluation toolkits and promotional campaigns so the prospects of success are very positive. With the 12th Colloquium on VNRBD to be held in Ethiopia in March 2010 it is a good opportunity to showcase the work from southern Africa. The Club 25 methodology will also be instrumental in attracting more youth volunteers.

The **water and sanitation** (WatSan) component will be continued in six countries and initiated in few others. The six NS will be delivering quality water supply, sanitation and hygiene promotion projects through an integrated health and care programmes, in line with sector best practices such as community managed and demand responsive approaches. Sound, sustainable environmental services will be established for 260,000 vulnerable people by 2010 and (370,000 by 2011) in hygiene promotion, sanitation and water supply, through the integrated health and care programmes. At the same time, five NS are targeted to capacity development in disaster response requiring water, sanitation and hygiene promotion relief services.

The CHF 384 million HIV and AIDS appeal ([MAA63003](#))¹⁹ is one of the largest ever, non-emergency appeals launched in IFRC history. However, to date only 37 percent of funding has been secured and less than 30 percent of targeted beneficiaries reached. The ambition to scale-up has not necessarily translated into capacity for increased resource mobilization and implementation. Funding is primarily drawn from the Swedish Red Cross (SIDA) and the Royal Netherlands Embassy (RNE) as well as British, Norwegian, Finnish, Japanese, Danish, Canadian, and Icelandic Red Cross Societies contributions over the last two years. However, it is unlikely in the current economic context that SA Sub-Zone will be able to collectively raise the ambitious USD 253 million foreseen to scale-up HIV interventions by the end of 2010, and it will be difficult even to sustain the yearly USD 25 million programme expenditures that have been achieved since 2007. The IFRC and PNS existing agreements and funding cycles 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). Donors are seeking to build the capacity of local organizations and are increasingly looking at local investment, underscoring the need for increased National Society resource mobilization and outreach capacity.

Based on the situation described above, the National Society leadership progressively discussed the future of the HIV programme at the Southern Africa Partnership of Red Cross Society (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 continues supporting the current level of beneficiaries with more integrated and holistic activities in prevention and care for orphans and vulnerable children (OVC), while ensuring positive living and antiretroviral therapy (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.

Much valuable work has been initiated on **Psychosocial Support Programming (PSP)** within the HIV and AIDS Programme. There is a pressing need to mainstream PSP in emergencies and discussions have begun with some partners who have indicated interest in lending support at a Zonal and country levels.

Organisational Development Priorities

Aligned to the Global Agenda, **capacity development/organisational development (OD)** framework seeks to empower National Societies in order to realise measurable progress towards the characteristic of a *'well functioning NS'*²⁰. The increasing complexity and frequency of humanitarian challenges, the opportunities provided for and the urge for internal organisational changes are compelling many National Societies to do more, work differently where necessary and look for better ways of supporting vulnerable communities. Since the 7th Pan African Conference (PAC), the leadership of the National Societies in the region have met twice, through their peer network SAPRCS and reviewed the status of their Commitments made at the Conference. The capacity building strategy, through the activities of branch development, will be pursued with renewed focus through an integration approach with disaster management and community-based health. The IFRC Intensive Capacity Building (ICB) is also being used as a strategy for an institutional development process, and is envisaged to bring about remarkable and sustained changes at grass root level in Namibia for the next three years (2009-2011).

¹⁹ For more information please refer to the Southern Africa Regional HIV and AIDS Programme Annual Report 2008 ([MAA63003](#)) or follow the link <http://www.ifrc.org/docs/appeals/annual08/MAA6300308ar.pdf>

²⁰ WFNS - Accountable leadership and management, quality programming and effective service delivery to vulnerable people

Based on the National Society capacity assessments conducted in the past two years in southern Africa, some of the OD support initiatives will be integrated into other programmes to ensure holistic approach to service delivery. The critical programme support services to be further developed and systematically cascaded to national level include training, resource development, information and communication, finance management, performance measurement and accountability.



Training of volunteers at one of Zambia Red Cross Branches

Most National Societies need support in financial accounting, resource development and are struggling to cover their core costs. Ensuring good governance and leadership has become an absolute necessity for all National Societies in their development programmes, including spearheading and committing to a resource mobilization strategy. Ninety percent of National Societies in southern Africa are due for their new or revised Strategic Plan. The strategic planning process is guided by reviewing the existing plan, an internal self assessment and external environmental assessment on needs of communities and capacities of the National Societies. The current membership wide consultation on the development of the IFRC Strategy 2020 will provide the National Societies with an opportunity to realign their new Strategic Plans.

Actions are guided at all times by our **Fundamental Principles** of humanity, impartiality, neutrality, independence, voluntary service, unity and universality. 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 Principles and Values, but to influence their behaviour through developing an understanding and raising awareness.

Secretariat 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 support plan budget for 2010-2011 is CHF 2.3m (EUR 1.6m or USD 2.3m)	
Programme component: Disaster Preparedness	
Outcome 1	Capacity in skilled human, financial and material resources is optimised for effective community-based disaster preparedness in the ten National Societies.
Outcome 2	Ten National Societies and their volunteer bases are better prepared to respond to disasters using disaster management master plans (DMMPs).
Outcome 3	IFRC logistics unit and counterparts at ten National Societies are better prepared to respond to disaster management requirements during emergency operations.
Programme component: Disaster Response and Recovery	
Outcome 1	The capacity of ten National Societies and their volunteer bases to respond to disasters is improved.
Outcome 2	Sustainable livelihoods are restored in communities affected by disasters.
Outcome 3	Effective and efficient (timely) logistics support during emergency response operations.
Programme component: Disaster Risk Reduction	
Outcome 1	Ten National Societies have enhanced institutional capacity building with a focus on disaster risk reduction.
Outcome 2	NS capacity increased to engage communities in disaster-prone areas in activities that reduce risks and vulnerability to disasters as well as builds community self-reliance on disaster prevention.
Programme component: Food Security (Lesotho, Malawi, Namibia, Swaziland and Zambia)	
Outcome 1	Households and communities in five National Societies have improved food availability.
Outcome 2	Households and communities in five National Societies have improved food access.
Outcome 3	Households and communities in five National Societies have improved food utilisation.
Programme component: Zambezi River Basin (Angola, Botswana, Malawi, Mozambique, Namibia, Zambia and Zimbabwe).	
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	The capacity of the seven National Societies to implement disaster preparedness, response and recovery operations in the Zambezi River basin is increased.

A holistic approach to reducing the impact of disaster follows the disaster management (DM) cycle in dealing with preparedness, response, and recovery. Inevitably, the National Societies will be technically supported to ensure the provision of rapid, appropriate disaster relief to vulnerable communities, foster quick recovery and build communities' resilience to future disasters. The IFRC will promote and support high standards of operation, information sharing, learning and networks with sector agencies and local authorities.

Based on the priorities articulated in the National Societies' plans for 2010-2011, the following were identified as IFRC priority support areas in disaster management:

- Enhance the capacities of National Societies and their volunteer bases to respond to disasters including pre-positioning of resources and supplies;

- Develop community-based early warning systems, including awareness and education programmes;
- Build disaster preparedness capacities of the National Societies – putting plans, resources and mechanisms in place to ensure that those who are affected receive adequate assistance;
- Enhance food security programmes towards relief-development continuum;
- Strengthen institutional capacity building to enhance disaster risk reduction efforts;
- Implement ZRBI for seven countries by promoting integration of disaster preparedness, response and recovery, health and care, and organisational development.

b) Potential risks and challenges

Most analyses of disasters in sub-Saharan Africa underline multiple causes: recurrent droughts and floods often take place in cyclical ways. The type, intensity and frequency of natural disasters in the region are increasing; in addition, many households or communities face chronic food insecurity, all of which have negative impact on the resilience of communities and the ability to implement recovery programmes. To counteract these problems the IFRC supports the National Societies to better preparedness for the inevitable situation by developing country level Disaster Management Master Plan (DMMP) and contingency plans. For countries through which the Zambezi Rivers flows support will be channelled through the ZRBI, so is for food security to five countries to be channelled through the long-term food security initiative (LTFS).

Nevertheless the mechanism for planning remains weak and has had repercussion on response operations. Increasing the capacity requires a well coordinated, organized and systematic approach directed by the DMMP. In terms of resource mobilisation, support for preparedness and recovery aspect has been low, compared to disaster response and risk reduction. Donors tend to be more responsive to emergency appeals with short-term funding cycles. As a result there tends to be limited resources for measuring impact and for developing early warning systems, building resilience and livelihood recovery activities.

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 support plan budget for 2010-2011 is CHF 1,699,689 (EUR 1,122,645 or USD 1,637,990)

Programme component: Community Based Health and First Aid	
Outcome 1	Ten National Societies have improved capacity on community-based health and First Aid programmes towards healthy communities, which are able to cope with health and disaster challenges.
Outcome 2	Ten National Societies providing First Aid services with particular emphasis on harmonization of material and accreditation.
Outcome 3	National Societies have strengthened their capacity in surveillance, preparedness and response measures to protect the most vulnerable groups from malaria and Tuberculosis (TB).
Outcome 4	Access to immunization services to children and mothers improved in all ten countries.
Outcome 5	National Societies working on specific campaigns to increase pool of voluntary non-remunerated blood donors (VNRBD) through the Club 25 Methodology.
Programme component: Emergency Health	
Outcome 1	The technical areas of First Aid, psychological support and water and sanitation have been further developed and are included in National Society emergency protocols.
Programme component: Water and Sanitation	
Outcome 1	The six targeted National Societies have the capacity to deliver quality and timely water supply, sanitation and hygiene promotion projects in line with sector best practices (community managed, demand responsive approaches) by 2011.

Outcome 2	Sound and sustainable environmental services are established for 260,000 vulnerable people by 2010 and 370,000 by 2011 in hygiene promotion, sanitation and water supply, through the projects implemented by the five National Societies in coordinated health and care programmes.
Outcome 3	National Societies have capacity to respond to disasters requiring water, sanitation and hygiene promotion.
Programme component: Avian and Human Influenza Pandemic Preparedness	
Outcome 1	Selected National Societies develop and use Humanitarian Pandemic Preparedness (H2P) and response mechanism.
Outcome 2	Selected National Societies have the capacity to respond to an influenza pandemic
Outcome 3	The IFRC Sub-Zone office is prepared to respond to an influenza pandemic by having influenza pandemic business continuity, contingency plan and a stockpile of antiviral and personal protective equipment.
Programme component: HIV and AIDS (2010-2011 Budget)	
Outcome 1	Prevent further infections through targeted community-based peer education and information, education, and communication 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.

The health and care unit provides a platform whereby National Societies receive technical assistance to carry out activities specified to reduce the impact of health challenges among the communities. The focus is on improving primary health care to being sustainable, while building capacity to rapidly and effectively address public health needs in emergencies (preparedness and response). The priority activities for IFRC support include;

- Strengthening social mobilization activities especially prevention and control campaigns on malaria, measles, tuberculosis, polio etc;
- Supporting community-level health activities using the new CBH&FA material and guides;
- Promoting voluntary non-remunerated blood donations;
- Supporting National Societies interested in increasing their capacity on Road Safety initiatives;
- Increasing National Societies' capacity in providing psychosocial support services (PSP);
- Technically support the access to safe water, adequate sanitation and targeted hygiene messages in vulnerable communities;
- Supporting National Societies selected in the Humanitarian Pandemic Preparedness (H2P) on preparedness;
- Assisting in preventing further HIV infections through targeted community-based peer education and information, education, and communication (IEC) activities;
- Promoting uptake of services including voluntary counselling and testing (VCT) and prevention of mother-to-child transmission (PMTCT) through National Societies' programmes;
- Scale-up home-based care (HBC) and support for OVC through a holistic approach to address needs in education, food and nutrition, psychosocial support, social inclusion, and income generating activities;
- Technically support the National Societies in addressing stigma and discrimination as well as gender-based violence through targeted communication and advocacy activities; and
- Building the National Society capacity to plan, implement, track performance and manage the programme activities.

b) Potential risks and challenges

Although funding is secured for a number of activities (especially water and sanitation and H2P) there is a potential risk for the rest of the underfunded projects such as the roll out of CBH&FA. At county level, the health programme is affected by inconsistency in human resources, where some National Societies still do not have programme coordinators. Without any doubt, the gaps in human resources negatively impact implementation, performance and accountability.

As lessons learnt from previous disaster response operations, the National Societies are in need of support in terms of preparedness for health emergencies. More need to be done in pre-positioning essential relief stocks, training of volunteers and development of branch structures in areas prone to health emergencies.

Organisational Development/Capacity Building

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/Capacity Development support plan budget for 2010-2011 is CHF 0.7m (EUR 0.5m or USD 0.7m)

Programme component: Supporting National Society OD Process

- Outcome 1** National Societies have improved capacity to implement coordinated organizational development processes that ensure quality service delivery to the vulnerable people.
- Outcome 2** National Societies have up-to-date Statutes and Red Cross Law.
- Outcome 3** National Societies have up-to-date and active Strategic Plans with supportive operational plans for all programmes.
- Outcome 4** The National Societies supported by the IFRC Intensified Capacity Building Fund (ICBF) become role models in institutional development.

Programme component: Leadership and Management Development

- Outcome 1** National Society leadership (governance and management) have functional and strengthened structures and capacity for optimal organisational performance and accountability, including the widely sharing and operationalization of the Pan African National Societies - Johannesburg Commitment of October 2008 Pan African Conference.
- Outcome 2** National Societies with improved financial resources for sustainability.
- Outcome 3** Organizational development and capacity building working group (SAPRCS-CB/OD) is functional and supportive to National Societies programming in terms of coordination and sharing of resources.

Programme component: A well-functioning organization

- Outcome 1** National Societies are supported to have in place well-defined policies on programming, human resource management, internal and external communication, coordination and partnerships in line with the IFRC's characteristic of a well-functioning National Society.
- Outcome 2** Zonal capacity in performance tracking and reporting meets standards stipulated in the Federation's "Performance and Accountability Framework".
- Outcome 3** National Societies have reliable financial management systems towards a new work culture to facilitate tight financial management controls and accountability.

Programme component: Branch/Unit Development and Services

- Outcome 1** The National Societies' branch structures are reactivated and expanded (in terms of elected and functional committees, branch management, etc) and procedures established to measurably improve service delivery to communities.

Programme component: Volunteering Management

- Outcome 1** National Societies have well defined Volunteer Management Policy and guidelines on recruitment, training, appraisal and reward of volunteers (including volunteer databases developed and usable in cases of emergencies requiring volunteer mobilisation).

Programme component: Youth Development

- Outcome 1** All ten National Societies have a vibrant Red Cross Youth that play meaningful services to advance the mission and vision of the organizations.

The CB/OD support plan aims to technically support the National Societies achieve the tenets of the characteristic of a ‘*well functioning National Society*’. Most of the CB/OD components will be integral part of other programmes to ensure effectiveness and efficiency. The programme components are designed to assist in institutional development in the following ways:

- Creating strong and sustainable organizations able to mobilize and maintain networks of volunteers to help in providing humanitarian assistance to the vulnerable people.
- Improving understanding among leadership of roles, responsibilities and accountability in management, programming, resource development and communication.
- Ensuring effective coordination and collaboration within the Movement and with other stakeholders.
- Intensify the development of branch structures in terms of resources and outreach.
- Provide tools and resources to mobilise and maintain networks of volunteers and strengthen the base of youth volunteers.
- Assisting with the development of a Youth Policy, the structures and increase their representation at governance and management levels.
- Providing assistance on financial management; particularly accounting software development and training and financial reporting system.
- Providing the National Societies with the necessary tools for measuring performance, tracking their progress and reporting.

b) Potential risks and challenges

From a historical perspective, a major risk is the high turnover at governance and management levels, more critically the senior programme managers. This has crippled progress in programme development and sustainability, such that most projects remain in the budding phase for a number of years due to changes in the key staff members.

Another risk is the shrinking voluntarism given that Red Cross work is based on volunteers’ contribution in community-based activities. Red Cross Societies are training volunteers but are also losing a considerable number to other organisations offering better incentives. Through the volunteer management manual and the planned database, SA Sub-Zone will continue supporting the National Societies is scaling-up volunteer recruitment, rewarding and retention.

The limited resources and tools for information technology and communication more critically at branch level have in the past lead to poor communication networks and reporting systems. Donor demands in accountability pushes the implementers to revitalise their reporting systems to ensure deadlines and quality standards are met.

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 support plan budget for 2010-2011 is integrated in other thematic programmes

Programme component: Promotion of Humanitarian Values and Fundamental Principles	
Outcome 1	Fundamental Principles and Humanitarian Values are disseminated as an integral part of all National Societies’ programmes and activities.
Outcome 2	Humanitarian Values and Fundamental Principles are promoted amongst public authorities, stakeholders, collaborating partners and communities by the National Societies through their activities and actions.
Programme component: Operationalization of Humanitarian values and Fundamental Principles	
Outcome 1	The promotion of Fundamental Principles and Humanitarian Values is integrated into operational programmes (disaster management, health and care, and organisational development) at National Society level.

Outcome 2	National Societies and local communities have improved capacities to address the most urgent situation of vulnerability.
Programme component: Prevention of Sexual and Gender-based Violence	
Outcome 1	National Societies have increased programmes that are gender sensitive (including both men and women participation).
Outcome 2	National Societies have improved collaboration with other stakeholders and active role in civil society forums which seek to address gender based violence.
Programme component: Promotion of respect for Diversity and Non-discrimination	
Outcome 1	National Societies have monitored trends in population movements and actively engaged governments in dialogue to ensure the protection and humane treatment of migrants.
Outcome 2	National Societies have increased their efforts to utilise special occasions (Women; Refugee, Aids Day etc) to hold campaigns against stigma and discrimination against disadvantaged groups (women, migrants, people and PLHIV etc.).

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 intervention. Promoting and respecting our P&V are indispensable if the Red Cross Red Crescent Movement is to be perceived as an impartial, neutral and independent actor, and furthermore to facilitate the organisation to carry out its mandate. 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.

b) Potential risks and challenges

Some issues in this area influence and/or are influenced by political considerations and depending on the degree of political sensitivity, National Societies might feel constrained to take a position. A major challenge therefore will be to encourage and support National Societies to continuously engage their governments in dialogue on both emerging and ongoing issues.

Role of the secretariat

This section outlines how the secretariat will support the Red Cross/Red Crescent personnel to implement the programmes described in the previous section.

The Secretariat's budget for its support role is CHF 1.2m (EUR 0.8m or USD 1.1m)

a) Technical programme support

The technical support from the IFRC Sub-Zone Office is designed to reflect the humanitarian needs and is responsive to the demands of the work in the region. Functions in organisational development will be expanded, whilst the IFRC field structure enables scaling-up of programming at branch level. IFRC support will be developed or maintained in all ten countries in southern Africa to advise, serve, coach and mentor counterparts at National Society level. The programme support services have been revamped to meet the additional needs for communication, external relations, resource mobilisation, programme performance tracking and accountability, finance management, administration and logistics.

The restructuring of Performance and Accountability unit ensures strengthening of capacities and deliverables in terms of activity-based reporting and impact measurement. Structures and systems of planning, monitoring, evaluation and reporting (PMER) will continuously be upgraded to meet the revolving donor requirements and the new Federation-wide monitoring system.

In the next two years, the new training manual will be systematically rolled out throughout the National Societies. Plans are underway to review the impact of the results-based PMER systems developed for the HIV and AIDS programme. Ground work has been done by collecting baseline information in all the ten countries.

The performance and accountability unit works in collaboration with the finance unit in ensuring accountability and proper financial management system. Emphasis will be on cost effective and efficient utilisation of resources in the interest of the donors and the community we serve. Training of various financial management concepts, working advance retirement and financial reporting will be rolled out to all National Societies targeting finance and programme staff members.

A support mechanism on improving the information technology (IT) systems will be further developed through availing the services of the IT help desk to the National Societies. Focus remains on ensuring effectiveness and efficiency of the IT infrastructure according to the IFRC standards, at the same time meeting the clients' needs and expectations.

b) Partnership development and coordination

In line with the strategic direction of the organization towards a consolidated and enhanced focus on humanitarian diplomacy, the IFRC Sub-Zone Office has established a new unit, carrying out communication, external relations and resource mobilisation activities. Such activities are clearly interrelated. Successful positioning of the IFRC as a key developmental actor will go a long way towards increased funding for non-emergency activities. Similarly, the strengthening of the auxiliary role of National Societies will greatly enhance their ability to influence decision makers.

Within this context, the aim of partnership development and coordination then becomes to support, through humanitarian diplomacy, National Societies and IFRC supported programmes in achieving their objectives through engagement of all relevant stakeholders. This can be achieved through informing, consulting and co-opting all the various levels of stakeholders to ensure their support and active participation in the work of the Movement.

The development and maintenance of partnerships, both at regional and national levels, is vital to the success of the work of National Societies and the IFRC Sub-Zone Office. Special emphasis must be placed on nurturing relationships with the following stakeholders active and/or present in the region: Diplomatic corps, international organizations, including UN agencies, aid agencies, southern African corporate, academics, national and international media.

These must be systematically approached and co-opted to support programmes, building up goodwill for the Movement through careful communications and advocacy. Coordination of such efforts is key to ensuring a professional approach and effective external relations. The process in each country must be led by the National Society, with the IFRC's role as one of technical support and advice.

c) Representation and advocacy

The diplomatic status of the IFRC as a member of the international community present in the region, and its reputation as a leading humanitarian organization, must continue to be maintained and improved. Equally important is the Sub-Zone's support of National Societies in their interactions with their governments and in strengthening their role as auxiliary to public authorities. These goals will be achieved through:

- Continued participation in diplomatic corps activities, aimed at raising the profile of the IFRC and National Societies, including courtesy visits by the Head of Sub-Zone to heads of missions of all National Societies present in southern Africa.
- Compliance with national and international protocol requirements and expectations for diplomatic missions;
- High visibility at targeted diplomatic conferences (World Economic Forum, HIV Conferences, etc), in particular through the dissemination of key advocacy messages and IFRC positions.
- Facilitation of accreditation and visa applications for Sub-Zone staff and delegates in the course of their work.

The strengthening of the reputation of the IFRC in the region affords the organization a solid position from which it can carry out its advocacy objectives. The identification of key advocacy priorities, which reflect both National Society and global priorities, will be carried out using a simple advocacy mapping matrix developed in the Sub-Zone in 2009, and in close consultation with programmes and other relevant stakeholders. Once key objectives are identified, the Sub-Zone will develop and disseminate these through its external relations and communication activities and in collaboration with National Societies and the Geneva-based Secretariat.

d) Resource Mobilization

The focus of resource mobilization activities is to coordinate mobilization of resources for the work and activities of the IFRC and National Societies in southern Africa, through the implementation of resource mobilisation plans that are in line with the IFRC's global humanitarian diplomacy and resource mobilisation strategies. The main objectives of the 2010-2011 plan include:

- Achieving adequate coverage for annual plans and budgets and for emergency appeals launched within the Sub-Zone.
- Ensuring that the fundraising capacity of National Societies is improved based on solid and achievable resource mobilisation plans.
- Ensuring that the IFRC and National Societies receive funding from increasingly diverse sources and non-traditional sources

e) External Relations

The aim of external relations activities will be to represent and promote the positions, work and activities of the IFRC and National Societies in southern Africa through advocacy and diplomatic activities, utilizing the access and the diplomatic status accorded to the IFRC globally, regionally and in each country in the sub-zone. The main outputs from the 2009-2010 support plan include:

- Key advocacy priorities that reflect National Society and global priorities are identified, developed and disseminated, in close consultation with programmes and other relevant stakeholders.
- National Societies strengthen relationships with their governments as a result of advocating for and benefiting from their auxiliary role.
- High visibility at targeted diplomatic conferences (World Economic Forum, HIV Conferences, etc), in particular through the dissemination of key advocacy messages and IFRC positions.
- PNS are supported in their work in the region, through the provision of relevant services outlined in their agreements with the Sub-Zone.

d) Communication

Communications will seek to build on the successes and progress recorded in 2008 and 2009, whilst focus remains on ensuring visibility for the IFRC and National Societies in terms of priority programmes and humanitarian crisis. Beyond this, effort will increasingly be made to position the IFRC and National Societies as credible and insightful actors in relation to key issues of concern such as climate change adaptation, re-emergent diseases and HIV and AIDS. This will involve the development and roll-out of advocacy reports, films and analysis of humanitarian trends. From a structural perspective, support will also be provided to National Societies as they build and refine their own communication capacities, which includes efforts to strengthen internal communications and standardisation and adaptation of communication tools and materials.

e) Human Resources Management (HRM)

The primary role of HRM is to guide and support staff members on performance and their welfare at work, in line with the IFRC Human Resource Strategy. The Secretariat has adopted a Human Resource Strategy, which emphasizes "delivery through people" and outlines the key human resource profiles to support all key programming areas. Strengthening human resource activities at sub-zone level and the decentralization of decisions to this level is a key priority for the organization. Efforts should also reach National Society human resource development in support of capacity development.

f) Administration and Security

With regards to office management, the administration department has been restructured to effectively serve the needs in travel, accommodation, welcome services and general maintenance of the premises. The administration department ensures that the IFRC Sub-Zone office is running professionally and services are obtained from reputable and credible service providers, in line with the IFRC standards and policies, and at the most cost effective rates. A security reporting system established in 2008 will be further enhanced by making all staff members accountable. The main focus will be on disseminating appropriate security guidelines and training on security regulations.

Promoting gender equity and diversity

The SA Sub-Zone attempts to influence the humanitarian agenda by identifying critical issues such as stigma and discrimination by developing and advocating ideas and solutions. Red Cross Red Crescent, through its global strategy, has acknowledged that stigma and discrimination, prevention, access to support, care and treatment are inseparable. Thus, any successful community-level strategy must address all these. Advocacy issues on HIV and AIDS treatment and stigma and discrimination need to be further promoted, building on the IFRC's global launch of the Anti-Stigma Campaign.

Emphasis is on improving gender equality and sustainability, as women and men play different roles and have specific needs in activities such as water supply and provision of adequate sanitation. Traditionally in the target communities, women are taking major responsibilities at household level such as fetching water, cooking, washing clothes, feeding children, health and care promotion. Participation and empowerment of women is vital for sustainable development at community level.

Quality, accountability and learning

The monitoring of the projects/activities progress is a permanent process for internal control and accountability. Mid-term and final reviews will be conducted systematically for both emergency and long-term programmes, in close consultation with key stakeholders. The lessons learnt will be documented throughout the processes and continue with the publication of good practices.

Apart from providing additional expertise, all IFRC delegates have a monitoring and reporting role, to ensure effective management of the project activities. The Sub-Zone Performance and Accountability unit will take the lead on developing standard relevant performance measurement; tracking and reporting tools used at Sub-Zone level and adopted by the NS. The reporting systems will be further strengthened by closely monitoring the pledge management notes and MoUs with regards to reporting requirements of out various 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 IFRC Southern Africa Sub-Zone:** Françoise Le Goff, Head of sub-Zone Office, Johannesburg; Email : francoise.legoff@ifrc.org; Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230
- **In IFRC Southern Africa Sub-Zone:** Disaster Management Unit: Farid Aiywar; Disaster Management Coordinator; Email: farid.aiywar@ifrc.org; Phone: Mobile: +27.83.440.0564, Tel: +27.11.303.9700; +27.11.303.9721; Fax: +27.11.884.3809; +27.11.884.0230
- **In IFRC Southern Africa Sub-Zone:** Health and Care Unit: John Fleming; Email : john.fleming@ifrc.org; Phone: Tel: +27.11.303.9700; +27.11.303.9743; Fax: +27.11.884.3809; +27.11.884.0230
- **In Southern Africa Sub-Zone:** Organisational Development Unit: Mesfin Abayhalefom, Organisational Development Coordinator, Johannesburg; Email: mesfin.abayhalefom@ifrc.org; Phone: Tel: +27.11.303.9700; +27.11.303.9757; 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

MAA63001 - Southern Africa

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	28,500	10,000				38,500
Land, vehicles & equipment					2,990	2,990
Transport & Storage	19,000					19,000
Personnel	713,180	575,630	121,716		347,263	1,757,789
Workshops & Training	62,100	95,000	90,620		82,290	330,010
General Expenditure	331,007	191,689	126,524		125,015	774,236
Depreciation						
Contributions & Transfers						
Programme Support	80,210	60,642	23,557		38,761	203,170
Services						
Contingency						
Total Budget 2010	1,233,997	932,961	362,418		596,318	3,125,694

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	14,500					14,500
Land, vehicles & equipment						
Transport & Storage	19,600					19,600
Personnel	681,704	425,001	124,716		348,263	1,579,684
Workshops & Training	52,100	59,000	90,620		75,760	277,480
General Expenditure	274,618	232,890	129,524		118,955	755,987
Depreciation						
Contributions & Transfers						
Programme Support	72,475	49,837	23,974		37,747	184,033
Services						
Contingency						
Total Budget 2011	1,114,997	766,728	368,835		580,725	2,831,284