

Mid-Year report

 International Federation
of Red Cross and Red Crescent Societies

South Africa

Appeal No. MAAZA002

30 November, 2011

This report covers the period 1st January
to 30 June 2011



SARCS volunteers conducting relief distribution work

In brief

Programme outcome: In line with the International Federation of Red Cross and Red Crescent Societies' (IFRC) Strategy 2020, the expected outcome of the 2011 support programmes is that communities are resilient to disasters and public health emergencies, with protected livelihood and strengthened capacity to recover from disasters and crises, with health and safe living, social inclusion and a culture of non-violence and peace.

Programmes summary:

The South Africa Red Cross Society (SARCS) continued to implement a number of programmes under the Disaster Management, Health Care, and Water and Sanitation Programmes in response to the pressing needs of humanitarian assistance challenges. The support mostly focused on providing emergency assistance to vulnerable families and on identifying community health activities to reduce the risk of communicable and waterborne diseases using the Community Based Home First Aid Approach (CBHFA). The United States Agency for International Development (USAID) Multi Drug Resistant Tuberculosis (MDR-TB) project in the Eastern and Western Cape provinces continued to grow in response to the increasing demand and with the establishment of more formal structures, with full time trained health care workers.

As part of its strategic interventions, SARCS undertook to build and involve youth as a key resource, recognising the role of youth as a beacon and agent of behavioural change. The youth have an instrumental role in an environment faced with natural and humanitarian disasters, as well as socio-economic challenges such as lack of access to basic services, poverty and poor HIV and AIDS education. Youth development

programmes collectively include peer education, Youth as Agents of Behavioural Change (YABC) and Sports for humanity projects. SARCS launched the *Ubuntu* national appeal, whose focus is to help communities rebuild their lives and livelihoods and to build their resilience in the face of future disasters through the Community Based Disaster Management Programme, in keeping with the Strategy 2020 of the International Federation of the Red Cross Red Crescent Societies.

Financial situation:

The SARCS country plan has a total budget of CHF 936 971 for 2011. By mid-year, funding—principally from Finnish Red Cross and USAID—totalled CHF 231 972 (including opening balance), corresponding to 25 percent of the budgeted amount and 84 percent of the available funding.

Outside of the country plan, the National Society received CHF 236 780 under the Disaster Relief Emergency Fund (DREF), to support 8 870 beneficiaries in response to the floods emergency early in the year.

[Click here to go directly to the financial report](#)

Our partners: SARCS received support from the Movement partners who include the Finnish and Norwegian Red Cross Societies, along with the IFRC and the International Committee of Red Cross (ICRC). The National Society also worked closely with the United Nations agencies such as the World Health Organisation (WHO). Collaboration was maintained with various government departments, and in particular the Department of Health at national and provincial level. The Government of Botswana also assisted with relief items during the floods, while the Gift of the Givers provided food parcels and was involved in the relief distribution process. SARCS and IFRC wish to extend thanks to all partners for their collaboration and support.

Number of people we have reached:

A total of 1 701 417 people were reached under preventive health emergency activities for preventing further HIV infections, and 20 729 beneficiaries received various Orphaned and Vulnerable Children (OVC) services. The Community Based Home Care (CHBC) related activities reached 21 247 people.

Disaster Relief Emergency Fund (DREF) targeted 8 870 beneficiaries (1 174 families) for the provision of food and non-food items initially in the Free State, Limpopo, North West and the Northern Cape that were assessed as the most vulnerable. The entire disaster response component reached 10 495 beneficiaries.

Context

An estimated 92 202 South Africans were affected by floods in eight provinces, and most of them live in informal and ad hoc settlements scattered throughout the country. Demand for assistance continued well into the mid year period. The affected people will still need long-term assistance in the form of education, health, and hygiene and water purification. South Africa declared a national state of disaster in 28 district municipalities in nine provinces following the floods caused by above average rainfall since December 2010. In the months leading to the floods, SARCS trained disaster response volunteers in different provinces.

Given the extent of the floods, SARCS launched a national appeal whose focus was to help communities rebuild their lives and livelihoods and to build their resilience in the face of future disasters through the Community Based Disaster Management Programme - “the *Ubuntu* Initiative”. This was in keeping with the Strategy 2020 of the International Federation of the Red Cross Red Crescent Societies, “Saving Lives, Changing Minds “ – whose strategic aim is to save lives, protect livelihoods and strengthen recovery from disasters and crises.

The youth in South Africa are faced with many challenges that are exacerbated by the environment within which they live. Such challenges include the youth’s socio-economic status, violence, sexual and drug abuse, lack of education on HIV and AIDS, urbanisation including migrant labour and lack of access to basic services. Civil Society has realised that youth development in South Africa is vital for the future growth and stability of the country as well as breaking the cycle of poverty. SARCS has in

place a youth development programme which collectively consists of peer education, Youth as Agents of Behavioural Change (YABC) and sports for humanity.

The HIV epidemic continues to have profound negative impact on the South African economy, society and the health sector. It has also resulted in a decline in life expectancy, increased infant and child mortality as well as reduced productivity by the labour force, among other challenges. The Department of Health has through the National Service Delivery Agreements (NSDA) committed to increasing life expectancy, combating HIV, AIDS and Tuberculosis; decreasing maternal and child mortality; and strengthening of the Health System Effectiveness, thereby contributing to the Millennium Goal Number 6: to combat HIV/AIDS, malaria, and other diseases.

The Government launched a major holistic counselling and testing (HCT) campaign in 2010 which was marked by the Presidential call to respond positively. 11.4 million South Africans responded to the call for HIV counselling and 9.7 million people agreed to be tested by end of 2010/2011 (2010 National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, Department of Health). Epidemiological surveillances have shown signs of the HIV epidemic stabilising over the past five years mostly among the antenatal population, while the prevalence of early sexual activity within the 10 – 14 years age group is on the increase. The World Health Organisation / UNAIDS the country has an estimated HIV prevalence of 17.9 percent with 5.5 million people living with HIV in 2010, and notably among children under the age of 15 years adult females, and new infections above 15 years. Total annual deaths attributed to HIV were reported to be on the decline. Kwa Zulu Natal province reported the highest prevalence of 39.5 percent while the lowest was reported in the Northern Cape at 18.4 percent.

Migration trends have shown that South Africa has over the years become a major destination for immigrants. This has exerted tremendous pressure on service delivery and created tension between South Africans and the immigrants mostly in informal settlements, farming and other densely populated areas. Xenophobic attacks occurred in Limpopo, the Eastern and Western Cape and Mpumalanga. These were mostly incited by local communities in some instances amid allegations of foreign nationals being involved in acts of theft and promiscuity. One death was reported in Limpopo while four occurred in the Eastern Cape (Port Elizabeth). Deaths, displacement, destruction of foreign nationals' property, including shops were reported. 200 non-nationals were attacked and they sought refuge in a coloured township and a police station in Port Elizabeth. 600 people were displaced in Limpopo.

Progress towards outcomes

Disaster Management

Programme component 1: Disaster Preparedness

Outcome 1: Capacity of SARCS is improved in terms of skilled human, financial and material resource base for effective disaster management in South Africa.
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Achievements

SARCS was involved in the training of more disaster response teams in eight provinces, and this improved the Society's level of preparedness to respond during floods. Volunteers in the provinces received training on basic disaster management, Community Based Health and First Aid (CBHFA), safer access, Restoring Family Links (RFL), dissemination of the Red Cross activities, first aid, Humanitarian Pandemic Preparedness (H2P) and Participatory Hygiene and Sanitation Transformation (PHAST). The SARC initially provided emergency assistance to 1 774 families affected by the floods for a period of three months.

Programme component 4: Disaster Response and Recovery (DRR)
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Outcome 1: The SARCS capacity and the volunteer base to respond to disasters is improved.
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Outcome 3: SARCS has effective mechanisms in place to timely respond to disasters which affect communities

Outcome 4: SARCS capacity to provide assistance for restoring sustainable livelihood of
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populations affected by disasters is improved.

Outcome 5: Vulnerability of communities in disaster prone areas is reduced through timely information, capacity and resilience building interventions.

During the months preceding the floods, SARCS trained disaster response volunteers in different provinces. These became team leaders when the flood disaster hit their local areas. They took the lead in the assessment of the affected areas, and also assisted with the provision of first aid, basic health assistance and identification of health hazards as the disasters continued. The teams also distributed relief items. SARCS managed to procure and distribute food and non-food relief items to the affected communities in the Free State, Limpopo, the Northern Cape and the North West Provinces. 10 495 beneficiaries received assistance. Various protective clothing items were also distributed for use during building and construction activities.

In keeping with providing regular credible and reliable information to the public, SARCS produced audio visual material profiling humanitarian upheaval and its challenges. The material emphasised importance of support to humanitarian interventions in the print and electronic media. Sound working relationships were created with the media houses and SARCS participated in debates on the subject.

Constraints or Challenges

The current SARCS structures are not fully responsive to the various provincial and district needs. There are gaps in the capacity of the community response teams and this presents operational challenges in situations where they have to work hand in hand with local municipalities. Pre-positioning of stocks has become a perennial problem given the vastness of the country and the lack of warehousing facilities at SARCS, although branches have storerooms. During the May 2011 national elections SARCS deployed volunteers to polling stations to provide first aid services and distribution of relief distributions. However, this has compromised the neutrality of SARCS as it has been misconstrued for political gifts and interference.

Health and Care

Programme component 1: Emergency Health

Outcome 1: to reduce the risk of communicable and water borne diseases through community health activities, using the CBHFA approach

Outcome 2: to build self-reliance and increase individuals and communities' ability to deal with public health vulnerability during emergencies and disasters

Achievements

Around 1 900 hygiene packs and 41 000 water purification sachets were distributed in the Free State, Limpopo, Northern Cape and the North West provinces. A total 100 volunteers were involved in PHAST training that was conducted in four provinces as part of the water and sanitation programme. A national trainers training was conducted for 22 people from the above four provinces as well as Gauteng, the Eastern Cape, Mpumalanga and the Western Cape.

Programme component 3: Multi Drug Resistant (MDR)-TB Project

Outcome 1: Provide care, support and direct observation to 150 most vulnerable MDR-TB patients

Outcome 2: provide food supplements and hygiene material as incentives to 150 most vulnerable MDR-TB patients

Outcome 3: Increase community knowledge about TB, MDR-TB and TB/HIV through health education and awareness raising in the four projects

Achievements

The SARC has a well established MDR-TB project which operates from multiple project sites in the Eastern and Western Cape provinces. In April 2011, the Uitenhage project grew to 52 clients due to

high demand. The entire project now has 151 clients inclusive of those who have died. The Eastern Cape has 137 registered clients while the remaining 14 are from the Western Cape. The SARCS also supports additional clients under the HBC project. The beneficiaries are marginalised and live far from the city centres in informal settlements. The Eastern Cape received 183 food parcels while the Western Cape received 14 parcels. A total of 235 hygiene kits were distributed in both provinces. One hundred and sixty masks, 4 000 gloves and 80 sanitiser gel were distributed as part of the infection control kits. The IFRC, SARCS and the USAID undertook a joint mission to the two provinces in June 2011. There is generally good collaboration between the SARCS and local authorities in Uitenhage. Such collaboration, however, does not prevail in the rest of the province and the Western Cape.

Unstructured support group providing activities such as psychosocial support, beadwork, sewing and gardening took place at least once a week. The participants included both TB and HIV clients. Door-to-door TB public awareness campaigns were conducted regularly for the community through care givers' interaction with street communities, traditional healers, teachers, church leaders and councilors. A total of 39 community trainings took place and this resulted in 589 people being trained. The door to door campaigns benefited 147 homes and 1 605 people were educated. Door to door sputum collections were conducted and affected people were referred to clinics to commence treatment. Care givers provided basic education on TB information, infection control and how to monitor adherence to treatment. The Eastern Cape has 14 established support groups and the Western Cape only has one group.

TB awareness activities were conducted to mark the World TB day events which took place on the 24th of March 2011. 45 people were reached as part of the TB education and awareness campaign in Uitenhage and 377 were reached in Port Elizabeth in the Eastern Cape. 4 591 posters and leaflets were distributed. Clinic and home-based Direct Observation Treatments (DOTs) are being conducted on a daily basis by Red Cross care givers. A total of 6 442 home visits have been undertaken and follow-ups are done for defaulters who receive counseling. Family members of defaulters are also encouraged to visit clinics for TB screening.

Constraints or Challenges

There was lack of good partnership agreements with the local TB authorities which slowed down the recruitment process for new MDR-TB clients, particularly in the Western Cape. The provincial managers engaged with the relevant government officials, and client recruitment could be enhanced by incorporating district health services which would increase the number of new referrals. Care givers are in some instances forced to use public transport to access some of the dispersed patients. Facilitators may also be required to travel long distances and they often do not have money for transport. There is tension between the facilitators in East London and the clinic staff and care givers, and some coaching is required to improve working relations. Health facilities are poorly staffed which forces the crowding of patients waiting to be serviced. This condition promotes the spread of TB and MDR-TB in the health centres. Some care-givers support as many as four MDR-TB clients, which has prompted the USAID to propose an assessment of the severity of the MDR-TB in the communities.

Youth Development Programme

Programme component 1: Youth development
Outcome 1: have a vibrant Red Cross youth that offers relevant services to advance the mission and vision of the Movement.

Achievements

The national youth coordinator participated in a basic youth delegate course in Finland that was hosted by the Finnish Red Cross. The course had an exchange component which allowed the South Africa youth delegate to share lessons on how youth programmes are implemented in South Africa while at the same time learning from other youths on their field implementation of activities. The course also provided the platform to network with other different Societies such as the Finnish, Danish, Haiti, Nepal and Cambodia Red Cross, among others. The training incorporated aspects of the Movement information dissemination, photography, field operations, media, stress management, Strategy 2020 and youth policy among other issues.

Programme component 1: Peer education
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Outcome 1: Youth governance structures are established at national, provincial and branch level.

Achievements

Functional National Youth Committee (NYC), Provincial Youth Committee (PYC) and the Branch Youth Committee (BYC) were established. The national youth conference was held in March 2011. The SARCS president attended the conference and delivered a key note address. The youth programme was reviewed, and planning for the future conducted. A new youth executive committee was elected. The IFRC and SARCS volunteer policies were reviewed, and it was recommended that the latter be revised to reinforce branch adherence to the policy of new volunteers signing the standard form as well as undergoing the induction programme. The SARC deputy president and the Norwegian Delegate advised on the revision and designing of new policies. Accountability based on agreed accounting procedures has since improved significantly, and there is better compliance to the plan and budget by the youth coordinator.

Peer education incorporating the CBHFA and food security components are underway. Land for gardening was donated by two churches in the area. The youth currently has an active vegetable garden at Bethel where they grow garlic, carrots, beetroot, cabbage, onion and beans. Peer education sessions are also held at the Bethel Apostolic Church and these centre on life skills modules. Peer education activities in the KZN province included door-to-door campaigns and radio talks to reach out to the youth especially those who engage in risky behaviour. The youth visited the Saint Anthony support centre where they assisted with cleaning and cooking as part of their community service activities. 1 334 people were referred for HCT. 150 000 youths were reached through the New Castle Community radio. The talk shows covered topics on HIV and AIDS, drug abuse, Prevention of Mother to Child Transmission (PMTCT), breast feeding and TB, while also disseminating information on the Red Cross principles. The programme managed to reach 498 females and 427 males. Peer educators have been working in conjunction with the South African National Council on Alcoholism ¹(SANCA) to give an eight-module training programme on substance abuse. Facilitators have been trained for the *ke moja* (I am fine) school campaign. Two of the facilitators were from the Red Cross.

Programme component 2: Youth as agents of Behavioral Change (YABC)

Outcome 1: Peer education in schools and youth groups to reach out to the youth and empower them with life skills that influence behavioural change.

Outcome 2: door to door campaigns to reach out to schools, youth and community at large while also marketing the organisation to the communities.
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Achievements

The Eastern Cape conducted awareness campaigns focusing on abuse and stigmatisation of gays and lesbians in their communities. A workshop on gender and stigma was conducted. It took a holistic approach to address issues affecting gays, lesbians, bisexual and trans-sexuals (GLBT). The topics covered included Sexually Transmitted Infections (STIs), stigma, discrimination, HIV and AIDS education, peer pressure, assertiveness, sexual assault, goal setting, rape, drugs and substance abuse. A door to door campaign was held in Maluti, targeting taverns, social and recreational areas. Twenty teenagers were referred for counseling, twelve of whom were pregnant.

The "Sport for Humanity" peer education programme was introduced as a way of facilitating sports and youth discussions. Additional schools were being recruited onto the programme. A meeting with the National Youth Development Agency was held in Limpopo to disseminate information on the SARC youth programme and to establish a way of engaging with the youth. Peer educators celebrated the Red Cross day at the Grace and Hope centre as part of their community service. They assisted with cleaning and cooking, and at the same time they disseminated information about the Red Cross. The peer educators took the opportunity to launch the "stop violence against non-nationals" campaign. This was in response to the death of one person during the xenophobic attacks against non-nationals in the Limpopo province. Peer education activities were conducted at Muserunyane and Mantutule secondary schools.

¹ Renamed to South African National Council on Alcoholism and Drug Dependence

Constraints or Challenges

The programme is faced with budgetary constraints and governance meetings have not taken place regularly. Two tele-conference meetings have been conducted so far. The implementation of youth programme especially at schools continues to be affected by limited funding. Peer educators do not have appropriate clothing with the Red Cross emblem to identify themselves. This makes access difficult unless if they team up with other organisations pursuing the same goals. Peer education, particularly in the Free State continues to be disrupted by the loss of volunteers when they secure alternative and more gainful employment. In the Northern Cape peer educator activities have been on the decline as a result of educators moving to other organisations, others being full time students and others have moved on to greener pastures. Competition and politicking have also slowed down progress of the programme.

National Society Development/Capacity Building

Programme component 2: Leadership and management development

Outcome 1: to have functional and strengthened leadership (governance and management) structures and capacity for optimal organisational performance and accountability.

Achievements

As part of the leadership development, SARCS participated in the SARO induction meetings for Board members in Kenya and it emphasised the importance of best practices. SARCS was nominated to represent the region in a number of global and regional programmes, among them the global leadership initiative in Geneva. The National Society also participated in the planning for the Pan African Congress that would take place in Addis Ababa, Ethiopia in December 2011. The National Society was also involved in the regional piloting of initiatives such as the joint senior management and Board meetings. These initiatives were aimed at ensuring synergy between governance and management, as well as fostering accountability and transparency at all levels. Leaders gained access to the e-learning platform.

Programme component 3: Well-functioning organisation

Outcome 1: SARCS has in place well-defined systems and procedures that facilitate efficient and effective service delivery to the most vulnerable communities.

Outcome 2: The National Society has well functioning Information Technology (IT) systems with adequate infrastructure.

Outcome 3: Ensure reliable financial management systems towards a new work culture to facilitate tight financial management controls and accountability.

Achievements

SARCS received technical assistance in drawing up proposals, and conducting meetings with government officials as part of its recovery process. Support was received from the Southern Africa Regional Office (SARO) in partnership with several stakeholders. A joint mission by the head of human resources and the Africa zone was undertaken to SARCS to develop a concept paper for the implementation of an intensive finance development programme. The terms of reference were developed to engage an independent institution for conducting assessment at all provincial levels of the National Society. Specific focus was on staffing, income and expenditure, resource mobilisation, internal control, financial compliance, reporting and record keeping.

In an effort to improve financial management, SARCS received support to purchase a three-year Navision financial software licence to strengthen its capacity in accounting and financial reporting. The National Society participated in a workshop that was held in Johannesburg for 15 finance managers to train them on current financial management and procedures.

Constraints or Challenges

SARCS continued to encounter challenges in terms of both financial and technical support. There is need to effectively coordinate and integrate the National Society Development programme at all levels

and at the Zone strategic management level. The programme has not been able to secure adequate funding even though the initiative is generally acknowledged as highly relevant and effective.

Principles and Values

Programme component 1: Make operational the Fundamental Principles and Humanitarian Values
Outcome 1: The promotion of Fundamental Principles and Humanitarian Values is integrated into operational programmes (disaster management, health and care, and organizational development) at National Society level.
Outcome 2: Create awareness to discourage sexual and gender-based violence activities among men and women
Outcome 3: Promote respect for diversity and non-discrimination through monitoring trends in population movements and actively engage government in dialogue to ensure the protection and humane treatment of migrants.
Outcome 4: Enhance SARCS-RFL infrastructure to better serve the needs of victims of armed conflict and displaced people living in South Africa.

Achievements

All SARCS programme implementation continued to conform to the fundamental principles and humanitarian values of the IFRC. There was continual sensitisation about social cohesion and discrimination as well as prevention of both sexual and gender-based violence. SARCS dealt with a wide range of issues including violence against children, sexual and gender based violence, suicide, substance abuse and gang-related violence. Focus was on translating action into beliefs by cultivating mutual respect and understanding, increasing access to services for vulnerable people, and building the National Society's ability to influence a shift in attitudes in communities. SARCS participated in a training organised by the Federation in Dakar, Senegal to equip leaders with knowledge and skills necessary for the prevention of gender-based violence.

The Disaster Management teams in the Eastern Cape teams conducted an assessment and responded by providing hot daily meals to the people displaced during xenophobic attacks. Another partner, the Gift of the Givers provided food parcels, and they partnered with the SARCS for distribution. Twelve non-nationals were trained in first aid to be able to assist themselves in the event of recurrence of such attacks. One first aid kit was donated. The SARCS Secretary General participated in a stakeholders meeting where she clarified the role of the Red Cross and the concern that the Society had over the attacks on non-nationals. She used the forum to castigate the xenophobic attacks and emphasised the spirit of *ubuntu*. The meeting was attended by different organisations and community representatives, who all sought common solutions to the problem.

The Secretary General participated in an open debate on the challenges faced by South Africa and the role of the Red Cross on the Umhlobo Wenene local radio station. The Disaster Management Coordinator went to the Port Elizabeth branch to train staff and volunteers on safer access and to prepare the team for positioning themselves for any xenophobic attacks and how they should react and conduct themselves to gain the confidence of all the people. This training assisted the branch to appreciate the need for a humanitarian approach on such challenging matters.

SARCS attended a regional RFL workshop to address ways of strengthening the family restoration link regional network. Subsequent to the regional workshop, SARCS held a national workshop to assess national strengths, opportunities and weaknesses, and its capacity to participate in the network. During the first six months, 93 tracing requests were handled and 214 Red Cross messages were distributed

Constraints or Challenges

The subject of migration is highly sensitive and emotive. South Africa being the main recipient of migrants, SARCS will require a dedicated budget, time and extended technical support in the area of migration to ensure effective coordination and management of socially inclusive programming. There is need to take a holistic and integrative approach to ensure effective inclusivity. An appropriate monitoring and evaluation framework with a good set of indicators for effective monitoring and reporting needs to be developed in conjunction with the SARO. Movements also have to be monitored and reported on a regular basis, with proper documentation and knowledge exchange.

Working in partnership

The work of SARCS continues to benefit from partnerships that have been created and maintained over the years with the Movement partners who have mostly provided financial and technical support. During the six month period SARCS continued to work with the all the partner national societies (PNSs), the IFRC and the International Committee of the Red Cross (ICRC) and stakeholders in government departments and national and provincial level. The Departments of Health and Local Government facilitated the implementation of programmatic work. Other stakeholders included the communities within which SARCS works, traditional healers, faith based organisations, church leaders, councillors and the youth.

Contributing to longer-term impact

SARCS's commitment to health and disaster management benefitted several communities, and they contributed towards the IFRC's Strategy 2020. Programming activities were aligned to addressing the country's social and health challenges at community level. Activities have contributed to strengthened disaster preparedness and response, community based health as well as capacity development for both the National Society and the communities they serve. SARCS involvement continued to focus on vulnerable communities.

Looking ahead

More developed provincial structures will be critical for making operations more effective, and there is need to spread resources across for all programmatic areas. In addition, SARCS needs to work more closely with stakeholders in all the provinces. Efforts should be directed at resource mobilisation to ensure continuity and sustainability of programmes. Capacity development would be essential and should be on an on-going basis. SARCS approach to assisting populations affected by disasters should in the future embrace both rural and urban branches. Disaster risk reduction and preparedness should be the prime focus for disaster management as this saves lives and resources.

A proactive approach to programming should be adopted to be able to deal with new challenges and issues such as migration and climate change. Health programming should be designed to cater for different age groups across the population, for instance to deal with early sexually active children. Relationship building continues to be central to SARCS, communities and government structures responsible for facilitating the implementation of programmes. Knowledge management should be reinforced between SARCS and other national societies to promote synergies and learning processes.

How we work

All Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

<p>The IFRC's vision is to:</p> <p>Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p>	<p>The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none"> 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace.
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International Federation of Red Cross and Red Crescent Societies

MAAZA002 - South Africa

Mid-year Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAAZA002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	0	648,544	288,427			936,971
B. Opening Balance	0	89	5,226			5,315
Income						
<u>Cash contributions</u>						
<i>Finnish Red Cross</i>		22,065				22,065
<i>Finnish Red Cross (from Finnish Government)</i>		125,037				125,037
<i>United States Government - USAID</i>		77,190				77,190
C1. Cash contributions		224,293				224,293
<u>Other Income</u>						
<i>Balance Reallocation</i>		2,136	229			2,365
C4. Other Income		2,136	229			2,365
C. Total Income = SUM(C1..C4)	0	226,429	229			226,658
D. Total Funding = B + C	0	226,517	5,455			231,972
Appeal Coverage	#DIV/0	35%	2%			25%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0	89	5,226			5,315
C. Income	0	226,429	229			226,658
E. Expenditure		-162,574	-31,747			-194,321
F. Closing Balance = (B + C + E)	0	63,943	-26,291			37,652

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Budget Timeframe	2011/1-2011/12
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Budget	APPEAL

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		0	648,544	288,427			936,971	
Relief items, Construction, Supplies								
Food	45,820		10,087				10,087	35,733
Water, Sanitation & Hygiene			9,267				9,267	-9,267
Medical & First Aid			980				980	-980
Total Relief items, Construction, Supplies	45,820		20,335				20,335	25,486
Logistics, Transport & Storage								
Transport & Vehicle Costs	16,080		444	2,744			3,187	12,893
Total Logistics, Transport & Storage	16,080		444	2,744			3,187	12,893
Personnel								
International Staff	145,203			802			802	144,401
National Staff	92,821		146	14,772			14,918	77,903
National Society Staff	66,240		26,600	1,650			28,250	37,990
Volunteers			24,386				24,386	-24,386
Total Personnel	304,264		51,133	17,223			68,356	235,908
Workshops & Training								
Workshops & Training	14,946		15,307	9,400			24,707	-9,761
Total Workshops & Training	14,946		15,307	9,400			24,707	-9,761
General Expenditure								
Travel	31,439		14,434	981			15,416	16,023
Office Costs	8,280		75				75	8,205
Communications				-819			-819	819
Financial Charges			88	3,374			3,463	-3,463
Other General Expenses	468,121		7,745				7,745	460,376
Shared Support Services				1,578			1,578	-1,578
Total General Expenditure	507,840		22,342	5,115			27,458	480,382
Operational Provisions								
Operational Provisions			41,684	-5,736			35,947	-35,947
Total Operational Provisions			41,684	-5,736			35,947	-35,947
Indirect Costs								
Programme & Service Support	48,021		9,831	1,868			11,699	36,322
Total Indirect Costs	48,021		9,831	1,868			11,699	36,322
Pledge Specific Costs								
Earmarking Fee			1,499	32			1,531	-1,531
Reporting Fees				1,100			1,100	-1,100
Total Pledge Specific Costs			1,499	1,132			2,631	-2,631
TOTAL EXPENDITURE (D)	936,971		162,574	31,747			194,321	742,650
VARIANCE (C - D)			485,970	256,680			742,650	