


www.ifrc.org
Saving lives,
changing minds.

Annual report

Southern Africa Regional Office

 International Federation
of Red Cross and Red Crescent Societies

MAA63001

30/04/2012

**This report covers the
period 01/01/2011 to
31/12/2011**

*Children that have benefited from Red
Cross support in Malawi/March
2012/Michael Charles/IFRC*



In brief

Programme outcome

The Southern Africa Regional Office (SARO) directly supports National Societies in nine countries in the region: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, South Africa and Zambia. Additionally, it provides technical support and channels financial resources to the IFRC Country Office in Zimbabwe, thereby supporting ten National Societies in the region either directly or indirectly.

In line with the International Federation of Red Cross and Red Crescent Societies' (IFRC) Strategy 2020, the expected outcome of the Southern Africa Regional Office is strengthened capacity of the National Societies in the region to deliver services aimed at enhancing community resilience to disasters and public health emergencies, with protected livelihoods and strengthened capacity to recover from disasters and crises, whilst promoting healthy and safe living, social inclusion and a culture of non-violence and peace. For the report on the Zimbabwe country plan for 2011, click [here](#).

Programme summary

During this period, the SARO provided support for the disaster management, health and care, National Society development/capacity building and the principles and values programming activities for all the southern Africa National Societies. The disaster management programme continued to support the Disaster Risk Reduction (DRR) and the regional long-term food security programmes for the National Societies. Additional support was also provided in disaster preparedness, disaster

response and recovery, disaster risk reduction, food security within the framework of the Zambezi River Basin Initiative (ZRBI) for Angola, Botswana, Malawi, Mozambique, Namibia, Zambia and Zimbabwe. The regional team also provided support to National Societies, which were responding to floods that hit a number of countries in the region. This included emergency relief support through the Disaster Relief Emergency Fund (DREF) for Lesotho, Mozambique, Namibia, Zimbabwe and South Africa.

Under the health and care programme, SARO continued to provide support for the health activities within the framework of community based health and first aid (CBHFA) which included Maternal and Neonatal Child Health (MNCH), Malaria, Tuberculosis, Immunization activities, emergency health, water and sanitation, as well as HIV and AIDS.

During the reporting period, extensive collaborative and networking activities took place, including leadership and management development as well as branch development to ensure more effective service delivery to the vulnerable communities was prioritized. Efforts were made to strengthen the capacities of National Societies' structures, particularly in the areas of finance and programme management to improve programmes performance and accountability. Support was also provided to National Societies in the area of youth development, and progress was made under the Youth as Agents of Behaviour Change (YABC) initiative.

The Principles and Values programming activities focused on the promotion and operationalization of the Fundamental Principles and Humanitarian Values as well as sensitisation and prevention of sexual and gender violence. Furthermore, programming also focused on the promotion of respect for diversity and a culture of non-discrimination.

This gave birth to the Ubuntu Initiative, which addresses the humanitarian needs of vulnerable migrants and work with migrants and host communities towards respect for diversity and social inclusion. The National Societies included in this initiative are Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe.

Financial situation

The total 2011 budget is CHF 7,373,131 of which CHF 4,612,021 (63%) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 3,692,120, corresponding to 50 % of the budget and 80% of available funding.

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

Number of people we have reached

Table 1: Number of people reached

Programme	Number of people reached	Remarks
Disaster relief Emergency Funds	102,124	Emergency relief supplies food and non-food items
HIV Prevention	4,200,000	1,870,000 male and

		2,330,000 female reached with prevention messages in all ten National Societies in 2011. There is increased use of community radio stations to disseminate HIV behaviour change messages
Orphans and Vulnerable Children (OVC)	39,860	18,180 male and 21, 680 female received educational, psychosocial, material and food support
People living with HIV and Home Based Care Support	43,368	13,123 male and 30,245 female , received psychosocial support through home visits, training in support groups, seeds for gardening
Emergency Water and Sanitation	100,000	Reached with water sanitation and hygiene promotion messages
Tuberculosis Multi Drug Resistant and direct Observation Treatment	85,200	Reached with TB prevention messages
Malaria	725,000	Reached with malaria messages

Our partners

Strategic partnership was fostered with an array of partners from the Red Cross Movement, UN Agencies, the private sector as well as governmental bodies such as USAID and DFID, Swedish SIDA and the Royal Netherlands Embassy, to name a few. Currently, there are 21 Partner National Societies¹ (PNS) supporting programmes in Southern Africa. Through their role as auxiliary to the governments, the NS collaborated with line ministries in community-based programmes and emergency operations. The IFRC was and still is on the task force and/or chair of many working groups linked to the organizations. Such working groups are RIACSO (Regional Interagency Coordination Support Office) for Disaster Management, Regional Inter-Agency working group for HIV, Gender and Reproductive Health, SADC Partnership Forum on HIV, Regional Inter-Agency Task Team on Children affected by AIDS (RIATT), Alliance for Malaria prevention (AMP) and Malaria Advocacy Working Group (MAWG). The IFRC and National Societies wish to thank all partners for their support and collaboration and during the year.

¹ American, Australian, Austrian, Belgian-Flanders, British, Canadian, Chinese, Danish, Finnish, French, German, Icelandic, Japanese, Spanish, Swiss, Swedish ,

Context

In 2011, life remained a daily struggle for most communities across the region that lived in abject poverty. An increase in the frequency, complexity and magnitude of natural disasters, influenced in part by climate change, and coupled with socio-economic shocks, pandemic diseases and endemic inequality, exacerbated the vulnerability of millions across the region. Southern Africa (in common with the rest of sub-Saharan Africa) carries a disproportionate seventy per cent burden of the global HIV and AIDS pandemic.² The region features prominently in terms of prevalence rates for tuberculosis, malaria and diarrhoeal diseases. These concurrent epidemics have resulted in the diversion of limited funding away from development towards ad hoc emergency management, a phenomenon that increases the inequality of health and care between rich and poor countries. These on-going challenges demanded increased humanitarian action; action where the NS played a central role in addressing vulnerability at the community level.

Vulnerability in southern Africa goes beyond health risks and challenges. Climate change had a negative humanitarian impact on communities across southern Africa. Changing climatic patterns contributed in parts to drying out of some communities. All countries in the region are categorised as having 'medium to high' vulnerability to significant and potentially devastating deterioration in water quality and availability over this period. In this regard, hunger remains a perennial threat across southern Africa. At least 33 million people in the region were classifiable as food insecure³ in 2008. 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 trend is likely to deteriorate further, with more severe impact expected particularly along the Zambezi River Basin and along Mozambique's Indian Ocean coast. In 2011, 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 regional office went through a restructuring process. In September 2011, it was announced that the regional office will relocate to a destination outside South Africa and in November 2011, the decision was taken to relocate the office to Botswana. The relocation process in the region was very demanding towards the end of the year. A lot of focus was given to the process to ensure that we maintain service continuity to the National Societies in the region, but at the same time, given adequate attention to the national Staff that would have to be retrenched as well as the details of relocating a regional office.

In October 2011, the regional Water and Sanitation delegate contract ended and as of now, the position still has not been filled. In November 2011, the regional Representative was given the position of National Society Development for Africa zone and the programs coordinator assumed the position of regional representative. In addition, the position of Regional health and care coordinator was vacant for over 6 months and was finally filled in May 2011. Staffing of the various departments has been a big concern in the region as all the departments are under-staffed.

² UNAIDS report 2010

³ United States Department of Agriculture "Food Security Assessment, 2008-09" June 2009

Progress towards outcomes

Disaster Management

Outcome(s)

Programme component 1: Disaster preparedness
Outcome 1: Capacity in skilled human, financial and material resources is optimized for effective community-based disaster preparedness in the ten National Societies.
Outcome 2: All National Societies develop and implement disaster management master plans (DMMPs).
Outcome 3: IFRC logistics unit and counterparts in all National Societies are better prepared to respond to disaster management requirements during emergency operations

Achievements

The National Society disaster preparedness capacities and technical skills improved greatly through support and networking with relevant partners. Zimbabwe, Malawi, Mozambique and Namibia have all developed functional and effective early warning systems in disaster prone districts along the Zambezi, Limpopo and Shire River basin.

Regional DM is working in partnership with the World Meteorological Office on flood mitigation in the region through provision of real time early warning information. Malawi and Angola through IS3 capacity building programme funded by DFID, continues to support NS programmes monitoring, reviewing and updating the risk maps and the data update for preparedness planning.

The Region has maintained relief stock for about 5,000 families in the Regional warehouses in Harare and Johannesburg. The stock can be dispatched within 24 hours after a disaster has been reported and needs are identified. The stock delivery in the past took two to three weeks to be delivered to the disaster area. The regional repositioned stock has improved the delivery period of relief stock in emergencies.

The Regional DM department continues to support the NS with their Disaster Management Master Planning, implementation monitoring and reviewing. The DMMP process ensures that NS DM systems are functional to deliver quality, efficient responses and effective programme implementation.

All Southern Africa NS are implementing their disaster activities in line with the Disaster DMMP. They are reviewing the DMMP annual and they are sharing the plans with the PNSs, ICRC and other relevant partners for implementation and for resource mobilisation.

The Disaster Management Master Plan (DMMP) provides the framework and road map for the NS DM programme development. The DMMP aims at ensuring the National Societies' disaster

management is focused and systems and capacities developed to meet the current and future challenge in responding, preparedness, risk reduction and recovery to disasters.

Through partnerships, networking and collaboration with relevant players in the humanitarian and developmental arena improved preparedness and response in the region and at national level has improved greatly. NS and regional teams carry out joint operations, missions with other partners e.g. assessments. This has reduced costs and operations are responded to more quickly. The Federation is a member of the Regional Inter-Agency Coordination Forum and the Regional Vulnerability Committee (RVAC) while all ten NS are members of their National Disaster Committees and the National Vulnerability Assessment Committees (VACs). Through these forums, information is shared on early warning preparedness and response coordination between the different agencies including inter agency Contingency planning, simulation exercises and trainings. DM Southern Africa Region is a member of RIACSO, which meets monthly to give updates of any humanitarian challenges in the region including hosting the Southern Africa Regional Climate Outlook Forum (SARCOF). RIACSO is coordinated by OCHA and SADC, other partnerships at Regional level that network with DM and NS are FAO, FEWSNET, WMO, and WITS School of Forced Migration, Disaster Unit and School of Public Health. Currently RIACSO has commissioned a research study into humanitarian trends in Southern Africa and its implication of programming. IFRC has made financial contributions towards the study.

Programme component 2: 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.

Achievements

In the period under review, the Southern Africa Region assisted the national societies to respond to a number of disasters that occurred in the region. These included: Mozambique floods and cholera in January 2011, Lesotho floods also in January 2011 January, South Africa Floods in February 2011, Namibia floods in March/April and Zimbabwe cholera in July 2011.

Country	Disaster Type	Amount	# of people assisted
South Africa (DREF)	Flooding	CHF 236,780	8,870
Namibia (initially DREF)	Flooding	CHF 296,472	20,000
Namibia (Emergency Appeal)	Flooding	CHF 1,811,530	37,457
Lesotho (DREF)	Flooding	CHF 244,036	10,000
Mozambique (DREF)	Flooding and Cholera	CHF 345,209	20,000
Zimbabwe (DREF)	Cholera	CHF 226,353	30,000
Total		CHF 3,160,380	126,327

The regional office hosted a Disaster Management Regional workshop in April 2011 for all Disaster Management Officers from the ten National Societies. The DM annual programme review was conducted and planning for 2011 aligned with the framework for community safety and resilience. The aligning exercise was of benefit to DMC; their recovery interventions were clearly articulated. All NS in the different programmes have assisted communities to establish livelihoods programmes and they are working with communities on use of local indigenous systems e.g. use of traditional seed varieties which are tolerant to droughts and construction of traditional granaries to store crops during floods and also to use community seed banks to assist those that lose their harvest during disasters.

During the DM regional meeting, the Regional DM team facilitated a number of refresher on the spot training sessions for the 10 NS DMC and officers on the different IFRC tools for assessments, risk assessment, operational planning, development of DREF and emergency appeals application. The refresher sessions were of benefit to new staff members and it has improved the quality of documentation from all NS e.g. DREF applications and operations updates.

The partners that supported response and recovery are:

- World Metrological Department -Early Warning System
- OCHA -Interagency Coordination
- SADC/OCHA- DRR and Climate Centre
- SADC/GIZ(GTZ)-Water Management Projects
- Climate Centre –Adaptation
- UNAIDS - Contingency planning
- FAO agricultural research for emergency situation

The regional DM developed and/or reproduced floods mitigation materials for all NS. On-going support on CC advocacy work through regional bodies and Global Alliance with OCHA and SADC.

Programme component 3: Disaster risk reduction (DRR)

Outcome 1: All National Societies have enhanced institutional capacity building with a focus on disaster risk reduction.

Outcome 2: National Societies' capacities increased to engage communities in disaster-prone areas in activities that reduce risks and vulnerability to disasters as well as build community self-reliance on disaster prevention.

Achievements

The Zambezi River Basin (ZRBI) and the Ubuntu Initiative are the flagship regional DRR programmes and cornerstone for DRR activities in the region for the IFRC.

The Ubuntu Initiative was launched on 21 October 2011 in Johannesburg and focuses on migration related risks and vulnerabilities. Although migration has existed since the dawn of humanity, in the region it has escalated and taken on dimensions of a humanitarian emergency which require political and humanitarian responses. The five year Ubuntu programme, which will be implemented by Red Cross societies in Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe, will achieve this through adapting their existing areas of work and introducing new approaches in

community-based health; disaster preparedness, risk reduction and response as well as tracing and family links services. In addition, it will facilitate and promote social inclusion in both sending and receiving communities, especially communities on major regional migration routes.

All National Societies were supported to assist vulnerable communities in setting up food security and livelihoods projects. They worked with communities on the use of local indigenous systems such as the use of traditional seed varieties that are drought resistant, construction of traditional granaries to store crops during floods, as well as the use of community seed banks to assist communities that lose their harvest during disasters. Further, information was disseminated on environmental conservation and climate change adaptation at national, provincial, district and community levels. Promotion of use of low resources use technologies such as conservation farming, small-scale irrigation techniques, and different seed varieties suited to different climatic situations was at the core of the extension messages delivered through trained volunteers and lead farmers.

This period saw the extension of DFID Partnership funding through the British Red Cross, for the DRR programmes in Angola and Malawi for another two years (up to 2013). The funding is to support the development of a sustainable exit strategy as well as to build capacities for disaster management policy implementation and alignment of National Societies' disaster management policies and guidelines with those of government. In Malawi, the focus was on increasing food production and the use of renewable energy for irrigation in the drought prone Salima district near Lake Malawi. The main benefit of the irrigation system has been the increased food 5 production cycles for the communities from one to three times a year, thereby improving their livelihoods and economic wellbeing. In March 2011, the communities in drier areas were assisted by the Malawi Red Cross Society and SARO to construct water-harvesting reservoirs for irrigation.

The regional DM team trained the Angola Red Cross Society and identified target communities to adapt to high-yield varieties of crops that are tolerant to drought and resistant to pests and diseases. As a result of this, communities' seed preservation and storage for future seasons increased.

Zimbabwe Red Cross Society has been included under the DFID Global partnership for 2011 – 2014, which will focus on institutional capacity building of the national society.

Programme component 4: 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 utilization.

Achievements

Lesotho, Malawi, Namibia, Swaziland and Zambia continued to be a part of the regional long-term food security (RLTFS) programme. They attended an internal mid-term zonal food security technical

review for RLTFSS projects, held in Nairobi, Kenya in March 2011. The regional team also attended this meeting and presented food security case studies from Southern Africa. All Participating National Societies reviewed the reporting and monitoring tools of the projects, as well as developed proposals for income generation projects.

SARO, through the global office, worked with these National Societies to review the food security proposals for presentation to a larger number of donors for funding. The National Societies were requested to adopt the same standard tools as well as produce case studies and lessons learnt.

The Norwegian Red Cross, through the Global Alliance, continued to support the DRR initiatives of the National Societies of Botswana, Lesotho and Swaziland. The food security projects in these countries have assisted communities to introduce school and community gardens to enhance nutrition and improved techniques of food storage and conservation. Two Disaster Management Officers showcased the regional programming experiences in DRR and food security at the Global Public Awareness and Public Education Workshop in Costa Rica in December, 2011.

All National Societies in the region continued to receive support for the implementation of food security programmes that were integrated with HIV/AIDS initiatives. Most of them also aligned their food security strategies to their governments' agricultural policies. SARO supported the provision of basic disaster management training to National Societies' food security officers. The training focused on livelihoods assessment, food preservation and processing. The Lesotho Red Cross Society produced a draft food processing manual in March 2011, and SARO assisted with the editing and production of this manual at the end of the year.

As part of the regional food security cluster working group, SARO has improved its technical support to National Societies by sharing regional food security and disaster risk reduction publications, along with information dissemination on marketing and crop forecasts from different regional and international sources.

SARO has been working in partnership with FAO on a flood and drought mitigation food security project supporting over 800 households along the Zambezi River basin in Zambia (Kazungula and Sesheke) and Katima Mulilo, Caprivi in Namibia. The aim of the pilot project is to build resilience of rural livelihoods to withstand the shocks of floods/drought. FAO is providing technical assistance in appropriate food security and agriculture interventions, strengthen the coordination for partners engaged in food and agriculture DRR, mainstream gender and HIV and AIDS as well as consolidate best practices and lessons learned for the scale-up of food security DRR interventions throughout the flood/drought prone areas of the Zambezi River Basin.

A Food Security and HIV/AIDS workshop was held in Swaziland in October 2011 with participation of all Food Security/Disaster Management Officers and HIV/AIDS Officers participating from the region. The workshop drew from experiences in integrated FS and HIV/AIDS programming from different National Societies through peer-to-peer support and networking.

Five regional and National Society staff attended Advanced Cash Learning Partnership (CaLP) Training in October 2011 in Nairobi to increase competence in cash programming.

Programme component 5: Zambezi River Basin Initiative (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 capacities of the seven National Societies to implement disaster preparedness, response and recovery operations in the Zambezi River basin are increased.

Achievements

During this reporting period, some remarkable achievements were realized and this facilitated the programs' integration, which improved planning, effective resource utilization and improved reporting. Thanks to the strengthened branches in the Zambezi Basin, the early warning triggered early action by the communities, which resulted in a substantial reduction of loss of life and assets in some areas. The initiative also opened collaborative partnership of the IFRC and agencies such as the FAO and OCHA with regard to the food security and mapping. This was also confirmed in the simulation; midterm and evaluations that provided feedback on the enhanced volunteers' and community capacities to prevent mitigate and respond to disasters and epidemics.

The ZRBI has so far made some positive contributions towards building and strengthening the capacity of local communities and NS to address the most urgent situations of vulnerability. Branches are now at a better position to manage their activities and volunteers have enhanced skills and capacities to assist vulnerable communities.

Vulnerable communities themselves are likewise now in a better position to identify their needs and priorities thanks to their involvement in Vulnerability Capacity Assessments and Hazard mapping.

The turn-around period for disaster response has improved greatly and communities report that death rates have declined as evidenced in Namibia Caprivi region and Mozambique since the 2000 floods that killed and displaced thousands of people. The use of early warning systems is also improving the preparedness and awareness at community level. Communities and volunteers are taking charge of managing disaster response with functional community disaster risk reduction teams and National Disaster Response Teams (NDRT) on the ground actively participating.

The initial phase of the programme has focused on strengthening the capacity (programme component 4) of the seven implementing national societies and targeted communities to carry out the programme activities. Branch formation and strengthening of volunteer and NS capacity will ensure effective implementation and foster programme ownership and long-term sustainability of NS activities.

The ZRBI promotes sub-regional clustering and exchange of knowledge. The amount of learning and interaction that has so far taken place is encouraging. There is significant information sharing and interaction between staff and volunteers in different National Societies.

The ZRBI has demonstrated gender sensitivity as both men and women assume the same responsibilities and positions. In some instances, women have taken leading roles in programme implementation.

In March and June 2011, the regional DM team attended two DRR-SADC partnership meetings in Botswana and Swaziland, to finalize the DRR-SADC policy. The Swaziland meeting focused on the development and management of water as a shared resource for economic growth and security in the region.

The Red Cross image gained more visibility and acknowledgement as the organisation proved to be an important player in emergencies. This helps to provide a platform for donor response to support ZRBI activities.

Constraints or Challenges

While there is no doubt about the immense humanitarian challenges which the region is faced with, funding constraints continue to hamper the delivery and implementation of life saving services and building resilience of communities at risk. The Regional DM unit lacks adequate funding for regional coordination and technical support to NS. New funding opportunities are being explored to ensure a fully functional regional team with adequate staffing levels to continue supporting the NS. The NS continued to experience high staff turnover, which compelled them to keep channelling resources for capacity development. The NS are trying to address this by improving staff conditions including providing longer-term contracts, as well as job security and satisfaction, to ensure competitiveness and staff retention

Health and Care

Outcome(s)

Programme component 1: Community-based health and first aid (CBHFA)

Outcome 1: All 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: All National Societies providing first aid services with particular emphasis on harmonization

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.

Achievements

In health, all the NS indicated interest in scaling up Community-Based Health and First Aid (CBHFA), utilizing the new material developed at a global level. The CBHFA approach 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. In 2011, the National Societies of Mozambique, Malawi, Namibia and Zimbabwe began community level implementation of CBHFA. Partner National Societies supported the rollout by ensuring that CBHFA is used as the common approach in community-based health activities. CBHFA was also used in the community health interventions under the Zambezi River Basin Initiative.

The Southern Africa Regional Health & Care Network Meeting was co-hosted by the Federation and the Mozambique Red Crescent Society from 27th June – 1st July 2011. 24 participants from all 10 countries, 7 representatives from the IFRC Regional Health and Care Team and PNS representatives from the Belgian British, Danish, Icelandic, Finnish, German Red Cross societies present in Maputo, Mozambique.

The African First Aid Material was launched in June 2011 by the Belgian Red Cross Flanders in Johannesburg South Africa. This material can be used by National Societies as an expansion of the CBHFA module that deals with first aid in communities. A number of National Societies in the region continued to engage in commercial first aid as a means of fundraising. Such National Societies include Botswana Malawi and Swaziland Red Cross Societies.

SARO assisted the Angola, Malawi and Namibia Red Cross Societies with education and sensitisation activities, including the use of mosquito nets. A total of 1050 volunteers were actively involved in this initiative in the region. During the period, over 725,000 people in target areas were reached with malaria messages. The Malawi Red Cross Society made a promotional documentary about its malaria activities and this was made available on the IFRC website.

This period saw the launch of the advocacy TB report in South Africa on 25 March 2011, a day after the World TB day. The launch took place during a humanitarian diplomacy dialogue held in Pretoria. There was wide media coverage with the regional health team being interviewed on both radio and television. In South Africa, the TB project was funded by USAID on multi-drug resistant tuberculosis (MDR-TB) addressing the needs of over 150 patients in the Eastern Cape Province. South African Red Cross monitored 150 clients for body weight and treatment adherence through daily home visits and a 95 per cent treatment adherence were achieved. The NS was also actively involved in TB activities with bilateral and government funding support, reaching over 8,000 TB clients and 600 MDR-TB clients in 24 project areas in 9 provinces. The region also supported other National Societies in TB programming and training with Eli Lilly funding and enforced the amalgamation of both diseases at community level during trainings and house visits by volunteers. Furthermore, the National Societies of Botswana, Mozambique and Namibia also continued to implement TB programmes, sponsored by the Global Fund. Activities included early case findings in communities, home based and clinic DOTS, compliance improvement and adherence.

Following the incorporation of immunisation activities in IFRC health programming, volunteers continued to educate household members, during home visits, on the importance of getting routine vaccinations, especially for pregnant women and children under the age of one. No vaccine preventable outbreak was reported in the region during 2011. Angola Red Cross continued its partnership with Esso (a petroleum company) on immunization activities, with technical support from the IFRC regional office. The partnership included NS providing logistical support to the MoH on routine immunization activities to a tune of 1 Million US Dollars.

Programme component 2: 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.

Achievements

Emergency water and sanitation services were provided to communities affected by flooding in the region. South Africa, Lesotho, Malawi, Mozambique Namibia and Zimbabwe launched flood-related DREF operations that required household water treatment, sanitation improvement and hygiene promotion interventions, to support approximately 100,000 people.

In Malawi, the DREF operation enabled MRCS to assist the affected population by providing immediate shelter needs and reducing risks of water and sanitation related diseases among the 1,235 displaced households in Traditional Authority Mlolo through water treatment, supplies and hygiene promotion campaigns. In Lesotho, the DREF assisted to provide water treatment to 1,000 families in the ten affected districts. Further support for latrine construction was given to 200 targeted families. In Mozambique, the requested DREF was aimed at assisting the National Society to mitigate the effects of floods that was caused by the tropical storm *Dando* accompanied by strong winds. The floods affected more than 8,000 households in the country. The DREF was used to support activities addressing immediate relief needs for shelter and health, and sanitation for approximately 4,000 households.

In Zimbabwe, there was a cholera outbreak in Chipinge district. Interventions focused on supporting the National Society to deliver appropriate and timely action specifically related to water and sanitation, health and hygiene promotion to a target population of 30,000 beneficiaries. In South Africa, the floods response operation provided emergency assistance to the targeted 1,774 families affected by the floods and helped reduce the risk of communicable and water-borne diseases through community health activities, using the CBHFA approach.

Programme component 3: Water and sanitation

Outcome 1: 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 projects implemented by 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.

Achievements

During this period, support was provided for an evaluation of a water and sanitation project implemented by the Namibia Red Cross Society. The evaluation revealed that the project reached 69 per cent of the target population with water supply, and over 93,000 people received training and awareness on good hygiene practices. A total of 654 sanitary facilities were constructed. Further, in Mozambique, the water and sanitation project in Nampula province was extended until June 2012,

and the drilling of boreholes was underway. A water and sanitation project in Nsanje district of Malawi was completed. The project worked towards ensuring a safe and secure water source for 3,150 people through the rehabilitation of six boreholes, hygiene promotion and strengthening community-based management for sustainability.

A water and sanitation trainee delegate from the Chinese Red Cross started a one-year mission in the region in May 2011. Funding of CHF 25,000 was received from the Sport for Water Foundation, Geneva, and channelled to the Lesotho Red Cross Society to support the construction of a spring to serve a school in Maseru district. The project benefits an estimated 200 pupils and an additional 300 community members as the spring is the only water source during the peak of the dry season. A limited sanitation component and hygiene promotion was also implemented.

In Zimbabwe, the European Union office provided the IFRC with a grant for a Euro 2.64 million (CHF 3.19 million) for a project in Masvingo province. SARO maintained linkages with the WatSan focal point for training in Geneva. The WatSan unit also maintained links with the SADC Water Sector group and shared regional projects, which have now been uploaded in the SADC portal. Further linkages have been initiated and will be strengthened in areas such as developing key SADC Water Sector Strategies and attending regional forums to further position the region/ movements WatSan interventions

Programme component 4: HIV and AIDS
Outcome 1: Prevent further infections through targeted community based peer education and information education and communication activities for specific most at risk populations, key drivers of the HIV epidemic and promote uptake of services including male circumcision, voluntary counselling and testing(VCT), parent to child transmission (PTCT) and mother and child health (MNCH).
Outcome 2: Provide nursing care in homes and communities for chronic illnesses that still require it. Provide support for PLHIV and children who are on antiretroviral therapy (ART) through counselling on adherence, ART literacy, nutrition, psychosocial support, livelihoods and support groups. Provide holistic support for orphans and vulnerable children including educational, material, livelihoods, psychological and social support and ensure implementation of the regional Child Protection Strategy.
Outcome 3: Reduction of stigma and discrimination by engaging in advocacy, promoting human rights, and tackling sexual and gender based violence at community level including promotion and implementation of work place programmes for staff and volunteers.
Outcome 4: Strengthen planning, monitoring, evaluation and reporting (PMER) training in resource mobilization, strengthen branch and volunteer management systems, establish relevant partnerships at regional and country level, developing guidelines, good practices, organizing country and regional meetings and facilitating participation in regional and international conferences and seminars.

Achievements

Though southern Africa remains disproportionately affected by the HIV pandemic with 70%⁴ of sub-Saharan Africa’s HIV burden in Southern Africa, there are nevertheless some encouraging trends; the number of people newly infected with HIV in sub-Saharan Africa has dropped from 2.2 million people in 2001 to 1.8 million in 2009 and in 22 countries of sub-Saharan Africa, the HIV incidence rate has declined by more than 24% between 2001 and 2009 including Zambia and Zimbabwe

⁴ UNAIDS Epidemic Report 2010

where new infections reduced by 25% between 2001 and 2009⁵. AIDS related deaths are likewise declining in many countries due to increased access to treatment and care. In Botswana, the estimated annual number of AIDS related deaths fell from 18,000 in 2002 to 9,100 in 2009 a decrease of about 50%⁶

Thirty seven per cent of eligible adults for treatment were receiving treatment in 2009 compared to 2% ten years ago. AIDS deaths have decreased by up to 20% in many countries. In Southern Africa, the number of children under 15 who became newly infected with HIV fell from 190,000 in 2004 to 134,000 in 2009 – a reduction of 32%. 54% of pregnant women living with HIV in sub Saharan Africa received antiretroviral drugs to prevent transmission of HIV to their children, up from 15% in 2005. Some countries in southern Africa such as Botswana, Namibia, South Africa and Swaziland have coverage for antiretroviral for preventing mother to child transmission of HIV up to 80%.

1. Preventing further HIV infections

NS reached a total of 4.2 million people with prevention messages. The NS are using different approaches to reach out to the target groups. With peer education, NS in the region reached approximately two million young people in schools and out of school. The NS have been strengthened with the availability of the youth peer education sexual and reproductive health and life skills training package that was developed in 2010 and now being rolled out at community level. The trainers are now able to train volunteers as peer educators. The peer educators go to schools to conduct peer education sessions in schools and communities. The beneficiaries have testified on the importance of peer education and they have appreciated the information. In order to support NS, the Regional office re-printed the prevention training package and IEC materials. 10,000 activity kits were printed and 10,000 t-shirts and 1000 Journalist Khaki jackets were procured and distributed to all the NS in the region. A total of 3,559 peer educators have been trained throughout the region. The Regional office provided both technical and financial resources to the NS in order to improve the capacity of delivering HIV prevention interventions. A final evaluation was conducted in June 2011 and it revealed that the PE approaches vary across NS; however, indications are that PE is contributing to the goal of reducing new infections. The prevention activities were associated with:

- improved academic performance
- increased number of youth accessing Youth Friendly Health services at government health facilities
- increased VCT uptake by youth
- increased number of youth joining post-test clubs (PTC)
- establishment of support groups for youth living with HIV
- reduced incidence of STIs
- reduced early marriages and teenage pregnancies
- reduced school dropout due to pregnancy

The Regional Office together with the National Societies will strengthen approaches to reach key populations. Some NS such as Malawi Red Cross and Botswana Red Cross have already started

⁵ UNAIDS Epidemic Report 2010

⁶ UNAIDS Epidemic Report 2010

working with sex workers and prisons respectively. Prevention has been prioritized by all NS in the new HIV plans 2011-2015.

2. Treatment care and support

The NS efforts on OVC support are highly valued and appreciated by beneficiaries and governments. Interviews with NS staff, community leaders and relevant government department representative and FGDs with OVC, grannies and HBC clients indicate that the OVC work is improving the quality of life of OVC. The RC programme has improved school attendance and the OVC clubs are improving confidence of OVC in society and performance of the OVC in school. In Malawi, pre-school OVC attending CBCC are reported to be performing better in school. In Malawi and Zimbabwe, long-term support of OVC from primary to tertiary level education has enabled supported OVC to support siblings, and to contribute to sustainability to community OVC support projects. The RC OVC project is setting standards for what should be done for sustainable and high impact OVC support, which should be advocated as minimum package for OVC. The total number of OVC who received RC services during the reporting period was 39,860.

The final evaluation of the regional HIV Programme indicated that the home based care (HBC) approach remains an effective strategy, but there is an emerging challenge of the changing scope of activities as most clients are now on ART. CHBC facilitators interviewed indicated that there are now very few bed-ridden clients, with each facilitator having at most two clients. The majority of clients were physically well but required psychosocial support including treatment literacy and adherence.

The total number of PLHIV who were supported during the reporting period was 43,368. The beneficiaries were provided with psychosocial support, food and materials. Adherence counselling and monitoring was one of the activities conducted by the volunteers. The volunteers ensured that the beneficiaries who were on ART took their treatment as indicated by the health practitioners.

3. Reducing Stigma and discrimination

During the reporting period, the Regional office, in collaboration with the Network for African People Living with HIV in southern Africa, developed Support Group guidelines. A consultative meeting was held in Swaziland for project officers and national level staff from 9 national societies and PNS in the region. The staff provided useful feedback to the guidelines and the document is at its final stage.

The guidelines will be used by implementers at national and community level. The guidelines will also be used by networks of people living with HIV and CBOs.

Generally, there are signs that stigma and discrimination is going down but it is appearing in another form. In the early days of the epidemic it was about e.g. touching, sharing food, toilets etc, whereas now, it is more about economic support, social status, self-discrimination and denial i.e. people not wanting to be known that they are taking ART, or being seen to go to the clinic for check-ups. Others do not want to be seen to be going to receive assistance for food or support for OVC because they do not want to be associated with being unable to support themselves. These are the new forms of stigma and discrimination that the Red Cross is trying to address.

National Societies have trained a total of 347 volunteers (157 Male and 190 Female) as trainers on sexual and reproductive health and gender based violence, using the regionally developed materials and others from key stakeholders. The trainers will now train more volunteers who will in turn pass on the messages at community levels.

Twenty-four (10 male and 14 female) participants from nine countries representing national Red Cross offices and Islamic Relief Services South Africa attended a course on Sexual Reproductive Health and Gender in emergencies in Sandton, South Africa. The participants were joined by six additional representatives from the IFRC. Training was facilitated by the UN agencies. The main objectives of the workshop were to:

- Increase the understanding of national staff on how to mainstream HIV, sexual and reproductive health (SRH) and Gender in Emergencies;
- Equip national staff with knowledge and skills on HIV, SRH and Gender;
- Increase the understanding of affected populations during emergencies by national staff; and
- To familiarise national staff with (Inter-Agency Standing Committee (IASC) guidelines on HIV in Emergencies and other UN related technical tools.

Testing of the gender and HIV module was conducted in October for 23 participants from Region 1 South Africa RC office. The main purpose of the workshop was to test the usability and feasibility of the module by the volunteers. The participants and the 3 facilitators provided feedback through questionnaires. After analysis, the module needed to be revised to accommodate the views of the participants and the facilitators. SAFAIDS was hired to develop the contents was requested to revise the module and present another version. At the same time, the module was tested in the Caribbean – Americas and feedback was incorporated. The module is at the stage of finalization and will be printed in gloss.

The regional office facilitated a HIV and Gender and Reproductive health 3-day workshop for South Africa staff. UNAIDS trained staff and the staff gained knowledge and skills on disaster response mainstreaming HIV and sexual and reproductive health including gender. The Regional office managed to link NS with the UNAIDS offices at country level on HIV in emergencies.

Namibia was provided with funds to train volunteers on HIV, Gender based violence, Sexual and reproductive health in emergencies. Two workshops were conducted and 60 volunteers were trained. The volunteers have acquired knowledge and skills and will now embark on community sensitisation and education. It is envisaged that the volunteers will be working 3 days in a week to sensitize the communities. The results will be increased knowledge on the dangers of gender-based violence and reduced violence in the community, in the long run impacting on the negative effects of GBV.

4. Strengthening NS capacity

Training workshops

Namibia Red Cross conducted training on PMER in January 2011 for 14 (seven male and eight female) regional and national staff and supervisors. The training received technical support from the

Regional office. The training aimed at building the capacity of the staff on monitoring and evaluation including project planning management and reporting.

Mozambique Red Cross also conducted a PMER training in May 2011 with resource and technical support from the Regional office. A total of 35 people (20 male and 15 female) from Mozambique Red Cross attended the workshop. The main objective of the workshop was to equip staff with skills and knowledge on the Programme Planning Process (PPP) and other monitoring and evaluation tools. CVR was the first NS to train its staff on the new CBHFA tool kit.

An integrated regional food security and HIV workshop was held in Swaziland for 18 participants and the objectives were as follows:

- To equip participants with skills and knowledge on how to build the resilience of PLHIV, OVC and vulnerable people and communities affected by HIV through integration of food security, livelihoods and income generating projects;
- To align and standardize food security, livelihoods and IGAs among NS;
- Promote sharing of existing good practices on food security, livelihoods, IGAs among NS. To align and standardize food security, livelihoods and IGAs among NS;
- To discuss M and E of food security, livelihoods and IGAs.

Some of the main outcomes of the workshop were:

- how important it is to link food security to HIV (to avoid defaulting and further spread of the disease and increase productivity of affected population);
- how to implement integrated projects better (select beneficiaries together, plan together, monitor and evaluate together, train same volunteers etc.);

Through the HIV funds, NS were supported to purchase three-year Navision licences – a financial software - in order to strengthen NS capacity in accounting and financial reporting. A workshop was held in Johannesburg for 15 finance managers to train them on financial management and procedures. The finance managers gained knowledge and skills on the current procedures, which will help to improve NS finance management. Finance staff provided technical support to NS to address financial challenges such as delayed reporting, low expenditure including non-compliance to the Federation procedures. On-the-spot visits approach to the National Societies has been found to be more effective than holding regional meetings and in the future the Federation will promote such initiatives.

Meetings and conferences

Two OVC working group meetings were held in April and October 2011. The first meeting in April was held in Johannesburg, South Africa whereas the second one was held in Rundu, Namibia. The April meeting was attended by six OVC officers from Lesotho, Malawi, Namibia, South Africa, Swaziland and Zimbabwe. Resource persons from the Regional Psychosocial Support Initiative (REPSSI) and the Regional Inter-Agency Task Team (RIATT) made presentations to the working group. The October meeting was attended by 18 people from the 8 NS except Zimbabwe and Angola RC and the regional office. Namibia provided more staff to attend as hosts of the meeting. Main action points for both meetings included:

1. Continue to consult children on ART key messages;

2. Include advocacy campaign and support for paediatric ART in the 2011-2014 plans and budgets;
3. Compile case studies and “success” stories of OVC whom Red Cross have supported and whom have done well. Each NS can compile these stories into a booklet which can also be used for resource mobilisation;
4. Link kids clubs with grannies clubs;
5. Assist teenagers on ART, firstly by establishing the number of teenagers already on the programmes, and subsequently identifying ways of assistance. Stakeholders would further explore how Baylor clinics could interact with teen clubs in Malawi, Lesotho, and Swaziland where clinics exist.
6. Conduct operational research in Lesotho, Swaziland and South Africa by 31 December 2011
7. Find a Red Cross niche for OVC programming (Paediatric ART, HIV mainstreaming and GBV in emergencies) by 31 December 2011;
8. Document the process of kids club establishment and management for Lesotho and Namibia

At the October OVC working group meeting the participants came up with the *Rundu commitment* as follows:

- Conduct research on the impact of educational support on OVC in Lesotho, Malawi, Namibia and Swaziland Red Cross Societies;
- Conduct research on the effectiveness of kids clubs, community based childcare centres, crèches and children centres in Mozambique, Botswana, Malawi and Lesotho. Researchers will focus on the impact of kids clubs on OVC.
- Embark on compilation of case studies on OVC success stories into booklets;
- Review the Regional OVC Strategy by the April 2012;
- Align OVC interventions with the SADC OVC/Y strategy;
- Strengthen partnerships with key strategic partners – REPSSI;
- Implement the family based approach when implementing activities;
- Implement the family resilience assessment tool;
- Develop a data base for OVC by December 2012;
- Reaffirmation of commitment to the regional OVC approach and strategy;
- Renewal of commitment to addressing the pressing and urgent needs of OVC in our National Societies.

Through the partnership and support from RIATT and REPSSI, IFRC participated at the AIDS IMPACT conference held in Santa Fe, New Mexico in September 2011. The conference was attended by 300 participants from all over the world. The discussions centred on how behaviour change has influenced the HIV response over the years. The outcome of the conference emphasized on how NGOs and international organization as well as governments can scale up behavioural interventions alongside the biomedical interventions. There was overwhelming evidence how behavioural science can change the face of the epidemic.

A total of 14 participants attended the international AIDS Conference on STI and AIDS in Africa in Addis Ababa, Ethiopia from 4-8 December 2011. The main theme of the conference was Own, Scale up and Sustain. A Red Cross satellite meeting was held a day before the conference to discuss the Global Alliance on HIV and way forward, share experience with other NS from East, Central, West and southern Africa. Ethiopia RC participated in the meeting and the Geneva was also represented. The 24 participants from Africa and Geneva came up with a declaration stating their commitment to the Global Alliance on HIV and also committing to addressing prevention targeted at key populations, assisting OVC, PLHIV and other vulnerable groups. It called upon Red Cross Movement leadership and donors to prioritize AIDS for funding and advocacy. The

conference highlighted the successes and challenges. The main challenges were HIV financing and sustaining treatment.

Exchange programme and capacity building

South Africa's experienced youth peer education coordinator was sent to Lesotho to train trainers on the HIV peer education training package. The regional office facilitated the travel and expenses related to the mission. As a result, trained trainers have trained peer educators in 7 districts bringing the total number to 140 peer educators trained in Lesotho RC. The peer educators are now rolling out the peer education training package in the community.

Communication and visibility

The Regional Office also invested in IT equipment for staff in health and finance. Eight computers, presentation equipment, a video camera and a digital camera were procured. The latter will assist the regional office in capturing and profiling the work of NS.

Six videos were produced as part of profiling the work of NS and documenting good practice activities. Two consultants were recruited and they visited Lesotho to produce a documentary on OVC, home based care, prevention, and food security activities. They also visited Swaziland to document food security and livelihoods initiatives, and Malawi where they documented sex workers initiatives, income generation activities, Malaria and Masambo fund support. The products will be used to raise funds at a fundraising event in November 2011, and will be exchanged as good practice.

Constraints or Challenges

Though there is good progress in the implementation of HIV interventions, there are some fundamental challenges such as declining funding. Application of agreed commitments by member states is slow. Human rights' issues such as discriminatory policies and laws against marginalized groups are still rampant and poverty is impacting negatively on the gains made. The economic down turn has negatively impacted on available funding for AIDS. The Red Cross is not spared. There is reduced funding both at regional and country levels. Leadership commitment has gone down. At global level, the HIV governance group was dissolved and the Global Alliance on HIV does not have the same impetus it had three years ago. There is need to reaffirm our commitment to addressing the challenges brought about by AIDS in the Movement. The HIV challenge is still needing much more support, commitment and funding. Leadership at all levels should be in the forefront and supportive of the strategies and be champions in profiling the needs of the target groups.

In addition, the number of OVC reached during the reporting period has reduced by almost 50 per cent compared to the number reached in December 2010. The major reason is the reduction in the number of OVC supported by the Zimbabwe RC, which had the highest number in 2010. Zimbabwe RC closed most of their projects by end of 2010 due to lack of partners and confirmed funding. This has left many OVC without support. The total number of OVC who received RC services during the reporting period was 39,860.

The number of PLHIV supported during the reporting period has also reduced compared to the number supported at the end of 2010 for the same reasons as for OVC.

Additionally, limited funding support for some National Society health programmes constrained the implementation and technical support to National Society activities. Moreover, the Water and Sanitation Delegate for the SARO health department ended his contract in October 2011.

National Society Development / Capacity Building

Programme component 1: Regional and sub-regional collaboration and networking
Outcome 1: Promotion and development of regional and sub-regional networks (SAPRCS-OD/HR/SOL) for effective National Society programming in terms of coordination and resources sharing.
Outcome 2: National Societies have operational sub-regional groupings towards increased capacity for better service delivery to the vulnerable communities
Outcome 3: National Societies have well defined problems and suggested solutions.

Achievements

National Societies in southern Africa embarked on the implementation of a sub-regional strategy for enhanced networking and peer coaching. Each of the three sub-regional clusters identified the crosscutting issues around which tasks were put together in a job description, and later a personnel specification.

Despite the challenges of resource mobilisation, a-sub regional OD advisor was recruited for the cluster comprising Botswana RC, Angola RC and Namibia RC. The identified advisor is from the Botswana RC and he worked very closely with the Secretaries General and OD counterparts in the three National Societies under the technical supervision of the Regional Representative. The OD advisor also went on two missions partly funded by Finnish Red Cross to Swaziland RC. His expertise was well appreciated and follow up missions in 2012 are expected.

The two other sub-regions are at various stages of implementing this innovative approach to sustainable NS development. SARO continued to provide technical support and coordination to the various sub groups and to dialogue with the National Societies and partners in these areas. However, due to the lack of funding, IFRC could not engage an OD advisor for the other two sub clusters.

SARO organised the Biannual SAPRCS meeting in April and October 2011, bringing together the leadership from all the 10 National societies to discuss issues affecting their work, and to consider reports of the various sub-committees. The humanitarian diplomacy subcommittee was created to spearhead efforts for promoting advocacy and resource mobilisation in National Societies. In addition, several action points were agreed for the strengthening of the regional network.

The recovery processes in South Africa RC and Swaziland RC were supported by SARO in partnership with several stakeholders. This support included technical assistance in drawing up proposals, meetings with government officials, and continued engagement with both Movement and external stakeholders.

Programme component 2: Leadership and management development

Outcome 1: National Societies have functional and strengthened leadership (governance and management) structures and capacity for optimal organizational performance and accountability.

Outcome 2: Leadership development initiative is piloted and promoted in the southern Africa region.

Achievements

As part of the leadership development, SARO convened induction meetings for Board members of several National Societies including South Africa RC and Swaziland RC. In addition, SARO supported the nomination and participation of leaderships from the region in a number of global and regional programmes.

The region successfully piloted initiatives such as joint senior management and Board meetings as an approach towards ensuring synergy between governance and management, as well as fostering accountability and transparency at all levels. This was done in Zambia RC, South Africa RC and Swaziland RC. Leaders were assisted to access courses on the e-learning platform and to attend tailor-made programmes such as the HR seminar due in Geneva later in the year.

Programme component 3: Well-functioning organization

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

Outcome 2: National Societies have well-functioning IT systems with adequate infrastructure.

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

Achievements

Through the ZRBI, the NSD department carried out capacity building activities in the seven participating NS. These included branch development, HR procedure harmonisation, performance management, management of terms and conditions of service, staff development, and proposals for addressing the high labour turnover.

In an effort to improve financial management, National Societies in the region were supported to purchase a three-year Navision financial software licence to strengthen their capacity in accounting and financial reporting. A workshop was held in Johannesburg for 15 finance managers to train them on current financial management and procedures. Navision training was also organised for the Zimbabwe Red Cross Society in June 2011. Support visits were carried out to assist National Societies in the region address financial challenges, including delayed reporting.

With support from the Norwegian Red Cross, all the NS in the region received technical support and trainings in financial management. In 2011, the finance development programme comprised of a comprehensive set of activities designed to support the development of sustainable and credible organisations. It focused on critical areas of increasing self-reliance, optimising available expertise,

increasing stakeholder confidence and strengthening capacities of human resources, all critical elements of a well-functioning National Society. In October 2011, the Norwegian Red Cross with support from the IFRC commissioned a review of Botswana Red Cross Finance Development activities in the last 5 years. Further, the Angola Red Cross Society was supported with the development of a concept note to help appoint an accounting firm to complete its financial statements from 2007 to 2010.

Also during the reporting period, a joint mission (with the head of HR from the Africa zone) was undertaken to the Lesotho Red Cross Society to conduct personnel cost analysis and job evaluation, as well as to develop a post audit action plan. A joint mission was also undertaken to the South African Red Cross Society to develop a concept paper for the implementation of an intensive finance development programme.

Programme component 4: Branch development and services

Outcome 1: National Societies supported to operate nationally with sustainable and vibrant branches.

Achievements

Through the ZRBI, the NSD department carried out capacity building activities in the seven participating NS. These included branch development, HR procedure harmonisation, performance management, management of terms and conditions of service, staff development, and proposals for addressing the high labour turnover. Under the auspices of SAPRCS and its Sub Committees, SARO supported efforts for the prioritisation of branch development in Botswana RC, Namibia RC and Angola RC. This led to the appointment of a sub-regional OD advisor from Namibia RC to work closely with the management of the three NS to design appropriate strategies.

In addition, National Societies shared the learning from the Intensified Capacity Building programmes in Namibia RC as well as success stories from Burundi RC in East Africa.

Programme component 5: Volunteering management

Outcome 1: National Societies have well-defined volunteer management policy and guidelines.

Achievements

As part of the World Red Cross day celebrations, SARO supported National Societies in profiling the work of volunteers. Meetings were held by volunteers in several National Societies to discuss policy matters related to recruitment and retention. SARO also led National Societies in activities for the commemoration of the tenth anniversary of the International Year of Volunteers. This included facilitating the participation of Mozambique RC, Zambia RC, Botswana RC, Swaziland RC and Malawi RC in the Global Volunteer Conference that took place in September in Budapest Hungary.

In the region, several programs have in-cooperated health insurance for volunteers in its annual programming. This approach enables the volunteer to claim back its medical expenses when injuries occur whilst volunteering for the Red Cross

Programme component 6: Youth development

Outcome 1: National Societies have a vibrant Red Cross youth that offers relevant services to advance the mission and vision of the movement

Achievements

During the reporting period, support was provided to the Malawi Red Cross to draft a national youth policy that was subsequently approved by the National Society's board. To date, eight National Societies, with the exception of Angola and Mozambique, have approved youth policies in place. Support was provided to the National Societies to integrate regional youth objectives in their in-country plans.

Support also continued to be provided to the Southern Africa Youth Network (SAYnet) on various global youth matters including nomination for representation on the youth commission, obtaining signatures for pledge 129, and consolidation of youth contribution to the review of the youth policy.

Constraints or Challenges

- Lack of funding for the implementation of the new approach for NSD affected implementation of some of the activities planned by sub regional groups.
- High staff turnover in NS finance department and at the NS headquarters has led to a lot of stop and start of initiatives.

Principles and Values**Outcome(s)**

Programme component 1: Promotion of Fundamental Principles and Humanitarian Values.

Outcome 1: Fundamental Principles and Humanitarian Values are disseminated as an integral part of all National Societies' programmes and activities

Outcome 2: Fundamental Principles and Humanitarian Values are promoted amongst public authorities, stakeholders, collaborating partners and communities by the National Societies through their activities and actions

Programme component 2: 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: National Societies and local communities have improved capacities to address the most urgent situation of vulnerability.

Programme component 3: 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 taken an active role in civil society forums that seek to address gender-based violence.

Programme component 4: 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 utilize special occasions (Women's Day, Refugee Day, AIDS Day, etc.) to hold campaigns against stigma and discrimination against disadvantaged groups (women, migrants, PLHIV etc.).

Achievements

SARO continued to promote gender and equality, non-discrimination, non-violence and youth as agents of behavioural change. Gender and equality is an integral part of IFRC's goal to promote respect for diversity and human dignity and to reduce intolerance, discrimination and social exclusion, create gender programming and ensure that a gender perspective is included in all operational activities. Non-discrimination initiatives fulfil part of the mandate to help vulnerable people by assisting communities fight discrimination, stigma and xenophobia. The programme continued to work towards translating action into beliefs by cultivating mutual respect and understanding, increasing access to services for vulnerable people, and building National Societies' abilities to influence a shift in attitudes in communities. In October 2011, the Ubuntu Initiative was launched in Johannesburg, South Africa. The initiative is to promote social inclusion and a culture of non-violence and peace, within South Africa, Lesotho, Swaziland, Mozambique and Zimbabwe. The National Societies of these countries including Movement partners, along with the Regional Inter-agency Coordination Support Office (RIACSO) and UN OCHA, IOM all played a significant part during the launch. The Ubuntu Initiative aims to support the positive effects of migration, counteract its negative effects, and facilitate increased social inclusion in both sending and receiving communities throughout the region, especially communities on major regional migration routes.

Constraints or Challenges

While consistent with the Strategic Aim 3 of the Federation's Strategy 2020, Ubuntu is a pioneering initiative that will require the support of all stakeholders. While initial feedback has generally been good, National Societies will require more hours of extended technical support especially in the area of migration and management of socially inclusive projects. SARO is positioning itself to be able to perform these roles, and to be able to document and share learning.

Working in partnership

The main stakeholders of the Regional Office are the 9 National Red Cross Societies which the SARO office supports directly, plus the Zimbabwe Red Cross and IFRC Country Office, Participating National Societies working in the region as well as the ICRC, UN agencies, USAID, Eli Lilly Funds, the diplomatic core, non-governmental organisations, numerous sector-specific coordination committees and relevant government departments and ministries in the 9 countries. The national societies in the region enjoy good relations with their governments and serve as auxiliaries to them by filling the humanitarian gap where governments' funds cannot reach.

SARO is also a member of the Regional Inter-agency Coordination Support Office (RIACSO) of the UN, which is coordinated by OCHA and Southern African Development Community (SADC). Other partnerships at regional level are with Famine Early Warning System Information Network (FEWSNET) of the USAID, World Meteorological Organization (WMO), Witwatersrand School of Forced Migration and School of Public Health in Johannesburg. The regional team also worked with FAO and WFP on food security initiatives. All National Societies continued as members of their national disaster committees, and through these forums information was shared on early warning, preparedness and response coordination between the different agencies.

Contributing to longer-term impact

SARO provided the financial and technical support required to enable all national societies covered by this plan to improve the quality and efficiency of their humanitarian community-based services in

favour of the most vulnerable people and other people exposed to hazards including epidemics and natural disasters.

There is a tendency in Southern Africa region for the National Societies to prefer to work together in sub-groupings and in regional, cross border programmes. SARO office has supported this wish by its membership and has developed regional programming both in Health in Disaster Management and Organizational Development, where countries with similar challenges learn from each other. This is also an opportunity to avoid competing for scarce resources available.

Technical and resource mobilisation support continued to be provided to National Societies in the region to align their programmes with the IFRC Strategy 2020 and the Johannesburg Commitments, while taking into account emerging issues such as climate change and migration. This has contributed to strengthened disaster preparedness and response, community based health as well as capacity development for both National Societies and the communities they serve. The integrated approach promoted by SARO also enhances the quality of service delivery, which was modelled to ensure holistic support to vulnerable communities. Steps have been taken to ensure sharing of best practices and lessons learnt between National Societies.

Looking ahead

Within the overall strategic direction provided by S2020, SARO will seek to support the targeted efforts of National Societies to leverage their comparative advantages, and auxiliary status to address vulnerabilities occasioned by such diverse challenges as HIV and AIDS, food insecurity, and health emergencies. In pursuit of humanitarian diplomacy principles, strategic partnerships will be built with Governments, academia, the corporate world, humanitarian agencies working in Southern Africa as well as with the communities themselves.

SARO plans to continue systematically increasing technical support in areas prioritised by the National Societies, focusing on existing and future regional and sub-regional initiatives. The rollout of regional initiatives such as the National Society master plans, long-term food security, the Zambezi River Basin Initiative and the Ubuntu Initiative will continue to constitute the key delivery mechanisms, covering all National Societies. The National Societies' technical teams will be supported, particularly through knowledge and experience sharing visits. Documentation of best practices will also be encouraged. Further, support will be provided to build National Societies' capacities for national fundraising and diversification of resource mobilization efforts beyond the traditional Partner National Societies.

How we work

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

The IFRC's vision is to 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.

www.ifrc.org

Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020, which puts forward three strategic aims:

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 nonviolence and peace.

Contact information

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

In Southern Africa Regional Office

- Michael Charles, Acting Regional Representative; phone: +267 713 95339; email: michael.charles@ifrc.org

In IFRC Africa Zone

- Alasan Senghore, Director; phone: +254 20 283 5000; email: alasan.senghore@ifrc.org
- Loïc de Bastier, Resource Mobilization Coordinator; phone: +251 11 551 4317; email: Loic.debastier@ifrc.org