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# Annual report

## Botswana

 International Federation  
of Red Cross and Red Crescent Societies

**MAABW002**

**14/05/2012**

**01.01.2011-30.12.2011**

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

*Photo caption and credits:  
BRCS volunteers providing relief in Princess  
Marina Hospital during the Public Service  
Strike in April 2011*



## In brief

### Programme outcome

Botswana Red Cross Society (BRCS) programme deliverables aimed to achieve strategic business focus areas consistent with its 2011-2015 strategic plans. The year 2011 marked the first year into implementation of the strategy. Gains were made in fulfilling the three strategic focal areas including 1) disaster risk reduction and emergency response, 2) health and care, 3) population movement and violence.

Despite growing vulnerabilities, the Society continued to operate under limited resources due to the exit of most of the donor community from Botswana as the country has been classified as an upper middle income country. The humanitarian landscape was under huge stress as the world was recovering from the 2010 global recession which affected general government and private sector spending hence low corporate social investment. Many private sector companies had to retrench some staff. The average unemployment rate was estimated at 17.8%<sup>1</sup>. Crop yields also dropped due to poor rains which in turn increased food insecurity. This exacerbated the vulnerability of communities.

Key activities implemented in 2011 include the BRCS annual general assembly (AGA) which was convened to amongst other things elect the new governing board/National Executive Council (NEC), an operational planning meeting for the year 2012/2013 was convened at the end of the year.

<sup>1</sup> 2009/2010 Botswana Core Welfare Indicators Survey)

BRCS continued its membership in the Southern Africa Partnership of Red Cross Societies (SAPRCS) as part of its efforts to foster partnerships with various national and international bodies including regional national societies. Through SAPRCS, BRCS remained part of regional initiatives such as the Zambezi River Initiative (ZBRI) which aims to implement community based disaster risk reduction (CBDRR) measures to reduce the vulnerabilities of communities along the Zambezi river basin. As part of the SAPRCS plan to increase cross border programming, BRCS partnered with Namibia and Zimbabwe Red Cross Societies in implementation of the CBDRR component of the ZBRI project funded by the American Red Cross. BRCS also started providing antiretroviral therapy (ART) in Dukwi Refugee Camp for refugees in Botswana.

### Programmes summary

BRCS currently has 2 IFRC funded activities under the Health and Care and the Disaster Risk Reduction and Emergency Response Programmes including Orphans and Vulnerable Children (OVC) support funded by Lars Amundsen fund and the Zambezi River Basin Initiative (ZRBI). Supplementary funding for additional activities under the ZRBI was received from the American Red Cross under Building Resilient African Communities (BRACES)

The Lars Amundsen funding will enable the society to revive the Kasane Bonkgonne OVC mentors project in the Okavango by re-establishing and training a new child care committee, assessment and training of new mentors, identification and assessment of a new group of OVC as well as assist families to start income generating activities. The activities were postponed to start in January 2012 due to the timeframe which funds came in and too many other scheduled activities.

As part of efforts to scale up disaster risk reduction through the Zambezi River Basin Initiative (ZRBI), BRCS assisted four communities to identify needs-based livelihood projects in an effort to ensure food security during disasters as a risk reduction measure. The communities are Zoroga, Gweta, Nata and Tsokotsha. Two of the communities have started implementing their projects. The Land board allocated the Gweta and Nata communities a 100ha farm for arable farming and 5ha for integrated poultry farming respectively. An event marking the opening of the farm was organised on 31 January 2011 and was covered by the media. The farm is being run by volunteers of BRCS' Gweta branch, with mentoring by community leaders. The government has supported the project with farm implements and seeds, labour for fencing, as well as a commitment to buy the farm produce.

The BRACES funds was earmarked to assist the BRCS to conduct baseline surveys in 10 communities in Satau, Parakarungu, Kachikau, Kavimba, Kasane and Kazungula to measure governance, disaster risk knowledge, household disaster preparedness, public awareness and community disaster preparedness levels, establish community disaster preparedness (CBDRR) response teams. Further, to open a project office, recruit a project officer and strengthen the financial management capacity of the national society, conduct DRR survey with identified communities. By end of the year, a project officer had been recruited and a 3x 9 meter mobile office purchased for the project.

All activities of the national society were implemented in an integrated manner across all programmes to address vulnerabilities and to promote cost efficiency in implementation. The report

will provide an overall summary of activities under Disaster Risk Reduction and Emergency Response, Refugee Health and Psychosocial Support, Health and care (including First aid), Rehabilitation, Branch development and support departments such as Finance (including resource mobilization), Marketing and Communication (MCM) and Human Resource and Administration which strengthen the organizational development component of the National Society.

### Financial situation

The total 2011 funding received from IFRC was BWP 393,926.35 for the ZBRI and 100% of the funding was spent. CHF 40,000 (BWP 340,000) was received under Lars Amundsen for OVC support. No expenditures were made in 2011.

An annual subvention was received from the Government of Botswana for disaster management and rehabilitation centres. Funding was also received from the American Red Cross for BRACES, Norwegian Red Cross for capacity building of branches, the United Nations High Commissioner for Refugees (UNHCR) and the University Research Corporation (URC) for Refugee Health & Psychosocial Support.

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

### Number people reached

The total number of people reached by BRCS is 68 257. Out of this number a total of 26 105 were reached by the Disaster Risk Reduction and Emergency Response programme. Refer to section 7 for progress reported under each programme.

### Our partners

BRCS continued working with both national and international partners. The ongoing coordination and good relations with the government led to funding contributions by the government towards the National Society's rehabilitation initiatives for people with disabilities in two districts, as well as its disaster preparedness initiatives in different parts of the country. Within the Movement, BRCS continued partnership with the Norwegian Red Cross, which supported capacity building of BRCS divisional structures in financial management, enabling branches to exercise good quality financial management standards. Further, the proposed partnership between BRCS and the American Red Cross will enable the Society to develop and scale-up disaster risk reduction initiatives in the Zambezi River Basin Initiative project area (Chobe district), thereby contributing to mitigation of the impact of disasters.

Partnerships outside the Movement included support provided by UNHCR and the US President's Emergency Plan for AIDS Relief (PEPFAR) through the University Research Cooperation (URC), which made it possible for the National Society to scale-up access to anti-retroviral (ARV) drugs as well the provision of care and support to refugees and asylum seekers in Botswana. In addition, the private sector (including banks and individuals) are supporting the strengthening of BRCS branch structures.

## Context

From 18 April to 6 June 2011, Botswana experienced a six-week national strike by public service providers demanding a 16 percent salary increase. Approximately 90,000 of the 103,000 public servants withdrew their services in most sectors of the government, leading to a severe shortage of manpower and slow service delivery in the public sector. The impact of the strike was felt particularly in the health sector. Most clinics operated with minimal staff and patients were turned away without help in referral to primary hospitals, leading to backlogs/long queues for medical services, as well as near closure and closure of a significant number of clinics. The significance of this poor management of public health concerns was very high. In this context, the BRCS mobilized 306 volunteers to provide relief in 15 clinics and two referral hospitals around the country. The strike put the limited resources of the BRCS under pressure. Though workers' unions complained about BRCS' participation in relief efforts and threatened legal action, the National Society emphasized the Principles and Mandate of the Movement to reinforce its reasons for intervention.

Botswana has a very high HIV and tuberculosis (TB) burden. Botswana reported 9,088 cases of TB in 2009, a case notification rate of 415 cases per 100,000 populations and TB/HIV co-infection rate was 66%, but only 35% of these patients received ART. Between 2006 and 2009, there were 340 laboratory confirmed MDR-TB cases<sup>2</sup>. BRCS started supporting government efforts in eradication of TB through implementing Community-based TB Care (CTBC) activities in 5 districts and 11 villages in January 2011 leading to care and support of 303 TB patients through 85 volunteer community TB Care promoters. Volunteers continued to implement activities at the end of 2011 when Global Fund announced end of funding support.

## Progress towards outcomes

### Disaster Risk Reduction and Emergency Response Programme

The Disaster Risk Reduction (DRR) and Emergency response programme aims to reduce the impact of disasters through promoting preparedness planning, disaster risk reduction (DRR) and disaster response. It does this through building capacities within the National Society structures, among stakeholders through advocacy and at community level. The programme also offers Tracing and Restoration of Family Links services.

The programme undertook activities under Disaster Response, Disaster Preparedness, and Community-based Disaster Risk Reduction (CBDRR) and some advocacy work during the year 2011. The summarised achievements of the program are detailed below and reported per the following programme outcomes.

### Outcomes

<b>Programme component 1: Disaster preparedness</b>
<b>Outcome 1:</b> Enhanced human, financial and material resources, effective and efficient disaster management system through the implementation of the disaster management master plan.
<b>Outcome 2:</b> Self-reliance of individuals and communities is improved to reduce their own vulnerability to public health emergencies and disasters.

<sup>2</sup> 2010 WHO Global Tuberculosis Control Report

<b>Programme component 2: Disaster risk reduction</b>
<b>Outcome 1:</b> Vulnerability of communities in disaster prone areas is reduced through timely information, capacity and resilience building interventions.
<b>Outcome 2:</b> Nutritional conditions within vulnerable communities are improved with special attention on women and child-headed households.

<b>Programme component 3: Zambezi River Basin Initiative</b>
<b>Outcome 1:</b> The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.
<b>Outcome 2:</b> Access to adequate and nutritious food commodities is increased among communities along the Zambezi River basin.
<b>Outcome 3:</b> The number of deaths, illnesses and impact from diseases is reduced among communities along the Zambezi River basin.
<b>Outcome 4:</b> National Society capacity to implement disaster preparedness, response and recovery operations is increased.

## Achievements

**Table 1: Beneficiaries of the Disaster Risk Reduction & Emergency Response-2011**

People reached for reporting period						Indirect recipients	Total people reached	Total people covered
Direct recipients								
Male		Female		Total				
Planned	Actual	Planned	Actual	Planned	Actual			
7,500	4,730	12,500	9,700	20,000	14,430	11,675	14,430	26,105

### Disaster preparedness

BRCS developed a Disaster management Master Plan in 2010 and started building the capacity of its staff and volunteers in disaster management both at headquarters and branches. Eight BRCS Programme and Field Officers, 17 volunteers and five members of staff of the Scottish Livingstone Hospital in Molepolole were trained in basic disaster management in March and April 2011. The Scottish Livingstone Hospital needed training support from the National Society to prepare for disaster simulation activities for the hospital.

### Disaster response

The capacity of BRCS to provide timely and effective response to disasters was strengthened by establishment of 12 disaster response teams in 12 BRCS branches. The branches are Tonota, Mabesekwa, Mmandunyane, Tutume, Shashe, Tsamaya, Natale, Magotlhwane, Moshupa, Ranaka, Kanye, Jwaneng and Dukwi. The National Society provided quality disaster response during the year to mitigate the impact of various disasters (household fires, floods and storms). Relief assistance in the form of shelter, blankets and clothing was provided to 76 families (456 individuals). BRCS actively participated in district and national planning and coordination of disaster preparedness and response activities across the country. The Disaster Management Coordinator sat in the National Disaster Technical Committee whilst Programme and Field officers are members of the District Disaster Technical Teams. This increased cooperation with the government.

### **Disaster Risk Reduction - ZBRI**

BRCS assisted four communities (under ZBRI) to identify needs-based livelihood projects in an effort to ensure food security during disasters as a risk reduction measure. The communities are Zoroga, Gweta, Nata and Tsokotsha. The following projects were identified; Community arable farming (Gweta), Community integrated poultry farming (Nata), an orchard (Tsokotsha) and Integrated agricultural farming (Piggery)-Zoroga.

Two of the communities have started implementing their projects. The Gweta and Nata communities have been allocated a 100 hectare farm for arable farming and 5 hectare land for integrated poultry farming respectively by the land authorities. The Gweta farm is managed by volunteers of Gweta branch, with mentoring by community leaders. The government supported the project with farm implements, seeds, labour for fencing, and commitment to buy the farm produce. Completed activities under Gweta farm include opening of Ngweta farm on 31 January 2011 with media coverage, the construction of a farm boundary which was completed year end as well as planting and harvesting 30 bags of maize cobs. The rest of the harvest was affected by frost.

Plans are under way to connect irrigation system on the farm. The National Society is still resource mobilizing for the integrated poultry farm. DRR initiatives undertaken in the target communities include health and care as well as branch development interventions.

In October 2011, the NS entered into a new partnership with the American Red Cross (ARC) for a CBDRR initiative targeting communities living along the Zambezi river basin. The project branded Building Resilient African Communities (BRACES) by the American Red Cross supplements the efforts of the ZBRI. The projects activities started in November 2011. The following project activities were implemented

- Two (2) workshops on DRR held in December 2011 targeting District officials and traditional leaders respectively in the ZBRI project area (Northern division). The first workshop was attended by 42 District officials, while the second was attended by 25 Chiefs and Village Development Committee (VDC) representatives of all the 11 villages in the project area namely, Parakarungu, Satau, Kachikau, Kavimba, Mabele, Kasane, Kazungula, Lesoma, Pandamatenga, Nata, and Gweta. The forum provided leaders an opportunity to share knowledge and experiences on DRR practices, challenges and gaps.
- Recruitment and orientation of a Project Officer.
- Orientation of staff directly implementing the project in Monitoring & Evaluation, financial accounting, reporting and communications by American Red Cross.

The project aims to build resilience of six (6) communities within the ZBRI project area in DRR. The Six (6) communities; are Parakarungu, Satau, Kachikau, Kavimba, Kasane and Kazungula

### **Branch Development**

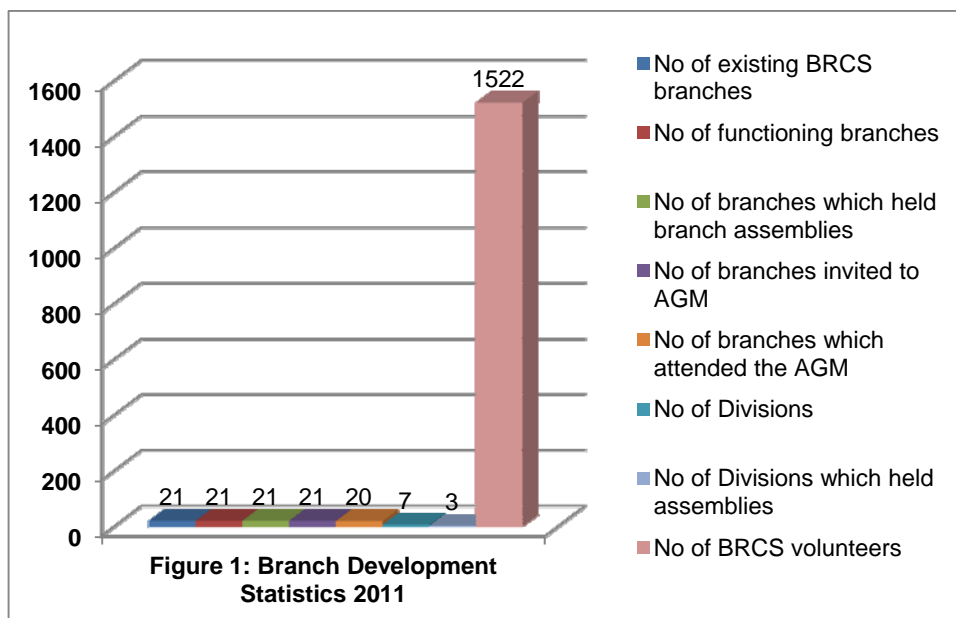
The Branch Development Programme mandate is volunteer management and to ensure that BRCS has functioning branches that have capacity to implement humanitarian activities to address the needs of the vulnerable in their respective communities as well as to resource mobilize to address such vulnerabilities. Most of the activities of the National Society are implemented by volunteers that are members of the various BRCS Branches across the country which make up Divisions. Branches

have their own governing committees which are elected by members in the respective branch localities. Several Branches form a Division based on their geographical locality. Divisions also have committees that are made up of some members of the branch committees. Divisional chairpersons represent Branches in the National Executive council (NEC) or BRCS governing board to bridge the gap between branches and NEC. The Branch Development Programme aimed to achieve the following outcomes below which are detailed under achieved activities.

<b>Programme component 4: Branch Development and Volunteer Management</b>
<b>Outcome 1:</b> BRCS has vibrant branches delivering quality services through their local volunteer and youth networks.
<b>Outcome 2:</b> BRCS has well established systems and procedures for the systematic provision of technical support to its branches

### Achievements

In 2011, Branch Development activities were integrated into all programmes with the aim of ensuring that BRCS has well-structured, organized and competent human resources at branch level for delivering community based services efficiently and effectively to meet the needs of the most vulnerable. A new Branch Development Coordinator was recruited to oversee branch development activities whilst the former was transferred to rehabilitation. BRCS focused on determining the functionality/constitutionality of branches of the National Society, convening branch assemblies and preparations for the 2011 annual general meeting (AGM). Figure 1 below shows statistics of activities implemented.



A total of 1,522 volunteers were registered through 35 branches. Out of 35 branches only 21 are functional. 21 branches held branch assemblies to elect new committees which will run branches for two years. BRCS has 7 Divisions and out of these, 3 held divisional assemblies. Other Divisions are yet to hold Divisional assemblies.

BRCS membership elects a new NEC every two years to oversee the affairs of the National Society as prescribed by the constitution. The 2011 AGM was hosted at Naledi Senior Secondary School in Gaborone on Saturday 10<sup>th</sup> December 2011. It was attended by 20 out of the 21 invited branches. Only branches which had held branch assemblies were invited. The 21 branches had held branch assemblies.

The AGM marked an important milestone for the National Society as it was the end of term for the NEC that was elected in the year 2009. Key amongst the day's deliberations was the election of the new NEC. Furthermore the new NEC was elected following constitutional amendments made in the 2009 AGM wherein only the President and 2 vice Presidents are elected at the AGM. Divisional Chairpersons were automatically elected into the NEC.

The Norwegian Red Cross supported the National society with funds for capacity building of branches of financial management and computerisation of all branches.

### **Health and Care Program**

The Health & Care program aims to alleviate the suffering of the most vulnerable and disadvantaged through contributing to the Global Alliance goals of reducing the number of deaths, injuries and impact from public health disasters. It is to contribute to the reduction of deaths, illnesses and impact from diseases and public health emergencies, to promote respect for human dignity and reduce intolerance, discrimination and social exclusion. The program is guided by 4 main objectives:

- ⌘ Prevention of further HIV infection;
- ⌘ Expanding care, treatment and support;
- ⌘ Reducing stigma and discrimination;
- ⌘ Strengthening the National RCRC Capacity Building to deliver and sustain scaled up programmes.

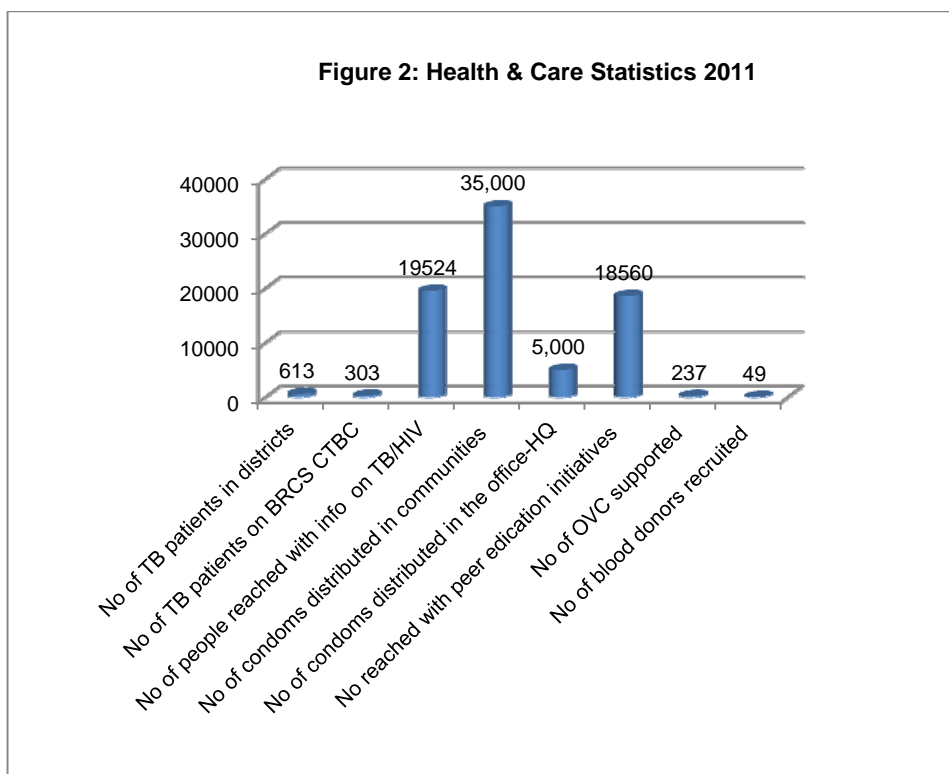
### **Achievements**

The following are activities implemented by the health and care program in 2011:

- Signing of a memorandum of understanding with the Ministry of Health to guide implementation of a community TB Care (CTBC) program funded under the Global Fund (TGF) Round 5.
- Implementation of a CTBC project in 5 districts (Kgalagadi North, Moshupa, Kanye, Tutume, and Tonota) and 11 villages namely Tonota, Tutume, Dukwi, Mabesekwa, Shashemooke, Tshane, Kang, Hukunsi, Kanye, Ranaka and Moshupa. The project involved enrolment of TB patients on CTBC, administration of direct observed treatment (DOT), tracing of TB treatment defaulters and referrals for re-treatment, contact tracing and screening, providing information on TB/HIV collaboration and promoting HIV testing amongst TB patients and the community in general. The project aimed to supplement government efforts to reduce Botswana's TB burden. 303 TB patients were registered in CTBC out of 613 patients registered in the TB program in project areas.

- Community education on consistent and proper use of condoms and condom distribution both at community level and in the office in the headquarters. 35,000 condoms were distributed in project areas and 5,000 within headquarters.
- Peer education in schools. Outreach to schools was scaled up in areas where the CTBC project was operational. 18,560 students were reached with information on TB, HIV/AIDS and sexual reproductive health in general to empower them to adopt health seeking behaviours.
- OVC support. The program supported 237 OVC in the areas of Sefhare, and Moshupa with psychosocial support which involved counselling, home visitation for assessment of home situations and study group support. The program also received funding from Lars Amunsden through the IFRC to scale up OVC support activities in Kasane in 2012.

BRCS contributed to increasing clean blood to assist the National Blood Transfusion Services (NBTS) increase its blood bank by mobilising and recruiting young people in schools to donate blood through, 'Pledge 25' which encourages young people to remain HIV negative and to donate blood 25 times in their lifetime. This activity was conducted in partnership with the NBTS aimed at reducing the national shortage of blood (All blood groups). 29 blood donors were recruited and they donated blood. The overall numbers reached through these activities are outlined in Figure 2 below.



### Refugee Health & Psychosocial Support-Population movement

BRCS entered into a partnership with the United Nations High Commissioner for Refugees (UNHCR) in June 2011. The aim of the partnership is to help fulfil its global agenda of refugee protection through provision of psychosocial support and health services to refugees and asylum seekers in Botswana. The partnership is guided by the UNHCR 4 pillar priorities and global strategic objectives, Red Cross movement strategy 2020 and the BRCS strategic plan 2011-2015.

Refugees in Botswana are based in Dukwi refugee camp which has been in existence since 1976. The majority of the refugees are from Namibia, Zimbabwe, Somalia and Angola. 63% of Botswana's refugee population is male, a significant proportion of whom are young, educated, mobile and prefer living in an urban areas than a camp setting.

BRCS services to refugees in Botswana are as follows

- Psychosocial support (Refugee burials (Counselling, Refugee burials, Sexual & Gender based violence (SGBV) prevention and counselling, Support to Orphans and Vulnerable children (OVC) and unaccompanied children (UAC);
- HIV prevention, treatment and care (Including community mobilisation for prevention, home based care, nutritional support, youth friendly centre, ART services);
- Sanitation;
- Support to urban refugees;
- Restoration of family links (Tracing and family reunification).

There are a total of 3374 refugees and 224 asylum seekers receiving BRCS services in Botswana.

### Achievements

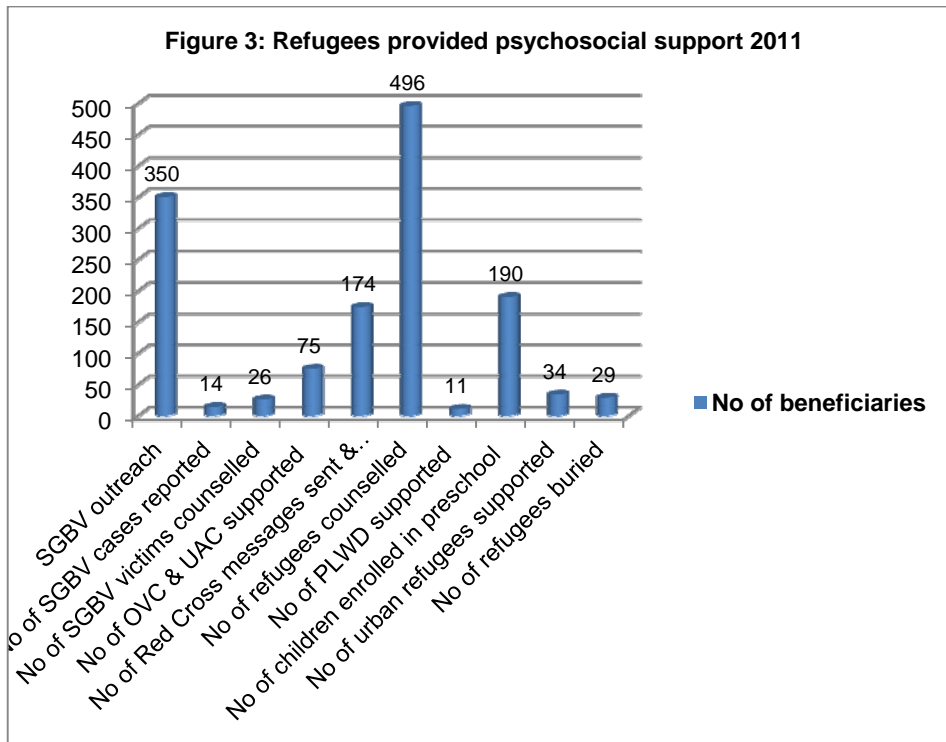
Psychosocial support services were provided to increase coping capacities for refugees experiencing various life stressors including the vulnerable victims of SGBV, OVC, unaccompanied minors (UAC) and PLWD. In order to increase community involvement in SGBV prevention, community education on SGBV was conducted in the months of June to July 2011 to raise awareness of the negative impact of SGBV particularly domestic violence on families, to promote urge the community support for victims. Victims of SGBV were also provided counselling services to increase coping capacities. Counselling support and follow-ups for OVC and UAC were increased BRCS also provided preschool services to refugee children. This enabled most families to pursue other activities to improve their livelihoods such as farming and vocational schooling. (See figure 3 below). The preschool was handed over to Skill Share Botswana at the end of 2011 because the agency is a new UNHCE partner in Botswana responsible for education.

BRCS improved the state of sanitation in Dukwi refugee the camp with activities as shown figure 4 below. The number of functioning latrines was increased from 465 to 495 by constructing 30 family owned latrines, and draining 41 others. The latrines benefitted a total of 1259 refugees. There are 42 communal latrines in the camp. Cleanup campaigns (10) were conducted on an ongoing basis. 1202 refugees were reached with hygiene promotion messages. The camp has a total of 42 communal latrines.

In order to supplement government efforts in health services BRCS contributed to the improvement of health and wellbeing of the refugee community by providing nutritional support to the vulnerable especially the elderly, home based care patients and OVC, enrolment of the terminally ill on home based care with the help of refugee volunteers, providing seeds and garden land for the vulnerable to plant vegetables to improve their nutritional status.

Health talks were conducted in the local clinic and the youth friendly services centre to empower refugees with skills to develop health seeking behaviours. HIV treatment services were improved

through establishment of an ART services clinic in Dukwi refugee camp to improve access to treatment for PLWHIV. See figure below for services provided.



### Rehabilitation programme

BRCS provides rehabilitation services to people living with disabilities (PLWD) around the country through three (3) rehabilitation centres and community based rehabilitation (CBR). The rehabilitation centres are Tlamelong Rehabilitation Centre, in Tlokweng, Tshimologo Stimulation Centre in Francistown and Sefhare Stimulation centre, in Sefhare village. Tlamelong Rehabilitation Centre provides rehabilitation to young adults with disabilities as well as 2 year vocational training in textile and horticulture. The courses are offered residential in Tlamelong and students are borders. Tshimologo and Sefhare Stimulation centres both provide Early Childhood Care services to support children with disabilities with developmental delays to reach their full potential for preparation to enrol in normal schools or special centres where their needs can be thoroughly met.

### Achievements

CBR services are provided on outreach basis to communities for assessments of PLWD to provide stimulation and community education to ensure that PLWD enjoy the same opportunities as others to live independent and productive lives. Key amongst activities offered by all centres in 2011 were classroom stimulation activities, assessment for placement of children in mainstream schools, home visits, educational tours, and sports activities.

### Tshimologo Stimulation Centre

Tshimologo Stimulation Centre is a Centre for children with different disabilities aged 2 – 12 years old. They are taught Activities of Daily Living, Speech, Fine Motor and Gross Motor Skills, Language development, Pre-Literacy Skills. The learners in these classes are assessed at the end of the year

by an Educational Psychologist to be placed at special units and mainstream schools. On the 19-20 October 2011, Tshimologo Stimulation centre conducted assessments of learners in preparation of their placement in Special education Units and mainstream schools.

Educational travel tours were organised as part of stimulation activities for children. From 30 June to 4 July 2011, students were taken on a tour of the Makgadikgadi pans and Chobe National Park. The purpose of the trip was to show students animals and plants in preparation for their assessment.

On the first week of November 2011, 15 students were visited at their homes to assess their living conditions and advice where possible how parents or caregivers can stimulate their children at home. On the 29<sup>th</sup> October 2011, Tshimologo was invited to junior a sports festival in Masunga. The purpose of the games was to give the young athletes the opportunity to showcase their skills and have a chance to select a sport of their choice at a very young age.

### **Sefhare Stimulation Centre**

Sefhare Stimulation Centre offers stimulation and training to children with special needs and Orphans and Vulnerable children of ages two (2) to twelve (12) years in Tswapong South. It also offers CBR in the same area to assist those people who are unable to attend the centre due to their disabilities and/or age and supports orphans and vulnerable children (OVC).

The learners enrolled in the centre were from the nearby villages of Sefhare, Moshopha, Chadibe, Borotsi and Machaneng. The centre offered preschool services to some OVC and extended CBR services to PLWD in Sefhare, Ngapa, Chadibe, Borotsi, Moshopha, Lerala, Machaneng and Matlhako villages. Home visits to homes of OVC and PLWD with special needs were provided. Two (2) children with disability started walking independently following referrals for surgical operations and therapeutic exercises. The Centre was renovated and received office and child friendly furniture. Two (2) teacher aides were employed to improve number of teaching staff.

### **Support Departments**

The departments that are responsible for supporting the various components of the national society are the Finance, Human Resource and Administration and Marketing and Communications (MCM) department. Below is a summarised version of the work of the departments in 2011.

#### **Finance Department**

The Finance department is responsible for managing assets and financial resources of the National Society including donor funds earmarked for different programs. The department also assists with the resource mobilization component of the National Society. In 2011 the department focused not only on managing the various fund portfolios of the National Society but also providing technical support on financial management to 11 Branches (Bokaa, Gabane, Francistown, Molalatau, Marapong, Magotlhane, Maun, Mahalapye, Palapye, Serowe and Tsabong) which had weak internal controls. The department received funding support from the Norwegian Red Cross to build capacity of Branches in resource mobilisation and financial controls. The preliminary focus on the mentioned branches was basic assessment/auditing and tracking asserts, most of which were missing. Following the audits and tracking of assets a plan was made to train all the Treasurers in 2012 on resource mobilisation and strengthening financial controls.

## Resource Mobilisation

BRCS is compelled to identify new opportunities for resource mobilization for its sustainability especially given the decline in donor support for not only its programs but Botswana in general. The resource mobilization component of the National Society under the Finance program is driven through the implementation of well designed income generating programmes. The following are the income generating programmes identified and implemented in year 2011.

- BRCS created, branded and placed cashboxes in all SPAR supermarkets around Botswana to raise cash donations from shoppers. The SPAR supermarkets management supports the initiative.
- Registration of Soul Touch Limited-A company limited by guarantee wholly owned by BRCS. It has registered other company trading names under it for which various businesses of the National Society will be operated. The trade names are Red Court Vegetables and Red Court Inter-cash Bureau De Change.
- The Catering services are fully operational. The start of conference facility operations are still delayed by the licensing authority. Properties/land acquired by Branches in the BRCS name in various parts of the country were identified, and earmarked for leasing for income generation where the Branches were not fully operational or where there were weak financial controls. The resources derived from these initiatives would help revive such branches. The areas where land has been identified are Day Care centres in Mahalapye, Palapye, Ramokgonami, Magotlhwane, a shop in Lephephe and a bakery in Sojwe. It is through these businesses and other income generating activities to be identified in future that BRCS hopes to sustain its existence.

## Marketing & Communications

The MCM department is responsible for Increasing BRCS visibility and to maintain its corporate image through publicizing its services in various media forums, to increase partnerships with other stakeholders, to increase BRCS revenue through First Aid and to disseminate information on protection of the Red Cross Emblem and International Humanitarian Law (IHL).

The department also increased sales and revenue through commercial First Aid including First aid trainings for Mines, corporate entities and government, sale of first aid manuals and sale of First Aid kits. To strengthen partnerships in First Aid, participation in First Aid Inter-mines competitions were organised, Botswana Chamber of Mines meetings were attended and First Aid simulations organised in stakeholder and road safety forums.

Awareness of International Humanitarian Law (IHL) amongst staff and stakeholders was increased and emblem misuse decreased through implementation of the following:

- A staff workshop on IHL;
- Meeting with the Ministry of Foreign Affairs on IHL to advocate for the establishment of a national IHL committee;
- Workshop conducted for Government officials on IHL;
- Dissemination sessions at the Botswana Defence Force;

- The Ministry of Health was engaged in discussions to assist in curbing the abuse of the Emblem by health facilities. Some health facilities were warned against the illegal use of the Emblem.

### Human Resources & Administration

The Human Resources and Administration department monitored implementation of BRCS policies related to personnel and fleet management, led recruitment of new personnel and inductions, and identified staff development opportunities in terms of training.

The following positions were filled during the reporting period:

- Medical Doctor – Dukwi Refugee Camp Clinic
- Nurse – Dukwi Refugee Camp Clinic
- Teacher Aides - Tshimologo and Sefhare
- Financial Administrator- Northern Division
- Branch Development Coordinator -HQ
- Executive Assistant for the Secretary General
- Social Worker- Dukwi
- Kasane-ZBRI

BRCS has now adopted fixed terms of contracts for recruitment of its staff. A few members have not been contracted as they still have not completed their five year term. Performance Agreements were signed by all staff members. Appraisals will be conducted in 2012.

The Government of Botswana through internship programme assisted the BRCS with Interns with professional backgrounds in Finance, Agriculture, Human Resources and Information Technology.

Various training courses were identified both locally and internationally and staff members were sent for training as a way to empower and/develop them. The courses attended were;

- Road Safety and Fleet Management, offered by IFRC Geneva in Kenya
- International Humanitarian Law offered by ICRC, Pretoria delegation in Pretoria and Botswana
- Health Care in emergencies offered by ICRC, Geneva in Pretoria
- Global Fund Round 11 training offered by the IFRC in Geneva in Geneva
- VIP Payroll
- Excel (Computing) offered by Gaborone Institute of Professional Studies
- Art of Report Writing, offered by the University of Botswana
- World Class and Leadership skills for administrative Professionals
- Statistical Package for Social Sciences offered by the University of Botswana
- Mastering Internal Communications

### National Society Development

<b>Programme component 1: Leadership and Management Development</b>
<b>Outcome 1:</b> BRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organizational performance and accountability.

<b>Programme component 2: Well-functioning Organization</b>
<b>Outcome 1:</b> BRCS has well defined policies, systems and procedures in place for the effective management of the National Society.
<b>Outcome 2:</b> Effective financial management systems, procedures and tools are in place and systematically used.
<b>Outcome 3:</b> BRCS has capacity in planning, tracking performance, and reporting as stipulated in the IFRC's "Performance and Accountability Framework".

## Achievements

To ensure that BRCS maintains proper governance structures at national and branch level, the National Society convened the 2011 Annual General Assembly (AGA) which was hosted at Naledi Senior Secondary School in Gaborone on Saturday 10<sup>th</sup> December 2011. The AGA culminated into the election of a new national executive council (NEC) for a two year office term. To bridge the gap between the NEC and branches all divisional chairpersons became members of the NEC as per article 17.1 (d) of the BRCS constitution. The AGA appointed new auditors for the year 2012-2013 and furthermore made several constitutional amendments relating to membership, branch registration fees and minimum qualification for branch treasurers.

The financial practices of 11 branches with weak financial controls were assessed to improve financial management capacity in branches. The finance department mentored branch treasurers of the 11 branches. The minimum qualifications for branch treasurers have been revised. A treasurer has to have a background in accounting to improve general finance management in branches. If a branch fails to identify a volunteer with accounting background the position is to be left vacant for the cooption of honorary treasurers with such experience. In addition, the latest financial management software was installed to facilitate easy management of BRCS accounts. Financial audits were conducted for the National Society's accounts for the year 2010.

To build the National Society's capacity for better programme management, 52 of its junior and senior management staff were trained on report writing, statistical package for social scientists (SPSS) for data analysis, customer care, programme management, finance, and basic international humanitarian law. Staff performance was also monitored through performance development plans and appraisals. Policies to improve staff conduct (staff and volunteer code of conduct and staff conditions of service) were developed and reviewed.

## Constraints or Challenges

- High volunteer turnover particularly under the ZRBI.
- No incentives for volunteers. Volunteer support is especially needed during relief operations.
- Low community participation in projects.
- The BRCS Act of 1968 is outdated and needs review to accommodate current humanitarian challenges and the work of BRCS.
- The graduation of the donor community from Botswana has reduced donor support for humanitarian activities in the country.

## Working in partnership

BRCS maintained relationships with local and international partners within and outside the Red Cross/Red Crescent movement in delivering its mandate. The current ones are listed below;

- UNHCR: Psychosocial support and health for refugees;
- US President Emergency Fund for AIDS Relief through URC: ARVS for refugees;
- American Red Cross: BRACES;
- Norwegian Red Cross: Capacity building of branches and NS finance department;
- Australian Red Cross: Planning to support BRCS with volunteers in health, finance and matters;
- German Red Cross: Planning to support BRCS with volunteers in rehabilitation, refugees and health;
- IFRC: ZBRI, OVC support, NS society staff capacity building in International Humanitarian Law, HELP, Global Fund;
- National Blood Transfusion Services: ZBRI, OVC support, NS society staff capacity building in International Humanitarian Law, HELP, Global Fund;
- Government of Botswana (Ministry of Health, Office of the President, Ministry of Foreign Affairs and International Cooperation, National Disaster Management Office, Attorney General's Chambers): Community TB care activities, Disaster Management, Rehabilitation, Review of the Red Cross Act, IFRC diplomatic status recognition for the IFRC Southern Africa Zone.

## Contributing to longer-term impact

In an effort to ensure better management, learning and improvement in programmes, focus was on strengthening and centralizing the planning, monitoring, evaluation and reporting functions to become core functions of programme managers/coordinators. This enabled programme staff to be responsible for continuously reviewing programme performance, identifying weaknesses and recommending actions to remedy these. The IFRC Southern Africa Regional office, through its Performance and Accountability department continued to provide support to the National Society in enhancing tracking and measurement of programmes to determine their impact.

BRCS continued to make an effort to mainstream gender into all its programming by planning and providing services to all equally. Programming also continued to be bottom up with information flowing from BRCS branches to headquarters and activities proposed by branches feeding into the National Society's annual plan. This helped in maintaining accountability within the National Society. The development of plans and monitoring of progress against these plans was done jointly by BRCS with its branches and with other actors including the government, leading to effective sharing of best practices and lessons learned.

## Looking ahead

The National Society will focus on the following areas in the year ahead.

- How to do more with less, given the decline in funding sources.

- Revival of branches and undertaking a national volunteer recruitment drive, especially targeting the corporate workforce and professionals who can volunteer with the National Society.
- Conduct branch assemblies to legitimise existence of branches.
- Build the capacity of branches in financial management including regular branch audits.
- Disaster risk reduction capacity building among disaster prone communities, using local capacities.
- Reviewing the BRCS Act of 1968.
- Staff capacity building.
- Resource mobilisation to sustain the National Society.
- Promoting Humanitarian Diplomacy within the country.

## 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 \(NGO's\)](#) 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.



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.

Find out more on [www.ifrc.org](http://www.ifrc.org)

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