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Annual report Swaziland

 International Federation
of Red Cross and Red Crescent Societies

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

*Mzimnene Communal Garden
Beneficiary Northern Hhohho –
Food Security Programme/BSRC*



In brief

Programme outcome

Based on the International Federation of Red Cross and Red Crescent (IFRC) strategic aims to save lives and strengthen recovery from disasters and emergencies, Baphalali Swaziland Red Cross Society (BSRC) strived to achieve effective preparedness capacities for disaster and emergency response, provide timely assistance to people affected by crises such as HIV/AIDS and drought as well as to build community resilience through first aid training and disaster risk reduction services in order to reduce the impact of immediate and potential future disasters.

Secondly, to enable safe and healthy living and better integration of socially vulnerable communities through reduced risk-taking in health and lifestyle, greater well-being of the socially vulnerable and food insecure and to build stronger coping mechanisms.

The third strategic aim of the IFRC strategy aims to promote social inclusion, peace and harmony. This is achieved through a wider understanding of the Red Cross Fundamental Principles and Values, increased capacity to counter intolerance, stigma and discrimination, reduced violence and

peaceful reconciliation of divisions within society and their effects including cross border migration of political and economic refugees.

Programmes summary

The DM programme has the following components; disaster preparedness, disaster response, disaster risk reduction and food security. The disaster preparedness component focused mainly on strengthening systems including the formulation of plans (disaster management master plan), NS human resources and building of community resilience through trainings. Each division identified and trained 35 volunteers, totalling 175 community based disaster management volunteers from disaster prone areas. In disaster response, focus was on seasonal rapid assessments; 646 households were assessed and 3,212 beneficiaries received assistance ranging from tents, blankets, tarpaulins and food items (maize, beans and oil). Under the food security programme, 527 households received fruit trees, 1,328 households received 450 different types of vegetable seedlings and 98 households received three herds of indigenous chickens.

The Society also provided community based health and first aid through branches and project sites. More than 40,000 clients benefitted under the clinics project and over 200,000 young people received information from the youth programme activities. The Youth Peer Education outreach programme needs to be strengthened because many young people get infected with HIV either during college life or even earlier than college entry or during high-school time. The programme has 75 Peer Educators. Young people are willing to educate other youth, creating awareness on HIV, abuse, TB and other topical issues affecting youth either directly or indirectly.

Programme volunteers were upgraded to a government programme and their stipends are covered by the MoH. The organizational development is a pillar in programming hence volunteer recruitment should be in the centre of every programme activity. The human resource is always scarce hence the branch development approach is such a critical component of NS. In 2011, 36 branches were established.

Financial challenges accumulated over the years have put the NS in precarious state. However, the NS made some strides when it applied for financial support from government which saw the increase in subvention, and by end of 2011, the NS was awaiting a cabinet approval that sets the NS at a higher structure within the government departments (Prime Minister's Department – Deputy Prime Minister).

The Principles and Values programme includes dissemination to volunteers, civil society groups and traditional authorities as well as production of newsletters and other educational material which promotes the role and image of BSRCS locally and internationally.

Financial situation

The total 2011 budget for the country plan was CHF 841,357, of which CHF 100,931 (12%) was covered during the reporting period (including opening balance). Overall expenditure during the

reporting period was CHF 51,319, corresponding to 6% of the budgeted amount and 51% of the available funding. [Click here to go directly to the financial report.](#)

Number of people we have reached

Direct beneficiaries who received services from the NS were more than 100,000 beneficiaries and more than 500,000 indirect beneficiaries. The disaster response, risk reduction, and food security programme reached approximately 9,000 direct beneficiaries. The health and social services programme reached 91,240 direct beneficiaries while the Principles and Values programme served an estimated 1,000 direct beneficiaries.

Our partners

Partners include the ICRC, the Belgium, Finnish, Norwegian and Swiss Red Cross societies. The society also has partnerships with government including Ministry of Health, Ministry of Education and Training, Disaster Management Services, the Prime Minister's office, the Swaziland Royal Police, Ministry of Justice, Ministry of Home Affairs, Ministry of Foreign Affairs, Ministry of Tinkhundla and Regional Development, Ministry of Works, Ministry of Environment, Ministry of Agriculture as well as Ministry of Housing. The society also enjoys partnerships with other NGO's such as NERCHA. The IFRC and National Society wish to thank all partners for their collaboration and support during the year.

Context

The total population of Swaziland is 1,067,773. The rural population is 77.3% of the population compared to 22.7% urban. The country's population is young with 37.5% younger than 15 years of age. The average fertility rate for Swaziland is 3.95 (Swaziland Population Projection 2011:10) which has declined from 7.83 in 1966. Life expectancy at birth is at low 43,2 for men and 47,2 for women, averaging 45,2 years (DHS, 2007:49; Swaziland Population Projections 2011: 4). Child bearing begins early, and child bearing increases to a peak of 202 births per 1000 women among the age 20-24. Infant mortality rate stands at 100/1000 live births, while the under-five mortality rate, largely caused by HIV, stands at 146/1000 live births.

Population living below poverty line (US\$ 1 a day) has declined slightly from 69.0 % to 63.0 % (SHIES, 2010:1; Intelligence Economic Unit 2011). However, majority of people are still living in multidimensional poverty even though the income per capita stands at USD 5,132 (UNDP, 2010). Losses in human development are results of inequalities in life expectancy at birth (health), schooling (education) as well as income.

The financial situation in Swaziland is very critical, largely because of the reduced receipts from Southern Africa Custom Union (SACU), as all government budgets were cut (civil servants salaries 5 – 10 %) across the board. Union's representatives did not accept this, especially those who earn very low salaries. Government is implementing a fiscal adjustment roadmap as recommended by IMF in a bid to boost the economic growth of the country so that the country is able to service its payables. All ministries' budgets, save for health and education were cut (Southern Africa Regional Food Security Update August 2010:7; Economic Intelligence Unit 2010:38).

Negative impacts of climate change such as drought, storms and irregular rainfall patterns have resulted in poor crop production and low water resources available for farming. Irregular rains have led to drought and poor application of high-tech, maize production ways. As a consequence, Swaziland had to import 75.3 MT of maize targeting the elderly, child-headed households, and people living with chronic illnesses. Maize (Swazi staple food) prices rose from E 100 to E 120 per 50 kilogram maize bag (National Maize Corporation – NMC). The average annual inflation rate was staggering between 4–6%.

Between March and April 2011, 16 malaria cases were detected in Mbabane Hhohho region, and the Ministry of Health launched an immediate disease surveillance and notification systems that monitored the outbreaks and triggered rapid responses.

The HIV/AIDS situation in Swaziland is still considered dramatic. The last national survey (2007) reports an adult prevalence rate of 26%. PMTCT prevalence rate stands at 41% (2010). The country is implementing the 2010-2014 HIV strategy to eliminate or at least decrease new infections. The Government has collaborated in all fields of HIV/AIDS and TB with NGOs and the private sector to this effect.

Prevention is promoted through all types of media and provided by 180 health facilities and through many community programmes including “door to door testing”. In 2011, male circumcision was heavily promoted through campaigns and provided in some health facilities. Government introduced a regime where PLWH can be initiated on ARVs when their CD4 count stands at 350 as opposed to the earlier regimes of CD4 counts of 200. Stigmatization is on the decrease, but there is still much work to do. Very often partners still fear to disclose their status to each other.

As for treatment/care and support, currently 111 health facilities offer ART countrywide, whereby more than half of these health facilities initiate therapy and the others do refill ARV drugs. ARVs are always available and are now paid by the Government, and not by Global Fund as before.

In cooperation with NGOs, the Ministry of Health strengthens TB screening and TB treatment, since 80 % of TB patients are co-infected by the HIV virus and TB is still responsible for around 50% of death of AIDS patients.

BSRCS has continued to educate communities on appropriate food production including microsystems' technologies through the food security programme. The national society invested in water harvesting and storage activities such as earth dam construction, pulling water from rivers and maximum use of available water resources.

The NS conducted social mobilization focused on tuberculosis awareness at Silele (Hosea Inkhundla) by strengthening community systems, and engaged community leaders in HIV treatment literacy programmes. All primary health care services are fully integrated at all clinics and we plan to

optimize use of current funded projects through integration of cost sharing. The early start of ARV will certainly have an impact on preventing transmission of the virus, and medical supplies and drugs for patients who commence on treatment for opportunistic infections.

Volunteer education and recruitment needs to be intensified in schools and out-of-school youth programmes to have meaningful impact of programme activities. Skills shortage is also impacting on certain sectors such as health, education, and accounting. Private sector involvement in the work of the NS is very weak, and may be aggressively addressed with capacity building of the NS at all levels. The population density is higher in rural than urban, and this could require enormous efforts in supporting the OVC, and the elderly persons.

Progress towards outcomes

Disaster Management

Outcomes

- **Community-Based Disaster Preparedness**

Outcome 1: Human, financial and material resources and disaster management system enhanced through the implementation of the DM master plan (DMMP).

Outcome 2: Self-reliance of individuals and communities is improved to reduce their own vulnerability to public health emergencies and disasters.

- **Disaster Response**

Outcome: Improved disaster response mechanisms to meet the needs of those affected by disasters.

- **Community-Based Disaster Risk Reduction (DRR)**

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

- **Food Security**

Outcome 1: Household food availability is improved.

Outcome 2: Household food utilization is improved.

Outcome 3: Household access to food is improved.

Achievements

The goal of the DM programme in 2011 was to reduce the number of deaths, injuries and impact from disasters through disaster preparedness, disaster response, disaster risk reduction and food security. There were 7 outcomes and all were addressed through the four different yet interrelated disaster programme components mentioned above.

A disaster management master plan was developed and capacity of 10 NS staff strengthened through training. The DMMP document was prepared with financial support from the Finnish Red Cross who seconded a technical delegate for a period of three months. The focus of the training was on basic disaster preparedness and response. The NS conducted a CBDM training focussed on disaster prone areas. Tools used during the training included Sphere guidelines and emergency rapid assessment tools.

The NS mobilized and organized a one-day-training in which 175 community-based volunteers participated (35 per division). Following the training, volunteers were able to manage disaster activities in their respective communities without the presence of the technical officer from the Red Cross Office. Thirteen support and site officer staff received training in basic disaster management, thus strengthening the Society's disaster response capacity. World Vision – Swaziland facilitated a hazard and risk assessment drill, and BSRCS was an active participant.

Seasonal rapid assessments discovered 646 households and 3,212 beneficiaries affected by various calamities such as storms, fire, and other incidents. Response material purchased and distributed to beneficiaries were tents (76), tarpaulins (350), blankets (499), maize 46.248 metric tonnes), beans (5.46 MT), and oil (3019).

The regions that had food security projects through the NS were Hhohho, Shiselweni and Manzini. A total number of 2,000 vulnerable households were targeted in 2011 in Hhohho, Manzini and Shiselweni regions. 1,800 households were identified based on level of poverty, inadequate access to food, income level, number of dependents, female-headed households and chronically ill members and living with OVCs and elderly persons. 40 volunteers were trained as community based extension volunteers to link up with the Ministry of Agriculture extension department in conveying extension messages and maintaining the link between the extension department and their respective communities.

14 irrigation schemes were set up in 14 communities; 11 of which benefited from gravity irrigation schemes and the other 3 benefited from pumped water irrigation schemes. One water reservoir was constructed to harvest water over a long period. 15 communal and 30 backyard gardens received vegetable seedlings. On average, each individual beneficiary received 410 seedlings depending on the surface area of the beneficiaries' garden. Seedlings were cabbage, beetroot, onion, spinach, green paper, lettuce, tomatoes and carrot seeds.

Some 450 households from all the four targeted regions received fruit tree seedlings. Each household received a minimum of three varieties of fruit tree seedlings, depending on the geographical location of their household. Additionally, 150 households received three heads of indigenous chicken per household.

In Northern Hhohho, 94 households were benefiting from communal gardens and fruit trees and 560 households from backyard gardens. In Southern Hhohho, 251 households benefited from backyard gardens and 146 from communal gardens and fruit trees. In the Manzini region, 188 households

benefited from communal gardens and fruit trees and 250 from backyard gardens. In the Shiselweni region, 142 households benefited from communal gardens whereas 99 households benefited from fruit trees and 98 households from indigenous chickens.

The physical access to food by these groups has improved, the lengths of food shortages that are normally experienced in the dry season have decreased since vegetable production and water harvesting techniques are focusing on improving production in dry seasons and promoting irrigated farming other than dependency on rain-fed crops.

Constraints or Challenges

The economic crisis that is faced by the government of Swaziland affects the day to day operations of extension staff, their resources such as transport and stationery are limited and they have difficulties in reaching communities. NS also downsized its staff compliments in 2011 and 2012. Climatic conditions were harsher than expected; rains were fewer than predicted, hence yield will be low.

The food security vehicle needs a canopy for transporting agricultural inputs under different weather conditions that damage plants along the road. Disaster management coordination is still weak at all levels, and is centralized in government structure, lacking warehousing at all levels, and poor working tools such as camera, computers, office running costs, and unavailability of stocked response material and equipment.

Health and Care

Outcomes

- **Community-based Health and Care**

Outcome 1: Communities have capacity to reduce their own vulnerability to health risks and hazards in their environment through knowledge of local community-based health and First Aid (CBH&FA).

Outcome 2: Mother and child health is improved through immunization services to children and mothers in areas of BSRCS operations.

Outcome 3: The level of community health knowledge is increased through the development and distribution of health related information, education and communication (IEC) materials.

- **Public Health in Emergencies**

Outcome: Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.

- **Water and Sanitation**

Outcome: Improved access to safe water and sanitation facilities among the target population according to the SPHERE minimum standards.

- **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 counseling and testing (VCT), parent to child transmission (PPTCT) 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 counseling 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, promotion human rights, 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

CBHFA activities included first aid services such as first aid kit sales and refills, training (community-based and commercial) as well as staffing of first aid posts. The NS provided community-based first aid training to 26 emergency response volunteers, and 700 corporate staff received commercial first aid level-one training. The NS also sold 46 FA kits to individuals and companies, and manned 72 FA posts across the country.

All three Red Cross clinics were providing health services with strict focus on clinical care, while divisions focused on community-based health and first aid. Clinics provided comprehensive integrated services including HIV and AIDS. The total number of clients who sought health care from all the clinics was 23,983. Sigombeni and Mahwalala were providing an integrated HIV and AIDS response including primary health care services. Silele has just been accredited by the MoH to render integrated service.

In 2011, BSRCS partnered with PSI in provision of male circumcision piloted at Sigombeni clinic where 270 males were circumcised. Male clients were mobilised during outreach, and Sigombeni clinic nurses were trained to assist doctors during the circumcision procedures where 270 males were circumcised and 108 were able to know their HIV status in a period of 3 months.

HIV testing services were provided through the clinics which served 2,687 clients, with women clients leading the attendance. The gender gap in sigombeni among those who sought testing services was almost one to one, whereas Silele and Mahwalala have wide women to men ratio in HIV testing and counselling. Lessons learnt from Sigombeni includes conducting 6 outreach programme services per quarter, and strategies adopted for increased male involvement including getting to places where men are gathered, and boosting these activities through leadership participation and mobilization.

During this period, 486 women have been registered for ANC and out of these 425 tested for HIV whilst 98 knew their HIV status as positive before the pregnancy. 117 women were given prophylaxis treatment and 17 were initiated on ART for the purpose of prevention of further infection. There is a challenge to establish why Silele has the lowest number of pregnant women taking up PMTCT. The PMTCT service has shown fruitful results as out of the 98 women who tested positive only 9 babies tested positive and 5 were initiated on ART.

Sigombeni OVC programme supported 244 children (116 boys and 128 girls) with payment of school fees and 284 children received school uniforms from five primary and three high schools. Other services provided included free consultations and medication. HBC volunteers trained in psychosocial support assist OVC during home visits.

At Silele, 89 OVC were supported holistically through the programme. 50 child-headed household received 50 food packs and 50 hygiene packs. Career guidance teachers and the clinic staff facilitated the identification process. 16 children (7 girls and 9 boys) who were preparing for external exams participated in a life skills camp to empower them. Silele programme was supported by a child care committee, 54 volunteers and one staff member were trained on PSS. Two kids' clubs were still being established at Ondiyaneni and Lushini and hero and memory work material not yet distributed since the clubs are not yet fully functional. Other activities conducted by the Care Facilitators included home visits, obtaining birth certificates, promoting ARV therapy during weekly home visits of which they do twice a week per facilitator. Mbabane and Siteki Divisions received 50 and 49 respectively pre-school gowns.

The three clinics had a total of 1,161 HBC clients under the program, whereby Silele had 377 clients, Sigombeni clinic 374 clients and Mahwalala 410 clients by end of 2011. The NS was able to access HBC commodities from the Ministry of Health such as disposable nappies, Jik, gloves, soap and Vaseline collected from Central Medical Stores. Both Sigombeni and Mahwalala clinics have a cumulative total of 1,784 clients on ART. Mahwalala continues to have high number of clients being initiated with 265 during the year as compared to 60 initiated in Sigombeni. Sigombeni indicates stability with management of clients as there were only 23 clients lost to follow whilst Mahwalala had 45.

All three clinics managed to screen 805 clients suspected to be having TB, whereby Mahwalala initiated 80 clients, 47 at Sigombeni and 29 at Silele. There is a high need to sensitize communities about TB prevention, and treatment adherence as it continues to be on the rise because of the HIV/AIDS/TB co-infection. Silele conducted a TB awareness raising campaign which was staged at Hosea Inkhundla in December 2011. There 33 people were tested for HIV on site and about 315 people reached through information dissemination. The Regional HIV Delegate and the JRCS Monitoring Delegate were present at Hosea Inkhundla

Livelihoods and food packs for the most vulnerable groups at Mahwalala and Sigombeni have benefited from the food support where 820 food packs were distributed in Mahwalala clinic and 360

packs to Sigombeni clients on ART as well as clients under the Home Based Care programme. Seedlings for back yard gardens were distributed and farming inputs purchased for Sankolweni communal garden where by sweet potatoes, maize and beans were planted in October.

The MoH gave Silele accreditation status in 2011 to offer ARV treatment with related capacity responsibilities from the MoH. The Silele head nurse was trained on Nurse Led ART initiation and the other two nurses from Silele were trained on integrated management of adolescent IMAI. All along Silele was referring clients to Hlatikhulu hospital (110 km return trip) for those who are eligible for ART. MOH upgraded 46 care facilitators to the Rural Health Motivator (RHM) Programme, and stipends were paid from the government payroll systems since March 2011. The MoH is keen to absorb Sigombeni and Mahwalala clinics care facilitators. However, government does not have adequate funds for training.

The Silele OVC programme had the Belgian Delegate, the National OVC Officer and site staff to continue to monitor OVC programme activities through visits (2 delegate's site visits, home based care nurse and the site officer conducted one visit per week). The child care committee consists of 14 members who received a 5 days training on psychosocial support and all committee members signed the commitment form. The National OVC Officer attended the OVC working group meeting held in Namibia 05-07 October 2011. OVC working group participants recommended that Silele project should be treated as a pilot project, and enforce resource mobilisation to establish a clear exit strategy.

In October 2011, staff training/orientation on the reporting tools for the OVC program was conducted during the presence of the Belgian – Music4Life Delegate, National OVC Officer, and a Belgian Red Cross Desk officer. In addition, a touring of the clinic, Entabeni Primary school, and homestead headed by an old blind grandmother took place. The OVC programme Officer oriented 56 volunteers (Care facilitators) 5 Staff members (4 Nurse & 1 Home Based Care site officer) and 8 Health Committee members on the Silele OVC project.

The youth Peer education programme managed to reach 127,970 people through peer education, of which 66,300 were reached through informal peer education whereby drama was used as a communication tool. The remaining 61,670 were the youths that were reached through formal peer education in schools and during the reed dance and the incwala ceremony by 225 peer educators (of which 45 were newly trained). Through the Swaziland Broadcasting and Information Centre radios, Channel Swazi and Swaziland Television and through the print media, the peer education programme reached a listenership of an estimated 500,000 people.

Constraints or Challenges

Clinics have a challenge follow-up on children and clients on ARVs. Compounding factors are staff workload, weak communication networks including bad roads, nurses' turnover, time management, and local culture. Winter season is very cold and OVC and elderly people do not have enough warm

clothes to wear. Since the IFRC programme funding stopped for OVC activities, some of these children have been deprived of basic needs including psychosocial support. Silele community disputes over water source sites puts the lives of health workers and the community members visiting Silele clinic at risks of diarrhoeal outbreaks.

With the growing number of clients in Sigombeni, the filing system has become a challenge and a zippel filing system has been put in place. Files are gradually being shifted from the old system to the new one which is highly recommended. If funds permit, Mahwalala will have the same zippel filing system introduced.

National Society Development

Outcomes

- **Leadership and Management Development**

Outcome: BSRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organisational performance and accountability.

- **Well-functioning organisation**

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

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

Outcome 3: BSRCS has capacity in planning, tracking performance, and reporting as stipulated in the IFRC's "Performance and Accountability Framework".

- **Branch Development and Volunteer Management**

Outcome 1: BSRCS has vibrant branches delivering quality services through their local volunteer and youth networks.

Outcome 2: BSRCS has well established systems and procedures for the systematic provision of technical support to its branches.

- **Resource Development**

Outcome: Capacity to mobilise resources and its own sustainability is enhanced through the implementation of well-designed income generating programmes.

Achievements

The leadership and management development programme component was seeking to address leadership (governance and management) capacity building through developing and implementing policies and strategies for optimal organisational performance and accountability. BSRCS has five regions, three clinics and a National Head office. In 2011, the NS lost 3 out of 104 branches from 2010 and established 23 new branches in Nhlanguano, Mbabane and Piggs Peak.

BSRCS was engaged in a recovery planning exercise that took place from October 2010 to April 2011. The exercise was supported by the Finnish, Norwegian and Swiss Red Cross societies. The

Swiss Red Cross paid retrenchment packages, while Norwegian covered salaries for remaining staff.

Following a recovery plan of action was developed and approved by the Executive Committee. Information dissemination about the recovery process was communicated to all staff. Key strategic focus areas of the recovery plan were to appeal for funds, to aggressively implement cost cutting measures, relocate headquarters, re-establish repayment plans, right size the management structure, strategic value added governance, request GOS for an increase in clinics subversion, and increase the output of land and investment (efficient use of assets to generate revenue).

The Recovery Plan Task Team drafted a strategic plan for 2011 to 2015, with the help of the consultant which was presented in a workshop at Ezulwini where the BSRCS Executive and staff, as well as IFRC and ICRC representatives all provided their input. BSRCS management organized a stakeholders meeting in which the strategic plan was presented. Partner NS suggested that operational plans and budgets for 2012– 2013 should be developed and should take the form of an activity-based budget. The Finnish Red Cross supported BSRCS technically with an organizational delegate from Botswana Red Cross Society who facilitated the drafting of operational plans and budgets for 2012 and 2013 and presented these to partner National Societies in Johannesburg.

An exchange visit was conducted by the BSRCS President and Finance Manager on invitation from the South African Red Cross Society (SARCS) to participate in the SARCS Annual General Meeting. This was a very informative meeting because the team could learn about the South African Red Cross Recovery plan that they had done

The National Society also hired a consultant to review the 2003 Employment Conditions of service through financial assistance from the Finnish Red Cross. The Draft Conditions of Services is ready and will be taken to the Board for approval after management has read through and made some recommendations.

BSRCS's visibility was promoted by having a one full-page advert on page five in the Swazi Review of Commerce and Industry magazine in 2011. The advert covered BSRCS governing Board, location, strategy 2020, and programme focus areas in operational plans 2011 – 2015, and the IFRC strategy 2020.

The National Society had been using Dbit software payroll for quite some time now. The National Society has since felt that the organization that maintains the software is expensive and the stationery too is expensive. The National Society decided to have the pastel payroll software. The Swiss Red Cross bought the software for the National Society and the Norwegian Red Cross and Finnish Red Cross funded training of 6 finance and human resource staff for an orientation workshop on the software.

BSRCS was facing challenges with regard to exodus of department heads, and as a result suffering loss of organizational memory, and new people had taken these positions without proper induction. The National Society held a workshop on the 11-13th December 2011 on Financial Management,

budgeting and budgetary control. Participants who attended the workshop were heads of departments and budget holders. The team learned how to budget and how to monitor their budgets.

With resource development, the National Executive Committee established a resource mobilization committee in September 2011. The committee was launched and members consisted of the former Secretary General, the Secretariat, and seven Red Cross volunteers. A workshop was held on the 5 – 6th December, 2011, facilitated by the Resource Mobilization Committee. Participants of the workshop were the Divisional Chairpersons and heads of departments. The aims of the workshop were to sensitize staff and volunteer on how to raise enough funds to develop BSRCS into a vibrant and viable organization, and to create a reserve fund to make the NS sustainable in the long run. Participants were repeatedly reminded of the role of the Red Cross in Swaziland, and what was expected of each when doing Red Cross work. This helped participants see what they have been doing wrong and as a result participants felt an instilled commitment.

Constraints or Challenges

Since all regions of the NS have been sensitized through a resource mobilization workshop as to what needs to be done, there is a need to come up with a Resource Mobilization Strategy that the National Society would use subsequently. The National Society would be working on how to secure financial support through the RM Strategy and a road map is critical to enable the NS to meet its obligations. The National Society has challenges to pay rentals of the leased telephone lines and paying the Internet Service Provider (ISP). The NS also could not raise enough funds to pay for the External audit.

However, The National Society is hopeful that the financial challenges of the organization improve through vigorous fundraising activities already planned. The Resource mobilization committee is working on designing a website for the National Society. The DMMP is not yet fully operationalized because partners felt it was not clear how it could be implemented.

BSRCS capacity in planning, tracking performance, and reporting needs to be strengthened for improved accountability

Finally, volunteer turn over and lack of motivation needs to be addressed to attract and retain more volunteers.

Principles and Values

Outcomes

- **Promotion of Fundamental Principles and Humanitarian Values**

Outcome 1: Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity).

Outcome 2: Target population internalises Fundamental Principles and Humanitarian Values leading to behavioural change.

- **Operationalization of Fundamental Principles and Humanitarian Values**

Outcome: The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all programmes and activities.

- **Prevention of Sexual and Gender Based Violence**

Outcome: BSRCS has mainstreamed gender issues in all its programmes.

Achievements

BSRCS and the ICRC have agreed to work on eighteen (18) projects including dissemination of IHL and Fundamental Principles, Tracing, and Emergency Preparedness as well as Response/Safer Access. The expected outcome of this component is knowledge, understanding and application of Fundamental Principles and Humanitarian Values enhanced at all levels of the organization (including non-discrimination, non-violence, tolerance and respect for diversity). The second expected outcome is that the targeted population internalises the Fundamental Principles and Humanitarian values resulting in behavioural change.

Main expected achievements include information dissemination, increased visibility of the NS, ensured quality services to the public and strengthened office administration to enable the NS to efficiently address humanitarian challenges. Radio programmes remained active throughout the year because a subscription fee was well serviced. Through this programme, BSRCS is able to reach a listenership audience of an estimated 500,000 people annually.

Dissemination of IHL and Principles and Values conducted through organized workshops and public performances by youth drama groups were accomplished, and approximately 1,000 people were reached during the International Trade Fair. 50 Head Teachers (ten from each division) were sensitized in order to create awareness of School Principals on IHL and the Red Cross Movement and introduce schools to the Red Cross Movement.

Trained schools principals then disseminated IHL and PV to twenty-six (26) schools. Key messages transmitted during the workshop included promoting 2011 as the year of Volunteerism under the theme, 'find the volunteer inside you', and how best to assist during disasters using the Red Cross Principles. Over 500 youth were reached through this project.

The visibility of the NS increased through awareness raising on the key role of the organization to private and public sectors and through newsletters distributed.

Constraints or Challenges

Publication of the newsletter was only published and distributed during the second quarter. Activities such as dissemination to Parliamentarians and Senators failed to take place due to postponement to a later date by Parliament, which was later not confirmed.

Many communities have mixed perceptions about the role and function of the National Society, and in 2012, the information unit has planned to vigorously disseminate to communities on the role of the

Movement to create increased awareness of the role of the Society. Withdrawal of some of the activities due to funds and other technical circumstances made it difficult to promote the auxiliary status of Red Cross.

Working in partnership

BSRCS is a member of the Coordinating Assembly of non-Governmental Organizations in childcare, HIV, food security and gender consortia. These consortia play a critical role in collective bargaining. BSRCS, as commissioned provides disaster management services to government – though no cost recovery is in place on the part of the NS.

The Food and Agricultural Organization provides agricultural inputs and funding for food security projects in Swaziland. BSRCS has applied to the Government for a change in line ministry management to be included under the Deputy Prime Minister's Ministry with one national MOU. Other ministries of potential interest include health (CBHFA and Clinics) education (DRR in schools), foreign affairs (Geneva Conventions and their Additional protocols), Ministry of Tinkhundla and Regional Development (Branch Development and welfare services), Justice (custodians of Baphalali Swaziland Red Cross Society Act), Works and Transport (First Aid), Agriculture (Food), Sports and Youth Affairs (Youth Programme) and Urban Development (urban disasters and HIV-AMICAAL). BSRCS would have operational MoUs with the other relevant ministries on a particular service (assuming project style type of management). This arrangement would ensure consistent checks and balances are in place, and that the NS would stop subsidizing activities government should have fully supported financially, technically and otherwise.

Contributing to longer-term impact

The water harvesting and irrigation material which was distributed has led to an increase in crop production, thus reducing the lengths of food shortages. Introducing a diversity of crops and vegetables also encourages farmers to continue production throughout the year and plays a major role in diversifying their production and promoting consumption of different kinds of food.

The indigenous chicken lay eggs that can be used as table eggs and they also incubate them to hatch as chicks, which has made eggs and chicken meat more readily available and accessible at household level.

Beneficiaries are receiving trainings from the volunteers who were trained by extension officers from the ministry of agriculture in food processing, preparation and storage. Partner visits to project sites to have firsthand information has been beneficial for lessons learned and knowledge sharing. The society facilitated an exchange visit where a major donor, Eli Lilly, and IFRC made a site visit to projects in Swaziland.

Finally, engaging government as BSRCS did in 2011, by making a formal application to government seeking support financially, technically, personnel, and in-kind support will also contribute to the long-term impact of the activities of the NS.

Looking ahead

Generally, the NS is in a deep financial crisis that has accumulated over the years. However, given the proposed change in the governing structure, financing of activities and the resumption of managing all activities in a project style will ensure that the NS recovers from its debts. There is no quick fix, but with support from partners, employees and the Board, it will happen.

The NS lacks capacity in performance management appraisal systems. The National Society has however, been able to identify a proper Performance Management system which will be introduced and used in 2012. This will help each staff member to monitor their own performance and for everyone to be fully committed in their work.

BSRCS also does not have the skills to develop a resource mobilization strategy and would be grateful to be afforded someone do it.

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.

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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.

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