

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

SOUTHERN AFRICA

5 July, 2002

This Programme Update is intended for reporting on Annual Appeals.

Appeal No. 01.16/2002

Appeal Target: CHF 15,818,226 (2002) and CHF 21,272,813 (2003)

Programme Update No. 1; Period covered: January - June 2002

"At a Glance"

Appeal coverage: 34.3%

Related Appeals: Emergency Appeal 12/02, Southern Africa: Food Insecurity

Outstanding needs: CHF 10,387,990

Summary/Update: Funding for regional activities continues to be a concern for all programme managers. Support for the emergency needs related to the food situation within the region is of critical importance, and the next quarter will be extremely challenging. The regional office remains committed to making a contribution to addressing these complex and widespread needs. A strong Federation presence within the region remains imperative to address not only the emergency needs but the contributing factors including HIV/AIDS, TB, and the need for good water and sanitation. Cross cutting all these interventions, sustainability will depend on having strong and well functioning national societies.

Operational Developments

The region has been dominated by three humanitarian developments during the reporting period. First, a collapsing economy and problems of violence and intimidation in the run up to the Presidential elections created a complex situation in Zimbabwe where access to vulnerable people remained a challenge even after the elections because of ongoing political tensions. Food shortages in particular are acute because of government's land redistribution policies and because of climatic extremes. Secondly, in Angola, the death of UNITA leader, Jonas Savimbi, gave rise to the hope that there may finally be the possibility of a negotiated peace in this war torn country. Lastly, increasing food shortages in several countries, including Malawi, Lesotho, Mozambique, Zambia and Zimbabwe gave rise to appeals to the international community in a number of the countries because of the need to import food, already in short supply in the region and complicated by logistics bottlenecks.

On May 2nd, the Federation launched an appeal to assist 450,000 beneficiaries in Malawi, Zambia and Zimbabwe for a period of 12 months. The appeal is based on an assessment carried out by teams composed of Geneva staff, national society staff and regional office staff. A separate appeal for Mozambique has been prepared and an assessment is currently ongoing in Lesotho to establish the food security situation. The food insecurity situation in the region is complex and has multi-faceted roots such as floods and dry spells, inadequate harvests for two years, poor economic performance, government policies, the role of parastatals controlling the sale, purchase and import of grain, foreign currency shortages and socio-economic and humanitarian consequences of the HIV/AIDS pandemic. The appeal seeks to capture this multifaceted nature

of the food insecurity situation by integrating relief (supplementary feeding), health, agriculture, water and sanitation as well as capacity building.

The toll of the HIV/AIDS pandemic continued to occupy the attention of decision makers in the region. The debate in South Africa was particularly contentious with policy differences between the central and certain provincial governments over access to drugs that reduce transmission between mother and child. Otherwise, affordable drugs remain beyond the reach of people in southern Africa.

The flood season passed without major occurrences, though some localised communities suffered in Malawi particularly. The incidence of cholera remained high and spread further south along the South African coast.

The political situation in Zimbabwe was a preoccupation for the SADC with various attempts made to ameliorate the rising tensions and help to set the ground for a free and fair election. Most SADC and other African observers gave a positive assessment of the fairness of the electoral process. The Europeans and Americans first imposed targeted sanctions against President Mugabe and senior members of his government and, later, refused to acknowledge the legitimacy of the electoral process. The decision of the British Commonwealth (led by the heads of government of Australia, Nigeria and South Africa) to suspend Zimbabwe's membership of the Council of the Commonwealth dealt a blow to the credibility of the election and the way in which it was conducted. While African nations retain support for the integrity of one of their members, there has been an attempt to address the tension between what may be regarded as acceptable behaviour in an African democratic setting and the standards demanded by Western nations.

Under the leadership of South African President Mbeki, the New Partnership for African Development (NEPAD) has been launched as a means to achieve sustainable development and growth by attracting significantly greater foreign aid and investment through building confidence in good governance among African states.

As the second largest economy in southern Africa, Zimbabwe has destabilised the economy of the region. The Rand fell another 10% during the first quarter, frightening away much needed foreign investment but regained its lost ground in the second quarter. South Africa continues to prop up the Zimbabwean economy, for example with the provision of electricity. Though gold prices have made good recovery since the 11 September event, other minerals have not been so fortunate. A major blow to the economy of Zambia was the decision of Anglo American to pull out of their recent acquisition and efforts to bring back production in the copper mines formerly owned and managed by the government.

The regional office has the responsibility to monitor the humanitarian situation in southern Africa and to co-ordinate and assist national societies in building the capacity necessary to respond to those situations calling for a Red Cross intervention. The situation in Zimbabwe has occupied the attention of all three components of the Movement with weekly meetings and efforts made to address the situation of threatened violence, serious food shortages and possible population movements across the borders into surrounding countries. Ongoing regional programme implementation has continued against this background and slowed some activities.

The Mozambique country delegation started to report through the regional office in Harare at the beginning of the year. This will strengthen co-ordination of activities within the region and provide more cost efficient technical resources, though extra demands means that the limited resources available at the regional office must now be shared with ten national societies. During the same period, the regional office started to report to the Regional Finance Unit in Nairobi and not to Geneva secretariat. This organisational change should lead to more efficiency and to more responsive and timely service.

Disaster Preparedness and Disaster Response

The main challenge for the DP/DR department during the reporting period has been the looming food shortage crisis throughout the region. Malawi, Zambia and Zimbabwe are facing critical food shortages due to the large deficits in the production of maize which is the staple food in the region. An assessment team comprising Geneva staff, regional office staff as well as national society staff carried out assessments in the three countries mentioned above, and an appeal was launched as a result of the findings. The appeal seeks CHF 6,803,000 to

assist 450,000 beneficiaries in the three countries for 12 months. Other countries in the region, such as Lesotho, Mozambique and Swaziland also face severe food shortages caused by a severe dry-spell affecting the whole region. The DP/DR department is in consultation with the Mozambique and Lesotho Red Cross societies involving an assessment team for Lesotho and the launching of an appeal for Mozambique.

Seeking funds for the food insecurity situation in the region is given high priority at the Federation. Various options are being pursued to obtain funding including from non-traditional sources. Several PNSs have shown interest in supporting the appeal. However, raising funds for a slow-onset disaster can prove difficult and has been experienced before with a previous drought situation in the region.

The Federation is also looking at ways and means to complement the appeal with more immediate assistance. Together with the American Red Cross Society, a concept paper has been prepared for the American government for 150,000 MT of food aid over a period of eighteen months. This would be used for general distribution in consultation with other international agencies.

Likewise, the Federation and the British Red Cross Society have drafted a proposal to DFID for a health and nutrition programme in Zimbabwe targeting 100,000 people infected and affected by HIV/AIDS through the Zimbabwe Red Cross home based care programme.

Within the DP/DR department, the food crisis situation in the region has been given top priority and other planned activities have had to be rescheduled as priorities changed. There can be no doubt that the situation in the region will escalate into a humanitarian disaster if the international community does not respond immediately. However, the medium and longer term needs must also be addressed in order to avoid a similar future situation.

Objective 1: Improved national society capacity to advocate with government for social protection programmes that proactively assist vulnerable communities in the aftermath of disasters to recover from shocks.

Sensitisation and consultations are underway with the national societies in the region. The countries visited so far are Swaziland, South Africa and Zimbabwe. These consultations are the initial steps towards the development of structured national society level advocacy action plans. The plans will detail how the national societies will advocate on behalf of the vulnerable groups in terms of access to social protection programmes designed to cushion them from adverse effects of disasters. National societies are being urged to enter into dialogue with their respective governments and to raise advocacy issues in all relevant fora.

Objective 2: Improve national society and regional capacity as well to prepare and respond to disasters and to develop and use community based early warning systems.

The DP/DR department has undertaken a questionnaire survey of national society capacity to prepare and respond to emergencies. This survey highlighted weaknesses, strengths, areas needing attention and capacity building. Following this exercise, technical support visits to all national societies have been organised to decide on priority needs of the national societies and the support required and development plans have been agreed with each national society. This approach allows for tailor made capacity building of each national society as needs and capacities vary from society to society.

The situation monitoring system introduced by the DP/DR department to monitor and track potential hazards and disasters threatening the region is being maintained. Regular updates are fed to the DMIS in Geneva and is also shared with the regional office staff and other partners. The reports are posted on the regional web site for access by all national societies in the region.

The DP/DR department also receives regular reports from various disaster monitoring institutions such as IRIN, FEWSNET, RELIEFNET and from other partners. The concept of community based early warning systems is not well understood within the national societies hence regional training on community based early warning systems is planned for later in the year.

Objective 3: Improved state of readiness at regional level through establishment and development of Regional Disaster Response Teams (RDRT) as well as emergency stocks for 5,000 people by 2002.

A working document to develop benchmarks for ideal disaster response in the region was drafted and discussed with regional staff. This served to inform regional staff on the ideal procedures to follow when a disaster strikes and will be shared with all national societies. At the regional office, meetings were held regularly to ensure a state of readiness to respond to any disasters and a standby rota was instituted.

Within the national societies, regional disaster response trained team members were requested to respond to any emergencies by undertaking assessments within their countries in consultation with the regional office. RDRT members participated in the regional fact-finding food assessment mission in April. The teams were comprised of Geneva staff, regional office staff and RDRT members. RDRT teams conducted emergency assessments following reports of cholera outbreaks in Malawi, Zambia and Zimbabwe of which the regional office assisted technically and financially. Malawi also undertook a food security assessment in one district before sending an alert to the regional office. For the cholera outbreaks in Malawi and Zambia, emergency stocks of volunteer kits were dispatched to both countries.

Review of the current regional disaster response team members and updating of the database is done on an on-going basis. In addition, in an effort to further strengthen the regional capacity, five RDRT members from the region were selected for the FACT training in Addis Ababa, Ethiopia in February 2002. The regional disaster response officer also attended the Emergency Response Unit (ERU) team leader workshop held in France from 26-31 May.

Recently, the DP/DR department assisted Zimbabwe Red Cross to respond to the Masvingo Bus Disaster which claimed 37 lives of teacher training students on 9 June 2002. Zimcross requested for assistance in the form of blankets to donate to Masvingo General Hospital to assist the victims of the disaster as the hospital had run out of blankets. The department sent two bales of blankets (60) from DP stocks to Zimcross for dispatch to the provincial office in Masvingo.

Objective 4: Improved household food security through sustainable food security programmes in Botswana, Lesotho, Swaziland and Zambia.

To improve the food security situation in the region, a proposal for a pilot programme in Swaziland has been approved and modalities for the implementation of the programme have been worked out.

The programme will benefit 455 households for a four year period. The programme components are increased agricultural output through water harvesting, training, use of fertilizers and the production of cash crops. The programme also ensure food security for people living with HIV/AIDS.

Technical support visits to Swaziland are done on a regular basis from regional office. The programme is funded through a transfer system and considerable financial management responsibilities are placed on the national societies. This should be regarded as an opportunity to develop the capacity of the society to financially manage programmes. The regional office will provide both technical and financial management support. The regional finance and development delegate has been to Swaziland to ensure that the relevant staff will be able to meet the needs of the transfer system. Operations on the ground have taken off towards the end of the reporting period and it has been reported that there is considerable enthusiasm from the communities that have already started some initial activities. Lessons learned from the food security pilot programme will be applied and the programme copied to other countries in the region.

After the approval and funding of the Swaziland food security pilot project by the Finnish Red Cross, the national society has started to implement project activities. To support the programme manager, a task force team at the regional office has been established to monitor the programme and review programme and provide technical and financial management support.

Objective 5: Increased provision of adequate assistance to vulnerable communities and affected households through the utilization of SPHERE standards by end of 2002.

Current ongoing DP/DR meetings with the national societies are serving to sensitise their understanding of SPHERE minimum standards which are vital for the humanitarian assistance to ensure adequacy of relief packages. SPHERE training workshops are planned for in the third quarter after the consultation to identify needs of national societies have been completed. In addition, the DP/DR department will explore every opportunity to promote these standards through training and workshops conducted by other departments.

Objective 6: Vulnerability capacity assessment to be done for Lesotho, Malawi and Namibia to improve capacity of the national societies.

Sensitisation of the relevant national societies have been taking place and activities relevant to achievement of this objective are planned for the next quarter.

Objective 7: Improved national society and regional office response to on-going refugee operations in Zambia, Namibia and Malawi, as well as other refugee situations that may emerge in the region.

Technical support continues to be provided to ongoing refugee operations in Zambia, Malawi and Botswana. The Namibia Red Cross concluded their agreement with UNHCR for support in Osire refugee camp as of December 31st, 2001. In the process of administering refugee operations, the Federation supports the development and improvement of the management and administrative capacities of the relevant national society.

During the reporting period, the possibility of a population movement from Zimbabwe due to political violence and increased social tensions leading up to the presidential elections which were held in March 2002. A population movement contingency planning workshop was held in Botswana in February 2002 and was attended by the five national societies sharing borders with Zimbabwe (Botswana, Malawi, Mozambique, South Africa, Zambia and Zimbabwe itself). Representatives from ICRC in Pretoria and Harare also participated. The six national societies developed their contingency plans based on their capacities which were approved by their Secretaries General. Although Malawi does not share borders with Zimbabwe, it has a large population of Malawian citizens living and working in Zimbabwe.

Following the workshop, national society trained volunteers and action teams were trained in various aspects of disaster management including first aid, reception and registration of refugees with financial support from the regional office. Action teams were put on alert and were on standby to respond to any influx of people into the respective countries. The national societies also collaborated with government departments and other agencies such as the UNHCR in their countries.

Objective 8: Improved mines awareness by communities in Angola, as well as adequate preparation through special brigades for emergency situations.

The mines awareness education programme aims to reduce the number of victims of mine accidents through training of volunteers, community leader and teachers who function as instructors in the communities, raising awareness of the danger of unexploded objects.

However, most of the objectives planned for the reporting period have not been carried out due to lack of funding which affects all activities. The instructors face enormous difficulties due to the lack of bicycles and megaphones as well as information material such as poster and T-shirts. Supervision and assistance was not carried out in all project areas due to the financial constraints.

The funding crisis makes it difficult to carry out planned activities and the vulnerable communities consequently suffer. There is still a big need for raising mines awareness in a country badly affected by war. The peace process has brought a new optimism with it and it is hoped that donor societies will assist the ARC implement its programmes. The needs for assistance in Angola are still enormous.

Objective 9: Improved capacity of national societies to set-up appropriate logistical arrangements during preparations and responses to disasters.

Logistical support to the national societies was provided throughout the reporting period. Support was given to Zambia delegation and Zambia Red Cross in connection with the cholera outbreaks. Cholera kits were dispatched from the regional disaster preparedness warehouse in order to respond to the situation.

Harare regional logistics department assisted the Federation delegation in Mozambique as well as Mozambique Red Cross in establishing a logistics structure in order to respond to the recurring disasters in the country. Following discussion a field trip and discussion with Mozambique Red Cross logistics co-ordinator, it was agreed that the whole logistical set-up needs to be upgraded and that national society staff need to be trained

and advocate on logistics. In addition, a computerised database needs to be implemented to control fleet registration and fuel usage. The future logistics delegates should assist the national society to establish its own logistics system, rules and regulations for all sections using Federation modules (procurement, warehousing, transport and telecommunication). Urgent training must be organised with the responsible officers at head quarter level to begin with and later to be followed with training of provincial and branch staff.

The Federation delegation in Mozambique was assisted to identify problems and constraints concerning transport and warehousing management. There have been many cases where standard rules and regulations have not been implemented during the 2000 and 2001 floods. Actions to remedy this situation were agreed upon in order to improve situation.

The logistics department was heavily involved in the preparation of the American Red Cross food distribution project proposal. If the proposal comes through, it has been estimated that 150'000 metric tonnes of food will arrive via Dar Es Salaam port for Malawi and Zambia and through Durban for Lesotho and Swaziland. A large part of the non-food costs of the proposed programme will be logistics and HR associated. Information related food prices, warehouse and transport costs have been provided during the preparation of proposal budget. The objective of the operation is to try to reach a total of 192,000 families (1,157,407 individual beneficiaries at six members per family) in four countries over eight months.

As part of preparation for future relief food distribution in the region and to support the national societies, the logistics department has created a database system with a local company. The system will facilitate real time management of stock in all regional and local warehouses and will maintain inventory levels of various goods at each location.

A similar system is being developed in Geneva via the Fritz Institute should cover all logistical aspects. The new system will store all relevant information about Federation, local and global suppliers, national societies, delegations, donors, carriers, hub warehouses, distribution centres, operational sites, users and security. As soon as the system is complete, it will be shared with the national societies in the region and if the national societies are happy with it, a similar system will be implemented for them.

Additionally, the logistics department responds to requests from PNS, national societies and regional delegates and assists with the tenders for the purchase and leasing of vehicles and other equipment.

DP/DR Programme Constraints:

The major challenge for the DP/DR department in this reporting period has been the programme activities which have had to be deferred as focus and priority have been on responding to the food crisis. Lack of guaranteed funding for the programme has limited the activities that can be undertaken and thus affects the achievement of objectives. This has been a major hindrance during the reporting period and the department has placed fundraising as a major priority to ensure smooth continuation of the programmes.

Co-operation with others

The work of the DP/DR department relies heavily on co-operation with others. Efforts are underway to strengthen co-ordination, collaboration and communication relationships with other relevant/related organizations both within governments and non-governmental organizations. With the current food security crisis, the department continues to participate in interagency food and coordination meetings in Harare, where more than 30 non-governmental agencies and the UN organisations share information developments and updates on their ongoing operations. In refugee programmes, close collaboration and good working relationships with UNHCR, ICRC and national societies are being maintained.

Health and Care

Regional HIV/AIDS Programme

At the Okapuka meeting in May 2000, the southern African national societies declared HIV/AIDS a disaster due to the high prevalence rates at approximately 25%. A follow-up meeting was held in Ouagadougou in September 2000 where the declaration was further strengthened and supported by all national societies and PNS.

To effect the scaling-up, a regional HIV/AIDS co-ordinator was recruited at the regional Federation office in early 2001 and HIV/AIDS co-ordinators were following recruited for the ten national societies. Baseline surveys were carried out and five-year country specific plans were drawn up. Home based care projects were initiated in Malawi, Swaziland and Zambia based on best practices and lessons learnt from Zimbabwe Red Cross. By the end of 2001, each national society had a clear vision of what they wanted to do in the area of HIV/AIDS.

The southern Africa region is disproportionately highly affected by the HIV/AIDS pandemic and the crisis continues to deepen as the humanitarian and socio-economic effects are beginning to be felt. The situation is made worse by the food shortage crisis leading to growing malnutrition levels and cases. HIV/AIDS patients are among the most vulnerable people in the region and proper nutrition is essential to their health and lives. With the continuously growing HIV/AIDS rates, an enormous number of children are being left parentless. Statistics confirm that there is over 12 million orphans. Grandparents are left to take care of their grandchildren, as the generation in between goes missing.

The reporting period has been dominated by the concern over the escalating food insecurity situation in the region. The HIV/AIDS department was involved in coming up with a proposal for food aid for people living with HIV/AIDS in Zimbabwe which was submitted to DFID. The proposal is expected to benefit 100,000 people living with HIV/AIDS and their immediate family members, including orphans, the elderly and disabled. The project will cover fifteen districts. The proposal seeks to complement the appeal which was launched on May 2nd by scaling-up food distribution to the HIV/AIDS affected and infected.

During the reporting period, other main activities include the launching of the global anti-stigma campaign in Maputo, the establishment of an additional home based care project in Zambia, training of 75 care facilitators in Malawi. Another four home based care projects were established in Zimbabwe and baseline surveys carried out in four districts. A workshop for all HIV/AIDS co-ordinators in the region was held in Maputo to train them in youth peer education techniques.

An evaluation of the HIV/AIDS programme in Zimbabwe and Mozambique was carried out from May 25th to June 6th with participation of a consultant from Geneva, regional office staff and the secretary general for Swaziland.

The SAPRCS scaling-up committee met several times to monitor programme implementation and to support the planning for the global launch of the anti-stigma campaign.

The overall goal of the HIV/AIDS programme is to reduce transmission rate and minimise the negative impact on those affected and infected by the disease.

The objective targets for the programme have been revised, as these were set unrealistically high. New targets for the objectives have been formulated to be achieved by end of 2005. The revised targets are: 60,000 PLWHA, 250,000 youths, 200 support groups, 250,000 orphans. In addition, Angola, Lesotho and Mozambique will focus on prevention whereas the rest will focus on home based care activities.

Objective 1: Knowledge, skills, attitudes, practices and behaviour of 250,000 youths on HIV/AIDS prevention improved within the communities of the ten national societies.

In the southern Africa region, prevention activities have been on the weaker side compared to care and support interventions. However, during this reporting period, a number of steps have been taken to strengthen the prevention activities. As a strategy the region will focus on Youth Peer Education. In order to standardise the regional approach for youth peer education programmes, a workshop for all ten HIV/AIDS co-ordinators was held in Maputo, Mozambique. The HIV/AIDS co-ordinators are now expected to conduct training for peer educators in their respective countries.

In Malawi, 12 instructor trainers for youth peer education were trained. Zambia Red Cross Society has one Youth Peer Education project in Lusaka reaching 100 youths every month.

Botswana Red Cross has 24 trained peer educators in Kanye District and continue to reach hundreds of in-school youths. The programme has reached 15 schools, a total of 460 young people aged between 11–15 years. Plans are underway to expand the youth peer education project to the Southern Region of the country.

South Africa Red Cross society has planned to train 17 young people in Youth Peer Education in the coming months.

Namibia Red Cross continues to reach thousands of youths with the Puppet Power Team. This quarter a total of about 26,000 youths were reached. The society plans to train more youths in the Puppet Power Team programme with a view to decentralising the programme. This approach will enable the society to reach even more youths.

Mozambique Red Cross has two youth peer education projects with 44 trained peer educators reaching approximately 200 youth per quarter. A KAP study was conducted in four districts where the Hiv/Aids Youth Peer Education Programme will be established in the next quarter.

Angola Red Cross Society continues to focus on the four youth peer education projects. Plans are underway to expand the programme to other districts with the new developments in the country. The Spanish Red Cross is supporting HIV/AIDS work in 3 districts.

A total of 100,000 condoms were distributed this quarter in the ten countries.

Swaziland Red cross has conducted a KAP study among the prisoners whom the Society intend to work with in HIV/AIDS awareness campaigns. The results of the study will soon be ready.

Objective 2: Improved quality of life and condition of 60,000 people living with HIV/AIDS within the seven countries of Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe as well as their families and the communities through the use of home based care strategy.

Malawi Red Cross held a training for 75 care facilitators in Lilongwe, Zomba and Mchinji. The care facilitators are expected to go into the community to conduct needs assessments. Malawi Red Cross has a total of four home based care projects. Each care facilitator is expected to take 10 to 15 clients.

Zambia Red Cross Society managed to establish one more home based care project in Kapiri Mposhi. Twenty care facilitators were trained and the project was launched on May 4th, 2002. Currently the project is caring for 100 clients. Zambia now has a total of three home based care projects looking after 1180 PLHWA.

Zimbabwe Red Cross Society established four new home based care projects and baseline surveys were carried out in four other districts. It is expected that by the end of 3rd quarter, eight new home based care projects will have been established to bring the total number of home based care projects up to 22. The total number of clients being cared for is approximately 15 000.

Namibia Red Cross has 300 clients under its home based care project.

South Africa Red Cross continues to reach 500 clients under its 8 home based care projects as well as supporting 450 orphans.

One Home Based Care project was established in Mozambique and 28 care facilitators have been trained.

Swaziland Red Cross society has 171 trained care facilitators in Singombeni and Silele home based care projects taking care of approximately 700 clients.

The total number of people who benefited from the home based care projects in the reporting period was approximately 90,000 people.

Objective 3: Establishment of 200 support groups for people living with HIV/AIDS within the seven countries in Objective 2.

By the end of the reporting period, a total of about 83 support groups have been established throughout the region. Each support group has an average number of 30 clients. The support groups are engaged in income generating activities such as making soap, sewing and selling in kiosks. The majority of the support group members will be home based care patients.

Objective 4: PLWHA advocated for in order to improve their socio-economic status through increased social and legal status within the ten National Societies.

In May, the region launched the global anti-stigma campaign in Maputo. Each national society formulated strategies on how to deal with stigma and discrimination against PLWHA. Some of the activities were to raise awareness in communities on the issues of stigma and to promote acceptance of PLWHA in communities through the media and at workplaces.

Objective 5: Increased capacity of the ten national societies in the management of the programmes at provincial and district level in programme formulation, design, implementation and monitoring.

In conjunction with the branch development officer, some branches in the national societies where HIV/AIDS projects are being carried out were strengthened using the branch development manual. The training was held for governance members in Zambia, Swaziland, Botswana and Malawi.

Objective 6: Community Based and support for 1 million OVCs in ten countries promoted and advocated for by the end of year 2003.

Lesotho Red Cross continues to champion the care and support to orphans. Approximately 100 orphans are being supported in with school fees and clothes. The First Lady for Lesotho donated a large amount of money towards the support of the orphans. The local business houses also supplied blankets to the orphans. South Africa Red Cross cared for about 450 OVCs and Zimbabwe Red Cross take care of about 1000 OVCs. A needs assessment was conducted in order to start the memory box/book for children and their parents. Jennifer Inger from Geneva and Jonathan Morgan from Cape Town University assisted in coming up with the frame work for the project.

Objective 7: Food security integrated into home based care projects in Malawi, Mozambique, Swaziland, Zambia and Zimbabwe.

All clients under the home based care projects received food packages during the reporting period. The situation however is worsened by the drought in the region which has led to critical food shortages. The region has submitted a proposal to DFID to solicit food for the PLWHA in Zimbabwe.

Objective 8: HIV/AIDS Policy for staff and Volunteers advocated for within the National Societies and the Federation.

In the reporting period, Lesotho, Namibia, Zimbabwe and Swaziland Red Cross managed to complete HIV/AIDS policies at work places. The Federation continues to hold monthly staff sensitisation meetings on HIV/AIDS. The National Societies that have not yet submitted their policies are expected to do so by the end of the second quarter.

Objective 9: VCT promoted within communities with special emphasis on youth 10-24 of age so that an additional 200,000 people are tested for HIV/AIDS by the end of year 2003 in Botswana, Malawi, Swaziland and Zimbabwe.

The national societies were engaged in counselling, mobilising and educating people in communities to go for testing. Red Cross will strengthen partnerships with other organisations involved in testing.

Constraints

Funding has not been adequate to carry out planned activities. Most of the cash requests from the national societies were not honoured. There was also delays in sending return for work advances as well as failure by some national societies to do the returns correctly.

Co-operation

The regional office works closely with people living with HIV/AIDS. Linde Francis, Director of the organisation known as The Centre, went to Botswana to sensitise the Society on the need to work with the networks for PLWHA. At the regional office, a strategy to link a staff from The Center to the Federation

HIV/AIDS department was initiated and the purpose of this is to ensure that staff at Federation are sensitised on positive living skills. It is hoped that all staff will be sensitised by the end of July. The other countries that will be reached are: Zimbabwe, Namibia, Lesotho, Zambia and Swaziland.

The HIV/AIDS department established links with other AIDS service organisations. Meetings were held with Zimbabwe network for PLWHA, ACTIONAID, CDC, UNAIDS, SAFAIDS, UNICEF, NATIONAL AIDS Council, The Center, Zimbabwe University and ZAPSO-Zimbabwe Aids Programme Support Organization. To enhance integration of programmes within the regional office, discussions and joint planning of activities were initiated with Health, DP/DR, Watsan and the OD departments.

The Regional AIDS network (SARAN) was further strengthened by developing additional terms of references. It was agreed that the network should be composed of the HIV/AIDS co-ordinators and other service organisations such as UNICEF, UNAIDS and others. A replication of the same network should also be established at national level in each country. The purpose of the network is to support the implementation of HIV/AIDS programmes and activities.

Regional Health Programme (RHP)

The regional health programme is in its third phase running from 2001 - 2003. The objective of the programme is to improve the public health situation of the most vulnerable people in the region through the implementation of ARCHI 2010 and the Ouagadougou declaration.

The 1999 evaluation of the regional health programme (RHP) highlighted both weakness and strengths. One weakness was the limited lack of ownership and little involvement of national societies in the development of the RHP. The current phase has made sure to take these components into consideration and given priority to these. Through consultative annual health planning meetings, the RHP addresses the needs of the national societies in order to create ownership and tailored support to the societies in the region. The formation of a regional health task force has played an important role in allowing the national societies to determine the functions and operational procedures of the RHP. The task force is an intermediate body between the RHP and national society health programmes and monitors progress of both the national societies and of the RHP.

Unfortunately, the RHP struggles to implement its planned activities as funding is very limited and by end of May 2002, the programme had a 7,4% coverage only, making it close to impossible to carry out planned activities. The funding crisis is being partly addressed by providing stronger links to HIV/AIDS and watsan.

During the reporting period, the RHP managed to run a Community Based First Aid (CBFA) training of trainers and curriculum development workshop. The objective of the workshop was to train trainers in CBFA and for them to contribute to the development of CBFA projects throughout the region. It is expected that the outcome of the workshop will help to formulate different possible strategies for the effective implementation of the Federation First Aid policy adopted by the General Assembly and the effective utilization of the already developed tools and guidelines. The workshop is furthermore expected to enhance the capacity of the national societies and to improve the quality of the first aid programmes in the region within the context of ARCHI 2010.

During the reporting period, all national societies were given support and encouragement to enter the process to apply for assistance from the global fund for HIV/AIDS and malaria. Three national societies (Swaziland, Zambia, Zimbabwe) may have had success in the first round. The process of releasing the funds has been very slow and no feedback has been given yet. The national societies are following the process closely.

The reporting period saw the deterioration of the food security situation in the region and the regional health officer was employed to participate in assessment mission carried out in Lesotho, Malawi, Zambia and Zimbabwe. The RHP is very concerned about the rising levels of malnutrition caused by the food shortage crisis. The region already suffers from a poor general health standard and the current food crisis only adds to the vulnerability of the already vulnerable, especially the people living with HIV/AIDS. TB has reemerged at alarming levels due to the deteriorating health standards. In addition, the region is affected by cholera and malaria outbreaks and with growing poverty it is difficult for the poor to access even the most basic medication for treatment of common diseases.

The need for community based primary health care in the region is as big as ever before to address the deteriorating health standards and assist those already vulnerable to cope during the present crisis situation. The national societies need all the support they can get from the RHP to address priority health needs and implement basic health care programmes.

Objective 1: Support the national societies in Malawi, Mozambique, South Africa, Swaziland, Zambia and Zimbabwe to develop focused commercial and community based first aid programmes in line with ARCHI by end of year 2003.

The long-term aim of this strategy is to focus on priority health problems and demonstrate effectiveness and impact of interventions, ensure quality of services and to build up capacity through partnerships.

To contribute to the development of strong community based first aid (CBFA) programmes in the region, the regional health programme organised a regional CBFA training of trainers workshop in June. A total of sixteen participants from nine national societies participated in the training. The objective of the workshop was to train CBFA trainers who will be able to contribute to the development of CBFA programmes in the region as well as to produce a CBFA curriculum for training of trainers and CBFA volunteers in the national societies.

CBFA encompasses traditional first aid practice and extends into dealing with common health emergencies and conditions, accident prevention, general hygiene and is an adaptable and affordable method and is life saving to vulnerable people. The methodology is to provide first aid training to people based on their felt priority needs. It empowers volunteers and communities to reduce their vulnerability by identifying and addressing potential hazards through mobilising locally available resources. It addresses behaviour change to prevent diseases such as hygiene promotion, HIV/AIDS prevention, care and advocacy, sanitation issues, safe water, vector control as well as disaster preparedness and response. CBFA cuts across all programmes and the integration of first aid with other regional programmes will make it possible to cascade the skills down to community level and utilise the skills gained by volunteers to have an impact on the lives of the vulnerable communities.

Objective 2: Strengthen community based health care programmes and encourage the integration of watsan and HIV/AIDS activities to promote health behaviour in the vulnerable communities in the six national societies listed in Objective 1.

The regional health programme assists the national societies in responding to public health problems, such as cholera, diarrhea, malaria, acute respiratory diseases and vaccine preventable diseases. There is a strong link between the CBFA and the community based health care projects. The recent regional CBFA ToT workshop was geared towards enabling the national societies to focus on appropriate interventions to public health problems. If the national societies are able to access global funds it will facilitate the development of more community based health programmes for malaria and TB.

During the reporting period, the health programme had several meetings with the watsan department and the HIV/AIDS department to discuss the issue of integration and have agreed on the development of a joint integrated proposal covering all three components to be implemented as a model that can be replicated later. A good example of integrated programmes are the cross border watsan project in Zimbabwe and Mozambique. The programme integrates all the components of watsan, health, HIV/AIDS, DP/DR and OD.

Objective 3: Support two national societies in the strengthening/designing blood donor recruitment programmes by end of 2003.

The regional health programme has initiated communications with the South Africa national blood donors recruitment programme to identify training opportunities for national society staff involved in blood donor recruitment programmes. National societies expected to benefit are Lesotho, Malawi and Swaziland.

Objective 4: Strengthen the capacity of the six national societies in the provision of training in psychological support so that expert counselling and support can be given to care givers and vulnerable communities by end of 2003.

The objective of psychological support has been integrated into CBFA training as a comprehensive package for dealing with community health problems and will not stand alone in future reports.

Objective 5: Technical support provided in monitoring and evaluation of health services provided in refugee operations.

The regional health programme continues to offer and provide support on an ongoing basis to the refugee operations in the region as their assistance is requested.

In the Osire Camp in Zambia, the general health situation remained stable and no outbreaks were reported during the period. Training for peer educators was carried out during the reporting period to equip the refugee staff with techniques to carry out their tasks in the field of reproductive health. Vaccines have been obtained and immunization is now ongoing.

Safe water was supplied at 15.7 liter per person per day. Provision and promotion of adequate use of sanitation facilities was done. Proper hygiene practices by the beneficiaries continued to be promoted through meetings and sensitization campaigns.

A Federation supported programme co-ordinator and finance and admin. delegate are based in Zambia to support the operation.

Objective 6: Increase the health capacity in the national societies to prevent and respond to epidemics both in their own respective countries and in the case of regional emergency interventions.

The regional health programme and the DP/DR department provided financial assistance to Malawi, Zambia and Zimbabwe Red Cross societies to carry out cholera assessments when outbreaks were reported in the first quarter of the year. Cholera volunteer kits were sent to Malawi and Zambia. Regional support to cholera outbreaks is very limited due to the poor funding situation of the regional health programme. Hopefully, the finalising of the cholera strategy will address some of these funding problems.

Objective 7: Reduce transmission rate of most communicable diseases through appropriate health care at Angola Red Cross health posts with strong community participation to increase and strengthen the relationship of the Red Cross branches with target communities.

Despite the limited funding, some activities were carried out to reduce the transmission rate of communicable diseases through the provision of curative and preventative health care at the ten health posts located in the provinces of Benguela, Kuanza Sul, Kuanza Norte and Luanda.

HIV/AIDS activities have been integrated into the health programme, which has now been renamed the Health and HIV/AIDS programme.

Implementation of planned activities have been seriously hindered due to the absence of any funding being made available through the Federation for this year. Following the peace agreement and the partnership meeting in April, there is hope that more donors will support the ARC programmes and enable the society to respond to the enormous humanitarian needs in the country.

Regional Health Programme Constraints:

As mentioned, the major constraint facing the RHP is the lack of funding which has seriously affected implementation of health activities since last year. Linkages are being strengthened with the HIV/AIDS and watsan departments as an effort to have a more integrated approach.

Some national societies in the region have not been active enough in building partnerships with donor organizations and in particular the ministries of health. This limits the national societies in accessing locally available funds.

Co-operation with others:

The RHP works closely with the other regional programmes, notably HIV/AIDS and watsan. Close relations are also enjoyed with other health partners such as the Ministry of Health, WHO/AFRO, UNICEF and UNFPA.

The health delegate has had several meetings with the WHO and UNICEF on the themes of global funds, measles and roll back malaria and to discuss the possibility of a joint venture during national immunization day. The meetings have enabled the RHP to provide proper information and support to the national societies to participate in the national immunization campaigns as well as how to access global funds for HIV/AIDS, malaria and TB.

Regional Water and Sanitation Programme

The regional water and sanitation programme is currently in phase 2 which was launched in January 2001. The objective of the programme is to provide funding, technical and programming support to long-term developmental water and sanitation projects in six countries in the region. For year 2002, the countries are Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. In addition to these, five sub-projects fall under the regional water and sanitation programmes funded by the Austrian and Netherlands Red Cross. Detailed separate reports are available from regional office on these sub-programmes. The Austrian funded successful watsan project in Masvingo/Zimbabwe is coming to an end in July 2002.

The reporting period has focused on the winding-up of 2001 activities for Malawi, Swaziland, Namibia and Mozambique, project reviews of Zimbabwe and Zambia projects with integration of the branch development department, continued support to the cholera related operation in Kwazulu Natal and the writing and submission of an integrated watsan/hiv project proposal for Zambia for donor funding.

The watsan department provided four regional disaster response trained water and sanitation members to participate in the fact-finding assessment missions in Malawi, Zambia and Zimbabwe in connection with the food insecurity situation throughout the region.

The bi-annual regional watsan review and planning meeting with participation of all watsan officers in the region takes place at the end of June. It is a forum for detailed exchange of information both formally and informally and an opportunity to revise plans for the next six months, update each other on watsan developments in and out of the region. The meeting also contributes to the building of team spirit and general Red Cross knowledge sharing.

The watsan department continues to strengthen cooperation and integration with the other regional programmes especially the regional health programme and the regional HIV/AIDS programme in the acknowledgment that an integrated approach will have the best impact of watsan activities in the communities.

Objective 1: Sustainable and appropriate watsan infrastructure established for a target of 325,000 people in accordance with SPHERE standards and national watsan society policies by end of 2003.

Due to financial constraints and delayed 2001 activities which were brought forward to 2002, it is still too early to report on any substantial implementation of the infrastructure activities (water points and latrines) planned for 2002. However, 2001 activities have now been rounded up and detailed plans of action for 2002 for the six countries are in place and implementation has begun. With funding available, the aim is to stick to the schedule laid out for 2002 activities.

Objective 2: Increase beneficiary participation in the design of watsan inventions including the promotion of health and hygiene interventions.

Beneficiaries participate in the design of some implemented hardware such as finishing off latrines and aprons to hand pump installed water points. The review visits, however, have revealed that a technically skilled person is needed for monitoring the quality of work carried out by the volunteering beneficiaries. The need to close some gaps in the hygiene promotion part of the programmes has been discovered and has been discussed with the responsible national society watsan officers. Where programmes and the capacity of national societies allow, the introduction of the PHAST method, a community based hygiene promotion method, has become a useful approach to health/ hygiene/water related issues and resulting activities. So far, the PHAST method has been applied in Zimbabwe and Swaziland. Mozambique and Lesotho will follow in the third quarter.

Objective 3: Enhance beneficiary sense of project ownership through the involvement of local Red Cross branches.

There is a strong sense of ownership at beneficiary and project implementation level. Disappointment has been felt at times due to poor communication between project staff and branch people who mainly work on a voluntary basis. How to improve this situation will be subject of discussion with the regional branch development officer. However, the project staff and volunteers involved in the project activities are those who keep the project momentum and carry it over difficult times (i.e. when funding is not coming through). General project ownership at national society headquarters is crucial and is determinant for donor relations when it

comes to financial reporting. A regional approach from and within the delegation will have to address this, here are some examples of this:

- The Zimbabwe Red Cross, through the Provincial Managers of Rushinga and Mudzi are supporting the project through the provision of bicycles to hygiene and health promoters thus easing workload and increasing coverage by the volunteers
- In Masvingo, no budget line for vehicle maintenance exists, but maintenance of the vehicle is from 10% administrative fees and money coming from the kiosks run by the branch.

Objective 4: Increased technical and programming capacity of the national societies to a level where dependency on support from the regional office is significantly reduced.

Proved by the quality of hardware outputs, all national societies with watsan programmes definitely have the technical and programming capacity to implement their programmes. The software aspect related to the formation of water committees and training for proper operation and maintenance is stronger though than the hygiene education part of it. Hopefully this situation will improve with the introduction of the PHAST method. Proper programming and reporting is followed up during field missions of the regional watsan team.

Objective 5: Increased capacity of national society based water and sanitation technicians to implement regional WatSan emergency interventions in the region. This will be achieved in cooperation with the organisational development and disaster preparedness regional programmes.

Four regional disaster response trained water and sanitation members under DP/DR participated in the FACT/RDRT food security assessment missions for Zimbabwe, Zambia, Malawi and Lesotho. In addition, one RDRT watsan member worked on the Mozambique food insecurity appeal. This was of mutual benefit as the experience upgraded their own skills in project planning methods and comprehensive emergency assessments.

The annual technical watsan training course will take place jointly with the East Africa watsan team in Kenya on the standardised mass water supply unit in July and contribute to upgrade WatSan technical skills for emergency operations.

Constraints:

Delays in financial reporting from some national societies to the regional office continue, even if the situation is often addressed and hoped to be solved within the near future.

Cooperation:

In all countries it applies that Red Cross water and sanitation projects are part of the individual countries' consultative water and sanitation forum and consequently integrated into a forum of continuous knowledge and information sharing forum.

Collaboration also exists at field level and links to government institutions such as Departments of Water Affairs and Ministries of Health are preconditions for initiating a Red Cross water and sanitation programme and these links are maintained throughout the running of the project.

UNHCR/Federation dialogue with regards to watsan needs in the Mporokoso refugee camp (Zambia) is ongoing and technical support is provided to the operation.

Regional Organisational Development

The Regional Organisational Development (OD) Programme started in 1997 as the Regional ID/RD Programme. The overall justification for the programme arises from the shortcomings in the implementation of technical programmes due to low capacity in areas such as financial reporting, programme management and overall management capacity. This in turn links into operational, management, and governance systems and structures. In southern Africa the major focus is on improving national society organisational capacity to enable the effective implementation of the Ouagadougou Declaration.

Eight national societies in the region now have strategic plans either in draft or completed form and most have reviewed their constitutions to ensure their continuing relevance. Four national societies have now completed Cooperation Assistance Strategies (CAS). All inputs from the OD Programme will be monitored to ensure consistency with the contents and direction of country and regional CAS. One tool being developed to facilitate this is the Memorandum of Cooperation (MOC), which clearly sets out expectations between the regional OD programme and the respective national societies.

Progress continues in branch development primarily through the regional HIV/AIDS programme, although all programmes are encouraged to ensure linkages between activities and local branch structures. Funds have been transferred to Swaziland and Zambia to support branch development during the quarter.

In the area of financial development, substantial work has been done in developing a standard Financial Information System for the region in collaboration with the regional Information Systems Management (ISM) programme. Overall, the demand for support in the area of financial development continues to grow in the region, but strategies are in place to cope with this.

One of the major OD activities this quarter was a mission to Botswana Red Cross to facilitate at an organisational analysis workshop, the output from which was a draft strategic plan. In addition, the OD delegate has visited Angola Red Cross for the partnership meeting in April, and made two follow up visits along with the finance development delegate.

Resource development continues to be viewed as a high priority area for support and it is finally expected that the area will receive the attention it deserves now that the regional OD programme is fully staffed. A regional workshop is being planned for later in the year to encourage regional experience sharing. Also during the quarter the OD delegate attended the Federation's OD Forum held in Geneva.

The food security situation in southern Africa is likely to lead to large scale interventions from both national societies and the Federation. This is going to present a great challenge to the regional OD programme as attention is diverted from development to relief. However, it is also an opportunity that can be exploited if handled properly. Nevertheless, these interventions are likely to lead to delays or disruption to planned activities.

Objective 1: Seven national societies in the region have reviewed and developed their constitutions, strategic plans, human resource systems, and project design and management to provide the foundations for a well-functioning national society

A plan of action has been prepared for each national society and sent to them for comment and approval. The plan is linked to a MOC to ensure a common understanding on the OD objectives and activities. Despite continuous follow up and assurances from the national society that the initiative is welcome, there has not been a much feedback to date. However, the idea will be pursued and implemented as it is in the best interests of both the Federation and national societies.

Botswana Red Cross produced a draft strategic plan during a Federation-facilitated workshop held in Gaborone in May. The workshop included staff and governance members from national and regional level. There are obvious challenges facing Botswana Red Cross and the first, as highlighted by the participants at the workshop, is to review and update the constitution of the society. The relationships between the different levels of the society are clearly strained, as are the relationships between paid staff and volunteer leadership. It is anticipated that a constitution review will help to reduce these tensions.

At Swaziland Red Cross, the Society has not yet approved the two reports produced by the human resource consultancy, "Strengthening the Human Resource Capacity" and "Performance Appraisal System". If implemented the Society will be restructured and there will be some staff changes.

Zambia Red Cross are continuing their change process and the Federation participated (along with many other interested parties) in a stakeholder workshop in March designed to define a direction for the Society. Key issues that arose during the workshop included volunteerism and constitutional matters. The workshop provided considerable input to support the consultants (KPMG) in producing the long-awaited recovery plan. This will map out the current situation in the national societies and set the strategic direction for the future of the Zambia Red Cross.

Lesotho Red Cross initiated a capacity building proposal that concentrated on several organisational areas including its strategic plan and constitution. A visit was made in April by the finance development delegate to follow up on this and agreement was reached on the areas that the Federation can support. However, to date the Lesotho Red Cross has not informed the Federation of progress made.

In Angola, the end of the country's long civil war has coincided with changing attitudes in the national societies. A partnership meeting was held in April to facilitate better donor relationships with Angola Red Cross. The outcome from the meeting was a demand that the national societies develop a plan of action to deal with its severe organisational problems. The Federation regional office and representatives from the Southern

Africa Partnership of Red Cross Societies (SAPRCS) have facilitated the production of a plan of action. It is now up to the Angolan Red Cross to commence implementation with the required support of its partners. The national societies need to address serious shortcoming in area of governance and financial management. Hence, it is expected that the national societies will require considerable support from the regional OD team.

Objective 2: national societies in the region have developed and strengthened branches, youth structures and volunteer management systems in accordance with Strategy 2010 and the Ouagadougou Declaration 2000 to mobilise the power of humanity through massively scaling up the response to the HIV/AIDS pandemic. Six national societies will achieve this objective by end 2002 and the other four national societies by end 2003.

Achievements in this area are primarily being made through other programmes and principally the regional HIV/AIDS programme. In Lesotho, the establishment of an orphan care project has been designed with links to local Red Cross branches. In Botswana, 24 out-of-school youths were recruited and trained to deliver HIV/AIDS peer education as part of the Botswana Red Cross HIV/AIDS programme.

For the remainder of 2002, branch development activities will only be carried out where a clear linkage can be shown with an existing or new service delivery programme. Encouraging the creation of branches without activities is not an objective, but if communities demand the establishment of a branch to meet a specified need the branch development manual and trained trainers are in place to facilitate this.

Plans of action and budgets were submitted by several national societies (Botswana, Zambia, Swaziland, Malawi, and Zimbabwe) and these were negotiated and agreed. As a result, funds were transferred to Zambia and Swaziland, whilst the others will receive funds shortly. However, the branch development training manual is already being used in national societies, for example in Zambia during recent training on the home-based care project.

In order to address volunteer management issues in the region, a questionnaire has been sent to all national societies to collect information that will be used to design interventions to support volunteer management development in the second half of 2002.

The emphasis on linkages between branch/volunteer development and project activities continue to be strengthened through the inclusion of relevant topics in the recent community based first aid workshop held in Harare. The regional OD programme was also represented in the water and sanitation, Mudzi project review with a special interest in the role of Zimbabwe Red Cross branch structures in implementing and managing the project.

Objective 3: Seven national societies in the region earn or source sufficient revenue to meet core costs and service delivery costs on a long term basis

Resource development continues to be viewed as a high priority area for support and it is finally expected that the area will receive the attention it deserves now that the regional OD programme is fully staffed. The finance development delegate attended a resource development workshop during the quarter and plans are in place to extend this learning to national societies. In the third quarter it is anticipated that several national societies will define resource development action plans with the support of the regional OD programme.

Objective 4: Improved financial management systems in seven national societies in the region support strategic and operational decision-making for effective service delivery and better partner relationships

There are two main constraints that hamper national societies in improving their financial management. First, some national societies do not have the human resource capacity to deliver effective financial management throughout the Society. Second, the systems in place to support the financial management work of finance and non-finance staff are inadequate.

During the quarter, several national societies have made positive steps forward in targeting both of these areas with support from the regional OD programme. Zimbabwe Red Cross has completed the prototyping of the regional finance software (Navision Attain) and expect to fully implement the system at headquarters and provincial level during July. The process will then be rolled out to Namibia and Swaziland. Other national societies will follow subject to negotiation and consistency with existing plans. Lessons will be shared with other regions via the regional web site to ensure maximum benefit is gained from this exercise.

The Red Cross Societies in Swaziland and Lesotho are expected to receive a professional finance volunteer through the regional partnership with Skill share International. Malawi Red Cross are continuing their discussions with Voluntary Services Overseas with the intention of also utilising a professional finance

volunteer. This is a medium-term initiative with the objective of building the human resource capacity for financial management within national societies.

The finance development delegate visited Lesotho at the end of April to meet with their new Finance Director. The new appointee is very capable of effectively performing in his new post, but the general problems still facing the national societies will make this task very difficult. For example there are no outgoing phone lines, which seriously hampers effective communication. In addition, the manual accounting system is hardly functioning with financial records poorly managed. It is expected considerable support will be needed from the professional finance volunteer when they arrive.

Swaziland Red Cross is also to benefit from piloting the use of cash transfers for their food security project. Procedures and expectations have been included in the food security project agreement, and the finance development delegate visited the national societies to assist in establishing effective systems to support the pilot.

Malawi Red Cross has continued to experience serious difficulties in the area of financial management despite significant support from the regional delegation. This culminated in the dismissal of their Director of Finance in June for poor performance. It is expected that the finance development delegate will visit in the next quarter to assist with the recruitment of a replacement.

Constraints:

Integrity issues are still impacting negatively on the development of several national societies in the region, specifically in Angola, South Africa and Zambia. It has been a very slow process, but there are positive signs in all three of these national societies that progress will be made during 2002. The regional OD programme is now actively engaged in these national societies. However, this has highlighted a resource issue as there were no plans (in the appeal) to work with these national societies during 2002.

Co-operation with others:

The work of the OD Programme inherently relies on co-operation within and without the Delegation. Internally, there are strong links with all of the other regional programmes, and externally we are constantly looking out for useful linkages. For example, dialogue has started with several partners in the region regarding the possibility of embarking on joint ventures that will provide local financial support to national societies (BP AMOCO in Angola and WHO in Zimbabwe).

Regional Cooperation

The national societies in southern Africa have a strong tradition of working together in addressing common priorities and in knowledge sharing. A regional strategy has been agreed for fighting the HIV/AIDS pandemic and this quarter saw the beginnings of a regional approach in responding to the problems of acute food shortages in many of the countries of the region - another commitment for Red Cross action under the Ouagadougou Declaration.

Objective 1: Strengthen regional cooperation and priority setting through the SAPRCS forum in order to build national society capacity for Strategy 2010 core programme areas and Ouagadougou commitments, with HIV/AIDS prioritised, thereby reaching more vulnerable people through more responsive and targeted programmes.

The SAPRCS Co-ordinating Committee met in May in Maputo. It was attended by the Federation Secretary General, Didier Cherpitel, and the Head of Africa Department, Bekele Geleta. This provided the opportunity for a discussion on the change process within the Federation secretariat and for the Secretary General to get input from the SAPRCS as to their priorities and needs in order for the secretariat to better service its membership. The presence of the Head of Africa Department enabled this discussion to be focussed as well at the specific needs of the region.

The SAPRCS forum reviewed the Federation regional programmes with a view to ensuring they matched their own priorities. They especially monitored and addressed the implementation of the principal priority of the region, HIV/AIDS. In addition, the emerging food insecurity crisis in the region received attention in terms of agreeing the strategic direction to be taken by the regional office. The recent ceasefire in Angola was noted and a resolution passed setting up a monitoring committee (Mozambique, Namibia and Zambia) to work with

the Federation in supporting Angola Red Cross to build its capacity, particularly in view of the opportunities emerging post conflict to address the enormous humanitarian needs in the country.

With planning co-ordination from the SAPRCS HIV/AIDS Scaling Up Committee, the anti-stigma campaign was globally launched on World Red Cross Day. It was held the day after the SAPRCS Meeting and national society presidents were invited to join their secretaries general for the event, along with dignitaries, representatives of partner organisations and the media. The Prime Minister of Mozambique officially launched the global event with support from the Federation Secretary General, Governing Board member (Mrs Essack-Kauaria) and President of Mozambique Red Cross (Dr Nhatatima). A moving event was staged, effectively initiating an advocacy campaign that needs to be carried forward throughout the region - and globally.

Objective 2: Strengthen movement-wide coordination of planning and implementation.

In the period up to the presidential election in Zimbabwe (9-10 March), the three components of the Movement (Zimbabwe Red Cross, the Federation and ICRC) met weekly to review the humanitarian situation and to prepare for the potential for violence. This proved a valuable experience and exemplified the spirit of the Seville Agreement. Activities in other countries also saw close harmonisation with the ICRC. For example, an ICRC representative was invited to participate in the briefing of the Recovery committee established in Zambia to guide the development of the Zambia Red Cross. The ICRC have been closely involved in the Federation led activities to strengthen the capacities of Angola and South Africa Red Cross societies.

Consultations within the region with PNS included the Secretary General and two senior staff of the Icelandic Red Cross and representatives from of American, British, Canadian, Swedish and Netherlands societies. The Deputy Director of the US state Department PRM visited the regional office for consultations on assistance to refugee populations. The head of regional office was invited by the Danish Red Cross to join a steering committee for this PNSs support to the Zimbabwe Red Cross HIV/AIDS programme. A Danish Red Cross representative for southern Africa is now based in Harare and works closely with and enjoys support from the regional office.

Objective 3: SAPRCS and regional networking used as tool to empower national societies and to encourage capacity building and sustainability through peer support and to enable them to advocate on behalf of vulnerable people.

SAPRCS meeting was held on May 7th in Maputo in connecting with the launching of the global HIV/AIDS anti-stigma campaign on World Red Cross day, May 8th.

Within the HIV/AIDS programme, regional networking continues to be a strong feature of programme implementation. The opportunities for peer learning and sharing of expertise added strength to the Federation led assessment for food insecurity. The team that visited Malawi, Zambia and Zimbabwe in April had a strong component of RDRT members drawn from different countries and the assessment subsequently made in Lesotho in May was entirely comprised of RDRT members with expertise in health, water and sanitation and assessment techniques.

A board member of Mozambique Red Cross attended and contributed towards the discussions in the Angola Red Cross partnership meeting and the Mozambique Red Cross President visited Luanda in June to assist the Society in strengthening its governance. These are seen as important initiatives in involving governance in provision of peer support.

The SAPRCS HIV/AIDS scaling-up committee has been instrumental in planning for a regional launch of the programme and integrating the global anti-stigma campaign to optimise advocacy opportunities. Regional programmes continue to bring together and build up on regional expertise as a fundamental methodology for programme development. Details appear in the individual programme reports.

Objective 4: Skilled and experienced personnel within the region accessed and exchanged.

Two new staff members of the regional office, water and sanitation and home based care officers, were recruited after regional advertising. Both appointees came from the Zambia Red Cross, have been released by their national society and are on fixed term contracts. The new Secretary General of Zimbabwe Red Cross made a study visit to Uganda Red Cross and looked particularly at more innovative approaches to orphan care

within the HIV/AIDS context. Regional programme implementation continues to draw on the exchange of experience with neighbouring societies as reported separately.

Coordination and Management

Objective 1: An added value change effected in the coordination and facilitation role of regional office through implementation of the action research project helping to create greater capacity within national societies to deliver services to vulnerable people.

The action research project concluded at the end of 2001 with the drafting of a strategy for the Programme Co-ordination Division. Further work continued on this process at the Geneva level. The lessons from the action research project are applied in the daily work of the Regional Delegation. The Regional Programme Co-ordinator convenes monthly programme manager meetings to assure integrated planning and implementation in programme delivery. A quarterly meeting of all delegates from the region, plus ICRC, was held in April. The role of the focal delegate has been reviewed and needs to be reinforced to assure that one person takes an overall responsibility to co-ordinate assistance to each National Society, making sure that the total assistance package is integrated and tailored to the Society's particular needs. Each National Society is being consulted to get agreement on expectations concerning the relationship and to have clarity on contingencies such as the readiness to accept deployment of RDRT or FACT.

The four CAS documents for Mozambique, Malawi, Namibia and Zimbabwe are still to be completed, pending final PNS input and agreement on texts. These should be in place by the end of the next quarter. The process of developing a co-operation agreement strategy for the Regional Delegation has been initiated.

The change process being developed at the Geneva secretariat has also influenced planning and strategic direction. The SAPRCS have been informed that the intention this year is to develop Federation plans and budgets for 2003 on the basis of consultations as a country level. This will help to assure plans reflect priorities identified by national societies and that the assistance from the Federation will be integrated and tailored to best fit their needs.

Objective 2: Federation regional-based resources managed for optimal efficiency and effectiveness.

The two Federation delegates in Zambia continue to support the Society in the implementation of the refugee relief operation. They receive technical back up and management support from the Harare office. While the Namibia Red Cross are not continuing their partnership with UNHCR in the Osire refugee camp, the regional office has continued to provide support to the Society as its commitments are handed over.

The two advisors in Angola were retained to keep core functions going. The continued absence of funding for this operation means that their work was limited but it was important to keep essential services and support to Angola Red Cross. Costs have had to be borne from the Regional Delegation Management and Co-ordination project budget. While it had been hoped that a partnership meeting in April would resolve this problem, the donors asked that Angola Red Cross address certain change management issues, particularly related to governance and financial management, before they could consider additional assistance. End of June was set as a deadline. The future of the office will depend upon the donors' response to the change process report. In the meantime, the Organisation Development Delegate based in Harare has been tasked with also supporting the ongoing development of Angola Red Cross.

A Federation Representative for South Africa Red Cross has been recruited and is due to take up post beginning of August. Funding has still not been available to move forward with the plan to relocate the Regional Logistics Unit in South Africa.

Objective 3: The provision of technical advice and support coordinated from the regional office and from PNS/ICRC to assure programmes are mutually reinforcing and build capacity and sustainability.

Refer to 2.1.1. above and the role of the Regional Programme Co-ordinator in integrating regional programmes and tailoring assistance packages to each national society through the focal delegate. A workshop is to be held in the coming quarter to present the project planning programme as a tool to upgrade delegate skills in this area. The shift from technical advisory services to programme management and facilitation skills requires frequent coaching and encouragement to change attitudes.

Close co-ordination with the ICRC Regional Delegation, Harare, has marked this period with the focus on the complex situation in Zimbabwe.

Objective 4: Manage priorities within the regional office so that there is support to national societies to build the capacity required for scaling-up and meeting the commitments of the Ouagadougou declaration.

Priority has been given to HIV/AIDS programme implementation. A Home Based Care Officer has been recruited to strengthen the regional team. The Branch Development Officer has been relocated from the OD Department to the HIV/AIDS Department to link his work more directly with the challenge of scaling up volunteer mobilisation to meet the HIV/AIDS commitment. Further, the Health Delegate and Health Officer have more closely aligned their ARCHI focus with HIV/AIDS related work.

Major efforts have been made to build a partnership with a potential government donor interested to support the regional programme. It is hoped that a positive outcome materialises in the coming quarter as funding from traditional sources for regional activities do not match planned activities. The Regional Delegation supported a number of National Societies to make applications to the Global Aids and Malaria Fund via their government CCMs. This seen as a means to building a funding base and a sustainable approach at a national level.

The Ouagadougou Declaration commitment to make food security a priority for the decade received impetus this quarter with funding now secured for the pilot project in Swaziland and a decision at the end of the period that the acute needs being experienced in the region be assessed with a view to defining a strategy and implementation plan. A Federation delegate from the region has been assigned from a position in Central Asia for a period of five months to guide lead this process and implementation of an agreed regional strategy.

Objective 5: Transformation and implementation of recovery plans supported for South Africa and Zambia Red Cross societies.

Having drafted a strategic plan and discussed this widely within the Society, South Africa Red Cross convened a strategic planning workshop in May with support from the Federation. This meeting brought together all the branches and the regions, together with the National Executive and staff. The opportunity was taken to obtain a consensus on the strategy of the Society and to determine the elements for an operational plan. Other issues addressed included the financial situation, a fundraising strategy and constitutional review. In June, a partnership meeting was held in Cape Town and the results of the May workshop were shared. Ongoing and potential new partnerships were indicated and it was agreed that the Federation would assist the Society in writing a business plan. The Harare regional office provided this support. A full time Representative has been recruited to help guide the Society through this development phase. She will commence her duties in August.

In Zambia, KPMG completed stakeholder interviews, formed a ZRCS Recovery Committee comprising people of standing and with an interest to guide the future development of the Society and held a strategic review workshop with stakeholders and Society representatives by the end of the quarter. The Regional Delegation helped to advise and guide the process. In the next quarter, a recovery plan will be drafted, discussed with branch representatives and should be approved by a General Assembly where a new leadership will be elected.

Objective 6: Narrative reports on programmes and operations in the region issued in conformity with the Federation's minimum standards and training to national societies on Federation reporting formats and report writing techniques provided as well as to respond to queries from PNS and donors to ensure that their concerns on reporting issues are taken into account.

Annual reports were compiled and written for the regional office as well as for the country delegations in Angola, Mozambique and Zambia. Following the shift of reporting lines from Mozambique delegation through Harare delegation, the reporting delegate has taken on the responsibility of compiling, editing and writing programme updates and appeals for the Mozambique delegation. The overdue final floods operation for 2001 was also written and compiled by reporting delegate.

Quarterly reports have been standardised at the regional office and in the three country delegations following standard Federation formats. The quality of individual programme managers' reports have greatly improved as individual feedback is given on all reports and revisions made accordingly.

The reporting delegate visited Mozambique in February and the delegation staff and programme managers at Mozambique Red Cross were met with to discuss reporting requirements and needs for assistance from Harare office.

Leading up to and following the launch of the regional food insecurity appeal, the reporting delegate has compiled information bulletins and operation updates for the countries affected in the region, mainly Lesotho, Malawi, Mozambique, Zambia and Zimbabwe. Keeping Geneva and donor societies informed about the escalation of the food insecurity crisis now has priority over other tasks.

However, during the reporting period, the initiative was taken to write brief updates from the region to keep donor societies, sister societies and Geneva better informed of new developments and events taking place, as well as listing visitors to the region. The "Southern Africa in brief" is written bi-weekly and much positive feed-back has been received from donors and sister societies alike. Seven editions have so far been circulated. The reporting delegate participated in the Angola partnership meeting in Luanda in April and prepared a report following the meeting which was shared with all relevant stakeholders.

Training of national societies has not been possible in the reporting period due to the workload at the regional office.

Objective 7: The profile of the Red Cross strengthened and support and partnerships fostered with international organisations and the donor aid community, including advocacy on selected issues such as HIV/AIDS.

A video news release and a news story for the Federation web site to promote the disaster preparedness programme of the Mozambique Red Cross and the Federation delegation was prepared in January. Another video was produced out of Harare in the eve of the World Assembly on Aging, to draw attention to how older people in Africa have been affected by HIV/AIDS. The video news release was released through all major television news agencies. This project also resulted in a web site story posted on the Federation web site and a BBC interview with a Zimbabwe Red Cross veteran volunteer.

Food insecurity: The information delegate travelled together with the international and regional assessment team to Malawi in mid-April to gather information on the food crisis in the region and to write an article for the Federation web site. The information delegate has participated in interagency meetings on the food crisis both in Harare and Johannesburg, and has produced regularly updated Q&A's on the situation and the work of the Red Cross in the region. The information delegate worked closely with representatives from the American Red Cross and the British Red Cross visiting the delegation, and facilitated a visit of a Swiss Red Cross information officer in close cooperation with the Zimbabwe Red Cross. One field trip was conducted in Zimbabwe together with the Zimbabwe Red Cross information officer to gather material for a RCRC magazine article.

Anti-stigma campaign: The information delegate participated in the preparation for the regional launch of the HIV/AIDS anti-stigma campaign with the Mozambique Red Cross and a consultant from Geneva, and helped setting up radio interviews with the Federation Secretary General and delegates from the Harare regional Delegation. The event was very well organized by the Mozambique Red Cross and got widespread coverage in the local media.

Mozambique: A press statement was prepared and sent to local media to mark the signing of a status agreement between the Federation Mozambique Delegation and Mozambique authorities - a process which has taken two years. A story on the event was posted on the Federation's web site, as well as an article on the work of the Mozambique Red Cross in the aftermath of a train crash which claimed some 100 lives and injured

WDR launch: The South Africa Red Cross Society and the International Federation's southern Africa regional delegation organised a joint press conference at the Sheraton Hotel in Pretoria to mark the launch of the tenth edition of the World Disasters' Report. Ms. Mandisa Kalako-Williams, the president of the South Africa Red Cross Society hosted the press conference, and Jim Robertson, the Head of the Federation's Delegation in Mozambique was the main speaker. The conference was attended by some 30 people: journalists, governmental officials, the ICRC and Red Cross branch representatives, and received excellent coverage in the South Africa media, including Southern Africa Broadcasting Cooperation, E-TV and various radio stations.

Objective 8: The core programme area of the promotion of Red Cross principles and humanitarian values fostered, both through the delivery of regional programmes and through fostering commitment and skills to promote humanitarian values within national societies.

The establishment and reinforcement of fundamental principles and humanitarian values within the Federation regional office and national societies remains a big challenge. Nevertheless, support was provided to national societies in the area of capacity building for the promotion of the principles. Promotion of principles and its implementation is encouraged through compiling and sharing of best practices in the region. In the area of promotion of humanitarian values, ICRC has taken the lead in the development and coordination of activities under this domain. National societies continued to scale up their efforts and lobby their respective governments to implement international humanitarian law in accordance with the Geneva Conventions. Inter-ministerial commission has been set up in Mozambique to co-ordinate and implement IHL and advise government in its obligation.

The information delegate gave a presentation in Harare for Zimbabwe's Country Women's Welfare Association on the founding of the Red Cross, the seven principles, the Red Cross Movement, the work of the Zimbabwe Red Cross and the international assistance provided by the Federation and the ICRC.

Objective 9: Overall management for an efficient and effective regional office provided.

The regional office has managed with the extra pressures of dealing with the demands with regional food insecurity without distracting much from ongoing programme priorities. This has been achieved partly by using regional resources and by using all available capacity within the office. The emerging needs in Angola have added to the pressures to provide added support.

A period of six weeks passed between the outgoing Regional Finance and Administration Delegate and the incoming Delegate who arrived in mid May. The extra efforts of the Departmental staff made sure that requirements were met. Otherwise, the regional office had a full delegate complement for the quarter.

A quarterly meeting was held in April for all Harare based delegates and senior delegates from other countries. This was followed by a meeting of the Southern Africa Management Group, comprising senior management within the region and the Geneva based desk officer. This group identifies the main priorities, establishes the planning and the allocation of responsibilities, especially between Geneva and the field.

Funding has become a matter of concern as an allocation from the programme support budget covers approximately a third of budgeted costs for the year. Without securing additional support, savings may have to be made at the sacrifice of future efficiency.

An internal audit exercise has been completed and preliminary findings shared with the regional team. Recommendations from this audit exercise will provide a way forward for an effective management of the regional office.

Outstanding needs

Funding for regional activities is an important preoccupation for all programme managers. Even priority programmes, such as HIV/AIDS, have received limited support. Our commitments to national societies cannot always be met, hampering implementation and creating some uncertainty.

The same resource constraints mean we cannot for the time being relocate the Logistics Unit to South Africa for greater efficiency. This may become more important if the food insecurity operation becomes large scale and, if a major food distribution should eventuate, the costs of a relocation would have to be included in the plan and budget.

Reduced levels of sponsorship of delegates is also impacting the regional office and, inevitably, the financial situation as key managers must be in place for efficient and effective programme implementation.

The emergency needs related to the food situation within the region are of paramount importance and the next quarter will be challenging. The regional office remains committed to make its contribution to addressing these

complex and widespread needs. They have enormous implications for threatening the lives of many people with over 12 million people assessed as being at risk. A strong Federation presence within the region remains imperative to address not only the emergency needs but the contributing factors including HIV/AIDS , TB and the need for good water and sanitation. Cross cutting all these interventions, sustainability will depend on having strong and well functioning national societies.

For further details please contact: Richard Hunlede, Phone: 41 22 730 4314; Fax: 41 22 733 03 95; email: hunlede@ifrc.org

All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

John Horekens
Director
External Relations Division

Bekele Geleta
Head
Africa Department

Southern Africa regional						ANNEX 1
APPEAL No. 01.16/2002		PLEDGES RECEIVED				05.07.2002
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				15'818'226		TOTAL COVERAGE 34.3%
CASH CARRIED FORWARD				467 570		
Programme support				338 500		
AMERICAN - RC						
AMERICAN - GOVT/PRM GRANT				170'000	USD	282 880 17.04.2002 ZAMBIA REFUGEE OPERATION
AMERICAN - GOVT/PRM GRANT				230'000	USD	382 720 17.04.2002 SOUTHERN AFRICA RD
AMERICAN - GOVT/PRM GRANT				64'000	USD	99 565 31.05.2002 HIV/AIDS
AUSTRIAN - RC				61'000	EUR	89 444 23.04.2002 WATER/SANITATION
AUSTRIAN - RC				9'000	EUR	13 287 01.07.2002 WAT/SAN ASSESSMENT
BRITISH - GOVT/DFID						
BRITISH - RC				195'100	GBP	474 093 19.02.2002 REGIONAL WATSAN PROG
BRITISH - RC				834	GBP	2 047 31.01.2002 DELEGATE COSTS
BRITISH - RC				5'000	GBP	12 150 05.03.2002 DP/R, LOGISTICS UNIT
BRITISH - RC				117'046	GBP	284 422 27.02.2002 WATSAN PROG. SWAZILAND & MOZAMBIQUE
CANADIAN - GOVT/RC				52'000	CAD	54 148 11.03.2002 NAMIBIA, HIV/AIDS
CANADIAN - GOVT				350'000	CAD	368 725 28.03.2002 LISN 111
DANISH - RC						
FINNISH - GOVT/RC				56'725	EUR	83 891 21.01.2002 OD DELEGATE , 2 YEARS
FINNISH - GOVT/RC				58'025	EUR	85 813 21.01.2002 OD PROGRAMME
FINNISH - GOVT/RC				57'025	EUR	84 334 21.01.2002 DISASTER PREPAREDNESS
FINNISH - GOVT/RC				55'850	EUR	82 781 21.01.2002 WATER & SANITATION
FINNISH - GOVT/RC				25'000	EUR	82 781 06.03.2002 SWAZILAND FOOD SECURITY
FINNISH - GOVT/RC				25'000	EUR	36 568 14.05.2002 CAPACITY BUILDING FUND,
FINNISH - GOVT/RC				25'000	EUR	36 908 04.06.2002 SARCS CAPACITY BUILDING FUND
FINNISH - RC				20'000	EUR	29 526 19.06.2002 ANGOLA
GERMAN - RC						
NORWEGIAN - RC				5'371	USD	8 656 13.06.2002 WATSAN TRAINING NAIROBI (4 PEOPLE
NORWEGIAN - RC				19 700		31.05.2002 HIV/FIRST AID TRAINING
SWEDISH - RC						
SWEDISH - RC				1'950'000	SEK	308'295 23.05.2002 HIV/AIDS, DP & DR, HEALTH & CARE, WATER, OD, COOP & MGT
SWEDISH - RC				194'000	SEK	30'671 23.05.2002 PARTNERSHIP MEETING LUANDA, NATIONAL STAFF & OFFICE COSTS
UNHCR				552'535	USD	940'857 18.01.2002 RD CONGOLESE REFUGEES
PRIVATE DONORS						76 26.02.2002
SUB/TOTAL RECEIVED IN CASH				5 020'627	CHF	31.7%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AUSTRIA	DELEGATE(S)			29 733		
DENMARK	DELEGATE(S)			59 958		
DENMARK	DELEGATE(S)			28 830		PARTIAL FUNDING
FINLAND	DELEGATE(S)			51'252		
GERMANY	DELEGATE(S)			59 959		
ICELAND	DELEGATE(S)			59 959		
NORWAY	DELEGATE(S)			14 949		
SWEDEN	DELEGATE(S)			59 959		
GREAT BRITAIN	DELEGATE(S)			45 010		
SUB/TOTAL RECEIVED IN KIND/SERVICES				409 609	CHF	2.6%