

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

BOTSWANA

14 May, 2003

Appeal No. 01.15/2003

Appeal Target: CHF 529,094

Programme Update No. 1

Period covered: January - March, 2003

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 180 countries.

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In Brief

Appeal coverage: 0%; for details please refer to the Contributions List for this appeal available on the Federation's website.

Outstanding needs: CHF 529,094

Related Emergency or Annual Appeals: Southern Africa: Food Aid and Humanitarian Assistance; Emergency Appeal 12/02

Programme Summary: The Botswana Red Cross has concentrated on increasing its HIV/AIDS activities to respond to the enormous needs in the country, which has the highest HIV/AIDS prevalence rates in the world. Targeted beneficiaries of the increased activities are Home Based Care clients and youths.

The Society acknowledges the need to become a well-functioning national society, and is currently undergoing an organisational restructuring process with Vulnerability Capacity Assessments (VCAs) conducted to establish strength and weakness and lead the way forward. The Society has very limited financial resource and few donors. With the implementation of the VCA recommendations, it is hoped that donors will come forth to support the Botswana Red Cross Society.

Operational developments

During the reporting period, the Federation has continued to focus its support on the capacity building process of the Botswana Red Cross to ensure that the Society has the adequate institutional capacity to respond to the humanitarian needs in the country. Overall priority has been to scale-up HIV/AIDS activities in order to reduce HIV transmission rates and mitigate the impact of the disease in the country. The country struggles with the highest HIV/AIDS prevalence rates in the world with up to more than 40% of the adult population infected. The disease has an enormous impact on the country as a whole resulting in negative economic growth and decreased agricultural output. The number of orphans and dependents continues to rise as the disease continues to spread.

Together with the Red Cross Societies in Namibia and Zambia, the Botswana Red Cross launched a joint home-based care programme across their common borders along the Caprivi Strip. Government officials and other actors working in HIV/AIDS launched the project on 28 March with a colourful ceremony.

The cross border project constitutes a significant step in trying to curb the pandemic in an area where the HIV/AIDS prevalence rates are up to 50%. The launch of the project also manifested the commitment of the Southern Africa Red Cross Societies to strengthen their cooperation. The border posts between the three countries are busy with people travelling back and forth. This constant movement of people has called for a common approach in fighting the disease. The joint effort will secure constant consultation and flow of information among home-based care facilitators throughout the Caprivi Strip.

Through the Society's increased activities to respond to the enormous humanitarian needs in the country, the Botswana Red Cross is increasingly gaining more visibility and raising its image throughout the country. With the Botswana First Lady in place as the Society's new President, the Society is ready to engage in more humanitarian activities as it is slowly attracting the attention of Government and other organisations.

Disaster Management

Over the years, the Botswana Red Cross Society (BRCS) has responded to local disasters whenever these have occurred. Floods, fires and the HIV/AIDS pandemic are currently the most prevalent hazards. Following the Cyclone Eline floods in 2000 the Society, with support from the Regional Delegation, was able to engage in a rehabilitation programme which assisted with the reconstruction and building of houses for the flood victims in four villages. The Society has trained a substantial number of volunteers in first aid, disaster management but unfortunately only a few volunteers are still active. At present, the BRCS supports the government and UNHCR in running health services in the Dukwe refugee camp with all other disaster management activities (DM) suspended due to lack of funds.

The Society does not have a strong financial base, which puts limitations on the implementation of programme activities. However, the Society has taken the initiative to become a well functioning and well-prepared society. In order to achieve this, a strategic planning workshop was held in May 2002, at which a draft strategic plan was developed and the need for a Vulnerability Capacity Assessment (VCA) to map the way forward for the Society was identified and assistance was requested from the Regional Delegation to facilitate this. The Society has planned to focus its disaster management programme for 2003- 2004 on enhancing disaster management activities.

In February, a disaster management planning meeting was held in Zimbabwe, and two participants from the Botswana Red Cross attended the meeting whose main purpose was for all national societies in the region to agree on a way forward to improve disaster management capacity. The output of the meeting was that the Society was able to finalize its DM programme work plan for 2003-2004.

It has been difficult for the Society to start implementing the programme activities due to lack of funds but the Society has started to tackle some of the activities that do not need a major financial input as reported below.

Overall Goal: To improve the disaster preparedness and response mechanism to empower vulnerable communities to cope with the effects of disaster through capacity building and appropriate interventions.

Programme Objective: Federation assistance to the BRCS has increased the National Society's disaster response capacity to meet the humanitarian needs in the country.

Progress against Expected Results:

1. Improved National Society disaster preparedness and response capacity through training of staff and volunteers and community involvement by 2004; targeted 6 RDRT trained staff and volunteers.

In an effort to build the capacity of BRCS in terms of human resources, three officers attended a Vulnerability Capacity Assessment (VCA) Training of Trainers workshop in Harare with the support of the Regional Office during the reporting period. It is hoped that they would be able to cascade this training in their national society, as the Society would like to conduct vulnerability capacity assessments in four regions once funds are secured for the exercise.

In addition, one of the Regional Officers was selected and participated in a Relief Technical Workshop in Seoul, Korea, organized by the Federation in conjunction with the Republic of Korea Red Cross Society.

Disaster management and training of staff and volunteers has been planned for the end of May 2003. Funds are being sought to enable this training to take place as the Society has lost most of its experienced staff and volunteers.

2. Community-based early warning systems (CBEWS) established through DMIS mechanism and easily accessible by National Society branches in high risk areas by end of 2003

In order to establish a Community Based Early Warning System, trained Regional Disaster Response Team (RDRT) members of the BRCS have been equipped with skills for developing appropriate systems starting with the community at branch level. Unfortunately, due to the unavailability of funding to empower the branches, there was not much progress during the reporting period.

However, trained BRCS RDRT members have monitored potential disaster situations and reported these to the Regional Delegation. In February, a report was submitted to the delegation, warning of an impending drought according to the information that had been issued by the country's Early Warning Unit of the Ministry of Agriculture. There were no locally produced grains in the markets, there were reports of cattle dying and water sources were said to have dried up. The country was reported to be relying on more imports of grains to meet the national demand. This then caused a price rise thus limiting the availability of grain to the poor. The RDRT trained members of staff contribute to the added disaster response capacity in the Society, despite the limited available resources.

3. Comprehensive disaster management policy and plan developed and operational by the end of 2003.

The Society does not have a Disaster Management policy or plan to guide its disaster management activities. Hence, this year's work plan will focus on the development of such a policy. Currently, the Society is drafting the document in consultation with stakeholders. Provided that adequate funding is available, it is hoped the Policy should be ready by end of August.

4. Sustainable food security strategy incorporated into all National Society priority programmes by 2003.

Discussions are yet to take place between the various sectors and stakeholders on appropriate strategy in light of the lessons learnt during the current food security operations.

5. Improved refugee services in health care are achieved through the use of SPHERE standard in Dukwe camp by end of 2003.

Following the technical support visit to the Dukwi refugee camp by the health delegate in November 2002, a plan of action to improve the health services in the camp was developed and is awaiting implementation as soon as funds become available.

6. Improved Disaster Management infrastructure and emergency stocks are available by end of 2004.

The Society is undertaking inventory of its current resources and has also embarked on a fundraising campaign to replenish emergency supplies and establish a disaster emergency fund of a minimum of Pulas 10,000 by the end 2004.

7. VCA conducted and needs established by end of 2003

In its efforts to become a well-prepared national society, the Botswana Red Cross has plans to conduct vulnerability capacity assessments in four regions of the country. Request for assistance to facilitate this process was made last year. The DPDR department financially supported and facilitated the VCA training of twenty-two participants comprising staff and volunteers from the Botswana Red Cross Society in October 2002, who also conducted a pilot VCA in one district. The trained staff will be able to facilitate the VCA process in the country, which should map the way forward for the Society. A plan of action was developed but cannot be implemented due to non-availability of funds.

Impact

The programme activities are realistic and will increase the National Society's capacity to improve the lives of the vulnerable communities if funds are made available to implement the activities. The regional disaster response trained (RDRT) members of staff at the BRCS are available to be deployed to the field upon short notice should a disaster occur. This has greatly contributed to the increase of the Society's disaster preparedness capacity.

Constraints

Lack of guaranteed funding from the beginning of the year has meant delays in implementing activities. However, all concerted efforts are being put to raise funds for the programme. Furthermore, high staff turnover within the society reduces the national society's capacity to manage the programme.

Coordination

Disaster management relies heavily on co-operation with other stakeholders. BRCS is making every effort to rebuild its image and build good working relationships with other relevant organisations both within governments and non-governmental organisations. In the refugee programme, close collaboration and good working relationships with UNHCR, government and other participating partners is being enhanced.

Health and Care

Overall Goal: A sustainable improvement in the general health and reduction in HIV/AIDS transmission of the targeted vulnerable communities through the provision of community-based health and care interventions.

Programme Objective: The Federation facilitates the development of the National Society's capacity in Community Based Health Care and HIV/AIDS programming, including through the sharing of lessons learned from other southern Africa national societies.

Community Based Health Care (CBHC)

Since the early 1980's, the Botswana Red Cross has implemented a Community Based Health programme. The programme concentrates on the provision of training and guidance about Home Based Rehabilitation and Care. The National Society also runs two rehabilitation centers for disabled people, which include income-generating activities in order to promote self-reliance. First Aid is also part of the health programme and first aid courses are run as a commercial activity.

The BRCS has gained a lot of visibility and respect from the public in this area, and is the leading provider of first aid training in the country. With the growing need for health care services throughout the country, the National Society is seeking to extend its community based first aid services to vulnerable communities. The BRCS is also in the process of developing a proposal for a TB project, which will be submitted to the Global Fund to fight AIDS, TB and Malaria (GFATM).

Progress against Expected Results

1. The capacity of BRCS to design and implement health projects that contribute to the reduction of morbidity and mortality from common health problems is strengthened.
2. Five BRCS health staff trained and able to design, implement, monitor and evaluate CBHC projects.
3. Six first aid teams with 150 volunteers trained in four districts.
4. Communities in target areas are able to respond to common health conditions.
5. BRCS are members of the National Immunisation Committee and Country coordination body.
6. Improved immunisation coverage in the targeted areas up to 100%.
7. Proposal for malaria and TB developed by the BRCS and submitted to the Global Fund to fight AIDS, TB and Malaria (GFATM).
8. BRCS has partnerships with other organisations.

Unfortunately, the planned health activities for the reporting period could not be implemented due to lack of funding, as the 2003-2004 appeal has not yet received any funding. It is hoped that this situation will improve in the second quarter.

HIV/AIDS

Botswana Red Cross has embarked on the fight against HIV/AIDS through prevention activities in response to the enormous needs in the country. Botswana suffers the highest HIV prevalence rate in the world with close to 40% of the adult population infected.

Youth peer education is one of the strategies that the BRCS will explore to contribute to the fight against HIV/AIDS. The Southern Africa Regional Delegation supported the BRCS in developing a five-year strategic plan for HIV/AIDS activities and has assisted the BRCS in setting-up HIV/AIDS projects. Currently the Society has one Youth Peer Education project and a Home Based Care project established in the first quarter of 2003.

Together with the Namibia and Zambia Red Cross Societies, the Botswana Red Cross launched a home-based care project across their common borders along the Caprivi Strip. The cross border project constitutes a significant step in trying to curb the pandemic in an area where the HIV/AIDS prevalence rates are up to 50%.

Also during the reporting period, two baseline surveys were conducted in two districts. A home-based care project was established in Chobe district. Thirteen care facilitators were trained to provide care for people living with HIV/AIDS. In Mushupa, where the other baseline survey was conducted, a prevention project is about to be established.

Progress against Expected Results

1. Transmission of HIV and STDs is reduced and vulnerability of youths to the diseases is reduced.

The Society continued to work with the in- and out-of-school youths in Kanye District. So far, twenty-four trained peer educators have reached 2,000 youths with key messages about behavior change. The reached youths have been adequately empowered with assertiveness skills and how to make well-informed decisions in their lives.

2. 2,000,000 condoms distributed.

During the reporting period, 15,000 male condoms were distributed in the project area and in the refugee camp.

3. 500 key informants trained in HIV/AIDS peer education.

This activity is yet to take off and will be carried forward to the second quarter.

4. 400 youth peer educators trained.

An additional ten peer educators have been recruited within Kanye district, and a Field Officer has been employed to monitor the Youth Peer Educators in Kanye District.

5. 10,000 youths reached with behavioural change messages.

A Vulnerability and Capacity Assessment was conducted in Mushupa to pave the way for the establishment of a prevention project. Another Baseline Survey is planned for in Kokweni where a prevention project will be established. As mentioned above, so far 2,000 youths have been reached in this quarter.

6. 200 youths trained in income generating activities.

This activity has been planned for the second quarter.

7. 600 People Living with HIV/AIDS (PLWHA) provided with Home Based Care and food baskets.

During the first quarter, the Society conducted a baseline Survey in Chobe district and thereafter trained 13 home-based care facilitators. The care facilitators are currently participating in practical orientations at Kasane Primary Hospital. The Care Facilitators will be expected to provide care and support to the clients in Kazungula and Kasane Villages of the Chobe sub-district.

8. 30 PLWHA trained in income generating skills.

Once clients are identified, a support group will be established and people living with HIV/AIDS will be trained in income generating activities.

9. Support projects for 1000 orphans established.

Orphan support will be incorporated into the home-based care programme in Chobe District.

10. The BRCS is recognized both nationally and internationally as a key actor in the fight against HIV/AIDS, through advocacy and communications strategies directed at media and authorities.

With the scaling-up of HIV/AIDS activities in line with the Ouagadougou commitments, the Botswana Red Cross Society is increasingly being recognized in Botswana as an important player in the fight against HIV/AIDS.

Impact

During the reporting period, ten schools were reached in Kanye district with HIV/AIDS information, which was appreciated by the teachers and pupils. Youth Peer Education has improved tremendously and the Botswana Red Cross is increasingly targeting the youth to empower them with information about HIV/AIDS prevention.

The Kasane home based care project has increased the visibility of the BRCS, and the participation of trained volunteers has increased. Volunteer motivation has also increased and the Branch has been established due to the establishment of the HBC project. The lives of the people living with HIV/AIDS has been improved and prolonged due to the care and psychological support provided by the care facilitators.

The launch of the cross border project in the Caprivi Region manifests the commitment of the southern Africa Red Cross societies to strengthen their cooperation.

Constraints

Unfortunately, the BRCS has been subjected to high staff turnover, although the situation now seems to be improving. The Society has very few bi-lateral donors and branches are very weak, which makes it difficult to expand programme activities.

Coordination

The National Society collaborates with the Ministry of Health, UNHCR, National AIDS Council, Education, Social Welfare and other Organizations.

Organisational Development

In its effort to support the BRCS towards becoming a well functioning national society, the Federation's regional Organisational Development (OD) programme has consulted with the BRCS as to how the Society would want to implement the results of last year's Vulnerability Capacity Assessment. The BRCS received funding from the Capacity Building Fund, through an OD supported proposal. However, none of the recommended activities were implemented, and the Society decided to hire another consultant to reassess its whole organisational set up. The Regional Delegation is still waiting for the report as well as the way forward.

Overall Goal: Implementation of characteristics of a well-functioning national society has improved the BRCS in the three key areas: foundation; capacity; and performance.

Objective: The capacity of BRCS to design and implement their strategic directions is improved.

Progress against Expected Result

- BRCS has a legal foundation that supports the effective implementation of programmes;
- BRCS has an effective volunteer management system in place;
- BRCS has increased its financial resource base in both value and diversity;
- BRCS has functional branches in place that are actively participating in project implementation;
- BRCS has in place effective financial management systems;
- BRCS human resource are managed.

The Society's decision to carry out another assessment after the VCA, have temporarily put the implementation of the planned activities based on the Capacity Building Funding proposal on hold during the first quarter, Therefore no major activities were undertaken except the assessment of which the report has not yet been received. The course of action will be known when the BRCS shares its new plan of action.

Impact

The initiative to carry out thorough assessments to ensure a positive development of the organisational structure of the national society is a very positive step. The Society has showed willingness to develop towards a well-functioning national society. Once the organisational structure is in place, hopefully the Society will be able to attract donor societies to support its programme activities.

Constraints

The delay by the Botswana Red Cross to implement its planned activities as they were stated in the capacity building proposal document has meant a delay in the implementation of the Society's OD related issues. In addition, the capacity building proposal only received 0.5% funding coverage; hence the urgent need that the Society has to get started so that it may attract some more donors both locally and internationally.

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