

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

SWAZILAND

23 June, 2003

Appeal No. 01.21/2003

Appeal Target: CHF 745,404 (2003) CHF 785,000 (2004)

Programme Update No. 1; Period covered: January to May 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. For more information: www.ifrc.org

In Brief

Appeal coverage: 26.7%; See attached Contributions List for details.

Outstanding needs: CHF 546,078

Related Emergency or Annual Appeals: Southern Africa Food Security and Integrated Community Care (Emergency Appeal 15/03)

Programme Summary: The Baphali Swaziland Red Cross Society (BSRC) has played a key role in the Federation's emergency food security operation gaining valuable experience in disaster response. Despite the extensive amount of work and resources demanded of the Society by the emergency operation, BSRC reported significant achievements in regard to its HIV/AIDS prevention activities, Water and Sanitation projects and Organisational Development and Disaster Management programmes during the early part of 2003.

Operational developments

During the first half of 2003, the Baphali Swaziland Red Cross (BSRC) continued to play a critical role in the Federation's emergency food security operation in Southern Africa (Appeal 15/03). The BSRC is working with delegates from the Federation and Participating National Societies to provide humanitarian assistance to the most vulnerable. BSRC is an implementing partner of the World Food Programme (WFP) and is distributing food to those people who have been worst affected by the crisis in the region, particularly the destitute and the chronically ill. The BSRC is gaining valuable experience from working together with the team of delegates and other organisations.

The BSRC continues to work closely with the International Federation's Southern Africa Regional Delegation on improving its programmes and response capacity. BSRC in co-operation with the Federation is scaling-up its activities within the HIV/AIDS programme. The Society, in response to the humanitarian disaster, provides home-based care to people living with HIV/AIDS (PLWHA) to mitigate the impact of the disease, and is carrying out youth peer education to reduce transmission rates by promoting safe sex practices.

BSCR works closely with the Swiss Red Cross, who supports the BSRC with implementing first aid and blood donor recruitment, as well as HIV/AIDS prevention activities, water and sanitation, and organisational development. BSRC receives support from the British and German Red Cross Societies, through the Federation, for water and sanitation activities. The Finnish Red Cross, through the Federation, supports the implementation of the food security pilot project. The ICRC supports tracing, information and dissemination activities as well as first aid and disaster preparedness.

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.

Objective: The Federation supports the BSRC capacity to implement community-based health care programmes, including HIV/AIDS and water and sanitation programming, thereby improving the general health situation in targeted communities and increasing the communities' coping capacity in disaster situations.

Health

The general health situation in Swaziland remained stable, despite the country being affected by drought and the effects of cyclone Japhet. There was an outbreak of cholera during the month of February, however, BSRC with good support from the Ministry of Health (MoH), responded effectively.

BSRC works closely with the MoH to provide primary health care services. The Society runs three clinics in rural areas where there is not enough money to cover the running costs of basic health services. BSRC, as a result, covers about 20% of the expenses for running the clinics.

Support for planned BSRC health activities was limited during the first half of 2003 due to a lack of funding and the focus on the Food Security operation. Therefore many of the capacity building results anticipated in the Appeal were not achieved over this reporting period.

Achievements against Expected Results

The capacity of BSRC to design and implement health programmes that contribute to the reduction of morbidity and mortality is strengthened.

- **BSRC are members of the National Immunisation Committee and Coordination body.**
BSRC is a member of the Interagency Coordination Committee and support immunisation in all of its three clinics.
- **Project proposal for malaria and TB has been developed by BSRC and submitted to GFATM.**
Although BSRC has not established its own proposal to be presented to the global funds, the Society was identified by the MoH as a partner in the implementation of malaria and Community DOTS, and will benefit from on going funding from the global funds.

Coordination:

BSRC has established a very good working relationship with the MoH and has received funding from the MoH to implement some of its projects, e.g. cholera response. The Society also worked closely with UNICEF.

HIV/AIDS

Since the first case of HIV/AIDS was identified in 1987, the virus has continued to spread throughout the country. The BSRC, with support from the Federation's Southern Africa Regional Delegation, responded to the developing humanitarian crisis, and since 1999 has implemented HIV/AIDS projects with a focus on prevention and care. The National Society has established two home based care (HBC) projects, and conducts awareness campaigns among the general public, youths, police and correctional service personnel. The Federation assisted the BSRC to carry out a baseline survey, employ an HIV/AIDS Coordinator, and develop a five-year strategic plan for scaling up activities in the area of HIV/AIDS in accordance with the Ouagadougou commitment.

Achievements Against Expected Results

By the end of 2004 the transmission and impact of HIV infection is reduced among the target group.

- **2,000 PLWHA provided with quality care and support**
 - The prisons prevention project was established in over ten prisons.
 - Peer educators were trained in HIV/AIDS prevention techniques.
 - The BSRC identified another area to extend its home-based care services, and now there are two HBC projects in Sigombeni and Silele. There are approximately 170 care facilitators supporting over 1,500 clients.
- **10,000 youths reached with safer sex skills**

The Food Security Programme has dramatically increased coverage of existing HBC projects in Silele and Sigombeni.

The Society's Prevention Project continued to reach both the in-and-out of school youths. The 63 youths who were active during the quarter reached 9,000 youths. The BSRC has four Prevention Projects, and a total of 1,200 male condoms were distributed during the first quarter of 2003.

- **1,000 orphans supported materially and psychologically**

A total of 651 orphans were given psychological support in two HBC projects. BSRC volunteers conducted monthly meetings where issues of monitoring were discussed. The group of volunteers included Branch managers.
- **The capacity of the National Society is strengthened.**

The BSRC intends to scale up activities in the next quarter where more peer educators will be trained and deployed.
- **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.**

When launching projects the BSRC ensures the media is sufficiently involved. Through a quarterly newsletter the activities of the BSRC are publicized both within and outside of the movement.

Impact:

HBC projects have made a positive impact on the clients and the community in Silele and Sogombeni. Clients and orphans have benefited from the food security programme, which has improved their quality of life. Child-headed households received food and school fees. The Prevention Project with the prisoners is unique, and has increased HIV/AIDS awareness in prisons, which up until now were often neglected. The motivation of BSRC Volunteers has increased from receiving incentives.

Constraints:

The Society would like to expand its coverage to many other areas but as it was allocated two operational areas, BSRC is limited to the existing two areas. There is need for employing supervisors in the project areas to enable effective supervision of the care facilitators. There is a need for the speedy implementation of the OVC support, and formation of support groups.

Coordination:

The Society chairs CANGO, a consortium of NGOs, and also works with the Government and PNS to ensure coordination and the optimal impact of resources.

Water and Sanitation

BSRC is committed to the improvement of health and hygiene in Cetshwayo communities with water and sanitation activities focusing on providing latrines, gravity water supply and hygiene education.

Activities during the first quarter of 2003 mainly concentrated on completing latrine construction, seeking progress in the water supply scheme, and rendering Wat-San assistance in a Red Cross cholera project in Sisele.

The Federation's regional delegation supports the BSRC with further developing their ability to implement Wat-San activities as planned and required.

Overall Goal: A sustainable improvement in the general health through the provision of community based health and care (attached to water and sanitation) interventions.

Programme Objective: The Secretariat supports BSRC capacity to implement community-based health care programmes, including HIV/Aids and water and sanitation programming, thereby improving the general health situation in targeted communities and increasing the communities' coping capacity in disaster situations.

Achievements against Expected Results:

Provision of sustainable water and sanitation services at a national society and beneficiary community level with extra capacity to respond to emergencies.

- **Beneficiaries empowered to plan and implement water and sanitation activities with linkages to health and HIV/AIDS programmes.**

Some 700 households have repeatedly received health/hygiene messages from BSRC, whilst some 700 people have directly benefited from latrine construction. All activities including digging pits and trenches, laying pipes and full latrine construction was performed by the communities themselves with technical advice from the BSRC. The Society's health and hygiene promoters are also from the communities. They have been trained and are very active. A water committee of 18 members has already been formed, and are now waiting to be trained on the roles and responsibilities with regards to operation and maintenance of the water system.

- **Red Cross branches become catalysts of Wat-San activities in the national society.**

The project area is fairly large and the beneficiaries are constantly registering to become Red Cross members. They are also interested in having sub-branches in their own areas. Because of the water and sanitation activities, people now appreciate the role of Red Cross with assisting vulnerable people.

The BSRC branch in Piggs Peak provides the basis for the Wat-San activities for the Society's Wat-San team, and the 25 Red Cross volunteers who in conjunction with 13 rural health motivators from the government are active in household visits for health/hygiene training. Tighter links though will be established in conjunction with the society's HIV/AIDS Programme, which plans to commence education activities at the Piggs Peak youth centre.

- **Increased national society Wat-San technical and managerial capacity.**

The sanitation and hygiene promotion aspects of the programme are well established in the national society, and monitoring and reporting mechanisms are in place. The water supply component of the programme, however, requires continued support from the Federation regional delegation, as anticipated government assistance did not materialise. There is a need for an external consultant, and a revised plan of implementation. Both will need to be agreed upon under the present programme revision. Donors will be informed in due time.

- **Sustainable and appropriate Wat-San infrastructure and systems in accordance with SPHERE and country standards.**

728 out of 888 latrines are complete (119 done), and construction continues to be as per set standard. The design and layout of the water supply scheme came under revision and needs further technical and managerial support and input.

- **Increased national society ability to implement emergency Wat-San interventions.**

The BSRC Wat-San team provided a quick and sound response (both are regional RDRT members) to a cholera outbreak in Sisele, where funds were provided to BSRC from the food security operation to assist in measures such as water chlorination, provision of oral re-hydration salts (ORS), household hygiene promotion and latrine construction while the government released additional funding to complete the construction of a water tank.

Impact:

The project has assisted families living in remote areas that now have improved sanitation, and greater knowledge about health and hygiene.

Communities appreciate BSRC interventions, and are requesting that new branches be established. People from outside the project area are requesting latrines, after seeing the structures, which have been built with BSRC assistance. The cleanliness of household surroundings has improved, and it is evident that there is now proper use of latrines, as household surroundings and common paths are much cleaner.

Communities affiliated with the project contribute labour and material, and are putting lessons from the hygiene training into practice. The presence of the project has led to an improvement in road infrastructure for increased accessibility to the project areas. The BSRC and community leaders initiated the improvement with the Ministry of Works.

Constraints:

A major constraint was the withdrawal of government assistance for the construction of the planned water supply system, and the lack of qualified technician in the BSRC. Therefore the water supply scheme has not yet been fully developed, and the spring catchments need refurbishing. The Society is aware of this, and measures are being discussed with the regional delegation on how to overcome this within the given budget and time frame.

Coordination:

BSRC has developed good relations with Government departments on the ground in particularly on the hygiene promotion part of the programme and include their personnel in training and activities. Similar good relationships have been established with traditional leaderships, which is also pertinent for the smooth running of the project.

Disaster Management

The BSRC has been involved in both floods and drought relief operations in the past and has gained important experience in disaster management (DM), and currently through the food insecurity emergency situation that has affected the region. The BSRC's main focus in DM is food security, as this is a recurring problem in Swaziland. The Society launched a food security pilot project with support of the Federation and the Finnish Red Cross to target the chronic food shortage situation in the country, and to address the linkage between HIV/AIDS and food insecurity.

Both the pilot project and the emergency operation require extensive technical support from the Southern Africa regional delegation. Both programmes are monitored closely to ensure the sharing of experiences and lessons learnt between the two.

The BSRC has recently finalized its disaster management policy and plans. As soon as the Board has adopted it, an intense dissemination campaign will commence within the Society and with other relevant stakeholders.

Overall Goal: Implementation of characteristics of a well-prepared National Society has improved the Baphali Swaziland Red Cross Society in three key areas, namely: know-how, capacity and performance.

Programme Objective: The capacity of the BSRC to provide appropriate and timely support to the people threatened or affected by disasters is increased.

Achievements against Expected Results

The capacity of BSRC to provide appropriate and timely support to the people threatened or affected by disaster is increased.

- **Human and technical disaster management resources improved and accessible when needed by 2004.**

Three people from BSRC participated in the Regional Vulnerability and Capacity Assessment (VCA) training of trainer's workshop in January 2003. The training offered the national society an opportunity to reflect on whether their programming is considering the vulnerabilities and capacities of target beneficiaries so that the impact of an intervention can be measured. BSRC participated in the regional Disaster Management planning meeting that was aimed at harmonizing Disaster Management procedures.

- **Disaster management policy and plan operationalised and disseminated to all relevant stakeholders by end of 2003.**

The DM department held a very successful Disaster Management planning meeting, which BSRC participated at Chengeta lodge from 18-20 February 2003. The workshop was aimed at: consolidating 2003 Disaster Management plans in line with national society priorities, capacities and appeal; finalize and agree on the regional disaster response plan; agree on well prepared national society minimum standards; and, come up with a development contract "MoC." The MoC is meant to set operational parameters with national societies for the 2003 - 2004 period.

- **Food security project evaluated and replicated in two more countries in the region by end of 2004.**

A mid-term review will be conducted in the third quarter.

- **Present and future emergency food security interventions standardised.**

The food security pilot projects, funded by Finnish Red Cross, commenced in the second quarter of 2002, in Maphungwana and Mahhashini. A Food Security Officer was appointed as a focal person three months later, and is currently working with two site officers, supported by the Head of Programmes and the Finance Officer. The project has thus far concentrated on Mahhashini, in the Shiselweni region and Maphungwana in the Lubombo region. Sigombeni projects, in the Manzini region project started at a low scale because the area had no site officer by February 2003. The situation was discussed during the task-force meeting in February, with all parties agreeing to urgently engage a site officer.

Although there was a slight delay of four months in implementing the project, a lot has been achieved in terms of output. This can be attributed to the continued technical support and encouragement received by the Society from the Regional Delegation in Harare, the Ministry of Agriculture and Cooperatives, (Swaziland Government).

- **Countrywide early warning system (EWS) mechanism based on Disaster Management Information System (DMIS) network and situation analysis by Regional Disaster Response Teams (RDRT) members established by end of 2003.**

In January, Swaziland experienced a cholera outbreak affecting 350 households in the Kaliba rural area, 140 kilometers from Mbabane. Ninety-one people were treated with four confirmed deaths, two at the hospital and two at their homes. A needs assessment conducted by BSRC RDRT members highlighted; unsafe water, poor sanitation and unhygienic practices.

The Federation Regional Delegation immediately provided the Society with funding for a health education campaign that resulted in the reduction the number of patients with severe diarrhea and vomiting.

- **Disaster management capacity strengthened by 40% and infrastructure in place by end of 2004.**

Activities under this objective will be undertaken in the third quarter.

Impact:

By responding to emergencies like the cholera outbreak in Kaliba, BSRC has been able to use its trained RDRT members to carry out credible needs assessment and interventions saving a number of lives. Health education in

Kaliba saw the reduction of incident figures of patients with severe diarrhea and vomiting dropping significantly. The Food Security Pilot Project has improved the ability of vulnerable communities to make a living as they can now generate food for their own consumption and raise income for other basic necessities.

Constraints:

The fact that the DM focal person is based at a division level makes it difficult to link and swiftly implement all DM planned activities. There is need for a DM focal person at BSRC headquarters level who can oversee the national implementation of all DM activities.

Coordination:

The BSRC coordinates closely with the government of Swaziland. In connection with the Food Security Pilot Project, the government has provided agricultural extension officers, equipment to use in the ploughing project, land, and built access roads to project sites in Mahhashini. BSRC also worked with the government during the cholera outbreak in controlling and combating the spread of the disease.

The BSRC is an implementing partner with the WFP for the emergency food security operation in Swaziland. The Society has been working in close co-operation with a Federation Relief Delegate and bilaterally with the German Red Cross on the operation. The BSRC also effectively participates in a number of interagency meetings at national and divisional levels.

Organisational Development

The BSRC has received considerable assistance from the regional organisational development (OD) programme over the last few years. The National Society now has a strategic plan, and a reviewed new constitution. The National Society also received financial support towards the salary costs of senior management as an interim step during the human resources review, which was being undertaken. The full review was supported by the OD programme in 2002 and the Secretariat is already assisting the BSRC with the implementation of the review's recommendations, although financial assistance was sought through the Capacity Building Fund in Geneva, the proposal is still being discussed. The National Society has received CHF 85, 000 for the OD appeal, which was budgeted at CHF 86,105.

In 2002, the BSRC was supported in holding a governance induction workshop for newly elected members at national level. The Society is currently being assisted by a volunteer finance manager from Skillshare International, this partnership between the OD programme and Skillshare is highly appreciated by the Society. The volunteer finance manager is helping to improve financial management in the Society.

The BSRC is piloting a Food Security project and the funding for the project is being made available through the cash transfer system as opposed to working advances. This is being used as a mechanism to encourage more financial management responsibility.

BSRC is in the process of translating its constitution to common language to ensure its continuing relevance. The OD developed Memorandum of Cooperation (MoC), which clearly sets out expectations between the regional programmes and the respective national societies was signed between Swaziland and the regional DP/DR programme with support from the OD department.

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

Programme Objective: Secretariat support to the BSRC has led to a strengthening of its operational capacities.

Achievements against Expected Results

- **BSRC has an effective volunteer management system in place.**
Swaziland has trained 23 volunteer coaches out of its 30 branches. These volunteers will support the division coordinators with volunteer recruitment, training and retention.

- **BSCR has functional branches in place that are actively participating in project implementation.**
The Focal person for branch/volunteer development in Swaziland attended a one week study visit on volunteer management, in Cape Town. The BSRC draft plan on how they can be supported with creating a branch development manual, volunteer management system, and the development of the youth policy was discussed by BSRC and the regional delegation, with the final submission being awaited by the latter, which will have visits to support its implementation during the second quarter of 2003.
- **BSRC has increased its financial resource base in both value and diversity.**
There was nothing to report on during the first quarter.
- **BSRC has in place effective financial management systems.**
OD was responsible for the orientation of the BSRC Finance Officer, who also received training from the Zimbabwe Red Cross. The BSRC also received technical input from OD during the fundraising donor meeting held in March 2003

Impact:

The profile and image of the Society has been raised as indicated by the number of donors supporting its different programmes from HIV/AIDS, water and sanitation to the current Food Security emergency operation programme, and long-term pilot food security programme. As a consequence, the capacity of the BSRC to respond and implement programmes that benefit the most vulnerable people in Swaziland has increased.

Constraints:

Activities will become easier when the new financial software is introduced to the BSRC with support from the OD programme (in partnership with the regional ISM programme).

The Capacity Building Project proposals that were submitted to the Capacity Building Fund late last year for Swaziland did not receive a favourable response. This affected the Society's plans to implement their change process. However efforts to source financial support are still continuing.

Coordination:

The fundraising and capacity building meeting held between the BSRC, the Food Security Programme and other donors emphasized the importance of drawing up MoU's between the Regional Delegation and the National Society. The OD programme is spearheading the integration and coordination of programmes to support the Society holistically.

For further information please contact:

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APPEAL No. 01.21/2003

PLEDGES RECEIVED

24.06.2003

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

						TOTAL COVERAGE
REQUESTED IN APPEAL CHF ----->				745'404		26.7%
CASH CARRIED FORWARD						
FINNISH - GOVT/RC		89'000	EUR	130'252	20.02.03	FOOD SECURITY
FINNISH - GOVT/RC		13'000	EUR	19'074	10.02.03	ORGANISATIONAL DEVELOPMENT
CAPACITY BUILDING FUND ALLOCATION				50'000	15.05.2003	PSZ006
SUB/TOTAL RECEIVED IN CASH				199'326	CHF	26.7%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES						
				0	CHF	0.0%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED						
				0	CHF	