

ANNUAL REPORT



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 REGIONAL PROGRAMMES

30 March 2004

In Brief

Appeal No.: 01.24/2003 ([Click here to access the 2003 Appeal](#))

Appeal target: CHF 3,449,133 (USD 2,366,973 or EUR 2,342,761)

Appeal coverage: 66.0% ([Click here to access the Final Financial Report](#))

Appeal 2004: Southern Africa regional programmes no. 01.21/2004 ([Click here to access the 2004 Appeal](#))

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[Health and Care](#) - [Disaster Management](#) - [Organizational Development](#)

[Federation Cooperation](#) – [International Representation](#) – [Field Management](#)

Overall analysis of the programme

The high prevalence of HIV/AIDS in Southern Africa has had a significant impact on the socio-economics in the region. The HIV/AIDS pandemic has been the main contributor to the ever-increasing poverty and less agricultural output. The impact of this has further been deepened by harvest failures year after year, as a result of floods and drought that have ravaged the region in the past four years. HIV/AIDS infection rates in the Southern Africa are the highest in the world with more than three million orphans; children and elderly-headed households are on the increase. The livelihood, particularly the health, of those affected has become more vulnerable because of food shortages.

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

The National Red Cross Societies in Southern Africa has been commended for its initiative in integrating the food component with long term programming at regional and national level. In January 2003 the food security operation was integrated into health and care programmes – home-based care (HBC), water and sanitation and sanitation and community based health care. The regional delegation health and care department is now increasingly integrated and was strengthened by the arrival of two delegates, health and OVC¹ specialists. This will increase technical support to the national societies particularly on prevention, ARVs and OVC interventions. Water, sanitation and hygiene promotion projects are an established and successful part of the Federation programming in the region both in development and emergency contexts. Major steps have been taken to improve the “software”² aspects of the projects and to develop water and sanitation (WatSan) as an integral part of other Red Cross interventions as an ongoing process.

The regional organizational development programme continues to give support to national societies with implementing strategies and commitments outlined in the Federation [Strategy 2010](#), [ARCHI 2010](#) and the [Ouagadougou Declaration](#). To adapt to the changing environment and enhance ownership within the national societies, the OD programme has initiated an information sharing process of ideas and experiences in the region through the formation of a five-member regional capacity building team. The team’s terms of reference have been drawn-up and presented to Southern Africa Partnership of Red Cross Societies (SAPRCS) for their approval and endorsement.

The Federation regional coordination and support mechanisms developed through the cooperation agreement strategy (CAS) have increased the impact of the Movement support to all national societies in the region. The regional delegation empowered the national societies and gave them ownership in programme planning, implementation and management through supporting them in coordinating, cooperating and developing strategic partnerships with partner national societies (PNS) and other stakeholders in the region and beyond. The massive food security operation that was implemented in five national societies and the HIV/AIDS programme currently being implemented by the ten national societies are some of the achievements of the Federation coordination support.

Angola

The resettlement of returnees in their areas, coupled with the existing difficulties in most communities, has worsened the food security situation, access to clean drinking water, water and sanitation, health and education facilities and other social services, which were already been devastated during the 30 years of war. OCHA³ estimates that there are over 50,000 Angolan refugees in the Democratic Republic of Congo (DRC), some of whom have shown their willingness to return to their country. In response to the population movement challenges, the Southern Africa regional delegation mobilized the [Angola Red Cross](#) alongside the Zambia Red Cross and the Red Cross of DRC to deploy assessment teams to work with the relevant government department. A regional plan of action for nine-months has been developed to assist the repatriation and resettlement of the refugees and improving the quality of the lives of the host communities.

Lesotho

The [Lesotho Red Cross Society](#) launched its first HBC project with a big, colourful ceremony which the King and Queen of Lesotho attended. The King expressed his appreciation of the Red Cross efforts in fighting the HIV/AIDS pandemic and used the opportunity to pledge national support for the national society. The regional delegation continues to support the national society in the ongoing capacity building exercises and in a number of areas including governance, management and volunteer development that have started to yield positive results.

Severe drought continues in most parts of the country and after the winter wheat harvest, vegetables crops are failing on a wide scale. Lesotho expects to produce no more than 20 percent of its food requirement in the next harvest. The WFP has appealed for food assistance for 322,000 people in Lesotho in 2004.

¹ OVC - Orphans and other children made vulnerable by HIV/AIDS

² ‘Software’ refers to the planning stage of a project where needs of a community are identified, defined and capacities build in order to promote self-sustainability, ownership.

³ OCHA – UN Office of Coordination and Humanitarian Affairs

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

Namibia

A comprehensive WFP, UNICEF and WHO assessment mission indicated that there is serious food insecurity in the northern regions due to drought, floods, poor health and environmental degradation. Accessibility to food due to poor road network has also proved to be the main problem fuelling the food insecurity. Assessment also indicates that malnutrition cases are strongly linked to HIV/AIDS, and there is heightened concern about the growing number of OVC. The [Namibia Red Cross](#) scaled up activities on HIV/AIDS through HBC, health development, reproductive health, edutainment and the support of OVC.

South Africa: The South Africa government budget passed in February gave priority to reducing poverty and vulnerability, and extended the child support grant increasing spending on the primary school nutrition programme. Similarly it extended spending on social grants, textbooks, medicine, hospitals buildings and equipment and reinforces the enhanced response to HIV/AIDS. Food security and nutrition programmes have been launched by the South African government with ZAR 1.2 billion allocated over the next three years. The government also extended its support to neighbouring countries by providing funds to support UN food security programmes in the region.

In October 2003, the South African government approved ZAR 250 million for drought relief targeting flood rehabilitation, emergency water supply, salvaging state farms affected by fires and providing fodder assistance to both communal and commercial farmers. As the drought intensified, the government later commissioned an analysis on the impact of the drought and the development of a national mitigation plan. The [South African Red Cross Society](#) has actively communicated with the department of provincial and local governments, offering assistance and partnership in conducting assessments, developing food distribution plan, food procurement and distribution.

Swaziland

Swaziland has one of the worst HIV/AIDS infection rates in the world; it is estimated that 38.6% of adults are HIV-positive, up from 34.2% at the end of 2002. The eastern lowveld of Swaziland has suffered diminishing rainfall for a decade, and has not recovered from the prolonged drought in 1992-94 that rendered much of the Eastern Lubombo region uninhabitable. Despite some government studies that suggest that Lubombo is not suitable for subsistence farming, hundreds of thousands of Swazis continue to live there on communal land. The [Baphalali Swaziland Red Cross Society](#) has assisted the Swazis through establishing income-generating projects such as vegetable gardening.

Zambia

The [Zambia Red Cross Society](#) has complemented the efforts of the government in the fight, control and prevention of spread of cholera in Lusaka, Luapula and Northern provinces. With the support of the Federation, the national society donated cholera kits to the Lusaka district health management. The national society deployed health information teams to work with the local community in the area of hygiene promotion and public health education campaigns.

The Zambia Red Cross supported by the Federation assembled a multi-sectored assessment team to carry out an in-depth assessment in population movement following the repatriation of Angolan refugees, in westerns and north-western Zambia. By end of November 2003, some 97,000 Angolan refugees had been spontaneously repatriated from Zambia, leaving approximately 189,000 in the western and north-western refugee camps.

Zimbabwe

While the situation in most countries has improved, Zimbabwe's food production was worse than in 2003 and regional disparities in food production have created pockets of needs. Approximately 5.5 million people – nearly half the population of Zimbabwe - faced acute food shortages and require assistance in the form of food and non-food items. Aid agencies have pointed out the urgent need to assist with delivering agricultural inputs for the coming cropping season. Widespread food shortages emerged as Zimbabwe's most pressing problems despite international relief efforts especially in rural areas where two-thirds of the country's 12 million people live.

The first cholera outbreak was reported beginning of October in Zimbabwe's northern district of Kariba, and by end of November the death toll had risen to 24 people. There are no treatment centres in the affected communities

and the government has been providing curative measures at the satellite clinics and household levels. The [Zimbabwe Red Cross Society](#) deployed a team of three regional disaster response team (RDRT) trained staff members to the affected areas in early November. The team held consultation meetings with the ministry of health and provincial medical official in Chunga and visited affected communities. The national society supported by the Federation provided cholera kits for Binga, which also contained volunteer units and health education materials to be used for health education by the Red Cross volunteers.

Health and care

Health and Care: Community-based Health

Goal: Improvement in the general health and reduction in HIV/AIDS transmission of the targeted vulnerable communities through the provision of community-based health care.

Objective: National societies will be strengthened to ensure that they are able to design and implement health projects that contribute to the reduction of morbidity and mortality from common health problems.

The new health delegate joined the regional delegation in September and has been acquainting with the regional health and care integrated programming. The health delegate also participated in more specific meetings at the regional level such as the SAPRCS held in Johannesburg, and the planning meeting for HIV/AIDS coordinators held in Johannesburg, and attended “Reaching the Most Vulnerable” conference on community social mobilization in Windhoek in November. The presentation on various examples of social mobilization from the national societies gave a good background for the future work for the health delegate. The regional health delegate and the African malaria adviser went for an introductory visit to the Mozambique Red Cross in December 2003 and were introduced to the integrated health projects and the preventive work. They also assessed the possibilities of having health components which can be integrated in combined community supported programmes, to be achieved through pooling resources

The regional health programme conducted an assessment and planned interventions for floods affected victims in Kabwe district in Zambia in order to strengthen the CBFA at Zambia Red Cross. The interventions included the provision of volunteer’s cholera kits, as Kabwe is cholera endemic district in Zambia. The Geneva based health officer accompanied by the regional delegation health staff also visited Zambia Red Cross to finalize the planning for measles social mobilization. In June, Zambia Red Cross with support from the Federation, and in collaboration with the district health management teams organized and conducted social mobilization for mass measles campaigns in the eight vulnerable districts. A total of 1,900 Red Cross volunteers were mobilized and the campaign for the first time managed to cover four important components on vitamin A, mebendazole, measles vaccination and ITNs for children less than six months, in the four priority malaria districts as identified by the national malaria control centre. The Federation provided 75,000 ITNs for Zambia Red Cross measles campaigns.

The Zambia Red Cross with the support of the regional health department and the Africa region malaria advisor conducted a needs assessment for malaria interventions during humanitarian crisis in March. The information from the assessment was going to be used for launching a malaria emergency appeal but due to various reasons it was not launched.

The regional health department also supported the Zimbabwe Red Cross health coordinator in networking with the ministry of health and the WHO in the preparations of malaria and TB projects. The Zimbabwe Red Cross health coordinator worked with the regional health team in conducting a situation analysis for the malaria and TB project. Zambia, Zimbabwe and Swaziland national societies received support from the Federation in responding to cholera outbreaks in early 2003. In September and October Zambia and Zimbabwe experienced new outbreaks, which were responded to effectively.

On request from Namibian Red Cross, the Federation health delegate visited the national society and the NARHI⁴ project. The NARHI project goal is “To reduce maternal mortality and improve the sexual health of adolescents in

⁴ NARHI - Namibia Reproductive Health Initiative

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

the NARHI project target areas in Kunene and Kavango regions by December 2006.” The project is in line with the ARCHI 2010 scaling up prevention, care, support and advocacy activities in HIV/AIDS and health and care. The regional health programme had planned to support workshop for traditional leaders in Kunene. The workshop is planned to take place in the beginning of 2004 to discuss reproductive health, prevention, HVI/AIDS and STD.

The regional HIV/AIDS department and the regional health department are in close cooperation in planning to strengthen the prevention component in the HBC. The prevention will not only be on HIV/AIDS but on all the subjects mentioned in the ARCHI tool kits.

Impact

The health department has been active in the integration process with the HIV/AIDS and water and sanitation and this cooperation will definitely have an impact on the vulnerable communities.

Constraints

The regional health programme could not implement all the planned activities due to lack of sufficient funding and the late arrival of some funds. The staff changes in the health department resulted in having some months without a health delegate and slowed down programme planning and implementation.

Coordination

Various meetings have taken place with UNICEF regional health advisor, Zambia and Zimbabwe UNICEF health advisor, WHO regional and country representatives for malaria, TB, measles and cholera. The regional UNICEF health advisor visited the regional delegation to hold discussion with the Red Cross in the areas of malaria, cholera, immunization and integrated management of childhood illnesses (IMCI). The Federation and the Zimbabwe Red Cross have been invited to attend the Zimbabwe country coordinating meeting with effect from January 2004.

The NARHI project was funded by American Red Cross and will now end December 2003 due to reduction in funding. The project is taking place in Rundu and Opuwo regions - the most remote and neglected regions in Namibia.

Health and Care: HIV/AIDS

The Ouagadougou declaration was a turning point in the Red Cross' approach to HIV/AIDS and it was guided by the declaration and ARCHI 2010, the Southern Africa region embarked on an unprecedented drive towards contributing to local and global efforts in the fight against HIV/AIDS. The national societies, with support from the Federation, initiated a scaling up programme aimed at reaching significant proportion of those highly vulnerable to HIV/AIDS. The programme was benchmarked through baseline surveys, conducted in 2001, in the ten countries of the region. The baseline surveys were followed by development of a five-year strategic plan, and individual national society plans.

Goal: The Vulnerability of communities due to poor health and exposure to HIV/AIDS infection is reduced

Objective: Working with national societies to develop HBC programmes, to provide support to PLWHA⁵ and OVC, initiate HIV prevention education information to reduce the spread of the virus and to reduce HIV-related stigma.

Achievements

Capacity of national societies to implement care and support activities for HIV infected and affected people are improved

During this period, the volunteer HBC facilitators provided care and support to 27,568 PLWHA. The trained care facilitators made home visits to clients and taught family members to care for the sick at home and offered psychological support to the PLWHA and OVC. Factors that contributed towards achieving the results include the fact that some national societies such as Namibia, Lesotho and Zambia established more home based care projects than planned for the year. The Lesotho Red Cross increased HBC projects from two at the beginning of the year

⁵ PLWHA – Persons living with HIV/AIDS

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

to four by the end of 2003 and Namibia Red Cross now has a total of six HBC projects. There are a total of 1,199 care facilitators in the HBC programme in the region and an additional 600 care providers were trained in Namibia and South Africa to assist care facilitators. At least 4,568 households were trained in HBC and first aid.

National societies have established support groups for PLWHA and OVC.

A total of 169 support groups were established in the region with an average of 20 people in each support group; hence a total of 3,380 PLWHA and some family members participate in the support groups. At least 5,000 PLWHA received on-going counselling through support groups at home. The primary function of support groups in the HBC project is to provide a 'safe space' for the clients and their care facilitators, many of whom are HIV positive. The support groups enforce 'positive living' through sharing of testimonies, psychological coping skills and addressing stigma. The yearly objective is to establish 100 support groups in the ten national societies. Their participation helps the PLWHA who may still be in denial or living in fear, regain confidence. During training, support groups were encouraged to start nutrition gardens and engage in poultry projects in order to address their nutritional needs. In Swaziland the Sigombeni chief received training and later offered a piece of land for a nutrition garden to the support group.

The Zvimba support group in Zimbabwe meets every Thursday and is engaged in soap making and there is time allocated for the sharing of personal experiences. The little funds raised from soap-making project are shared and used to purchase painkillers and coffins for colleagues. At the Mchinji support group project in Malawi, participants managed to break the silence in the community by involving the traditional leaders and chiefs, in addressing communities concerning the need to fight stigma.

Advocacy activities in the region are established and national societies are effectively supported.

Stigma and discrimination poses a big challenge on HIV prevention and in care and support for PLWHA. With the support from the Federation all national societies organised at least two major anti-stigma campaigns engaging political figures. Many care facilitator volunteers have spoken openly in the project and in the community about their HIV status and about stigma and discrimination. In Zimbabwe, Mozambique, Zambia and Namibia, some Red Cross volunteers have made public speeches on stigma and discrimination relating to their personal experiences in living with HIV/AIDS. In addition, the care facilitators hold bi-monthly awareness campaigns in the villages. In Swaziland, one chief who is also HIV+ was deserted by his wife and sons after addressing his village about his HIV status. He however continued to fight stigma through speaking openly and some relatives and family members have started to appreciate and respect his messages.

Eight national societies in the region jointly developed a HIV/AIDS policy addressing staff and volunteers issues at the workplace. It has not been easy to implement this policy due to high costs related to it, for instance, procurement of anti-retroviral drugs.

Six national societies assisted OVC in 2003.

In 2003 work with OVC included material support, providing food, home visits, education support, and referrals to social welfare and health services, day care centres for children less than five years, sports and other social activities and psychological support mainly through memory box ⁶work. Three national societies had some training in memory work and Zimbabwe and Namibia have ongoing memory projects.

The OVC programmes vary in different countries according to the local context and national society capacity. For example in Botswana, the government is providing all necessary material support for OVC with very few agencies is providing psychological support. Malawi Red Cross is working with 12,232 children in 19 community-based child care centres. The South African Red Cross is continuing to do advocacy work for OVC, working closely with social welfare departments so that the children and their caregivers receive the government grants to which they are entitled. In December 2003, all the provincial HIV/AIDS officers at the South African Red Cross received training on HIV/AIDS and the law, including rights of children and OVC.

⁶ Memory Box - is one of the Red Cross initiatives to help mothers and fathers, powerless in the face of death due to HIV/AIDS, to communicate with their children by making a treasure chest of information such as family, photographs, letters, stories and history. The memory box also serves as an important vehicle in the AIDS education battle, by allowing people to talk openly about the disease.

Food security activities integrated in the regional HIV/AIDS programme.

The most vulnerable PLWHA and OVCs from the communities were identified, and received food packs from the HBC project. A total of 27,568 PLWHA and their families as well as 30,000 OVCs benefited from the food and nutritional support mostly in Zimbabwe, Zambia, Swaziland, Lesotho, Malawi and South Africa. The Red Cross collaborated with the governments and WFP in providing food and improved nutrition through the HBC project.

Nutrition gardens were established in Swaziland, Zambia, Zimbabwe, South Africa, Mozambique and Malawi. Poultry and piggery projects to enhance nutrition were also established and households were supported with field and garden tools, fertilizer and seed to ensure sustainability. Households with PLWHA received education concerning good nutrition and preparation of nutritious meals.

Capacity of national societies in programme management is increased through empowering national society staff.

The regional HIV/AIDS department worked jointly with the OD department in strengthening the national societies of Zambia, Botswana, Lesotho, Namibia, South Africa and Angola with programme management. With support from the regional HIV/AIDS department, 2,600 volunteers were trained in HIV/AIDS related activities resulting in improved planning, programming and implementation. Volunteer guidelines were developed and shared with national societies. Red Cross branches responsible for monitoring HIV/AIDS project were established and positions for provincial and district coaches were filled, and coaches were trained to supervise volunteers. A Federation HIV/AIDS officer spent a minimum of four weeks with a national society training volunteers on setting up the project and providing technical support in program implementation. Namibia and Lesotho Red Cross went through restructuring process strengthening competency especially at headquarters.

Exchange visits were arranged for national societies to learn from each other, for instance, Malawi Red Cross volunteers visited Zambia Red Cross and South Africa Red Cross visited Namibia Red Cross projects. All HIV/AIDS coordinators in the region were invited to visit Zimbabwe Red Cross HBC model for two weeks as an experience sharing mission. SARAN was established to bring together the ten national societies in planning and the harmonization process of the HBC guidelines.

National societies supported in establishing income-generating activities (IGA)

IGAs have not been established yet in most of the support groups due to the fact that many support groups need at least six months to get established before setting up IGAs. In some countries such as Zimbabwe the economic climate makes this very difficult. In the Baphalali Swaziland Red Cross Society, the Sigombeni and Silele projects have sound IGAs, which comprise of nutrition gardens. Equipment and items for IGAs for some projects will be procured in the first quarter of 2004.

Gender incorporated into HIV/AIDS programming

Mainstreaming gender within the project has been a challenge given the cultural expectations concerning women and men involvement in care and HIV prevention. In the region 500 women and 31,600 girls were trained in peer education. Training sessions covered reproductive health, HIV/AIDS and HBC. Male gatherings "Padare" were initiated in Namibia and Zimbabwe to address HIV/AIDS issues for males alone. A total of 40 male chiefs received training in HBC in Malawi and Swaziland, and 122 male care facilitators provide care and support to PLWHA in Zambia, Malawi, Namibia and Swaziland. Involvement of chiefs has brought awareness among communities on the need to involve males and females in HIV prevention, care and support. In order to involve traditional leaders to address the gender aspect, in Mchinji, Malawi, 35 male chiefs received HBC training and some chiefs have started holding sessions with the communities on HBC, as well as highlighting the importance of HIV testing.

Information, education and communication (IEC) materials were also distributed to the community in all ten countries. HIV/AIDS prevention was mostly focused on the schools, although out-of-school adolescents were also addressed. In Angola and Swaziland, prevention programmes also target commercial sex workers who are trained as peer educators and conduct HIV prevention education. The Namibia Red Cross produced the 'Men and HIV-AIDS' manual as well as the 'Choose Life' magazine in collaboration with Soul City.

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

A total of 963,964 youths in the region were reached with HIV/AIDS prevention education exceeding the target. At least 58% of the youths in Zambia who received HIV/AIDS prevention education confirmed that they knew the facts about HIV/AIDS. Some indicated that they were already using condoms correctly with some girls admitting that they were now more assertive and could negotiate for safer sex.

Impact

There has been rapid scaling up of HIV/AIDS activities within national societies with thousands of PLWHA and the affected benefiting from care and support, prevention and OVC programmes. A scaling-up committee, comprising of secretaries general from the region guide the scaling up process.

A study conducted in Zambia and Namibia confirmed that HBC and food support helped several bedridden clients to becoming mobile and productive again. Family members gained confidence in caring for the sick at home and 60% of the clients interviewed reported significant improvement in self-esteem and respect achieved through the HBC project, and can even work in their fields. Several clients with diarrhoeal and skin diseases recovered from these through improved nutrition and food. The PLWHA were able to once more support their families. In Swaziland, a study showed that there had been improved nutritional status and access to food amongst the clients who were involved in the garden project.

The PLWHA meet weekly and discuss their HIV/AIDS status openly within the group and within the community and in so doing helping to break the silence. The Zambian study revealed that communities were becoming more open about HIV/AIDS reflected in open discussion on HIV/AIDS and increased acceptance of PLWHA. Involvement of the chiefs has encouraged households to accept PLWHA. In Zimbabwe stigma reduction was measured by the fact that before the anti-stigma campaigns, the community was reluctant to buy garden produce (tomatoes, onions) from the support group project. Later in the year, after some sessions on anti-stigma the horticulture project was revived as the community accepts their products

The memory box project helped in fighting stigma through disclosure of health status to families' members and the community. This has helped in opening communication with children and thus building resilience in children and helping parents and children to fight for life and prepare for their children's future. It also puts the principle of participation and listening to children into practice. The children who took part in the project in Zimbabwe stated that they want to start their own support group and these groups have now begun.

Anecdotal evidence shows that most of the clients in the region knew the purpose of VCT and are willing to go for HIV/AIDS testing at the VCT centre. Interviews and focus group discussions confirmed that the local community perceived the following as indicators of impact and reported positive gains in these indicators:

- Openness about sexual issues
- Increased demand for and use of condoms
- Increased referrals for VCT and PMTCT
- Reduced pregnancy rate among youths
- Increased knowledge about HIV prevention

Constraints

The project is experiencing increased death rates among care facilitators resulting in the need to train more care facilitators. The lack of basic drugs in some countries led to difficulties in replenishing the HBC kits. National societies had difficulties in getting adequate condoms in stock leading to having some months without condoms distribution, for example in Malawi and Lesotho.

Although majority of the clients have become comfortable with disclosing their status, a lot more are still held by fear of stigmatization and discriminations. While sexuality should be discussed at all levels in the community in an effort to reduce stigma and HIV infection, culture and tradition make it difficult.

Most national societies lacked skills in doing OVC needs assessment before establishing projects. This was however discussed at the last SARAN meeting held in October 2003. It is early to measure the impact of the OVC programme although there is no doubt that it has had an impact on the lives of individual children.

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

Transportation of food rations to each village was hampered by poor roads and poor weather. Communities were encouraged to use the local mode of transport to the collection point such as donkeys and scotch – carts among others. Households for PLWHA were crowded with relatives who came to share the food supplied, in certain cases fuelling food insecurity for the clients.

The national societies are affected by high staff turnover given that work in HIV prevention and HBC is more effective when supported by long servicing staff and volunteers. There is a need to improve on data collection, statistics and reporting so that national societies are able to provide accurate information on beneficiaries and the impact of that support. Training in IGAs is complex and will take some time to reach out to all support groups.

Lessons Learnt

The Angola Red Cross developed a monitoring and evaluation tool for the prevention of HIV/AIDS, which was shared with other national societies at the SARAN meeting. The tool helps in collecting data and statistics and has been instrumental in measuring impact in the HIV prevention project. Malawi, Zambia and Namibia Red Cross were the countries that pre-tested the tool developed by Angola Red Cross.

The issues of stigma and discrimination have been addressed at grassroots and community level by the involvement of the local chiefs. The chiefs have authority and influence in their communities and their participation helps in implementing the projects faster and more smoothly. The national societies of Namibia, Mozambique and Botswana are now seeking the participation of their chiefs in the implementation of HIV/AIDS projects.

The establishment of a scaling up committee comprising of three secretaries general and a president of one national society has ensured the ownership and participation of national societies in the implementation of HIV/AIDS projects. The committee is a practical structure, which has enhanced the scaling up of activities.

Coordination

During the reporting period the Namibia Red Cross doubled its planned activities while the financial support received from the German, American and Canadian Red Cross was untimely terminated. As a result, the national society utilized double the amount of funds allocated in the 2003 budget.

Educational materials provided through the support from SAFAIDS, UNICEF and the governments were distributed in schools and throughout communities.

Health and Care: Water and Sanitation

The regional WatSan department aims to strengthen the national societies in improving on implementations through developing a systematic approach to project implementation that allows national societies to takeover more responsibility on scaling up their WatSan projects and establish a sustainable future in the sector. A review of the regional WatSan programme was conducted at the start of the year and the recommendations formed a basis for many of the initiatives detailed in this report.

Goal: National societies' capacity in providing sustainable and emergency water and sanitation services is improved.

Achievements

Equipping five national societies with developed WatSan programming and implementation capabilities using integrated approaches in both short and long term interventions.

Two strategic planning meetings with the project managers enabled the objective to be achieved. The programme coordinators attended one of these meetings to enable increased senior management involvement in the WatSan projects. National societies are going to implement projects in areas where the Red Cross is providing HBC services to people affected by HIV/ AIDS. Thus the water supply and sanitation interventions will provide synergy with other Red Cross health interventions.

Within the national societies there will be a focus on working with defined local government administrative units to raise the water supply and sanitation services to minimum service levels. The sustainability of the project will

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

then be assessed one year after exit. This marks a change from the previous practice of having small interventions in scattered communities. The change in strategy will reduce the cost per beneficiary and allow for improved sanitation/hygiene promotion, community management training, monitoring and evaluation due to reduced time and costs on travelling to the project sites.

The regional WatSan department supported programming and implementation capabilities through missions from the regional office to the project sites. The regional WatSan department made missions to Zambia, Mozambique, Swaziland, Zimbabwe, Malawi, Lesotho and Angola to advise with project planning and implementation and to monitor and evaluate the projects. The regional WatSan finance officer went on a mission to Mozambique, Swaziland and Malawi to assist the national societies' programme management (including financial monitoring and reporting). The regional technical officer made a longer-term mission to Swaziland to directly assist the national society where major implementation problems existed. The technical officer has been heavily involved in assisting the Zimbabwe Red Cross implement their WatSan projects since September through support from the office and numerous missions. The project managers from Malawi, Mozambique, Zambia and the regional technical officer completed a three-week long management-training course that has improved their management capabilities.

Technical support was given to the WatSan component of the RDRT training held in Malawi in September. This built the capacity of National Societies to respond to disasters. The national society staff from Zambia, Zimbabwe and Mozambique attended a workshop in Uganda intended to improve the implementation of hygiene promotion in WatSan projects. Malawi, Mozambique and Zimbabwe have employed "software" (the non-construction aspects of WatSan projects – community management of water supply facilities and hygiene/sanitation promotion) specialists. Zambia will recruit a software officer in 2004, the former one having been transferred to a Red Cross refugee operation in Zambia.

The regional WatSan delegate began developing standard project management tools for WatSan projects in the region. The project management tools will detail the process of a WatSan project and include tools to assist national societies' project managers on each step of the project process. WatSan project managers in national societies are now provided with variance reports on their expenditure against budgets enabling them to do financial control of their projects. This has been lacking in recent years and is vital in the change strategy process of national society assuming more responsibility for their projects.

Capital equipment including engineering levels and global positioning system instruments were purchased for use by the regional office and National Societies. Engineering, hygiene promotion and project management books were purchased for all National Societies. These tools are vital for capacity building. Emergency equipment is stored at the regional warehouse and was maintained in the first quarter of this year.

Advocacy where the national society WatSan programmes in the region are affiliated to national, regional and international forums/ bodies

The regional WatSan programme coordinates effectively with other sector agencies including NGOs, UNICEF and government water agencies. The project managers in Zimbabwe, Mozambique, and Zambia contributed to national WatSan sector coordination bodies where the Red Cross is advocates for more effective and efficient water and sanitation interventions. This coordination implementing ensures similar approaches from different agencies and avoids overlap and duplication of activities.

Harmonizing national society WatSan programmes with clear strategic directions, and systems for stakeholder integration

Planning, implementing, and monitoring within communities has improved over the last year and will continue to improve with the addition of software specialists to projects. Mozambique, Malawi, Zambia and Zimbabwe national societies WatSan projects involved the government agencies as partners in the development of rural water supply, in addition to the main stakeholders – the communities.

Increased WatSan beneficiary coverage within operational national societies and regionally

The number of beneficiaries covered by Federation supported "development" WatSan projects has remained the same as in 2002, with approximately 100,000 people over the five countries. However Zimbabwe, Zambia and Malawi Red Cross have also implemented emergency WatSan projects supported by the Southern Africa food

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

security operation that have covered approximately 75,000 beneficiaries. It is unlikely that this level of increase in beneficiaries can be maintained in the short term, and improvement in the short term will require continued delegate support to improve management systems and establish a broader donor base. This support will enable the continued improvement of project proposals and project implementation and thus a steady increase in project beneficiaries is expected as the projects attract more external funding.

Impact

WatSan and hygiene promotion projects lead to improvements in health, and saving the beneficiaries' time and energy that was wasted fetching water, thus enhancing livelihood opportunities. The goal of the regional WatSan programme is to strengthen national society capacity to implement projects to deliver these impacts. Evidence for the increased capacity is shown by the way that the national societies were able to deliver results from both their developmental WatSan projects and the additional emergency food security operation projects.

Constraints

The programme started the year with a deficit of approximately CHF100, 000 due to overspending by the previous year's projects. This was a constraint on implementation, as it slowed cash transfers to national societies. The deficit has been cleared as of the end of the year.

Additionally the focus on the emergency food security WatSan projects, implemented without a corresponding increase in national society WatSan management staff slowed down ongoing development projects. Project management systems were lacking in the region at the beginning of the year and this delayed the implementation of projects. This was partially addressed in 2003 but further improvement is required in 2004 both in WatSan and in the organization in general. Zimbabwe projects have been particularly affected and the pace of implementation has been slow. The regional office is working to improve systems and the National Society is in the process of employing more appropriate project staff.

To enable the continued improvement of 'software' in projects there is a requirement for a 'software' specialist for the region. With the downsizing of administrative staff at the regional office it is expected that the resources will now be available to employ the services of a 'software' specialist in 2004.

Coordination

Coordination with bilateral projects to ensure the Movement implements projects in a coherent way using the sector's best practices was partially partaken in the year. The regional WatSan department is working towards improving this situation considering that the work done with the Danish Red Cross in Zimbabwe has been effective and has shown the way forward in this respect. There is an increasing need to coordinate and provide services to bilateral national societies if the Federation is to add value to the Movement. The Danish Red Cross appreciates the service provided to them in their WatSan project in Zimbabwe and negotiations are underway to charge the Danish Red Cross project for these services. This cooperation will be documented and used as a model for work with other bilaterals.

The delegate attended the world water forum in Japan where the Federation advocated for improved access to water and sanitation for the most vulnerable. In addition the regional WatSan department advocated for funding for national society WatSan projects through contact with both internal and external donors from the office, through numerous meetings in Harare (with for example the Austrian Red Cross, Swedish Red Cross and British Red Cross) and Geneva. This has resulted in continued support from traditional partner national societies (PNS) donors and additional support from alternative funding sources; the United State government and European Union. Securing alternative funding sources builds the capacity of the national societies to have sustainable programmes.

Disaster Management

The regional disaster management programme work plan focused on empowering national societies capacities to meet the disaster management objectives; national societies are well prepared to deal with disasters with the participation of empowered communities. This included coordinating a regional Federation response to local disasters where national society capacities were overwhelmed, and giving technical and financial support to DM activities in the national societies. The Federation also played an important role in mobilizing and co-ordinating resources from the donor community on behalf of the national societies.

The regional disaster management support in capacity building involved training of national society staff and volunteers in customized disaster management modules and RDRT training. The RDRT operational deployment procedures help develop effective disaster response mechanism, which has also contributed to national society capacity building.

The programme also gave support in response to the emergency situations arising from flooding and destruction caused by the tropical storm Delfine and cyclone Japhet in Malawi, Mozambique, Zambia and Zimbabwe as well as the flooding in Namibia caused by the Zambezi River burst banks. Emergencies responses also included responding to cholera outbreaks in Zambia, Zimbabwe and Mozambique through support in terms of funding rapid assessments, emergency relief stocks and technical support.

Programme technical support visits at the request of national societies were undertaken to Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe Red Cross. Support covered technical advice, planning and assisting with disaster management training. However, Zambia Red Cross and Zimbabwe Red cross are the only national societies who received funding to implement the planned activities.

The pilot food security project in Swaziland is progressing according to plan. The quarterly task force meetings were held as planned and whilst attending the meetings the regional disaster preparedness officer took the opportunity to offer general support to the disaster management programme. The project is in its second year of implementation and a mid-term review of the project was conducted in December 2003 whose report is being finalized. Preliminary findings indicate that the project has added some value by meeting the objectives of the project as there is improved nutritional status according to clinic records of HBC clients and food availability for the target beneficiaries. The surrounding communities not involved in the project have already started replicating what they have observed from the project.

The disaster management department held two planning/review meetings for in February and December in Harare; it was attended by DM officers from the 10 national societies. At the first meeting, participants resolved to agree on the minimum acceptable standards for disaster management capacity, which are indicators of a “Well Prepared National Society”, as well as standard operating procedures for disaster response. At the second meeting they shared information, reviewed programme achievement and finalized plans for the following year. The meetings benefited the national societies through acquiring an understanding of their accountabilities, areas in need of improvement within the regions and sharing of best practices.

All regional disaster management officers exhibited at the third African Aid, Disaster Management and Relief Expo and Conference held in South Africa in October 2003. It is an international forum focusing on aid relief, development aid and disaster management for the Sub-Saharan Africa. The event was attended by approximately 150 leading aid agencies and exhibitors from all sectors of the industry with several international companies exhibiting their products for disaster relief. It was an opportunity to disseminate information about the Red Cross movement interventions in disaster management.

Goal: Building capacity of the National Societies to adequately prepare for disasters and respond with timely and appropriate packages as well as to engage in rehabilitation that facilitates long-term development and sustainability

Objective: Strengthened disaster management capacities to ensure that the region has well prepared national societies that can respond appropriately to disasters with the participation of empowered ‘at risk’ communities by the end of 2004.

Achievements

Increased disaster management capacity to provide appropriate and timely support to the people threatened or affected by disasters

Capacity building of national societies has been geared to achieving the characteristics of a 'well prepared national society' and the under mentioned activities are towards that end.

Policy Development: Development of disaster management policies and plans gives national societies an operational framework and guidance for the implementation of disaster management activities. Seven national societies in the region have developed their disaster management policies and plans over the past two years. In 2003, only Zambia Red Cross managed to develop its policy in which is to be adopted at the annual general assembly. The department plans to give technical support to the development of the policies, which were stalled due to lack of funding, to the national societies of Botswana and Lesotho in 2004.

Disaster management training: Strengthening of disaster management capacity in national societies has been done through capacity building -human resources training; various training modules in disaster management have been customized based on the identified needs. Six national societies identified the need to conduct VCA to guide them in programming. However, only Zambia and Zimbabwe were able to train staff and volunteers in the VCA methodology and conducted pilot cases in their respective countries, with the technical support of the regional department.

The regional disaster management department assisted in facilitating basic disaster management training in Lesotho, South Africa, Zambia and Zimbabwe, where 120 staff and volunteers were trained. The department also assisted in a two-day community-based disaster management workshop held for 30 participants in Muzarabani district in Zimbabwe. The Zimbabwe Red Cross has since replicated the community-based disaster training in other six districts.

At the request of Bhopalali Swaziland Red Cross, a food security assessment training workshop was facilitated by the regional disaster preparedness officer. The outputs included thirty-two staff and volunteers equipped with food security assessment skills, and a food security assessment questionnaire developed and field tested.

The regional department facilitated a VCA training-of-trainers workshop to strengthen the regional capacity; it was attended by 30 participants from the ten national societies. Two people from the region, the disaster management officer from South African Red Cross and the health programme officer from Zambia Red Cross participated in the [FACT](#) training held in France. In March, two FACT members in the region, the disaster management officer from Botswana Red Cross and the regional disaster response officer participated at the relief technical workshop in Seoul, Republic of Korea. This should benefit the region as the two officers will be able to replicate this training within the region. The regional disaster preparedness officer also participated in the Global SPHERE training-of-trainers and will be able to facilitate and integrate SPHERE standards in all disaster management training and planning.

Contingency plans developed for likely emergencies/disasters: A contingency plan for population movement in the region is in place and has been reviewed for the current year. Regular situation monitoring has been maintained to help the region better prepared to respond to vulnerabilities induced by sudden population movement. Six countries in the region are going to hold elections in 2004 and relevant national societies with support from the ICRC are preparing for possible disturbances.

Disaster preparedness and response capacity is improved: The regional disaster management programme developed a regional disaster response plan with the use of input from other programmes. The plan sets out ideal disaster response benchmarks and procedures to follow when a disaster strikes including the stock piling of non-food emergency stocks within national society.

The disaster management warehouse in Harare maintains non-food emergency stocks for 5,000 beneficiaries. During the floods in Namibia, emergency stocks were dispatched for the relief operation; funding from the British

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

Red Cross and ECHO allowed for these stocks to be replenished. During the cholera outbreaks in Zambia and Zimbabwe, cholera kits were dispatched to assist the national society in its response.

Roster of trained RDRT personnel has been established in the region and will respond effectively when needed

A regional RDRT team has been established and members are frequently being utilized within their own countries. RDRT members conducted assessments in relation to population movement in Angola and Zambia. Following the cholera outbreaks in Swaziland, Zambia and Zimbabwe, in-country RDRT members conducted assessments in their respective countries while the regional disaster management department gave financial, technical and material support. A standby rota for disaster response comprising regional taskforce members and RDRT members was put in place for the region in consultation with national societies. RDRT can be deployed in the region within 24 hours when required and a regional taskforce can be activated and meet regularly to plan and review responses. Review of current RDRT team members and updating of the database is continuously done to ensure that appropriate disaster response teams can be deployed at short notice.

In May and June the regional disaster management department supported the Namibia Red Cross by deploying an RDRT team to manage a relief operation in the Caprivi region following flooding caused by the overflowing of the Zambezi River which affected 12,000 people. The team was deployed within 12 hours of notification and the RDRT successfully managed the operation with resources being mobilized from national stakeholders; the British Red Cross and from ECHO.

The annual RDRT basic training was successfully held in Salima district of Malawi. A total of 34 participants from the ten national societies attended ensuring that the regional human resource base is equipped with the appropriate skills for disaster response.

Disaster management agreements exist with national societies, governments and partners

To show commitment and establish cooperation the regional department has entered into disaster management agreements with each national society in the region signed by the secretaries general. In South Africa and Zambia, discussions are taking place with their governments to clarify the role of Red Cross. However, due to lack of funding to some national societies it has been difficult for the national societies to honour these agreements.

Impact

Disaster management capacity building has enabled national societies to use own human resources to facilitate training with minimum support from the regional delegation. There are marked positive changes in the performance of those who have been trained on disaster management as well as noticeable disaster preparedness capacity within the region. The use of RDRT and VCA trained personnel in carrying out disaster assessments has improved the quality reports. The Southern Africa region is now able to manage disaster relief operations using the regional resources, and there is better coordination and quick response in providing services to beneficiaries.

Constraints

Due to lack of sufficient funding, implementation of disaster management activities in the national societies was affected. Only two national societies received funding for their disaster management programmes.

Coordination

The work of the disaster management department relied heavily on co-operation with other department at regional and country level. Co-operation with other related organizations in governments and non-governmental organizations has also been enhanced. The regional delegation has facilitated coordination with all programmes working in an integrated manner.

The disaster response officer represented the Southern Africa region at the Global Disaster Management Coordinators/Delegates meeting in Panama City, in October 2003. The meeting was held at PADRU (Pan American Disaster Response Unit) in Panama attended by regional disaster management coordinators, representatives of ICRC and operations managers, from Geneva. The output of the meeting was a Panama action plan, which, builds on the progress made during 2002/3 and represents the direction of disaster management coordination in 2004.

Organizational Development (OD)

The regional OD programme organized several workshops that brought together national societies personnel responsible for resource mobilization, volunteer management and finance development. In Swaziland and Lesotho, the regional OD department supported the national societies with governance, finance development, volunteer management and branch development and also attended their governance workshops and strategic planning meetings. In April the OD also facilitated a governance meeting for Angola Red Cross. The OD and Zimbabwe Red Cross co-facilitated two training workshops on volunteer management and governance in the month of August and September. In December another governance workshop was co-facilitated with Botswana Red Cross with the joint support and coordination of ICRC. The national societies, plans of action drawn during the volunteer management, resource development and finance development workshops, have created periodic reporting updates as a monitoring tool on these activities

Gender issues within the region have been taken as cross cutting issue, with all regional programmes and national societies taking a lead role in including equal participation and fair representation of gender at all regional trainings and meetings. OD participated at the fundraising and capacity building meeting held between the Baphalali Swaziland Red Cross, the food security programme and donors, where emphasis was given on the importance of getting the ministry of health involvement in national societies' programmes.

OD has been spearheading the integration of programmes and some examples are the HIV/AIDS planning meeting and co-facilitating the disaster management vulnerability capacity assessment (VCA) workshop. There are ongoing discussions on how to source funding for the ISM⁷ project's outstanding activities. While the sustainability of the ISM projects should be national societies' responsibility, the OD department, if funds permitting will follow-up this in the aim of reinforcing national societies' capacity building activities.

Goal: National societies have increased capacities for making an effective difference in the lives of vulnerable people.

Achievements

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 well-functioning national societies.

The Zambia Red Cross revised the constitution with regional OD support as part of their implementation of the recovery plan. The Federation supported the national society in the induction of the new board, and there are positive developments for the society due to the new management team. The Botswana and the Zimbabwe national societies started working on their constitutions towards the end of the year but were slowed down due to lack of funding. The Baphalali Swaziland Red Cross completed the process of translating its constitution into vernacular.

The OD developed the memorandum of cooperation which guides programme implementation and reporting between the regional delegation and the national societies.

Funds have been allocated towards the end of the year to support the Botswana Red Cross organizational analysis, human and finance resources as well as branch development, in support to the newly appointed Secretary General. Capacity development support has taken a positive trend at the Baphalali Swaziland Red Cross which received financial support towards human resources development and in the payment of salaries from the capacity building fund (CBF) since 2002. In 2003 the regional OD department supported two secretaries general to attend a capacity building workshop in Tunisia in addition to the three who attended the same workshop in 2003.

⁷ ISM - The Regional Information Systems Management (ISM) Project (LISN) which seeks to increase the capacity of national societies to prepare for and respond to disasters through the appropriate application of information technology. The project was based at the Federation's Harare Regional Delegation.

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

The South African Red Cross, with support from a consultant, went through a successful self-assessment exercise which covered regional, branch, and local committee levels. This exercise focused on five areas, namely; volunteer management, human resources management, governance, finance and administration and resource mobilization. The outcome of the assessment as used as an experience sharing with other national societies at the resource development workshop held in Johannesburg in May. Due to inadequate funding for Federation country appeals of 2003, limited fund from the OD general funding were reallocated to Botswana, Lesotho, Zambia and Zimbabwe national societies in November to support some limited activities.

Six 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 to mobilize the power of humanity through massively scaling up the response to the HIV/AIDS pandemic.

Six national societies achieved this objective in 2003. The OD supported Lesotho, Swaziland, Zambia, Zimbabwe and Botswana national societies in the implementation of the branch development manual developed by the regional OD department. The Namibia Red Cross started using their manual in 2003 and the Mozambique Red Cross used the Portuguese version of the manual since 2002 after the translation process was completed in December 2001.

During the year, the regional OD has continued its efforts to strengthen links with the volunteer development work with the national societies through support and follow-up on their plans of action arising from commitments made during the volunteer management workshop held in June in Zambia. Following the workshop, the Lesotho and Swaziland national societies developed their volunteer policies with the support of regional OD department; the Baphalali Swaziland Red Cross also developed a youth policy. The Zambia is in the process of developing their own volunteer policy with technical support from a consultant and the Federation. In December, funds were also transferred to the Namibia and Zimbabwe national societies to support the development of volunteer policies. The table below shows the trend in volunteer recruitment and retention. A data collection instrument sent out to all national societies in 2002 and 2003 revealed that some of the following trends in the targeted national societies.

Table showing volunteer analysis for six countries

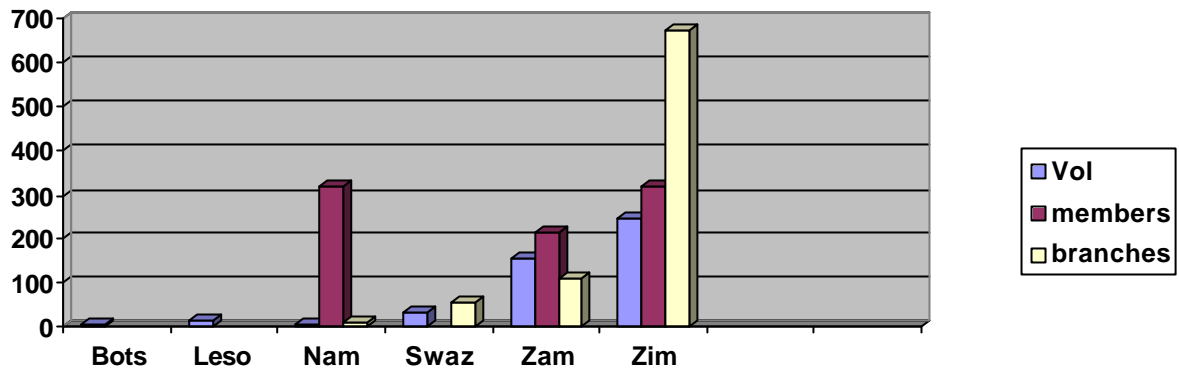
Country	2002 Volunteers	2003 Volunteers	Members	Branches
Botswana	150	150	540	10
Lesotho	200	400	337	40
Namibia	1,000	421	15,000	6
Swaziland	179	2,056	520	35
Zambia	2,000	9,664	10,000	67
Zimbabwe	6,960	15,553	6,300	420
Totals	10,489	28,244	6,300	578

Source: Regional Delegation –from an Analysis of 2003 volunteer management questionnaires.

Note: Operational programmes such as the food security and HIV/AIDS have significantly contributed to the huge increases in volunteers from 10,489 in 2002 to 28,244 volunteers in 2003; an increase of 270%. This is in line with the Ouagadougou Declaration, commitment number four.

Nonetheless, much more needs to be done to develop the structures within these national societies through the operations of these programmes.

Graph 1: Branch Development and Volunteer Management Analysis



Note: The graph shows the strength of the six targeted national societies in the areas of human resources and structure decentralization. Botswana, Lesotho and Namibia, as depicted on the bar graph, show the need for continued support in volunteer management and branch development as they are still weak. They are a top priority for support by the regional delegation in 2004.

Implementation of the branch development manual had positive results in the Baphalali Swaziland Red Cross. The Mbambane division was used as a pilot project towards resuscitation of its branches and divisions with the support from the regional OD. The divisions which had been without secretariat support staff for a long time, have benefited from the national societies restructuring exercise. Zambia is utilising the branch development manual to reorganize its provincial structures and branches. The Botswana Red Cross received funds to support OD needs assessment in December 2003.

Six national societies in the region earn or source sufficient revenue to meet core costs and service delivery costs on a long-term basis and have effective financial management systems .

By end of 2003, Swaziland, Lesotho Zambia, Zimbabwe and Botswana national societies received had held several interventions towards resource development. Much of the ground work has so far been done and plans are awaiting approval from the local authority for the construction of the training centre. The centre is part of a plan to commercialize first aid as core income generating activity for the national society.

In October, a regional finance development meeting was held and senior finance personnel from Malawi, Namibia, Zambia and Zimbabwe national societies as well as the regional and in-county finance development and finance administration delegates shared their experiences and lessons learnt in financial development for in the region. This meeting emphasised issues of networking and sharing of experiences and success stories within the region.

The regional OD officer visited the Zambia Red Cross in April to review their resource development and finance management and contributed to a pilot integrated workshop between OD and HIV/AIDS programmes for a newly formed support group. This initiative followed a series of meetings between HIV/AIDS and OD programmes to explore the best ways for integrated approach to scaling up. .

The Baphalali Swaziland Red Cross finance director was orientated with learning lessons being provided by the Zimbabwe Red Cross. The national society’s finance team was also technically supported by the SkillShare International finance and management advisor who was in-country through the regional OD program’s intervention for the whole year. The NAVISION accounting software was rolled out to Namibia and is working well in terms of data capturing and processing. However final reports generating is still a problem and measures have been taken to rectify the problem.

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

Impact

The review of most national societies' human resources structures and remunerations is currently showing steady trends in human resources retentions. There have been new appointments of personnel in finance units of the Zambia, Malawi, Lesotho, Swaziland and Namibia national societies.

The development of volunteer policies in Lesotho, Swaziland and Zambia is a positive move to rationalize the operation of the volunteer activities in the various programme activities. The establishment of volunteer coaches in Swaziland, Zimbabwe, Mozambique, Namibia and Zambia also indicates the willingness of national societies to work towards effective volunteer management system. The demand for branch development continues to increase as most national societies are putting more effort in strengthening their local structures. The cooperation and the demand for OD support services in local capacity building also continue to increase among regional programmes as evidenced by the disaster management and OD integration in VCA training

The regional OD officer and regional HIV/AIDS officer carried out a joint support visit to Zambia in April to train HBC support groups on managing income-generating activities and setting up HBC projects impacting on integration.

Constraints

The region has also experienced numerous management and governance integrity overlapping issues which in some cases have hampered development of stronger foundations of some national societies. The country focused appeals are struggling to raise adequate funding to implement the planned activities leading to limited direct support being offered to national societies.

Poor funding of national societies' appeals also affected the regional OD budget, as reallocations had to be made to Botswana and Lesotho to enable them to carry out their urgent OD plans. Most of the reallocations including the earmarked funds were only disbursed in the second half of the year reducing the period of implementation.

OD high staff turnover or loss- at national societies mainly due to inadequate remunerations tends to hamper systematic implementation of the OD activities creating work overload on remaining staff. Financial constraints have hampered Zambia, Lesotho and Swaziland national societies to adopt the NAVISION accounting system being rolled out to their national societies despite the interest they have shown.

Coordination

The regional OD program has pioneered the integration process with the regional OD delegate acting as the health delegate and program coordinator, in particular during the annual appeal planning process. Furthermore, in terms of programming, the regional OD officer and regional HIV/AIDS officer have carried out one-week joint visits in June to Zambia to train support groups on managing income-generation activities and setting up HBC projects. The regional OD also facilitated in the VCA workshop conducted, under the disaster management programme, at a branch level in Zimbabwe Red Cross, and contributed to the dissemination workshop at the regional delegation in October.

A regional resource development workshop was successfully held in Johannesburg, in May and all regional national societies had representatives from either the finance, resource or fundraising department. The participants had the opportunity to learn from the Swedish Red Cross and Danish Red Cross experiences in resource mobilization.

Cooperation continues with Skill Share International (a network of specialized volunteers) to enhance financial management in Swaziland. Skill Share International offered a volunteer through the regional OD to assist the national society for a period of two years. However, there is need to agree on the terms of reference for the future since the contract ended in December.

Federation Coordination

The change of mindset experienced at the delegation related to how the delegation interacts and works with the entire Federation and other Movement partners was the driving force in the coordination of national societies during the 2004 annual appeal process. The delegation also focused on, implementing the regional change strategy, which was introduced and discussed with national societies during the first SAPRCS meeting in May 2003. Based on the change strategy, the national societies had full ownership of their respective plans of action while the delegation planned its support for the national societies around that. In line with this plan, the regional delegation has prioritized its intervention according to the expressed needs of the national societies and in conformity with the Secretariat's set objectives. Although the implementation of the regional strategy delayed, it finally took off during the second quarter of the year. The regional plan of action focused on the 'five plus one' functions in line with key Secretariat functions namely; strengthening national societies, coordination, cooperation and strategic partnerships, representation and advocacy, international disaster response, governance and effective Federation management.

The delegation took the challenge of implementing an integrated programme approach to maximize efficiency and provide a holistic support service to national societies based on the results of the option assessment "Not Business as Usual". There were considerable achievements in the integration process –including the move of the southern Africa food security operation from Johannesburg to Harare and integration of food security into regional Red Cross programmes. The Federation structure in the region was revised to reflect needs and priorities of national societies. Federation representatives and head of delegation were posted to Lesotho, Mozambique and Zambia while in Malawi and Zimbabwe; food security delegates were given the responsibilities. Funding for the Lesotho and Malawi delegates could not be continued, thus their terms ended at the end of the year.

Countries that have developed CAS acknowledge and continue to use them as a basis for coordination and as a capacity building tool. This was witnessed in the food security programme, where some donors accepted to operate within the CAS guidelines. The challenge remains, however, to complete the CAS circle by developing agreements in the form of MoUs thereby making implementation smoother.

During the 2003, the Southern Africa delegation demonstrated the added value of prioritizing needs and facilitating all forms of partnership and cooperation in serving national societies and their partners. This was done through regional forum such as the SAPRCS or SARAN, but most importantly through different regional processes such as strategies and frameworks for cooperation, knowledge-sharing, best practice, advocacy and policy development.

The working relationship and harmonization with ICRC was cordial, with regional OD and the ICRC cooperation delegates in the region carrying out joint support trainings on governance in Botswana and Lesotho and emergency preparedness training to field officers for Zimbabwe Red Cross.

Goal: Southern Africa national societies will take a more active role in their own planning and development, progressively placing more emphasis on implementing programmes in accordance with their own needs and priorities.

Objective: To build capacity and empower the southern Africa national societies to achieve their mandates through strategies for developing partnerships.

Achievements

The CAS process has been consolidated and extended to all national societies in the region.

Development of CAS in the remaining five national societies was expected to commence in the third quarter of 2003. However efforts were directed in the implementation of change strategy, causing the normal programme implementation to be carried forward. The CAS process is to be rolled to the remaining five national societies starting with Zambia, Lesotho, and then South Africa, who have developed their strategic plans in the areas of management and governance including the development of strategic plans.

Regional cooperation and priorities set through the SAPRCS forum and based on priorities as expressed in national societies' strategic plans, as well as Strategy 2010 and commitments from Ouagadougou declaration

The SAPRCS coordination committee was held in Blantyre in May, after the Malawi Red Cross had been given the chairmanship at the last meeting in Namibia last year. The meeting was an opportunity to address the current challenges in the region, particularly food insecurity and HIV/AIDS. Nine secretaries general, PNS, representatives from the ICRC and the Federation delegations in the region and Geneva representatives participated in the two-day meeting. The meeting was given an update of the latest development within the region including the scaling up of HIV/AIDS projects with case studies from Zambia, Malawi and Mozambique shared as best practices.

A food security update was presented and the meeting was informed that the regional food security operation, which was based in Johannesburg, was to move to Harare by end of June, to be integrated with other regional long term programmes, to address the longer terms needs that exist after the emergency phase. The secretaries general supported this development and were happy with the integration plans.

The achievement of second SAPRCS meeting held in Johannesburg in September 2003 was the commitment by the members to the 28th International Conference of the Red Cross and Red Crescent, which says:

“In our pursuit to protect human dignity, we the SAPRCS members, reaffirm our commitment to individually and collectively fight stigmatization and discrimination of people infected and affected by HIV/AIDS and promote their social involvement by:

- Scaling up HIV/AIDS prevention, care and support programmes.
- Implementing the HIV/AIDS policies for our staff and volunteers.
- Advocating and providing for adequate nutritional needs.
- Sharing our experiences and resources.

In doing so, we further commit ourselves to fulfill our auxiliary role to our governments by providing humanitarian services according to the Fundamental Principles of the Red Cross and Red Crescent Movement.”

The SARAN meetings held in February and October 2003 strengthened the regional Red Cross HIV/AIDS network in developing plans for 2004. The meetings enhanced regional coordination and sharing of experience and lessons learnt among the national societies with regards to HIV/AIDS.

Full reports of the meetings are available upon request from the regional delegation.

All stakeholders have a greater appreciation of the facilitator role of the Federation's regional delegation.

The Southern Africa management team (SAMT) met in May and September 2003 to review the regional environment as it impacts humanitarian needs and identifying the potential vulnerabilities, maintaining an overview of the national societies and the regional delegation work. Convened quarterly by the head of regional delegation, SAMT brings together all Federation heads of sub-regional delegations, country representatives, regional programme coordinators, SAPRCS chairperson as a representative of the national societies and the Geneva-based regional officer. The following resolutions were made:

- adoption of new SAMT terms of reference
- review of the regional strategic plan
- review and adoption of the revised regional organization structure
- agreed implementation plan of the Secretariats' change strategy
- donors funding data and PNS mapping plan in the region

Regionally managed Federation assistance is coordinated and targeted at the specific needs of each national society.

The regional delegation coordinated the launch of the initial food security appeal after leading a joint FACT-RDRT assessment mission in the region. The national societies trained RDRT personnel drawn from the regional RDRT data-base were instrumental in the early collection of data and report writing culminating into the development of the first food security Emergency Appeal. Before the creation of the Johannesburg-based

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

OMCC⁸, the regional delegation played a significant coordination role ensuring that all partners were informed of the situation and in the implementation of activities. The regional delegation's coordination role has been applauded and appreciated by the national societies in the region and a lot of work could be done in coordination of bilateral PNS partners – especially those involved in the ongoing food security operation.

Decentralised delivery structure achieves an impact at country level and the regional delegation acts as the primary link with national society.

A 'Change Strategy' plan of action was developed and implementation started in 2003 and will still continue in 2004. A thorough consultative process was undertaken in this endeavour to ensure total buy-in and support from all stakeholders – a process that has been largely successful and useful to the establishment of the new-look regional delegation. It is hoped that this re-organized structure will be able to offer better services to the national societies and impact positively in the lives of the vulnerable communities in the region.

The national societies and the Federation learnt that in order for CAS to be an effective coordination and capacity building tool, there is need for commitment from all stakeholders and that CAS must be reflective of the true nature of the situation on the ground. Models of cooperation, which are supported by stakeholders, are a necessity tool for long-term cooperation and development. The period saw the emergence of numerous actors mainly in the food security and HIV/AIDS sector, hence calling for a more elaborate and practical model of cooperation. This challenge must be faced with optimism. Efforts will continue to be directed in seeing CAS model and other instruments of cooperation effectively being used by the Movement in the region.

Improved Southern Africa delegation coordination of the collective Federation disaster response

The Federation continued to support the national societies in the region in their preparedness efforts including regional training on VCA carried out in Harare. Together with the annual RDRT, the trainings have contributed to the increased disaster response capacity in the region. RDRT trained and coordinated through the Federation were able to respond to the floods caused by tropical cyclones in Malawi, Mozambique and Zimbabwe. During the Namibia floods, an RDRT was also deployed under the regional delegation's coordination to assist the flood victims in Caprivi region. The Federation was also able to mobilize the necessary resources amongst Movement partners and other donors to support the operation.

Skilled and experienced personnel within the region are identified and utilised

Implementation of activities has successfully been undertaken by a hugely qualified and competent staff both at the regional delegation and national societies. Focussing on skills and competencies has been the key to effective and better delivery of support. The delegation maintained some 14 expatriate staff – the number increased significantly from yesteryear due to the food insecurity operation. The LISN programme was phased out and transition plans were developed to integrate most LISN activities with OD, finance and disaster management programmes. There was no replacement for LISN staff at the regional delegation; however, modest staffing requirement may be necessary at national society level.

A performance development review system (PDR) has been duly applied as appropriate and the regional recruitment and training programme launched in 1998 continued to be a priority area. Establishing and maintaining a regional resource personnel pool has proven a highly effective capacity building tool that contributed to disaster response and programme implementation. During the reporting period, two regionally recruited staff joined the regional delegation, bringing to a total of eleven regionally recruited staff. A regionally recruited water and sanitation officer from Malawi was accepted as a Federation WatSan delegate to Pakistan. RDRT members continued to be central in the management of the food security operation in their respective national societies and two RDRT-FACT trained members from the region participated as resource persons at the just concluded global disaster relief training in Seoul, South Korea.

Improved harmonization of activities with ICRC and PNS including the development of joint ventures, joint planning and sharing of knowledge and best practices

Regular coordination meetings and consultations were undertaken with the ICRC regional delegation in Pretoria and Harare. The heads of delegations and the ICRC' regional delegations have discussed and agreed on

⁸ OMCC – Federation Operations, Management and Coordination Centre, set up specifically for the Emergency Appeal.

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

possibilities of implementing some of the objectives in the Strategy for the Movement. Following the first SAPRCS meeting, it was agreed that the Federation regional delegation will lead a harmonized planning process with participation of the ICRC and the PNS working in the region. The Federation also continued to provide technical support towards national societies bilateral programmes mainly through the regional HIV/AIDS and water and sanitation programmes.

Greater ties are strengthened between the regional delegation and partners to ensure adequate flow of resources to support programmes

The regional delegation started the implementation of Change Strategy focussing on providing a framework for interaction between Red Cross partners and information sharing. During his first six months, the head of regional delegation has met with several foreign embassies and representatives of donor agencies aimed at maintaining as well as establishing new partnerships.

Impact

Impact realised from effective Federation coordination is cyclical and cannot be attributed to this reporting period alone. In the area of partnership building, national societies in the region now have confidence to engage in effective collaboration with partners outside of the Red Cross fraternity. The results of which have been witnessed in the numerous partnerships between the national societies and the UN system, embassies, and local NGO. The national societies in the region no longer depend on 'hand-holding' by Federation. The development of CAS through a consultative process has been rewarding and enriching not only to the Federation, but to other partners at large.

Through the CAS process, all stakeholders have learned that collaboration and commitment is the key to effective development and institutional capacity building. SAPRCS and SAMT have proved significant dialogue centres where decisions have been made collaboratively, and priorities of regional delegation and national societies agreed and plans drawn. Lessons learned from across the region have been actively translated into action plans where appropriate and positively impacted programming at all levels.

Impact at individual national society level remained the overall criteria for continuing with regional initiatives. There have been successful experiments to move away from vertical programme planning to a more integrated approach at all levels. This has been in response to the realization that individual programme support is often limited and must be harnessed in more effective ways. The food insecurity operation was a good example where there is impact in the whole area of integration.

With support from the Secretariat, the regional delegation took a lead in developing regional strategies, setting policy standards and advocating on behalf of its members, taking advantage of fund-raising and communication opportunities at the regional level. The regional delegation took a number of steps to increase the importance of advocacy including adopting formal positions on disaster preparedness, HIV/AIDS, abuse of power, discrimination and violence.

Constraints

Yet again, the recent food insecurity operation took centre-stage in the region, resulting into massive diversion of resources, both human and monetary from routine regional programming to address emergencies. Notwithstanding, this deficiency could have been avoided with better programming and integration of activities. The creation of a parallel food security structure in Johannesburg was a major blow to integration efforts. However the food security programme has been fully integrated into the regional delegation.

The enormous time taken initially in the action research agenda and later on in the development of the Secretariat's strategy for change created minor disruptions in the programme area. Members of staff have been, by and large, not sure about the future of the delegation following the adoption of the change strategy and the delay in developing an implementation plan further raised their levels of anxiety. The introduction of a new head of regional delegation has helped restore the lost confidence. In the last quarter of the year efforts were directed at integrating OMCC and regional delegation in addition to implementing the Federation's change strategy.

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

Inadequacies in the financing of certain programme activities remained a challenge in the region. Regional health programme in particular continued to experience hardships in soliciting funds for community-based health activities. Integration and harmonization with HIV/AIDS programme has started to show some positive results for the general first aid and community based health activities to continue in the region. Recent partnerships with WHO anti-global malaria and TB campaigns have given the regional health programme the much-needed boost during 2003. It is anticipated that this support and partnership will continue in the next quarter.

International Representation

Goal: The Southern Africa national societies are strengthened and are able to reduce the vulnerabilities of more people in each country.

Objective: The Southern Africa regional delegation leads the national societies to advocate, communicate and establish external relations, including with their own governments.

Achievements

More strategic partnerships are established and activities in favour of vulnerable people increased

Through the established partnership with the WHO/AFRO in Harare, the regional delegation has been able to raise resources to support the national societies of Zambia and Zimbabwe to undertake malaria and measles campaigns. The WHO has seconded a continental Malaria Advisor to the Federation – delegation for southern Africa to work on strengthening the partnership between WHO and the Federation.

More vulnerable people have been protected and their human dignity respected through wider respect for humanitarian values

By continuing to advocate the inter-linkage of the high prevalence of HIV/AIDS and the increasing vulnerability of the population through international and regional media, the Federation and the Southern Africa Red Cross societies have in the past year achieved global recognition for their approach of addressing the roots of the food crisis. The regional delegation has ensured a steady flow of information and material (both print and broadcasting) to the international media and through the Federation publications on the work of the national societies in the region and the plight of the most vulnerable population – to make certain that their voice can be heard worldwide. This has resulted in a significant change of mindset of the international community, the donors and other aid agencies, who now increasingly supporting the new Red Cross approach of integrated programming such as the integration of the food component with the health and care programmes.

Prompt and accurate media coverage of news events and advocacy campaigns where the national societies and/or the Federation are involved

The regional delegation has used every opportunity to raise the profile of the Red Cross in the Southern Africa region through information material readily made available for international, regional and national media. The regional delegation responded quickly when two cyclones hit the region in January and March, and floods struck north-eastern Namibia in May through national, regional and international media as well as through Federation publications and website. A number of international media, including CNN, BBC World Service and Euronews, chose the Federation global press material to mark the International Women's Day on 8 March – a video news release (VNR), press release and a website story on the HIV/AIDS Memory Box project, prepared by the regional delegation in Harare. The regional delegation's message on World Red Cross Day on HIV/AIDS anti-stigma campaign was picked up regionally and posted on the www.allafrica.com news site.

Articles on the work of the national societies in the region were posted on the Federation's website once a month. An information delegate seconded by the Canadian Red Cross provided necessary support for a measles eradication/malaria prevention campaign in July, and thus contributed to the international recognition of the successful role of the Red Cross working with governments, ministries of health and the WHO. Another video news release, press release and website article were produced by the regional delegation to mark the launching of the Masambo fund – a special fund meant to provide necessary ARV treatments for Red Cross staff and volunteers, and named after a long-term volunteer of Zimbabwe Red Cross who shared her story with the RCRC leadership at the general assembly in November 2001. The HIV/AIDS coordinator for Southern Africa gave numerous interviews on BBC World Service, leading up to the World Aids Day, giving account of the special

Southern Africa regional programmes; Appeal no. 01.24/2003; Annual Report

situation in the region which bears the brunt of the HIV/AIDS pandemic. A choir from the South African Red Cross' Soweto home based care programme enjoyed worldwide media attention, as they travelled to Geneva for the opening act of the Federation's general assembly in November. The regional delegation furthermore supported the Namibia Red Cross in facilitating for a media visit from the world renowned Nickelodeon children's channel in the United States (postponed in May because of floods) and BBC3 which visited the Caprivi region in December.

The regional delegation has furthermore worked closely with media departments of PNSs, providing them with information material as well as accompanying them and their media officers in the field. The reinforcement of an information delegate, focussing on the food security operation, based in Johannesburg until June 2003, ensured continuous media coverage of the work of the national society in the region. Relations with the international media based in Johannesburg have been strengthened, especially through the food security operation and the information delegate based there.

More active region-wide communication network in place among all national societies, the Southern Africa delegation and the Secretariat in Geneva through the maintenance of the regional website

The Federation has actively been building and strengthening the information capacity in the Southern Africa region for the past two years. Its approach in communications has centred on promoting the role, principles and activities of national societies and the Federation, and providing technical support, advice and training. Relations with the ICRC and the national societies' information officers have been further strengthened through joint dissemination seminars and induction courses on the fundamental principles as well as the interaction of the three components of the Movement.

Impact

The information material provided by the regional delegation representatives has raised the profile of the national societies regionally and internationally. Through its advocacy campaigns, media strategies, and global messages, the Red Cross in the region has managed to change the mindset of the international community and in retrospect the attitude of donors, in regards to the HIV/AIDS pandemic and food security. The need for multiyear programming and diversity in funding is increasingly better understood by the donor community and the organization. The regional delegation, in cooperation with the national societies, has strived towards reducing stigma related to HIV/AIDS through publicity campaigns and media exposures, and more and more beneficiaries of the Red Cross are now willing to reveal their status and share their plight, in the effort of curbing the spread of the disease. By constantly providing updated material on the work of the national societies; producing video news releases broadcasted worldwide, profiling Red Cross staff and volunteers from the grassroots to the top, the Federation has increased its credibility as an organization which not only carries out disaster response but also addresses the underlying causes for increasing poverty and vulnerability of the population in Southern Africa and plans for the future. With more media exposure, the Red Cross is increasingly asked for interviews and positions on crucial issues and problems in the region.

Constraints

The regional delegation has had limited resources in strengthening the information capacity of the national societies due to lack of funds. However, the collaboration with national societies' information officers have increased steadily over the past year, and technical support has been readily available from the regional delegation. The delay of hiring an information officer to share the workload of the information delegate has further strained the capacity of the regional delegation of serving all programmes and national societies as desired. This problem may persist, if the position of a regional information delegate will be abolished. As funds for maintaining and updating the regional website have been discontinued, there was little or no use of the website as a regional tool to strengthen the information network through collaboration of information officers in the national societies in the year.

Field Management

Goal: Southern Africa national societies, through increased capacity, have able to reduce the vulnerabilities of more people in the region.

Objective: The Southern Africa delegation oversees the delivery of a range of services to national societies through the facilitation of a range of cooperation models and effective coordination of Federation resources.

Achievements

The regional delegation has made several reallocations of funds from the regional programmes to country specific activities in a bid to support service delivery in the region which resulted in actual and drastic increase of appeal coverage in the country programmes. Programme coordination department committed itself to a more integrated approach and now holding weekly programming meetings where a specific profile is presented. Recommendations from the programming meeting are given to the head of the regional delegation for information and action. The regional delegation held a PNS meeting to ensure dialogue, coordination and, above all, complementarity of support to the HIV/AIDS programme.

The regional delegation continues to attract support of PNS through individual projects such as WatSan but integration within and beyond the health programme will generate maximum benefits for all sectors. The option paper “Not business as Usual” was reviewed to ensure that the delegation operates in the agreed direction and endeavours to put the recommendations into practice. Although it is not clear when the regional delegation can succeed in the implementation of integration, a number of important measures have been taken to this end: all departments of the Federation regional delegation moved to a new office compound and all programmes now interact conveniently. The food insecurity component has been integrated with health and care programme, and the southern African food security coordination office (OMCC), previously stationed in Johannesburg, was moved to Harare regional delegation. Lessons learnt from the Swaziland food security pilot project were included in the HIV/AIDS programme for food security.

A VCA was carried out in Zambia with a strong emphasis on reporting on “common needs” that are used as the entry point for any community development intervention. The branch structures of the national society were looked at in order to define the corresponding strategy and modalities and support required from the headquarters and the Federation.

[Click here to return to the title page](#)