

# 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 April 2005

### In Brief

**Appeal No.:** 01.21/2004 – [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/012104.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/012104.pdf)

**Appeal target:** CHF 5,184,993 (USD 3,894,098 or EUR 3,337,619)

**Appeal coverage:** 59.2% ([Click here to access the final financial report](#))

**Appeal 2005:** Southern Africa regional programmes no. 05AA018 –  
[http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA018.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA018.pdf)

*This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning. All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>*

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### Overall analysis of the programme

Guided by the Ouagadougou 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 and AIDS. The HIV and AIDS pandemic continue to impoverish communities, households and individuals in southern Africa. Its impact is being felt at all levels especially in increased numbers of orphans and other children made vulnerable by HIV and AIDS (OVC) and people living with HIV and AIDS (PLHIV). The southern Africa region harbours countries with the highest HIV and AIDS infection rates:

- Botswana 37.3%
- Lesotho 28.9%
- South Africa 21.5%
- Swaziland 38.8% and
- Zimbabwe 24.6%.

An internal review of the HIV and AIDS regional project was conducted in March, 2004 and it was useful in providing direction to the implementation of activities. The review report recommended that after two years of massive scaling up of HIV and AIDS activities, there is a need to consolidate home-based care (HBC) projects and concentrate on quality improvement. Advocacy issues still require strengthening and developing a strategy. The HIV and AIDS prevention aspect, monitoring and evaluation systems were also found to be weak. The Federation is addressing the recommendations from the review report jointly with national societies and working

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groups to draw a plan of action. The review confirmed that the Red Cross had successfully replicated the HBC model in nine of the ten countries in the region, the exception being Angola.

In 2004, the Federation continued to support national societies in consolidating activities to enhance the quality of their projects. It also assisted through coordination, resource mobilization, promotion of meaningful integration of activities and networking. To date 92 HBC projects have been established in the region with a total of 5,333 care facilitators providing support to more than 42,850 clients and their families. In addition, a total of 317 support groups were established with the purpose of providing psychosocial support to clients and at the same time for the groups to establish self-help projects. Prevention is the key to stem the tide to the epidemic and a total of 1,456,551 people have been reached with prevention dissemination messages. There has been significant improvement on how national societies address the needs of orphans and other children made vulnerable by HIV and AIDS (OVC) and all national societies have given material, educational, social and psychosocial support to 69,134 children.

There are three countries in the region who conducted assessments in preparation for introduction of access to antiretroviral drugs at community level. The national societies of Namibia, Zambia and Zimbabwe will be piloting antiretroviral therapy (ART) projects. The three societies completed their proposals with the technical support of consultants before presenting them to other stakeholders, i.e. UNAIDS, governments, WHO etc. The proposals will be submitted to the Global Fund in 2005. Namibia Red Cross already held training for care facilitators in ART in October 2004, and ten HIV and AIDS coordinators from the regional national societies were given training in ART in preparation for this additional role. Since the HIV and AIDS project is dynamic, there are new challenges that continually need to be addressed e.g. increased demand for food, recruitment of more volunteers and retaining those who have already been trained, transport for HBC projects in all national societies, issues related to children and ART, stigma and discrimination.

In 2004, four national societies of Malawi, Mozambique, Zambia and Zimbabwe implemented the Federation supported long-term development water supply, sanitation and hygiene promotion projects in the region. There was increased coordination between water and sanitation (WatSan) projects and other health and care interventions. The long-term projects in Malawi, Mozambique and Zimbabwe are implemented in coordination with HIV and AIDS projects. WatSan hygiene promotion volunteers were trained and are active in health, hygiene and HIV and AIDS awareness promotion. Project managers for long-term development projects in Zambia, Mozambique and Malawi received on-the-job training from the regional delegation in project management including the production of logframes, budgets, cash flow, work plans, and in expenditure tracking. Standard processes have been introduced that have improved and simplified appeal and operational planning, report writing, and the disbursement of funding.

The disaster management team support focused on capacity building so that national societies are prepared and are able to respond to disasters more effectively and efficiently. This involved training staff and volunteers in customized disaster management modules as well as providing technical support to various programme activities. Development of effective disaster response mechanism for the region has included strengthening national society disaster management skills and that of regional disaster response team (RDRT) members. Other capacity building support activities included human resources trainings for national societies of Angola, Lesotho, Malawi, Swaziland and Zambia. The main challenge in achieving objectives was the inadequate funds for the national societies to implement disaster management programmes.

Support was also given in situation monitoring, tracking of potential disasters and in responding to minor emergencies. In January, technical and emergency material support was provided to Zambia Red Cross in responding to a cholera outbreak in the slum areas of Lusaka where two cholera kits were dispatched from Harare regional delegation. In February, Baphalali Swaziland Red Cross was assisted with USD 1,500 by the regional delegation to respond to a cholera outbreak in a squatter camp around Mbabane. In Zimbabwe, a total of 33 family tents from the regional stocks were given to Zimbabwe Red Cross in response to storm damage where 33 families were left homeless. Also a cholera kit was given for a cholera outbreak in Binga district of Zimbabwe. Support was given to Namibian Red Cross to manage a flood relief operation in the Caprivi region where the Zambezi River rose above seven metres and burst its banks in late March 2004. The floods caused substantial

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damage in Kabbe and Katima rural constituencies, where 20,000 people were affected and over 6,000 of them evacuated to safer area.

The Federation Strategy 2010, ARCHI 2010 and the Ouagadougou Declaration continued to be the founding guidelines for the regional organizational development support to national societies in 2004. As from September, in the Algiers Plan of Actions the national societies renewed the commitment to Ouagadougou priorities (food security and HIV and AIDS). Based on these guidelines, the organizational development support team played a facilitation role in capacity building of national societies' governance, management, staff and volunteers. The support was aimed at helping national societies to achieve their objectives built in their strategic planning and cooperation agreement strategy (CAS) reviews. Governance and management, volunteerism and branch development, resource and finance development support, as well as integrated programming, implementation of project planning process (PPP) and SPHERE training were given to the national societies. National societies in the region have taken positive steps towards strengthening volunteer management and branch development, reflected through assessments, reviews and the development of volunteer management policies. A regional finance development delegate was appointed in August 2004 to support with finance development in national societies where this capacity is needed.

### **Health and Care**

#### **HIV and AIDS**

**Goal: The vulnerability of communities due to poor health and exposure to HIV and AIDS infection is reduced.**

**Objective: Working with national societies to develop care and support programmes for PLHIV and OVC, HIV prevention initiatives and to fight stigma and discrimination.**

#### **Progress and achievements**

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

The Federation continued to provide support to national societies in order to consolidate HBC projects and ensure delivery of quality services. Monitoring visits were conducted to national societies of Malawi, Mozambique, Namibia, Zambia and Zimbabwe. The follow up visits supported in monitoring implementation of the HIV and AIDS review recommendations at project level. Monitoring visits also boosted the morale of care facilitators in the projects who expressed satisfaction and also stated that they felt being appreciated and considered at regional level. The regional delegation facilitated the purchases of the medical supplies for care facilitators such as gloves, bandages, disinfectant, calamine lotion, betadine, panadol and soap. Care facilitators made home visits to clients and taught family members to care for the sick at home and provided psychological support to the PLHIV and OVC. In order to strengthen monitoring and evaluation systems, the regional delegation with a few national societies developed a monitoring and evaluation tool, which is yet to be piloted in Zambia, Swaziland and Malawi Red Cross Societies. The support team also gave orientation on HBC to two new HIV and AIDS coordinators for Lesotho and Zambia Red Cross Societies, and to an OVC Officer for Lesotho Red Cross

The regional HIV and AIDS support team organized a training in Caprivi, Namibia for 44 district project officers from Botswana, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe to impart HBC, financial, project management, counselling, ART and OVC skills. The training increased the project management skills of the project officers.

##### **National societies have established support groups for PLHIV and OVC**

Trainings on establishing support groups were conducted in nine countries with HBC projects. National societies having had the first training went on to train others and established many support groups in HBC projects. A total of 317 support groups were established, strengthened and maintained by the end of 2004. 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 group is where 'positive living' is reinforced through sharing of testimonies,

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psychological coping skills and addressing stigma. The Malawi Red Cross case study (August 2004) confirmed that after sharing in the support groups, clients felt empowered to go out and speak to others in the community and even within their families, a thing they may have not been able to do before joining the support group. In Lesotho during training in the establishment of support groups in Mafeteng, an Ambassador of Hope shared her moving testimony and disseminated information on ART. The sharing gave information to the participants who were already on free treatment regarding the issues, which they should discuss with their doctors. The OVC find the support groups a source of comfort as they meet other children who are living in similar situations. The setting up of support groups by and for OVC is a new innovation in the programme. The children themselves usually man the groups and they ask for support and advice from the care facilitators when needed.

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

The regional HIV and AIDS team in collaboration with Geneva health and care department provided technical guidance through development of anti-stigma materials for the World Red Cross Day and World AIDS Day. Through this guidance each national society organized at least two major anti-stigma campaigns this year. On Red Cross Day, activities focused on fighting stigma and discrimination and working more closely with PLHIV. World AIDS Day activities in all ten national societies, which were carried out in collaboration with governments, have also addressed the fight against stigma and provided a platform to advocate for PLHIV and OVC. The regional delegation invited a political figure to address the staff on this occasion that encouraged the Red Cross to continue with the work being done to empower women as she gave an address on “Women, girls and HIV and AIDS”. A total of 20 embassies were also invited to the commemoration

Technical support was given for the development of HIV and AIDS workplace policy in eight national societies. The policy applies to staff and volunteers and unfortunately due to resources scarcity, the policy has not yet been implemented. National societies have been increasingly active in advocating for care and support for OVC and Lesotho Red Cross has been active in advocacy for the rights of OVC to access ART.

### **OVC activities in national societies are implemented and strengthened**

The numbers of OVC continue to increase in all countries in the region with Zimbabwe and South Africa having the highest numbers. Technical support aimed at OVC project development was provided to the national societies of Botswana, Lesotho, Malawi and South Africa. Memory approaches workshops were conducted in collaboration with Regional Psychosocial Initiative (REPSSI) for the countries of Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe. Two orphans from Malawi and Zambia co-facilitated the training in Zimbabwe and shared their Hero books during the workshop.

In response to the urgent need to scale up OVC activities in the region, a decision was made to set up a regional OVC working group. The group is formed by representatives from Malawi, Lesotho, South Africa and Zimbabwe Red Cross Societies who have developed good OVC initiatives. The OVC projects in these countries are pilot projects from which all countries in the region can learn and eventually replicate the most successful projects. The working group met in June and October and drafted the regional OVC strategy, which has been shared with all national societies in the region and should be approved at the next SAPRCS meeting in 2005. Implementation of the strategy will ensure a planned and holistic approach to OVC programming in the region and will form the basis for scaling up of OVC support within HBC project.

The national societies provided support to OVC in form of material support (including food), home visits, education support, shelter, referrals to social welfare and health services, day care centres for under fives, sports and other social activities and psychosocial support including counselling and memory work. A total of 69,134 children were reached during 2004.

### **Food security activities integrated in the regional HIV and AIDS programme**

HIV and AIDS projects included a small component of food security provision and the promotion for establishing backyard and doorstep gardens. National societies were supported with funds to purchase seeds, fertilizer and other requirements to establish nutrition gardens. Food parcels were distributed to needy clients.

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At regional level the Federation is paving the way for national societies and the World Food Programme (WFP) to reach country-based agreements to ensure that vulnerable HBC clients have access to food. A number of national societies already have country-base agreement. A total of 42,850 clients and their families as well as 69,134 OVC benefited from the food and nutritional support.

The regional delegation commissioned a study in Malawi to determine the impact of the HBC services and confirmed that nutrition support has helped reduce isolation of clients within families; hence stigma and discrimination have been addressed to some extent. There is evidence of reduced mortality rates in areas where HBC and food security projects have been established.

### **Capacity of national societies in programme management is increased**

National societies requiring specific support in 2004 included Angola, Botswana, and Lesotho. They were trained in volunteer, finance and project management which resulted in better recruitment and management of volunteers. The South African Red Cross organized a choral competition for its volunteer HBC care facilitators as a form of therapy to relieve them of stress and recognize their valuable service to their communities.

The ten HIV and AIDS coordinators attended a workshop organized by the Federation in Johannesburg on ART. The participants were oriented on the current regimens and protocols available in different countries, the monitoring of ART compliance, community follow up and nutrition. Emphasis was also placed on the need to educate clients, family members and the community on ART. Community-based treatment literacy campaigns were also discussed. HIV and AIDS coordinators are now tasked to roll out the training to project officers, supervisors and care facilitators in their respective national societies. Zimbabwe Red Cross HBC project supervisors also participated in the same workshop and gave input in the “care for carers” and training working groups.

The regional HIV and AIDS support team compiled a document which will lead to development of a curriculum on a training programme for care facilitators, supervisors, project officers and branch committees. This document will improve the management of the HIV and AIDS programme at all levels.

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

A total of 212 IGA have been established by the support groups in the region. Equipment and items for IGA for some projects were procured in the first and last quarter of 2004 through the Federation procurement department. The term IGA must always be used with caution as people should be constantly reminded that the primary purpose of the support groups is not to generate profits but for psychosocial support. This is in order to avoid unnecessarily stressing clients who may be too sick to perform even their own day-to-day chores. The IGA are now termed ‘self help projects’ in order to avoid this misconception.

### **Gender incorporated into HIV and AIDS programming**

Mainstreaming gender within the project remains a challenge given the cultural expectations concerning women/men involvement in care and HIV prevention in the southern Africa region. The regional HIV and AIDS support team sensitized national societies HIV and AIDS coordinators at the June 2004 Southern Africa Regional AIDS Network (SARAN) meeting on gender issues in regards to HIV and AIDS. A facilitator from Action Aid led the discussion. As a result, national societies of Zambia and Malawi have reported increased numbers of male participation in care work. In Swaziland, male chief has been instrumental in promoting and supporting HBC services in the community.

### **National societies' prevention projects are well implemented and established**

The HIV and AIDS review identified prevention as an area that is weak and requires more attention. There is a need to give priority to develop a better and more effective and integrated HIV and AIDS prevention strategy. The regional delegation hired a consultant to lead a discussion on how to develop a prevention strategy at a SARAN meeting in October 2004. At this meeting a background paper to the development of a prevention strategy was developed. The paper will be used by the prevention task force that was formed and will meet beginning of 2005 to develop an integrated prevention strategy, which will include TB, malaria, and diarrhoeal disease prevention. The issue of empowering women and girls to negotiate for safer sex will also be explored.

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In 2004, the Federation Secretariat in Geneva developed a strategic partnership with the International Olympic Committee (IOC). In June 2004, a workshop took place to put into operation the partnership in the region and was attended by seven national societies' HIV and AIDS coordinators, two presidents, three secretaries general and the regional HIV and AIDS programme officer. The workshop was organized by IOC in conjunction with Federation and UNAIDS. The national societies were provided with an opportunity to establish links with their local Olympic committees. The Zambia Red Cross and Zimbabwe Red Cross are now collaborating with their respective National Olympic Committees to map strategies in advocacy.

### **Impact**

Support to the national societies to implement care and support activities brought improved quality of life among clients. This was confirmed in a study conducted in Malawi in August 2004 which established that there is improvement in quality of life for many HBC clients. Community members commended the added value of HBC, saying that clients are now living longer, able to fend for their families with dignity. Clients interviewed reported significant improvement in self-esteem, acceptance and respect by both family and community. Family members gained confidence in caring for the sick at home due the training received from care facilitators.

With the availability of food within the HBC projects, the nutritional status of clients has improved and some of the bedridden clients have become mobile. The HIV and AIDS review confirmed the importance of food in the lives of PLHIV and OVC. Children also perform better at school when they have adequate nutrition.

Although stigma and discrimination remains a great challenge, it is being addressed at community level through the establishment of support groups and in the general improvement of clients' health due to improved nutrition. Involvement of the chiefs has continued to make a positive impact. For example chiefs in Mchinji, Malawi have formed Chiefs AIDS Campaign Teams that support Red Cross activities. Many households can now accept PLHIV. IGA also address stigma since the financial benefits derived encourage people to "see" tangible benefits of being involved in these activities.

Community-based child care services which are supported by Malawi Red Cross, are providing safety nets for OVC and have relieved OVC carers to perform other duties e.g. agriculture. Furthermore, drop out rates from school have also declined with the girl child accessing more education than in the past. The project has also resulted in very high levels of community involvement and commitment. There is improved knowledge on HIV and AIDS among youths and the communities in the districts where Red Cross is working. The study reported that household hygiene had improved and that the community believes this has resulted in improved quality of life for clients.

### **Constraints**

The HIV and AIDS project continues to lose care facilitators who are dying due to AIDS related illness. Care facilitators themselves are often infected and they also experienced discrimination because of the nature of their work. More care facilitators must be recruited and trained to replace those lost through death and to also relieve the overburdened care facilitators who are often working more than the specified hours due to the overwhelming numbers of clients. The lack of food, basic drugs and at times HBC kits in some countries forced care facilitators to use their own meagre resources to assist the clients. Care for carers support through the provision of incentives, training, protective materials, treatment for infected carers, counselling etc. needs to be urgently put in place by all national societies. The new responsibilities to carers in supporting OVC and their role in ART monitoring, adherence counselling and nutrition issues, will be additional duties to the already overburdened carers. Culture and tradition impedes progress in convincing males to get more involved in caring.

Lack of transport makes it difficult for the coordinators to provide monitoring, support and reporting in time to each project and has also negatively affected timely replenishment of care facilitators HBC kits. There is a need to continue to improve on data collection and reporting in order that national societies can provide accurate information on the number of beneficiaries they are supporting and the nature and impact of that support

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There are still a large number of clients who are not comfortable with disclosing their status hence stigma and discrimination remain a challenge. 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. Training in successful IGA is complex and will take some time to reach out to all support groups. Since the members get ill from time to time and with some even dying, it is difficult at times to maintain the IGA.

National societies lack skills in conducting OVC needs assessment before establishment and in project proposal writing. Tools for OVC situational analysis will be further developed in early 2005 and pilot situation analysis will be conducted in Malawi, Namibia and Botswana. Availability of food is essential and it has been a challenge to provide nursing care to hungry clients. Several initiatives on nutrition projects have been implemented but there is a need for their expansion. Food for many OVC is still lacking and this affects their physical development and performance at school. There is no clear strategy on the long term provision for the nutritional aspect of the programme despite the fact that clients are unable to take tuberculosis (TB) treatment or ART without adequate nutritious food. Food insecurity therefore continues to be a pressing concern in all national societies and the Regional Delegation has started to discuss with WFP regional office ways of operationalising the global letter of intend Federation/WPF in order to consider a food component in all HIV and AIDS programmes led by national societies in the region. Unavailability of VCT, particularly in rural areas also remains a serious issue.

### **Water and Sanitation (WatSan)**

**Objective: Capacity of five national societies to assess, design, resource, implement, monitor and evaluate water supply, sanitation and hygiene promotion projects in integrated health and care programmes is increased.**

#### **Progress/Achievement**

**Five national societies in the region implement water, sanitation and hygiene promotion projects effectively and efficiently in line with sector best practices (community managed, demand responsive approaches) and creating synergy with other health and care projects.**

Programme update reports and monitoring from the regional WatSan support team indicate that projects are being implemented reasonably efficiently and effectively in line with sector best practices and creating synergy with other health and care projects. In Zimbabwe outstanding projects from 2002/2003 and a large ECHO funded project were implemented in 2004 and the national society is developing a new developmental strategy. The project managers in Malawi, Mozambique, Zimbabwe and Zambia - with support from the regional WatSan office - are in the process of improving and documenting the way that they implement community management and hygiene promotion to demonstrate that they use best practices and to enable organizational learning.

Software managers responsible for the implementation of the community management and hygiene promotion aspects of the WatSan projects were recruited in Malawi, Mozambique and Zambia. This is improving the hygiene and community management implementation. In Zimbabwe the present project manager is a software specialist – what is required here is to recruit an engineer to improve the engineering capacity.

**Establishment of sound, sustainable environmental services for 125,000 most vulnerable in defined local government administrative areas by 2005 in hygiene promotion, sanitation and water supply through the activities of the five national societies in integrated health and care programmes**

The Federation supported 85,000 beneficiaries through long-term development projects. This is a reduction from the appeal expected result as not all projects were fully funded and because the way the number of beneficiaries is measured has become more accurate and less inflated. Projects still provide good value for money in terms of cost per beneficiary. However in aiming to meet government minimum standards and the water supply millennium development goal of water supply provision, the cost per beneficiary increases. The regional WatSan office strategy remained focused on Federation supported long-term development projects in four national societies (Malawi, Mozambique, Zambia and Zimbabwe). WatSan interventions in these four countries are very ambitious projects but prospect for fundraising is realistic. The regional WatSan delegate has begun the process of assisting Zambia Red Cross to expand their WatSan activities with assistance from Spanish Red Cross and some external partners.

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The regional delegation will continue to support other national societies in the region with projects implemented with bilaterals and other agencies funding. For example project managers are using lessons learnt from training by the regional delegate on bilateral supported projects. The focus on working in defined local government administrative units to raise the water supply and sanitation services to minimum service levels as detailed in the appeal has been achieved in Malawi, Mozambique and Zambia. Zimbabwe Red Cross has adopted an alternative approach: it is focusing interventions on HBC clients in an integrated approach.

### **The five national societies have capacity to respond and respond to disasters requiring water, sanitation and hygiene promotion response**

In the region, five national societies of Malawi, Mozambique, Namibia, Zambia and Zimbabwe have the capacity to implement a WatSan response to disasters. Zambia Red Cross provided WatSan services to 30,000 Congolese refugees in Northern Zambia. The manager of this operation participated in a capacity-building emergency response unit (ERU) training course in Sweden. Namibia Red Cross with the support of the regional delegation technical officer for 1 month responded to floods in Caprivi and assisted 20,000 beneficiaries with WatSan interventions. WatSan equipment supplied to the operation came from the regional stock; when funding was later available, equipment was purchased to replenish the stock so that a minimal stock list is maintained updated in permanence. The Federation country and regional delegations also supported Zambia Red Cross in responding to floods that hit the country and assisted 14,000 beneficiaries with a WatSan intervention.

### **The five national societies are successful advocates for increased sector resources, and contributors to national sector policies, best practices, coordination and cooperation**

Income for the long-term development projects has been increased in Malawi, Mozambique and Zambia, and reduced in Zimbabwe. In Zimbabwe, the project manager contract was terminated due to suspicion of fraud and project manager was not in place until the end of the year hence there was very little activity in the proposed WatSan projects last year. This resulted in a large carry over of funds (and thus activities) from 2003 to 2004. What is required now is less implementation of activities and increased rebuilding of the capacity at Zimbabwe Red Cross to implement projects with less support from the regional delegation. Although there will be a large expenditure of funds by Zimbabwe Red Cross in WatSan in 2004, little fund raising was required. It is expected that income will increase in 2005 once capacity has been built.

### **Impact**

National societies' WatSan projects management is improving as evidenced by mission reports to the projects. Full impact of the capacity building in project management and the recruitment of software managers will become clear if projects are completed on time and in budget, and if income is increased in 2005. The national societies of Malawi, Mozambique, Zambia and Zimbabwe are recognised as major sectoral agencies in their countries as evidenced by the invitations they received to contribute to sectoral coordination meetings and the visits they received from other NGOs who need advice in the sector.

### **Constraints**

During the year the Federation Southern Africa regional delegation water and sanitation delegate was the acting regional programme coordinator for a three-month period and acting head of regional delegation (HoRD) for over two weeks. This reduced the time the delegate has been able to spend on WatSan support activities.

## **Disaster Management**

**Goal: The vulnerability of communities is reduced in southern Africa region with respect to threat and impact of disasters**

**Objective: Well prepared national societies engage in mitigation/rehabilitation activities that facilitates long-term development/sustainability and respond appropriately to disasters with the participation of empowered 'at risk' communities.**

### **Progress/Achievements**

**National societies' capacities in disaster management are strengthened and are exhibiting minimum standards of well prepared national societies**

Technical support was given to Angola Red Cross in conducting basic disaster training for 35 participants and training materials including 20 Portuguese SPHERE handbooks were given to the national society. This training has raised the disaster management skills of the participants enabling them to strengthen the disaster management programme and setting up of national disaster response teams. Botswana Red Cross was supported financially to conduct disaster assessments following localized flooding and veldt fires in the Chobe district. National societies of Lesotho, Malawi and Zambia were supported in training of staff and volunteers in SPHERE minimum standards. Baphalali Swaziland Red Cross was supported in facilitating a monitoring and evaluation workshop for 26 volunteers who are involved in food aid distributions. Other activities to support national societies included, knowledge sharing between national societies and programme support visits.

**Considerations of Better Programming Initiatives (BPI) and gender diversity are integrated into all training and programme activities**

All considerations of BPI, and gender diversity were integrated into training and other programme activities throughout the region. During the flood relief operation, the RDRT had a good gender balance within the team and the volunteers mobilized. Addressing issues of gender diversity has become an issue that needs resolving in the region as some activities in the national societies such as HBC are undertaken by women whilst professional and senior positions are occupied by men. At the RDRT training conducted in September 2004, which focused on conflict situations that resulted in refugee situations, all considerations of BPI and issues of gender sensitivity to when dealing with Internally Displaced People and refugees were integrated into the training. However, of the 22 participants who attended only five were females due to lack of suitably trained female applicants. This continues to highlight the need to increase gender balance of programme staff and volunteers within the national societies.

**Community-based disaster management initiatives are in place in national society**

The disaster management support team assisted Zimbabwe Red Cross in facilitating the installation of a HF Radio in the flood prone district of Muzarabani. This was a community-based initiative for disaster preparedness to enable communications during disaster situations, as there were no communication facilities in the community. This has proved most beneficial to the community, as they are able to communicate with emergency services during the perennial flooding seasons. Furthermore, support was given in the preparation and the conducting of vulnerability capacity assessments (VCA) in the Chimanmani and Chipinge districts of Manicaland, and Mwenezi and Chiredzi districts in Masvingo province. Community-based risk reduction initiatives will be developed based on the findings and recommendations of these assessments in 2005.

During the VCA conducted by Botswana Red Cross in the sub district of Bobirwa, the community identified and prioritized the need for establishing a community-based food security project. Technical support and advice was provided in developing a community garden project to address the food insecurity of the vulnerable people in the village of Molalatau. Lessons learnt from the Swaziland pilot food security project were shared with the programme staff and a draft project proposal was developed. However, due to limited funding the project has not been implemented.

Support to Baphalali Swaziland Red Cross in the implementation of community-based food security pilot project continued throughout the year. The regional disaster prepared officer participated in the quarterly food security task force meetings as well as participated in the assessment /review of the project conducted in June. This was in

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line with the recommendations of the mid – term review so that an in-depth analysis of the project components in terms of effectiveness, efficiency and sustainability of the project and make recommendations on the way forward. Some of the recommendations and practical solutions made have already been implemented with some of them being incorporated into the plan of action for 2005. A financial review and project appraisal was later conducted to assess whether the planned activities were being implemented according to schedule. However, due to issues of non-compliance with the memorandum of understanding (MOU), conditions by the national society which resulted in funding being held by the donor until all outstanding narrative and financial reports for 2004 had been submitted. Furthermore, there were delays in submitting the plan of action for 2005, which needed to be submitted together with a revised tripartite MOU which is still to be signed by the Federation, Baphalali Swaziland and Finnish Red Cross.

Mozambique Red Cross was technically and financially supported to implement a community-based initiative focusing on risk reduction in three communities (in the locality of Chilembene) Chokwe district in Gaza province. Activities undertaken include training in disaster awareness to 23 participants from the community, dissemination of the flood early warning system to 46 households and purchasing of drought resistant agricultural inputs and cattle to increase drought power.

Following the VCA conducted in Sinazongwe district in Southern province of Zambia, the national society is planning to implement an integrated health and care project in the district akin to Baphalali Swaziland Red Cross food security pilot project. Lessons learnt from this project have been shared with national society and an exchange visit was undertaken in December 2004.

### **Comprehensive contingency plans developed for likely emergencies/ key sites**

Zambia Red Cross is in the process of developing a contingency plan for cholera response in the slum areas. The Federation and ICRC supported Zimbabwe Red Cross, in updating its contingency plan for safer access and conflict management during the upcoming parliamentary elections in 2005 and disaster management training workshop for staff and volunteers in conflict preparedness was conducted. Contingency planning is an area to be improved in national societies in 2005.

### **National societies working in partnerships with other stakeholders within local communities through integrated, multi-sectoral and multi-disciplinary approach teams and fora**

National societies are participating in their national disaster management units, vulnerability assessment committees (VAC), health services boards, national AIDS councils and are cooperating with other relevant stakeholders such as UNICEF and others. During the Caprivi floods relief operation, the Namibia Red Cross worked exemplarily with other stakeholders. A task force committee made up of relevant government departments and Red Cross representatives was instituted and was the decision making body for the relief operation in which operational directions were provided and resources allocated to the operational teams to effectively implement their activities.

During the RDRT training, the issue of national societies working in partnership with other stakeholders and participating in an integrated multi-sectoral approach was re-emphasised. The facilitation of the training was a clear example of this. It included facilitators from the national society, the Federation (Secretariat and Zambia country delegation), ICRC, Danish Red Cross, Zambia government departments (i.e. Commissioner of Refugees, Disaster Management and Mitigation Unit), UNHCR, OCHA and local community leaders.

### **Regional disaster response capacity is improved**

The region is striving to ensure that all disasters in the region are responded to timely and effectively as reflected by the various small and medium scale disasters that have occurred in the region in 2004. At the regional delegation a taskforce comprised of all sector managers coordinates disaster responses and support to the national societies. As part of the regional preparedness, non-food emergency stocks for 5,000 people are available at the warehouse in Harare, and are used to support national society disaster responses activities. However, these stocks have been slowly depleting after assisting several national societies in operations over the last year. Through funding from the Caprivi relief operation and ECHO the department was able to replenish some of the items, but

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only 275 of the 755 tents used in Caprivi, Namibia have been replaced. Additional funding is required to replenish the remaining outstanding stocks.

In six national societies a total of 200 staff and volunteers have been trained in various disaster management including 21 participants at the RDRT. The annual RDRT workshop, hosted by Zambia Red Cross this year, was held during the month of September with the theme 'Managing Complex Emergencies'. The objectives for the training were obtained from the national societies training requests, which were to understand complex emergencies, enhance leadership and team work in disaster response and increase capacity in coordinating and harmonisation with other stakeholders during emergencies. The aim of the workshop was to build the capacities of the participants in these areas, with a special focus on population movement and disease outbreak.

In March 2004, the RDRT successfully assisted the Namibia Red Cross to manage the relief operation in the distribution of food and non-food items as well as provision of safe water and sanitation. The team handed over the operation to the Namibia Red Cross team on 30 April 2004, which continued the relief operation until end of August 2004. To further strengthen national society logistical and warehouse management capacities the regional warehouse officer was deployed to the Caprivi operation to support the national society logistic staff. The regional officer conducted logistics training for staff and volunteers in warehouse management systems, which included quality and quantity control systems. This increased staff capabilities to be able to manage the relief stocks and to report appropriately. Other in-country deployments of RDRT members took place in Swaziland during cholera intervention in January and for floods in Zambia and Zimbabwe in February/March.

### **Roster of trained RDRT personnel established in the region and respond effectively when needed**

A RDRT roster has been established and members are being utilized more frequently within their own countries. The use of RDRT members in national societies has improved disaster response in terms of quality appropriate interventions. Review of current members and updating of the database is continuously done to ensure that appropriate disaster response teams can be deployed at short notice. The team was deployed to Caprivi within 48 hours after an alert was raised by Namibia Red Cross. The team worked effectively as commended by the government officials and stakeholders in the Caprivi region, which demonstrates effective disaster response capacity in the region.

Technical and financial support was extended to Botswana Red Cross when the north-west district of Chobe experienced localised flooding at the beginning of April where damage was mostly destruction of crops along the Chobe River. The assessment report from the in-country RDRT recommended for health education, restocking of disaster preparedness emergency material used by in responding to floods. Technical and financial support was also extended during the outbreak of a veldt fire in Kasane, Chobe district, in September. An in-country RDRT, comprising three staff, carried out an assessment and assisted in the disaster response already underway with local authorities.

Following heavy rains in Zambia during the months of February and March, two in-country RDRT members were deployed to carry out assessments in Chavuma, Zambezi, Lukulu, Sesheke, and Senanga and Kalabo districts. Zambia Red Cross received CHF 20,000 from DREF to start off the operation of assisting displaced and affected population through provision of relief items, health education and hygiene promotion.

### **Disaster management agreements exists with national society/government/partners**

Programme agreement with all the ten national societies were developed for 2003-2004 disaster management programmes but they could not be fulfilled due to limited funding. Agreements with governments are yet to be devised although countries such as Mozambique, Zambia, South Africa and Zimbabwe are in discussions with their governments.

### **Federation and all national societies are participating in disaster management information system (DMIS) and promoting use of SPHERE standards.**

Many of the national societies are not able to fully utilise DMIS due to limited capacity of computers and the limited information technology support. At the regional office use of DMIS tool is standard practice with enormous benefits to the team. The use of SPHERE has become integral part of good practice in all the national

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societies programme activities. All disaster management training and planning of services includes the use of SPHERE standards. The regional team was able to support three national societies (Botswana, Malawi and Zambia) by facilitating SPHERE training for staff and volunteers thereby increasing capacity to provide quality services.

### **Increased capacity to deliver quality services for refugees, internally-displaced persons (IDP) and returnees within the region**

National societies of Botswana, Malawi and Zambia continued to provide services to refugees in their countries with Federation support. This included assisting Zambia Red Cross in facilitating SPHERE training for staff and programme officers operating at Mwangwe refugee camp in Mporokoso. Malawi Red Cross was also assisted in capacity building of staff in project management, training of refugee community members in community-based maintenance (CBM) of water points as well as facilitating the SPHERE training for refugee programme staff operating at Dzaleka and Luwani refugee camps. Both training workshops included other representatives from government and NGOs. Botswana Red Cross has also identified areas needing support, which include technical support in the improvement of water and sanitation services and conducting of SPHERE training for staff and volunteers within the refugee programme in Dukwi camp. The regional delegation is grateful for the funding allocated from the PRM to enable regional better quality support and services to refugees.

The management capacity of the national societies in the region has increased through the training of 21 new staff at this year's RDRT, which focused on managing complex emergencies with preparation and provision of services to likely refugee situations. This training exposed many of the participants to the realities and challenges of refugee situations.

### **Impact**

All the local minor disasters responded to in the national societies with the support of the regional team assisted in the alleviation of human suffering affected by emergencies. Positive impact has also been derived from capacity building of national society staff and volunteers in disaster response and increased visibility of national societies. The technical support provided to the Namibia floods relief operation promoted the smooth distribution of relief items thereby providing timely assistance to the most vulnerable. It has also increased knowledge on disaster management and mitigation measures among the newly recruited volunteers in the area.

The impact of the RDRT training has build capacities in the region, which will ensure timely and efficient response to disasters, both regionally, and in country. Secondly, it increased the knowledge and skills base in national societies thus strengthening 'local to global concept' of disaster response. Furthermore, rotation in hosting of RDRT training between national societies gives them visibility and good community support as well as increased volunteer membership. The field exercises encouraged local community participation thereby raising awareness of Red Cross activities.

In increasing capacity of the regional team, the regional senior disaster management officer attended the Saving Lives and Livelihoods in complex emergency training in Montreal, and the regional disaster preparedness officer attended a risk reduction conference in South Africa, thereby increasing knowledge sharing and disaster management capacities in the region. The disaster management programme assistant attended a regional logistics management workshop organized in Zimbabwe.

### **Constraints**

Implementation of planned activities is hampered by the fact that there is no guaranteed funding at the beginning of each year which delays implementing activities to the detriment of national societies support. In addition, it is necessary to keep checking the availability of RDRT members for quick deployments and ensure that the pool is fully operational. An issue of accessing Portuguese speaking members will have to be dealt with in 2005.

## **Humanitarian Values**

**Goal: Red Cross Red Crescent principles and humanitarian values are known and respected across the region and discrimination against vulnerable groups is reduced.**

**Objectives: The capacity of national societies in Southern Africa to generate a high degree of visibility, credibility, cooperation and support for Red Cross Red Crescent activities is strengthened.**

### **Progress/Achievements**

The Federation assisted the South African Red Cross in preparation for an official visit of Princess Astrid of Belgium, accompanied by the president of the Belgian Red Cross, who visited Red Cross programmes in the Cape on 29 April. The visit generated media interest for the work of the South African Red Cross, which extended all the way through its activities for the World Red Cross / Red Crescent Day on 8 May.

A press release was issued on population movements in Angola, Zambia and the Democratic Republic of the Congo (DRC) in the beginning of the year, resulting in some media interest. The response to the Mozambique and Zambia severe cholera outbreak in February and March generated few articles both on the Federation's website and in The Federation's News. All articles were also posted on AlertNet.org and ReliefWeb.org websites.

In preparation for 6<sup>th</sup> Pan-African Conference in Algiers, the Federation compiled fact sheets for all national societies in the region, the regional delegation, Southern Africa Partnership of Red Cross Societies (SAPRCS), RDRT and Southern Africa Management Team (SAMT) for the conference. A press release and story were issued for the International Olympic Committee meeting with National Red Cross and Red Crescent Societies and UNAIDS on strategic partnership in spreading HIV and AIDS messages through sport. These were posted on the Federation website and shared with local and regional media through the regional office and national societies in the region. As a way of trying to improve dissemination of information, the Federation signed an agreement Reuters AlterNet which allows all national societies and regional delegations to post stories on their website from any part of the world. This facility has really helped ease pressure on the Federation website as stories can easily be posted on this site without sending it to Geneva.

### **The national societies in the region have a strong and well developed communication capacity (planned in cooperation with the ICRC), and a regional communication network will be in place**

The planned information workshop<sup>1</sup> for national societies could not be conducted in the year owing to lack of funding for capacity building the national staff. However, to ensure visibility the Federation has been drafting media reports for national societies to share with their local media. This was done to ensure consistency of messages and also promoting humanitarian values of the Red Cross. A communications workshop planned in cooperation with International Committee of Red Cross and Red Crescent has been deferred to 2005 year. Three meetings were held with ICRC to improve on cooperation and coordination on programme implementation. Despite lack of funding, the Federation has managed to develop a good relation with information officers in National Societies through email and telecommunication leading to prepare the workshop in 2005. It is hoped that this will culminated into a communications forum composed of national societies, ICRC and the Federation.

### **Links with the local and international media are further strengthened to ensure high profile of the Red Cross and secure continuous media coverage of Federation and national societies' activities in the region**

Relations with local, regional and international media in the region have improved through issuing of press release, news stories and interviews. All articles written for the Federation website on Southern Africa Red Cross and Red Crescent societies have been published on international website such as ReliefWeb, AlertNet and UN-IRIN. Although national societies have not fully utilized the Reuters AlertNet agreement, it has really helped in raising awareness and the profile of the Red Cross in southern Africa. So far stories on Zambia water project, South African Red Cross fundraising project for the Tsunami assistance, an interview with the HoRD and others have been posted on this website. The Federation has continued to be a corporate member of a South Africa based Foreign Correspondents Association (FCA) to improve on the dissemination of information especially news stories on Red Cross activities. This is a source of information for many news agencies in Southern Africa. The

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<sup>1</sup> The terms 'information workshop' and 'communications workshop' are used interchangeably.

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Federation also joined Future Events Network Services (FENS) another news association based in Europe which performs the same functions as FCA. The 6<sup>th</sup> Pan-African Conference presented a good opportunity to profile the activities of national societies in the region through the international media. Several media interviews were done with presidents and secretaries general of national societies gave an overview of the situation in the region.

### **Increased awareness of Red Cross Red Crescent principles and humanitarian values amongst key external stakeholders such as governments, authorities, embassies, the corporate sector, nongovernmental organizations and the general public.**

Awareness on the Red Cross principles and humanitarian values has generally increased. This has been achieved through constant advocacy campaigns and media visibility on the Red Cross' activities. The Red Cross has earned a good reputation in its approach on linking the impact of HIV and AIDS on food insecurity in the region, and is seen as an authority on advocating the need for additional nutrition for HIV and AIDS infected and affected households.

The Federation and the national societies have taken opportunity to utilize Red Cross commemorated days and events to advocate for approaches that promote observance of humanitarian values. Some of these special days include World Refugees Day, the World Risk Reduction Day and the World AIDS Day. The Federation continues to advocate, in consultation with the HIV and AID team, for anti-stigma and discrimination where a region where HIV and AIDS statistics are very high. The Red Cross in the region continues to lobby for support of ART in the region through web-stories and other media activities.

### **Federation and national societies in the region will receive high media coverage at times of disasters or major events**

The southern Africa Red Cross societies have all enjoyed an impressive media visibility in their respective countries for their operations and special events. The launch of the World Disaster Report 2004 captured the attention of many media organizations in South Africa, both regional and international. The attention on the launch was given to the effects of HIV and AIDS the need for a coordinated effort in the fight against the disease and its effects. Regional press and news releases were issued which became the basis for the subsequent interviews. An interview with the HoRD was also shared with international media to mark the World AIDS day. Following the unprecedented tsunami disaster that hit South East Asia and East Africa, the Federation coordinated the response in the region by giving advice and sharing information with national societies and the Nairobi delegation. Some two stories were issued out; one on South Africa fundraising initiative and the other which covered efforts by Africa Red Cross societies.

### **Integration of communication component in all regional programmes**

All regional programmes are aware of the importance of incorporating information component in their programmes. The information and humanitarian values activities largely rely on resources of the programmes, and most travels and advocacy campaigns are funded by respective programmes. The Federation assisted in the production of The Southern Africa Initiatives, a regional HIV and AIDS newsletter which is funded by regional health and care department. A component of managing the media was included in the RDRT training and it is hoped that more of these session will be included in other workshops.

The cooperation between the information department and other programmes is excellent with the information department assisting in the development of the 'Best Practice' concept on HBC and the scaling up regional HIV and AIDS. It also plays an advocacy role for the disaster management department on the special days such as the World Risk reduction day. A story was also prepared for the water and sanitation project for Zambia Red Cross.

### **Impact**

The national societies in the southern Africa region and the regional delegation have enjoyed continuous media attention and visibility throughout the year. The media attention always increases at the time of disasters, such as could be seen during the Namibia floods and refugee operations in Zambia. Apart from knowing the work of the Red Cross, more stakeholders and partners, are willing to support the national societies and the regional programmes. This support is vital for the Red Cross to carry out its mandate of alleviating the plight of the most vulnerable people. The response to the emergency appeal in Namibia was crucial for the Red Cross to carry out its

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planned activities, and the media attention was an important vehicle to announce the outstanding needs and what could be done with appropriate support. In this regard, the information department acted as fundraising tool. It also helped improve the credibility of the Red Cross as a humanitarian organization, especially in countries where NGOs are treated with suspicion. The Red Cross in the region has also an important advocacy role to play in the fight against the HIV and AIDS pandemic, health emergencies, food insecurity, increasing poverty and growing vulnerability of people affected by consecutive disasters. The dissemination of information that is areas focused has helped to influence change of attitude by policy makers in both government and private sector towards certain important issues such as investing into disaster risk reduction, advocating for early warning systems, integration of HIV and AIDS and food security and the need to scale up ART project. The information department through news stories has assisted in identifying gaps and overlap and raising awareness on areas that need attention.

### **Constraints**

Information and humanitarian values activities remains unfunded and for most of the activities, the information office had to rely on programmes who have been very accommodating in paying for travels and cost of providing publicity to the work of the Federation and the national societies in the region. As a result some of the planned activities such as the communications network had to be shelved. This has slowed down the process of creating an information network and knowledge transfer and sharing between the federation and the national societies. In addition, the communication system in many national societies is still huge a challenge. Many national societies do not have access to the internet or have email addresses which make communication difficult. At the moment, only three national societies; Mozambique Namibia and South Africa have reliable communication network. Lack of basic equipment such as cameras is also a setback with many national societies which affects quality and flexibility in the production of information materials.

### **Organizational Development**

**Goal: Strong and dedicated national societies are making an effective and positive difference in the lives of vulnerable people**

**Objective: National societies manage vulnerability-focused programmes and lead their organizational development processes.**

### **Progress/Achievements**

#### **The regional organizational development team has defined and addressed areas of capacity building in national societies programmes contributing to greater programme impact**

The regional delegation carried out an assessment mission to Angola Red Cross in May 2004 with technical support from the Swedish Red Cross aimed at establishing a plan of action for the development of programming. The assessment established the need for support in the governance, management, human resource, financial management and programme coordination. Financial support from the Capacity Building Fund, Swedish and Norwegian Red Cross societies assisted the national society in developing a turn around plan of action. Since June 2004, 18 provincial assemblies were conducted with elections to choose new committee members. A finance director was hired and is currently updating the financial books in preparation of the audit report to be presented during the Annual General Assembly. The national society has also submitted a second proposal to the Capacity Building Fund.

Botswana Red Cross conducted an internal organizational assessment with financial assistance from the regional delegation. The Malawi Red Cross carried out a management review with financial support from the Danish Red Cross and recommendations made were on statutes, policy, human resource development and governance/management structure and system. Namibia Red Cross submitted a shorter version of the Capacity Building Fund proposal and received CHF 35,000 for its constitution review, strategic planning and leadership training, which will all be done in 2005.

#### **Integrated capacity building teams providing relevant programme support to national societies.**

An orientation workshop was jointly carried with ICRC for Zimbabwe Red Cross' staff in February 2004 on branch and volunteer management. Although the national society has developed a volunteer code of conduct, it

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has not developed the volunteer policy that facilitates the management of the different categories of volunteers within the various operations. Through the integrated approach, project management training was facilitated and attended by 40 project officers from seven national societies (Botswana, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe) during the regional HIV and AIDS HBC training in Caprivi, Namibia. The essence of the training was to build the craft literacy and competence skills in project identification, design, implementation and evaluation. The outputs were encouraging as pilot proposal designs that were produced during the workshop are now being finalized for implementation in some national societies.

The senior organization development officer attended a SPHERE Training of Trainers workshop in Geneva in January and consequently was able to co-facilitate a SPHERE consultative workshop in April for various humanitarian organizations and agencies in Zimbabwe including Zimbabwe Red Cross. Goal Zimbabwe (an Irish humanitarian organization) got five of its senior programme staff trained on the use of SPHERE in relief and development work. The materials from the workshop were also shared with the RDRT team that responded to Namibia Floods.

The finance, resource development and disaster management officers jointly carried out a monitoring and capacity building support visit to Baphalali Swaziland Red Cross to support in the management of pilot food security project. The recommendations were on finance management of the project that calls for a more close supervision by the national society senior staff. An induction-training programme for both new and old staff at the Regional delegation was developed jointly with the human resource department. The first draft was finalised and is ready for pre-testing in 2005.

### **National societies have increased their financial resource base and have effective financial management systems.**

The proposal for rolling out the pilot finance development achievements from Mozambique Red Cross in the region was developed in August 2004. In view of this, and with the support of the Norwegian Red Cross, a finance development delegate was recruited in August 2004. The main purpose of the regional finance development project is to advice, train and supports the national societies in order to improve and develop their financial management structures, systems and procedures. Below are the highlights in finance development in 2004;

- The first draft of the regional finance development strategy and implementation documents were drawn-up and shared with the regional delegation management and the International Federation Secretariat desk officer for southern African region for their consideration.
- Internal financial control supervision guide for southern African region was developed.
- Zimbabwe Red Cross was given support with the management of projects that could generate income.
- The completed internal financial control questionnaire completed by six national societies of Botswana, Lesotho, Namibia, Swaziland, Zambia and Zimbabwe were analysed and the results shared with the regional delegation management for their inputs.
- Financial review was conducted for Swaziland, Namibia and Mozambique Red Cross Societies. The focus of the investigation was to identify financial management gaps that could be improved.
- Zambia Red Cross that still uses Pastel accounting package due to some technical problems with NAVISION software was given support by the regional delegation to rectify the situation.

The above-mentioned areas were reviewed and a comprehensive report highlighting the weaknesses, and recommendations were annexed. The senior management of the national societies with the support of the governance was encouraged to carefully study the findings and ensure effective implementations of the recommendations:

- The regional finance development delegate convened a three-day workshop in Johannesburg (13-15 December 2004) with two finance people each from the national societies of Namibia, Zambia and Zimbabwe. This was conducted to help enhance understanding on the full operational capacity of the NAVISION accounting system. Discussions were held with Zimbabwe, Namibia and Swaziland Red Cross Societies in reviewing the financial manual. The financial manuals of Mozambique and Uganda Red Cross Societies were shared with the above-mentioned national societies.

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- The department co-facilitated a financial management workshop for the HIV and AIDS programme coordinators and financial managers from the region in Johannesburg. Also facilitated a financial management workshop for finance and non-finance managers of Zimbabwe Red Cross Societies. The aim was to encourage the national society's non-finance staff to be more active and efficient in managing programme funds.
- An exchange visit with the Mozambican Red Cross finance director to the Zimbabwe Red Cross was facilitated by the Federation. This was to share knowledge and experience on running a finance department.

### **National societies have well defined and relevant strategic plans, targeting local vulnerabilities, effectively supported by partners**

The regional programmes coordinator supported Lesotho Red Cross in its Country Agreement Strategy development during the month of March 2004; however the final document is still pending. During 2004, most national societies have identified the need to review their strategic plans as most of them have lived up to five years and are facing new challenges that calls for refocusing. Botswana Red Cross has revised its constitution as a first step towards its revival strategy and held an Annual General Assembly, which although no elections were held for the governing board, the constitution was adopted with amendments. South African Red Cross adopted its constitution at the Annual General Assembly in September.

### **Common approach to local capacity building is built and reflected in the impact of the work of national societies focusing at branch and local levels**

The senior organizational development officer attended a twinning workshop in Nairobi where the focus was on sharing experience in branch development and resource development tools. This has resulted in the SAPRCS branch development manual being adopted as a tool for capacity building during the twinning development programmes by other national societies outside the southern Africa region.

A joint national society/Federation/ICRC branch development and volunteer management assessment process was conducted in Soweto branch in South Africa in September 2004. In implementing part of the recommendations, the national society held a national branch development workshop, which was facilitated by the regional delegation and attended by all the staff, regional, and the board members in November 2004. Zambia, Zimbabwe and South African Red Cross Societies held a joint workshop on Good Governance from the 10 to 12 of December. The recommendation for this exercise is to implement similar workshops for the other national societies, which will help them to evaluate themselves through knowledge and experience sharing. Lesotho Red Cross conducted a governance training which was co-facilitated by ICRC and Federation. The national society further strengthened human resource skills through training in SPHERE minimum standard and Project Planning Process (PPP) for all staff.

### **National societies have improved capacity to attract, manage and retain volunteers**

Although national societies in the region have action teams and HBC volunteers that are doing a wonderful work, most of them have not rationalized the management of these volunteers and are working on their volunteer and youth policies. Baphalali Swaziland Red Cross adopted the volunteer and youth policies after a year of a consultative process. Zambia Red Cross developed volunteer policy in March 2004 but not yet adopted. There is a clear need to further look at an integrated approach for volunteering at the national society level.

### **Impact**

The branch development manual continues to be a useful tool to national societies' development beyond southern Africa. The Portuguese version of the same manual was shared with Indonesia and East Timor. The English version has been made one of the annex tools to be used in branch to branch twinning programmes in East Africa region. In southern Africa region, the concept has gained momentum as most national societies now realise the importance of the tool in the development of national society structures. Baphalali Swaziland Red Cross society has activated Mbabane division and five branches through the branch development support. It has also increased its branches from 30 in 2003 to 50 in 2004. Lesotho Red Cross has activated eight of its ten division committees; Botswana Red Cross ten of its 15-targeted branches; and South African Red Cross society has started the branch development process by carrying out assessments in its 25 branches.

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Capacity building is still a priority in the region, as there is clear evidence of lack of capacity in proposal, report writing and computer skills for most national societies. A meeting with the ICRC has given clear indication that there is a need for more coordination with the Federation organization development towards issues of national societies identity and knowledge transfer to branches to ensure a common approach to information processing and information sharing.

The finance development department visited showed great cooperation and openness, which is a clear indication that they are serious in their attempts to rectify their organizational shortcomings in this area. Above all, the number of invitations the regional delegation received from the national societies to assist with addressing financial management issues shows the interest and importance the societies attach to finance development. It is very essential to mention that Swaziland and Namibia Red Cross Societies have already engaged new finance officers to strengthen their respective finance departments.

### **Constraints**

The issue of high staff turnover and insufficient qualified personnel within the national societies is still of concern as this continues to hamper systematic development of national societies. Botswana, Namibia, Swaziland, Zambia and Lesotho top the list in that order. The high staff turnover is mostly in key positions such as secretary-generals, senior programme and finance officers mainly due to competitive remuneration package in the market. Lack of proficiency and timely financial reporting at all levels within the national societies coupled with lack of networking/sharing experiences and ideas between national societies has also created reluctance among programme managers to attend to specific financial management issues.

The recurrence of limited funding and the delay in the transfer of funds affected the timely implementation of the supported activities to national societies. The funding constraint was also felt by national societies as most of national societies appeals received very little or in some cases nothing. At least six national societies of Angola, Mozambique, Lesotho, South Africa, Zambia and Swaziland received some minimal funds.

## **Coordination, Cooperation, and Strategic Partnership**

**Goal: the Federation is working together effectively and efficiently improving the lives of the vulnerable people in southern Africa**

**Objectives: The southern Africa national societies achieve their humanitarian mandates through efficient framework of cooperation**

### **Progress/Achievements**

**The Federation coordination and facilitation of Country Agreement Strategy (CAS) processes have increased the impact of the Movement support to all national societies in the region**

The support from the Federation regional delegation to the facilitation of the CAS process in 2004 was limited by many changes in Human resources. The preceding HoRD ended his mission in May, and the current HoRD arrived in September, immediately following the 6<sup>th</sup> Pan-African Conference. The Federation regional programme coordinator was on sick leave from May to August. This left the Federation regional organizational development delegate to follow the on-going processes in the national societies. This was not possible and efforts will be reinforced in 2005.

**The CAS process is consolidated and extended to all national societies in the region**

Most of the national societies in the region have started a CAS process. Some have nearly completed the different steps but none as such can present an agreed plan with all stakeholders' long term commitments. The process will have to be updated and seriously revitalised in 2005.

**Regionally managed Federation assistance is coordinated and targets specific needs for support from each national society**

The HIV and AIDS Consortium supported by the Swedish International Development Agency (SIDA) / Swedish Red Cross, Ireland Development Cooperation (DCI) and the Royal Netherlands Embassy (RNE) was reviewed,

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the financial situation clarified and reconciled, and the 2005 evaluation of the three-year project prepared with specific terms of reference.

At the same time, the Transport Package System (TSP) which was in place to distribute food since 2002 during the food security operation is coming to an end and the regional delegation commenced the negotiation of the exit strategy planned for June 2005 with WFP and Norwegian Red Cross. A final evaluation will be conducted in 2005 to draw all lessons learned, developed a concept for future transport system and a proposal will be submitted to Norwegian Red Cross about the best utilisation of the assets.

### **Improved southern Africa regional delegation coordination of the collective Federation disaster response**

The regional delegation does not have yet a regional strategy for Disaster Management and its response capacity is relatively limited despite an active Regional Disaster response Team (RDRT) pool of specialised human resources from the region. During the quarterly Southern Africa Management Team (SAMT) meetings held in September and November, this situation was analysed and a new plan was proposed taking into account the lessons learned of the past. It was agreed to strengthen the Disaster Management team with a Coordinator and a Food Security Officer. The outcomes should be seen in 2005. In the meantime, the regional delegation is responding to all small and medium disasters in the region, qualifying most of the time for accessing to the Disaster Relief Emergency Funds (DREF). See details in Disaster Management section.

### **Improved harmonisation of activities with the ICRC and the Partner National Societies including the development of joint ventures, joint planning and sharing of knowledge and best practices**

The HoRD met with her two ICRC counterparts in Harare and Pretoria ICRC regional delegations as well as with the respective cooperation delegates to discuss ways of improving cooperation. They also discussed administrative assistance if a Federation regional satellite office for external relations is established in Pretoria. ICRC explained the need to work harder on the Emblem Law issue for South African Red Cross since a Red Crescent organization has been registered officially. Other issues of cooperation were highlighted in information and communication, advocacy, disaster emergency training, HIV and AIDS in the workplace, support to legal foundation of national societies and especially revision of Statutes, etc.

### **Stronger ties are made between the regional delegation and partners to ensure adequate flow of resources to support programmes**

The senior management of the region attended the 6<sup>th</sup> Pan-African Conference which gave the opportunity to all national societies' leaders to share their experiences, to endorse a new resolution, which renews their commitment to the Ouagadougou Declaration, and to agree on the Algiers Plan of Action. The Pan-African Conference agreed unanimously to hold the next conference in South Africa, which will give the southern Africa region the opportunity to attract support and focus by 2008. The Pan-African Conference created the Pan-Africa Coordination Team (PACT) to follow up the implementation of the Algiers Plan of Action; the Zimbabwe Red Cross Secretary General was selected to represent the region and to lead the follow up for Southern Africa with the secretarial support of the regional delegation.

The Southern Africa Partnership of Red Cross Societies (SAPRCS) met twice in 2004 in Johannesburg. In May, the meeting regrouped only the Secretaries general and the outgoing HoRD introduced his successor. The focus was on the activities in the region especially HIV and AIDS and food security, the achievements of the SAPRCS and the need to review and analyse the structure and its budget, the update of the HIV and AIDS scale up committee, the preparation of the Pan African Conference.

In November, the SAPRCS biannual meeting was attended by all southern Africa national societies' presidents and secretaries general, 11 partner national societies (PNS), ICRC country and regional representatives, and the Federation head of Africa department and his regional team. The participants discussed the "Federation of the Future" and gave their inputs and comments through participatory consultations. A new Harare regional delegation strategy was presented and discussed at length; comments will be included in the final version of the document. 'Partnership' was the theme of the meeting and several sessions were organized to present some initiatives and to discuss ways of developing new partnerships such as with WFP, Ericsson, Coca Cola, and MTN. The president of South African Red Cross was elected the new chairperson, taking over from the president of

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Malawi Red Cross. The national societies of Botswana, Mozambique, Namibia, South Africa, Zambia and Zimbabwe held side partnership meetings to the SAPRCS meeting in view of facilitating the opportunity of dialogue among all participants' interest in a given country.

Seven of the ten southern Africa national societies held their respective general assembly in 2004:

- Lesotho (April),
- Zimbabwe (May),
- Namibia (August),
- South Africa (September),
- Swaziland (November),
- Malawi (December), and
- Botswana (December).

Angola, Mozambique and Zambia are planning their respective statutory meeting in 2005. Zimbabwe Red Cross organized a stakeholders' breakfast meeting on 30 November to improve its image with the public, local authorities, United Nations Agencies and corporate sector. The HoRD delivered a speech on the Federation support by giving a kind of "international guarantee" to the national society's good management and governance in a sensitive political and socio-economical context.

The Federation head of delegation in Zimbabwe made a presentation to WFP in Johannesburg - attended by all country directors from the region - about the Red Cross HIV and AIDS programme in Southern Africa, especially HBC activities. This presentation was very well received and will likely lead to more national level partnerships and better access to food for HBC clients and orphans and children made vulnerable by HIV and AIDS. Following this presentation, a follow up visit was undertaken by the HoRD to WFP regional office in Johannesburg on 26 October to discuss the possibility of food component in all Federation HIV and AIDS programmes for all national societies in the region. The Federation head of delegation in Zimbabwe was requested to make a presentation at the WFP world meeting in Bombay about the Federation strategy and experience of food security and HIV and AIDS in order to encourage further WFP/Federation cooperation in other parts of the world.

### **Impact**

The year brought up many opportunities for dialogue in the region and has increased the relationships between many partners. This was very useful to renew existing commitment of support but also to permit open debates about the difficulties encountered by some national societies in implementing their humanitarian mandate. In the end, the efforts should affect the beneficiaries positively. The dialogue with Partner National Societies and ICRC has continued and will take a lot of attention next year to consolidate and developed other ways of work to be more effective. The partnership with WFP has been strengthened and is a priority in 2005 to ensure that the dialogue opened by the regional delegation should see clear outcomes with a new regional strategy and country agreements. The Algiers Plan of Action is giving now clear directions and concrete actions to allow easier implementation from national societies.

### **Constraints**

Funding delayed until the end of the year obliged the delegation to organize a number of events for the last quarter of the year putting enormous pressure on all stakeholders. The CAS processes will need to be re-advertised to motivate and mobilise the national societies to consolidate their future development thought this process.

The issue of relationships between governance and management are critical in the region. It is observed that nearly all of the national societies have issues of relationships between governance and management and in some cases there are serious concerns ranging from integrity issues to lack of understanding of roles and functions or incompetence. The regional delegation will address the matter individually with each national society but also with the SAPRCS group, the Africa department and the African Board members.

## **Effective Representation and Advocacy**

**Goal: The Federation coordination is maximized in the southern Africa region.**

**Objective: The impact of partners' inputs and the outputs from relationships amongst national societies, the Federation, the ICRC, and other global and regional partners is increased.**

### **Progress/Achievements**

The HoRD was invited to the first female heads of mission lunch held on 26 November organized by the Swedish Ambassador and attended by the German, Kenyan and Zambian ambassadors and two Zimbabwean female leaders, to discuss the challenges of women in leadership positions. It was inspiring and it was agreed to continue meeting on a monthly basis. The HoRD was invited to a working lunch with the French ambassador on 14 December to discuss the situation in Zimbabwe with a senior officer from the French Ministry of Foreign Affairs, the UNDP and the EU resident representatives. This meeting was very informative and gave different understandings and perspectives about the situation in the country. The HoRD visited some ambassadors based in Zimbabwe (68 are registered) and priorities was given on the ten countries of the region and the 15 main donors plus EU, DFID, USAID, SIDA and other international governmental agencies.

The Federation Status agreement in South Africa is under review with the government to be upgraded to full diplomatic status like for the United Nations Agencies. This opportunity will give the Federation more possibilities to use South Africa as a hub for the region in term of logistics, relief, health, resources mobilisation and advocacy. It is a pre-requisite for opening a regional delegation satellite office for External Relations in Pretoria. The Planning process for the Protocol Training offered by the southern Africa governments for our national societies' leaders has started. The South African Red Cross also initiated the first meeting with the government for explaining the Pan-African Conference 2008 process; the Federation head of Africa department will be expected in early 2005 to start the first negotiations.

The HoRD visited South Africa on 26-28 October to discuss with the regional office of WFP in Johannesburg the possibilities of further cooperation between the two organizations, the operationalisation of the Global Agreement Federation/WFP in the region, the partnership for a long term food component in all Red Cross HIV and AIDS programmes in the region and with the perspective for the whole Africa continent. On 27 October, she met several government officials from the Ministry of Foreign Affairs and Ministry of Health, international organizations, paid a courtesy visit to OCHA representative and to EU Ambassador. The HoRD was invited to a Rotary meeting where the guest speaker addressed issues on public sector integrity. It was one of the best presentations on this topic, especially considering the political context in Zimbabwe.

Zambia delegation met with Danish Embassy and DANIDA, USAID and US Embassy. Negotiations with USAID and UNHCR were successfully accomplished following the release of USD 80,000 for HIV and AIDS prevention activities in the refugee camps and agreement with UNHCR to manage the refugee urban caseload. UNHCR will allocate additional funding to the Zambia Red Cross/Federation for this new activity for an amount expected at USD 270,000 in January 2005.

The water and sanitation delegate attended a conference in Durban (South Africa) on water and sanitation and resource mobilisation and brought back material on methodologies to access funding. The HIV and AIDS coordinator attended a meeting in Johannesburg organized by OCHA on the HIV and AIDS in emergencies. Attendance to such meetings creates better awareness and opportunities to share the Red Cross position.

### **Impact**

There was much interest from the diplomatic corps to work more closely with the Red Cross but events during the year shown the need for the regional delegation to be more strategic and better prepared. United Nations Agencies such as UNHCR, WFP, OCHA, UNAIDS, UNICEF, WHO, few embassies, DANIDA, USAID, SIDA, DFID and some others already working with the Federation have shown interest to move on with larger cooperation in the whole region and in new areas of partnerships.

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The discussion to open a satellite office for External Relations in Pretoria is gaining support from the national societies of the region as well as the partners. Time for further reflections is still needed to ensure full ownership of the Federation structure in 2005 but the positive negotiations about the Federation Status agreement with South Africa government give hopes for long term vision and support from all Red Cross stakeholders. The upcoming Pan African Conference in South Africa in 2008 is clearly a step forward in the right direction to strengthen the Federation and national societies' position in the region.

### **Constraints**

The lack of materials for public relations, the press and the diplomats or government officials is seriously jeopardizing a professional approach of the Federation with all these external stakeholders. The objectives and the ambition of developing new partnerships require new approaches, new mindset and new resources, for which the role of a satellite office for external relations in Pretoria could be a key elements for good coordination, coherence and sustainability. It will need consensual support from the Secretariat level in Geneva up to the national societies at country level.

### **Delegation Management**

**Goal: The capacity of national societies in the region is improved and service by the regional delegation to all Federation members supporting the region is highly valued.**

**Objective: The Federation programmes and presence in the region are well managed and contribute to the strengthening of national societies in the region through excellent cooperation, knowledge-sharing, best practice, advocacy, and policy development.**

### **Progress/Achievements**

#### **Human resources**

- Few delegates started their missions during the year: the HoRD started on 21 September 2004, while the TSP manager for Mozambique arrived in October. The position of regional food security officer, disaster management coordinator, and health and care coordinator were opened and will be filled in early 2005. The Angola health delegate mission instructions and contract extension have been revised, while the Lesotho finance development delegate ended her mission in early December 2004. Several other delegates' positions were extended: head of delegation and relief delegate in Zimbabwe, the regional finance delegate, the logistics coordinator, two TSP managers, and the HIV and AIDS coordinator. Many changes also intervened among the local staff positions not being renewed in 2005. Danish Red Cross contracted the former Federation procurement delegate to follow up the bilateral ECHO 2005 food procurement next year.
- *Compensation and benefits:* The PriceWaterhouseCoopers' market salary survey report for 2004/2005 reflected that the Federation salaries and benefits compare favourably with the market; therefore there was no salary adjustment in that regard. A comparative review of Harare and Nairobi staff benefits and other related issues has been conducted in October with the exchange visit of the regional human resources managers. The main outcomes include the payment of all gratuity accrued to all staff to avoid losses due to inflation, the end of the 13<sup>th</sup> cheque, the implementation of new conditions of service in consultation with the local lawyer and Geneva technical colleagues.
- *Restructuring and non renewal of contracts:* A comprehensive restructuring exercise was completed by October which resulted in 11 staff and three delegates' positions being abolished.
- *Stress management Course:* The human resources manager, the HoRD, the Federation representative in South Africa, and the Federation health delegate in Angola participated in a stress management course organized and funded by Danish Red Cross in Zimbabwe. As a follow up, a stress survey for all regional delegates and staff was processed to study stress levels at the Harare regional delegation and take appropriate management measures to improve the well-being of people in the workplace.
- *Zambia and Zimbabwe Delegations:* In line with the regional strategy for change, the Federation country delegations are planned to close by June 2005. The South Africa Federation representation should also phase out by that time. The delegations prepared transition strategy and exit plan to allow for a smooth hand-over and ample time of discussion and preparation with the concerned national societies.

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- *AROnline*: Many performance evaluations were delayed due to technical adjustments to access and use properly the new system for delegates as well as for local staff.

### Finance

- Major analysis of needs versus capacities and funding, drastic cost cutting measures to address the risk of CHF 350.000 deficit at the end of the year on the coordination account P63900 was undertaken. All other accounts in the region and all delegations analyzed, deficits cleared up, dormant projects closed (from CHF 2.4 million deficit in August to less than CHF 400.000 end of December), and there were some old and very sensitive cases to address with few national societies, which necessitated dialogue and strong negotiations. The best effects of the cost-cutting measures taken in September at the regional delegation were jeopardized by the continuing inflation and price increases (such as for house rent, security and commodities).
- Budget holders were encouraged to closely monitor their budgets and spend all funds allocated for 2004 in accordance with the revised plan of actions and budget approvals.
- At the special request of the HoRD, some PNS made additional pledges for 2004 assisting to avoid deficits.
- The regional delegation started implementing the administration audit recommendations but it will take time since consultation with the headquarters is required for some of them.

### Reporting

- *Annual Appeal Planning Process*: The 2005 annual appeal process ended in September leaving behind some lessons that were shared with colleagues in Geneva and will serve to improve the process next year: Dissemination of guidelines is disrupted by poor communication channels between the regional delegation and the national societies. It was later established that some national societies failed to receive the guidelines even after the deadline. Regional support teams were advised to make contacts with their counterparts at national societies to guide and spearhead the appeal process. Finalising annual appeal documents and budgets has been a challenge as most national societies and regional programme did not complete their plans as expected and it took time and effort to get the documents into acceptable formats and realistic activities and budgets. Critical review of the process needs to be discussed with the Secretariat in Geneva. Years after years, same mistakes are done and same stress felt by all, jeopardizing the real value of the exercise. People do not believe in the tool, it is no more appropriate to the field reality.
- *Programme Updates*: Guidelines for the second programme update were circulated to all appeal holders and the process was smoother compared to the previous one due to that regional programme support team enhanced their support with improved interaction with their counterparts at the national societies.
- Other specific reports have been finalised: Swiss Red Cross human resources project in South Africa, Capacity Building Funds reports in several countries, PRM, ECHO, HIV and AIDS Consortium, etc.
- The regional reporting officer supported the South African Red Cross through co-facilitating a project planning process (PPP) workshop for the South African Red Cross. The national society's programme coordinator was the other co-facilitator for participants drawn from all the provinces. Most of the participants were at senior management level such that it was very easy for them to grasp the PPP ideology.

### Security

- Security company contract needed revision and renegotiation of price to ensure that the cost matched the risk covered and this was done in October. At the same time, the security system in all delegates' houses was revised and adjusted; this will be monitored on a monthly basis.

### Administration/Logistics

- *Administration*: The delegation reviewed the inventories of all delegate's houses to value the assets and optimise the stock. Discussions were held with landlords to monitor the increase of rents which were becoming more inflationary.
- *Audit*: Administration department with few logistics tasks were audited to review the procedures, identify the gaps, the risks and develop corrective measures. It is obvious that the cost cutting measures will affect primarily these cost centres and include telephone, stationery, travels, social events, security, housing and equipments.

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- *Transport Support Package (TSP):* A meeting with WFP was held in Johannesburg on 26 October to discuss the common exit strategy for the TSP in Lesotho, Malawi and Mozambique. The proposal from the Federation is for WFP to complete the distribution operation by end March 2005, and then the Federation to finalize the disposal/closure process by June 2005. It was also agreed to conduct a review of the TSP in the first quarter of 2005. This meeting was followed by another with Norwegian Red Cross and Logistics/Africa Departments in Geneva to discuss the detailed exit strategy. A discussion with the WFP regional director was later conducted in Johannesburg on 8 November to agree on this process but moreover to discuss long term cooperation between the Federation and WFP in the region.
- *Procurement:* Food items for the Zimbabwe food security programme finally arrived at the end of the year after much administrative complications and bureaucratic delays. Suppliers faced difficulties to obtain all import permits and the Federation has even tried to use its diplomatic status to ease the process. The risks, especially for Danish Red Cross' procurement, was to get the seeds too late in the raining season and to increase the operational costs when refurbishing food supplies borrowed from WFP and Federation stock.
- *Vehicles:* A new vehicles pool system was set up in November decreasing the regional delegation fleet from 20 to five vehicles. The little number of leased vehicles will be supplemented by external airport transfers as part of international travel arrangements, and an agreement with a local taxi company. The Finnish and Japanese bilateral officers cancelled their leased vehicles in the region.
- *Warehousing:* The regional delegation's warehouse contract was terminated with effect from the first of December 2004, effectively reducing charges by at least 50%. Regional programmes disposed their stocks up to a cost effective level.
- *Training:* A logistics training workshop was held in Masvingo (Zimbabwe) from 28 November to 5 December. The 20 participants include personnel from national societies and partner national societies in the region. Facilitators were from the logistics and resource mobilisation department in Geneva and the Danish Red Cross.

### Impact

The long term impact of the changes within the regional delegation structure during 2004 will be seen around mid next year. It will be critical to make good recruitments for the few opened positions of delegates and senior staff members in 2005. The transition of the regional structure to a cost effective and flexible system is crucial for the sustainability of the Federation presence in the region and for a better response to national societies needs. This is a long term and ongoing change process which will require careful preparation and full endorsement at each level of the organization.

The close monitoring of finances during the last few months of the year drastically improved the financial statistics of the region and reduced the deficits. Coaching and clear instructions to budget holders helped to maintain the momentum and make 2005 a year of good regional management. Late fundraising efforts in November and December brought up few good results avoiding new deficits in the region. The Annual Reports 2004 process has given few good lessons to learn and to immediately implement to improve good practices. There is need for reporting and planning capacity building for all national societies in the region.

Security cost cutting measures and awareness sessions have helped to reduce costs and to strengthen the individual responsibility of staff and delegates. Continuous close monitoring of administration, logistics and finances departments has helped clearing up some practices, improve the human resource performance and reduce basic management costs.

### Constraints

The delegation has implemented without restrictions the recommendations of PriceWaterhouseCoopers' market salary survey report to adjust salaries to respect the cost-of-living adjustment (COLA). However the system and the COLA monitoring are highly risky for the Federation according to the global sensitive financial situation and will require very strong analysis and new systems to be put in place to met our obligations and to support our staff to cope with volatile environment.

The concept of budget holder is still not clear enough to see the positive results in the financial statistics every month. Leadership should become role model and little technical training should complete the plan to improve

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competencies. The risk with the inflation on the regional and country delegations budgets is very high and might directly affect the budgets.

Reports hardly meet the required standards and are only perfected by consistent referral and information search as well as strong editing by the reporting officer. The poor understanding of the Federation reporting requirements and standard guidelines will need serious actions in 2005. An understanding of PPP is also vital for the national societies and programme staff; a tool assists them in their planning, setting proper reporting framework. Poor planning leads to poor reporting.

*[Final financial report below; click here to return to title page and contact information.](#)*

International Federation of Red Cross and Red Crescent Societies

01.21/2004 SOUTHERN AFRICA REGIONAL

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA021
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Budget (A)	2'578'716	1'101'023		954'408	550'845	5'184'993
Opening Balance (B)	1'165'102	51'648		27'008	65'840	1'309'599
<b>Income</b>						
Cash contributions						
American Red Cross	13'488					13'488
Andorra Red Cross	15'410					15'410
British Red Cross	128'170	88'098		7'000		223'267
Canadian Red Cross Society	14'168					14'168
Danish Red Cross	22'717				70'571	93'287
Finnish Red Cross	71'338	61'440		46'335		179'113
German Red Cross				7'018		7'018
Hong Kong Red Cross	5'496					5'496
Icelandic Red Cross	1'898				56'204	58'102
ICRC				2'500		2'500
Irish Government	609'461					609'461
Lesotho Red Cross Society				4'500		4'500
Mozambique Red Cross Society				2'500		2'500
Namibia Red Cross				2'500		2'500
Netherlands Government	1'215'111					1'215'111
Netherlands Red Cross	6'330	6'182		6'960		19'472
Norwegian Red Cross	48'967	23'973		224'216	48'861	346'017
On Line donations					1'804	1'804
Other		0				0
PRM					154'860	154'860
South African Red Cross				4'500		4'500
Swaziland, Baphalali Red Cross				5'000		5'000
Swedish Red Cross	1'158'944	172'659		101'732		1'433'335
Switzerland - Private Donors	130					130
Zimbabwe Red Cross Society				4'387		4'387
Cash contributions (C1)	3'311'627	352'352		419'148	332'301	4'415'427
Reallocations (within appeal or from/to another appeal)						
British Red Cross	0					0
Canadian Red Cross Society	20'976				12'000	32'976
Danish Red Cross					2'091	2'091
Irish Government	-724'338					-724'338
Netherlands Government	-1'174'966					-1'174'966
Netherlands Red Cross	5'087					5'087
Norwegian Red Cross	-0			2'310	-15'450	-13'140
PRM	61'944	47'530		30'972	-123'888	16'558
Swedish Government					551	551
Swedish Red Cross	-350'000			-20'000		-370'000
Switzerland - Private Donors	15'336					15'336
Reallocations (C2)	-2'145'961	47'530		13'282	-124'695	-2'209'845
Inkind Personnel						
British Red Cross	74'400					74'400
Danish Red Cross	30'173					30'173
Icelandic Red Cross					87'627	87'627
Netherlands Red Cross	24'387					24'387
Norwegian Red Cross				27'900		27'900
Inkind Personnel (C4)	128'960			27'900	87'627	244'487
Other Income						
Miscellaneous Income		53'054		1'000	2'845	56'899
Service Agreements		108'785				108'785
Other Income (C5)		161'838		1'000	2'845	165'684

**International Federation of Red Cross and Red Crescent Societies**

01.21/2004 SOUTHERN AFRICA REGIONAL

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA021
Budget	APPEAL

All figures are in Swiss Francs (CHF)

Total Income (C) = SUM(C1..C5)	1'294'626	561'720	461'330	298'078	2'615'753
Total Funding (B + C)	2'459'728	613'368	488'339	363'918	3'925'352

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Opening Balance (B)	1'165'102	51'648		27'008	65'840	1'309'599
Income (C)	1'294'626	561'720		461'330	298'078	2'615'753
Expenditure (D)	-963'588	-406'481		-343'916	-360'457	-2'074'441
Closing Balance (B + C + D)	1'496'140	206'887		144'423	3'461	1'850'911

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA021
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
<b>BUDGET (C)</b>		2'578'716	1'101'023		954'408	550'845	5'184'993	
<b>Supplies</b>								
Shelter			-31'823				-31'823	31'823
Construction		1'161					1'161	-1'161
Clothing & textiles		702					702	-702
Food		14				2	16	-16
Water & Sanitation	7'500	3'319					3'319	4'181
Medical & First Aid	22'500	11'746				116	11'862	10'638
Teaching Materials	3'000	218					218	2'782
Utensils & Tools			-3'746				-3'746	3'746
Other Supplies & Services	20'000							20'000
<b>Total Supplies</b>	<b>53'000</b>	<b>17'160</b>	<b>-35'569</b>			<b>117</b>	<b>-18'291</b>	<b>71'291</b>
<b>Capital Expenditure</b>								
Land & Buildings	5'000							5'000
Computers & Telecom	51'388		400				-60	340
Others Machinery & Equipment	6'000							6'000
<b>Total Capital Expenditure</b>	<b>62'388</b>		<b>400</b>				<b>-60</b>	<b>340</b>
<b>Transport &amp; Storage</b>								
Storage	10'210	4'934	7'275			-749	2'513	13'973
Distribution & Monitoring		544	-525			371	-1'816	-1'427
Transport & Vehicle Costs	289'435	52'013	21'375			10'575	35'209	119'172
<b>Total Transport &amp; Storage</b>	<b>299'645</b>	<b>57'491</b>	<b>28'125</b>			<b>10'196</b>	<b>35'906</b>	<b>131'719</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	1'918'000	65'515	27'880			16'143	29'777	139'316
Delegate Benefits		210'848	16'412			70'368	191'075	488'702
Regionally Deployed Staff	845'633	20'198						20'198
National & National Society Staff		187'235	189'940			84'824	178'495	640'494
Consultants	75'000	106'053	2'546			4'400	10'319	123'318
<b>Total Personnel Expenditures</b>	<b>2'838'633</b>	<b>589'850</b>	<b>236'778</b>			<b>175'735</b>	<b>409'667</b>	<b>1'412'029</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	852'150	40'686	35'471			12'700	3'856	92'713
<b>Total Workshops &amp; Training</b>	<b>852'150</b>	<b>40'686</b>	<b>35'471</b>			<b>12'700</b>	<b>3'856</b>	<b>92'713</b>
<b>General Expenditure</b>								
Travel	308'272	68'188	42'036			31'366	20'155	161'744
Information & Public Relation	42'800	6'565	1'823			2'100	3'628	14'116
Office Costs	391'080	8'968	16'393			6'710	28'865	60'936
Communications		19'158	14'289			2'418	101'533	137'398
Professional Fees		-2'881	131				32'728	29'978
Financial Charges		-18'642	-15'706			5'052	-4'415	-33'712
Other General Expenses		129'545	32'859			74'198	-295'939	-59'338
<b>Total General Expenditure</b>	<b>742'152</b>	<b>210'901</b>	<b>91'824</b>			<b>121'843</b>	<b>-113'446</b>	<b>311'122</b>
<b>Program Support</b>								
Program Support	337'025	62'087	26'421			22'237	23'059	133'804
<b>Total Program Support</b>	<b>337'025</b>	<b>62'087</b>	<b>26'421</b>			<b>22'237</b>	<b>23'059</b>	<b>133'804</b>
<b>Operational Provisions</b>								
Operational Provisions		-14'587	23'030			1'205	1'357	11'005
<b>Total Operational Provisions</b>		<b>-14'587</b>	<b>23'030</b>			<b>1'205</b>	<b>1'357</b>	<b>11'005</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>5'184'993</b>	<b>963'588</b>	<b>406'481</b>			<b>343'916</b>	<b>360'457</b>	<b>2'074'441</b>
<b>VARIANCE (C - D)</b>		<b>1'615'128</b>	<b>694'543</b>			<b>610'492</b>	<b>190'388</b>	<b>3'110'551</b>