

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

NAMIBIA

31 May 2006

In Brief

Appeal No. 05AA013; Appeal target: CHF 918,850 (USD 724,196 or EUR 578,119); Appeal coverage: 65.0%. [Click here to go directly to the attached Financial Report.](#)

Annual Appeal : <http://www.ifrc.org/docs/appeals/annual05/05AA013.pdf>

Programme Update no. 1 : <http://www.ifrc.org/docs/appeals/annual05/05AA01301.pdf>

Programme Update no. 2 : <http://www.ifrc.org/docs/appeals/annual05/05AA01302.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.

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Operational context

HIV and AIDS is the leading cause of death in Namibia, with an overall prevalence rate of 19.8% (sentiental survey report 2004). Other factors such as unequal economic status, cultural issues, migration, food insecurity and gender relations – specifically the cultural disempowerment of women - are some of the key determinants of the spread of HIV and AIDS and its impact (UNDP report 2005). Poor access to clean drinking water and sanitation and proper nutrition continue to exacerbate poverty levels for rural poor population in Namibia.

Namibia has 57,000 orphans and other children made vulnerable by HIV and AIDS (OVC), who are raised by their grandparents or live in child headed households. The most significant needs of OVC are material (clothes and blankets), food, education, shelter and psychosocial support. Apart from HIV and AIDS, tuberculosis has emerged at an alarming rate with the co-infection rate of more than 60%. Tuberculosis, followed by Malaria, is the most common cause of death in people living with HIV and AIDS (PLWHA). Malaria epidemics were reported in various parts of the country particularly the northern areas.

The government developed effective policies and strategies towards improving the socio-economic situation of its people. Additionally, the government creates an enabling environment through leadership and development of

Namibia; Appeal no. 05AA013; Annual Report

infrastructure to ensure the engagement of all stakeholders toward the country's development. With regards to HIV and AIDS, government responded by designing and implementing plans such as the Medium Term Plan 3 (MTP3), which is coordinated through a National Multi-Sectoral AIDS Coordinating Committee (NAMACOC) at high levels of government, Regional Coordinating Committee (RACOC) and Constituency Aids Committee (CAC), all represented by private sector, NGOs and other stakeholders.

In the efforts to address social economic problems affecting the most vulnerable communities, the Namibia Red Cross implemented programmes geared towards the reduction of HIV transmission and alleviating the suffering of the vulnerable people infected and affected by the virus as well as empowering them. The HIV and AIDS programmes specifically focused on home-based care (HBC) for the terminally ill, support for OVC, food security, HIV and AIDS prevention and advocacy, voluntary counselling and testing (VCT), community counselling and support to HBC clients on antiretroviral treatment (ART). Addressing other public health problems such as water and sanitation related diseases, malaria and tuberculosis form part of key the activities. Namibia Red Cross also strives to reduce vulnerability and alleviate suffering of people affected by disasters through disaster preparedness and response activities.

In order to scale up HIV and AIDS prevention activities, the national society developed an integrated HIV and AIDS five-year strategy for period 2006-2010. The strategy aims to:

- Increases HBC clients from 3,500 – 10,000 terminally ill over a period of five years;
- Provide holistic support to OVC, increased in number from 150 to 30,000 over a period of five years;
- Increase access to safe water from 25 communities annually to over 750 over a period of five years;
- Increase health promotion activities through mass media on prevalent socio economic issues affecting any segment of the population;
- Greater involvement of people living with HIV/AIDS (GIPA) through socio economic empowerment and advocacy.

The 2005 Regional Disaster Response Team training (RDRT) was held in Namibia from 18 – 30 September 2005 with 38 participants from the ten national societies, the Federation regional delegation, the government of Namibia and a participant from Dakar regional delegation. Facilitators to the training were all mobilized from southern Africa regional sources. A Federation regional delegation coordinated the British government's Department for International Development (DFID) Disaster Risk Reduction Phase II planning and review meeting which was held from 26 to 28 September 2005 in Windhoek, Namibia. The main agenda was to review disaster risk reduction proposals from Southern Africa¹ and South Asia regions benefiting from the programme. The main outputs of the review process included defining a plan of action for the disaster risk reduction Phase II programme. Regional disaster management unit staff, representatives from DFID, British Red Cross Society, Delhi Federation regional delegation and Geneva Secretariat attended the planning meeting.

During the reporting period, Namibia was also severely affected by the drought in the northern parts of the country and received support through the Federation *Southern Africa Food Insecurity Appeal 05EA023* launched in October 2005 for seven countries Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. Through a coordinated operation with the national society as the implementing partner, the Federation regional delegation appealed to support a total of 45,000 people with food assistance and livelihood approaches for nine months.

With support from the Federation capacity building fund, the Namibia Red Cross embarked on the improvement of governance structures from head quarters to village level, strengthening operating systems and human resource capacity building. The national society also focused on reviewing the Constitution, strategic development plan, developing volunteer, youth, and human resource policies which will be finalised in 2006. The Federation regional delegation provided technical support and guidance to facilitate the Annual General Assembly held on 26 November. The new governing board and president were elected and received further governance support in understanding their roles and responsibilities. The information department took a concerted effort in advocating for support on behalf of the San community and in 2005 received good public response and support. The efforts are aimed at improving recognition and acceptance of the San community who have been marginalized for a long time.

¹Lesotho, Mozambique, Namibia and Zambia



The San community provided with relief material by the Namibian Red Cross

Analysis of 2005 programmes

Health and care

HIV and AIDS

Goal: Sustainable improvement in health and well being for vulnerable population of 300,000 people in seven regions of Namibia.

Objective: Vulnerability is reduced for 300,000 targeted beneficiaries by the end of 2005 in the areas of HIV and AIDS prevention, treatment, care and support, water and sanitation, malaria, tuberculosis (TB) and community-based first aid through the provision of an integrated and sustainable community-based programme.

Progress/achievements

Social mobilization and HIV and AIDS awareness activities are implemented in seven regions.

Social mobilization, as part of the prevention of HIV and AIDS transmission, is integrated in all activities being implemented in Caprivi, Karas, Kunene, Khomas, Otjozondijupa and Ohangwena regions. This included HIV and AIDS awareness, peer education, distribution of information, education and communication materials (IEC) and condom promotion and distribution.

Namibia Red Cross reached approximately 230,000 people with HIV and AIDS prevention messages as part of the integrated programming. A total of 17,709 condoms were distributed and their proper use promoted by Red Cross field staff and volunteers in all HIV and AIDS project areas. On a wider scale HIV and AIDS prevention messages were conveyed through multi media such as Namibia Broadcasting Corporation television, radio station and the print media, which involved the production and distribution of IEC materials.

Table 1: Highlights on key results on social mobilization activities in six regions

Activities (Numbers)	Caprivi	Karas	Kunene	Khomas	Otjozondjupa	Ohangwena	Total
Peer education volunteers	0	85	293	0	0	0	378
Edutainment volunteers	0	8	15	0	0	0	23
Community meetings	70,040	13,698	41	84	440	1911	71,951
IEC materials distributed	5,000	0	293	0	3,730	0	9,023
Male condoms distributed	0	79,230	0	14,839	7,334	31,570	132,973
Female condoms distributed	0	1,270	0	341	868	7,173	9652

Increased behavioural change of 300,000 people by increasing their knowledge and awareness on HIV and AIDS, sexually transmitted infections (STI), tuberculosis, malaria, VCT, and PMTCT and ART.

Namibia; Appeal no. 05AA013; Annual Report

Namibia Red Cross worked in collaboration with The Desert Soul HIV and AIDS prevention activities. Desert Soul is an integrated health multi media unit (print, TV and radio) focusing on creating awareness and public education on social and health problems including HIV and AIDS, alcohol abuse, gender based violence, child abuse etc. The messages and content of the subjects were developed systematically using qualitative research where the view and input of targeted beneficiaries and key stakeholders forms the basis of the messages. In 2005, the following was achieved.

- Desert Soul project produced and distributed 1.1 million booklets titled (*HIV and AIDS Action Now*). A book on the rights of PLWHA, anti stigma and discrimination, VCT and ART and was printed in five major local languages. Over 240,000 booklets were distributed
- A television series on HIV and AIDS, children rights, (violence and abuse) and safety targeting children in the age group of 8-12 was produced and broadcasted for six months reaching more then 35% of Namibian population.
- Research and literature review which resulted in the development of 45 episodes radio drama on HIV and AIDS, tuberculosis, the effects of smoking and Highly Active Anti Retroviral Treatment (HAART) for adults, was completed. The whole production is expected to commence July 2006.

Table 2: Highlights on key results on HBC activities in six regions.

Activities	Caprivi	Kavango	Kunene	Khomas	Otjozondjupa	Ohangwena	Total
Number of HBC volunteers	901	159	103	236	99	561	1,797
Volunteers trained in ARV	901			80	15	0	996
Number of meetings at clinics				8	0	70	78
Home visits conducted by volunteers	70,040			5,719	387	10,476	86,622
Number of HBC clients	1,142	129	119	683	100	515	2,688
HBC clients on ARV	633			238	10	230	940
Clients on ARV trained in adherence (TIS)	0	0		113	0	0	113
Clients provided with food parcels	600	0	0	93	0	0	693
Clients provided with blankets	633				0	0	633
Number of support groups	6	0	0	3	1	7	17
OVC							
Number of OVC registered	1,000	160	240	842	300	16,016	18,558
Number of OVC provided with education support	0	150			0	0	150
Volunteers trained in memory book	80			42	15	80	217
Village committees for OVC	0			0	22	96	118

5,000 PLWHA have access to comprehensive care and support.

HBC activities included the provision of palliative care for the terminally ill clients at household level, psychosocial support, counselling including adherence counselling for people on ART, distribution of food parcels, blankets and other basic materials to household affected and infected by HIV and AIDS. Registration of OVC and referrals to government institutions forms part of the HBC activities. The programme was managed through well established volunteer structures currently in Ohangwena, Khomas, Caprivi, Otjozondjupa, Kavango and Kunene regions.

30,000 people knowledgeable on PMTCT and ART.

Namibia Red Cross entered into an agreement with the Ministry of Health to support and manage 350 community counsellors based in public health facilities country wide. A total of 125 community councillors graduated after six-week's extensive training facilitated by Life Line Child line, a local non-governmental organization. The training covered VCT, prevention of mother-to-child transmission (PMTCT), HAART and rapid testing by the national institute of pathology and the community counsellors were deployed in 74 health facilities in all regions of the country.

Namibia; Appeal no. 05AA013; Annual Report

The community counsellors' project is aimed at reducing the burden of HIV and AIDS and related conditions through the provision of counselling. The community counsellors serve as an aid to nurses, doctors, social workers and other professionals in public health facilities in providing voluntary counselling and testing services. The national society's role was to manage and support the community counsellors in the out-patient departments of all public health facilities, while the technical aspect is being managed by the government health officials. The national society's involvement was towards strengthening capacity for scaling-up of VCT services provided through the HBC projects, initiative in 2002 in Caprivi region. In 2005, the Caprivi VCT achieved the following:

Table 3: Caprivi Region VCT services during 2005

Total number of HBC clients who visited the VCT	1,108
Number of HBC clients who tested HIV +	590 (225 Male 365 Female)
Number of HBC clients who tested HIV -	497 (256 male 241 Female)
Non return and not tested clients	21
Number of clients referred for HAART/PMTCT	404

15,000 OVC received psycho social and material support

Namibia Red Cross reached 18,038 OVC in all the projects areas with support in social assistance through home visits and counselling. The national society facilitated some of the OVC to access the government's social services grants, fostering and reintegration into the community.

In Kavango region, the Red Cross volunteers assisted 150 OVC through providing psychological support, food and assistance with school home work. The HIV and AIDS department conducted an OVC situation analysis in Ohangwena region. Some of the issues recommended include the need to provide holistic support to OVC through provision of food, material, social, psychological and educational support.

Namibia Red Cross participated at the OVC conference conducted in the local language (Oshiwambo), in the northern region. The aim of the conference was to introduce the new OVC policy translated into Oshiwambo to sector agencies in the northern part of the country. The Red Cross regional manager, a staff member, five volunteers and five OVC who are all trained in Memory work attended the conference. Training on writing Memory books by volunteers has become an important part of psychological support to HBC clients and OVC. Another seven Red Cross volunteers graduated in psychosocial support training, sponsored by Church Alliance for Orphans (CAFO) – through the Ministry of Health and Social Services.

Quality of life of 5,000 PLWHA and their families improved through economic empowerment.

Given the critical need for long-term and sustainable food security requirements in mitigating the impact of HIV and AIDS, the national society embarked on a community economic empowerment project aimed at building a revolving fund or small scale credit scheme for the communities. With financial support from the Spanish Red Cross Society a credit revolving scheme project was piloted in Caprivi region and technical support provided from the headquarters. A baseline study was conducted with assistance from a consultant in Caprivi and Khomas regions respectively to establish community needs, capacity to manage proposed income generating activities and identifying viable /potential business opportunities.

A total of 119 PLWHA were provided with emergency food parcels for consumption within a minimum of six months to complement ART intake. In order to mitigate the impact of HIV and AIDS, the national society has also embarked on a community-based economic empowerment project in Caprivi and Khomas regions. The project will also focus on relevant, culturally sensitive and viable income generating projects.

A regional management committee consisting of seven members from the various government ministries, non-governmental organizations and traditional leaders was established to process applications received from the communities, conduct feasibility studies on the viability of applications received and approve successful applications. The committee received necessary orientation and training using developed guideline manual. Communities were mobilised to form associations and brought forward applications on potential income generating activities. Some four Associations consisting of 15 members each with a total of 60 beneficiaries (44 women and 16 men) were formed in Caprivi and trained on business development and management.

Namibia; Appeal no. 05AA013; Annual Report

In Windhoek, in Khomas region, 15 HBC volunteers were provided with tuck shops with support from Coca Cola Company. Coca Cola supplied the Tuck Shop containers and training on running the small businesses. The objective of the Tuck shop project is for the volunteers to share the profit from the Tuck Shops as long-term incentives.

In order to ensure effectiveness in managing and implementing community-based economic empowerment projects a manual was developed and project staff trained in building life skills. In Caprivi region, the Sangwali community established tourism and poultry projects in Lisikili; crop and vegetable growing projects in aquaculture and Kongola. The project is benefiting 60 community members, the majority being care-givers working with OVC. The groups were also trained on basic financial management which covered record keeping and cash flow projections. In Khomas region, another 60 beneficiaries were trained on sewing and the project started before the end of the year.

The risk and outbreak of water-borne disease minimized and access to safe drinking water improved for 700 households in three regions.

The water and sanitation project integrated with community home-based care in Kunene region is one of the best practices on risk reduction and mitigation activities implemented by the national society. The project was initiated in response to the drought of 1992, targeting one of the most marginalized communities (the Ovahimba) and other communities in the Opuwo district. The activities were designed to reduce community vulnerabilities to water and sanitation related diseases particularly among children under five children. In 2005 the following activities were carried out:

- Rehabilitation and protection of 25 water-points (boreholes) in 22 villages providing safe drinking water to 4,057 people.
- Established and trained 22 water-point committees representing each village in the management and operation of the water points.
- Trained 293 individuals as community health promoters in each village to be responsible for health and hygiene promotion. With the support of the drama group 5,285 people (3,126 male and 2,159 female in 109 villages were reached through health education on water related diseases, malaria and HIV and AIDS. A total of 325 Insecticide Treated Nets (Malaria – Bed nets) and 224 jerry cans were distributed to 165 households in 25 villages.

Impact

Social mobilization campaigns had positive impact in improving knowledge and positive change in attitude and behaviours of the intended target group as testified by a recent evaluation. *“It is also learning you that if your mother is HIV positive, you don’t have to be angry, you don’t have to shout at your mother because your mother never had time to tell you. You don’t have to kill yourself because your mother is having HIV and you don’t have to say you are alone because your mother is going to die just now”* Female participant: Theo Katjimune primary School.

The internal project reviews conducted in the Ohangwena and Caprivi regions indicate that care and support for PLWHA at home and their hygiene improved. The quality of life of HBC clients was also improved due to adherence to treatment protocol as advised by the Red Cross volunteers. The HBC clients reached by the care facilitator expressed gratitude towards their quality services, which have improved their general living conditions, health and mental state.

The number of OVC attending schools increased in the project areas following educational material support from the national society in collaboration with the Ministry of Social Welfare. Integration of children into the families and society in general has reduced the psychological effect on OVC and enhanced their performance at school. Increased access to VCT has enabled many people to know their status and live positively and to immediately seek treatment.

The emergency food parcels distributed to HBC clients accelerated the recovery of those on ARV due to the improved nutritional intake, and are now mobile and able to fend for their families. The number of people going for VCT increased on a monthly basis, especially in Caprivi region where the volunteers educated communities on the importance of VCT to access ARV. The integrated project in Caprivi region with components of ART, PMTCT,

Namibia; Appeal no. 05AA013; Annual Report

HBC, VCT, food security and livelihoods continues to make a major difference among the HBC clients and OVC through enhanced livelihood.

The provision of safe water to vulnerable communities in Kunene reduced the occurrence of water borne diseases such as diarrhoea especially among children under five years according to internal evaluation conducted by the national society. Most households are knowledgeable about the signs, symptoms of malaria and diarrhoeal diseases and able to take appropriate prevention and treatment actions.

Constraints

The national society has been working on a limited budget and experiencing transport problems such that field support visits conducted were limited. However, with the additional funding under the HIV and AIDS Consortium funding, focal staff will be recruited, and volunteers and beneficiaries will be visited and supported through monthly and quarterly monitoring visits.

The HIV and AIDS pandemic is increasingly becoming a challenging issue to all facets of society including the government. Lack of investment in human, technical and financial support undermines all efforts made of eradicating the effects and preventing the spread of HIV.

Lack of supervision, monitoring and evaluation at all levels of the national society could jeopardise quality control of services. Short-term funding has affected sustainability, monitoring and evaluation of the projects. Volunteer drop-out is high in urban areas where they were joining other programmes with more attractive incentives.

Disaster management

Goal: The vulnerability of communities in disaster prone is reduced through the design and implementation of appropriate disaster mitigation and response programmes.

Objectives: The disaster management capacity of Namibia Red Cross and communities living in disaster prone areas are strengthened.

Progress/Achievements

Namibia Red Cross capacity in disaster management is enhanced and exhibit minimum standards of a well prepared national society through capacity building of staff and volunteers.

Activities in disaster preparedness and response were designed to reduce vulnerability of communities through implementation of appropriate responsive programmes and mitigation activities. The national society developed the disaster risk reduction plan and budget for three years, until April 2008 with the support of the Federation regional delegation. The project is funded by DFID through the Federation and aims at reducing the impact of natural hazards (floods, droughts, epidemics) on targeted communities, through enhancement of community resilience, knowledge sharing and disaster response. The targeted beneficiaries are San communities in Caprivi, Otjozondjupa, Kavango and Ohangwena regions. As part of increasing the disaster response capacity of the national society, three staff and seven volunteers participated in a disaster simulation exercise organised by Namibia Airport Company in September 2005.

The Namibia Red Cross hosted the 6th RDRT in September in Windhoek. A total of five members of staff from head office and the regions participated in the training, which took two weeks on theory and practical sessions. Staff and volunteers participated during a simulation exercise organized by Namibia Airport Company as a disaster preparedness initiative. The national society also contributed to the national capacity needs assessment through attending subcommittees that were formed in the regions.

In partnership with Emergency the Monitoring Unit (EMU), a basic training on disaster management was conducted in Caprivi for government, Red Cross and community representatives. The Regional Emergency Monitoring Unit (REMU), with support of the Red Cross, conducted community mobilization for families in the flood prone areas of Caprivi to move from flood plains to high lands. The national society developed a contingency plan in anticipation

Namibia; Appeal no. 05AA013; Annual Report

of floods in the Caprivi region. In addition, the national society distributed relief stocks including mosquito nets and water purification sachets in flood prone areas of Caprivi region.

Community-based early warning systems (CBEWS) – situation monitoring systems and alert network established and strengthened

In collaboration with the government, the national society initiated a situation monitoring exercise for the 2005/2006 rainfall season and communicated early warning systems on the dangers of flooding, lightning and the crossing flooded rivers. The early warning systems are communicated through regional and national radio programmes, in the local languages.

First aid

First aid activities have significantly contributed towards the preparedness capacity of many institutions in Namibia, aimed at enhancing life-saving skills during emergencies. The Ministry of Health and Social Services certified the Namibia Red Cross as being competent to provide first aid and emergency training for the industrial and commercial sectors. The national society was also authorised to train 'instructor of instructors'. First aid department is self-sustaining by income generated from providing training services, selling first aid kits to companies and government institutions.

Table 3: People graduated from first aid courses in 2005.

Basic first aid	General First aid	Advanced first aid	Mining First aid	Silver Medal	Gold Medal	Instructor First aid	Demonstrator First aid	Total
998	51	10	404	4	10	4	4	1485

Impact

The radio programmes at both regional and national levels on early warning system helped communities prepare for disasters such as floods. RDRT training was highly commended by the government of Namibia, stakeholders and visitors from Geneva, the British Red Cross Society and Delhi regional delegation who at the same time were attending DFID planning meeting in Windhoek.

The RDRT trained staff will contribute to the disaster management capacity of the national society with skills and knowledge. The training profiled the national society through the media day and strengthened its relationship with government, through the participation of the government staff from Ministry of Health and National Emergency Unit.

Constraints

The resignation of the disaster management officer at the end of September 2005 left a gap, since that was the crucial time for reviewing the disaster risk reduction three-year plans. The DM activities have been constrained by lack of financial resources, however the response capacity and the level of participation in emergencies has been significant.

Humanitarian values

Goal: Increased tolerance, respect for human dignity and understanding of Humanitarian Values and Fundamental Principles among beneficiaries, staff, volunteers and the general public.

Objective: Improved knowledge on Humanitarian Values, Fundamental Principles and the role of the Red Cross among general public, staff, volunteers and beneficiaries.

Improved knowledge of IHL, understanding of Humanitarian Values, Fundamental Principles and the national society's mission among staff and volunteers.

Dissemination of Fundamental Principles and Humanitarian Values was an integral part of the information department, integrated with other programme activities in order to improve service delivery to all stakeholders, especially the vulnerable communities. Dissemination activities conducted through meetings with stakeholders and a weekly radio programme held on national radio every Thursday, enlightened all stakeholders on the national society's auxiliary functions to the public authorities.

Namibia; Appeal no. 05AA013; Annual Report

Local private sector and the general public is sensitised to support Namibia Red Cross programmes and activities.

The continued partnership with Desert Soul on HIV and AIDS prevention assists in reducing the spread of the virus. As a way of trying to promote best methods of disaster risk reduction, the information department addressed primary school pupils and teachers on disaster awareness as well as Humanitarian Values. A total of 1,000,100 copies of IEC material were produced and distributed to all regions, targeted at people between 18 to 49 years, the people most at risk of HIV and AIDS infection. The national society launched its new website www.redcross.org.na to improve on information dissemination.



Easy access and flow of information to local and international stakeholders and the general public is created.

The media in Namibia was kept updated on the activities and humanitarian issues in the country. Press releases and media tours were used and high visibility was achieved during the process. The national society also took advantage of the international events such as, World Red Cross and Red Crescent Day, the "come closer" campaign, provision of ART, World Health Day, the launch of "HIV and AIDS action now" booklet, road accidents and OVC strategy and advocacy.

Apart from commemorating the International volunteers day, the Namibia Red Cross's goodwill ambassador continued to promote volunteerism, highlight specific needs among beneficiaries and raise awareness on the impact of HIV/AIDS, especially on women and children. Youth volunteers were supported in playing a role in community involvement and hospital visits.

Create and maintain good relations with the Media to improve visibility of the Movement.

The information department disseminated all national and regional press releases to the local media in order to strengthen relationships with the media. The national society took the opportunity to appraise the media on risk reduction issues during the RDRT. The Namibia Red Cross's "Kiddies" television series and adult radio dramas are continuing and are reaching a wider audience.

Impact

The national society's weekly radio programme assisted in generating a lot of interest in Red Cross activities as evidenced by the increase in the number of volunteers and support from the private sector. The information and promotion of Humanitarian Values initiative enabled the national society to position itself as a leading humanitarian organization in the country that earned support from all stakeholders.

Improved Red Cross visibility and credibility has built confidence among stakeholders especially donors. It is also out of this reputation that the Namibia Red Cross has become a leading humanitarian organization in the country. The commemoration of international events has created a better understanding of the Red Cross principles and values among the Namibia communities, which in turn encouraged individuals and partner organizations to work with the national society.

Constraint

Lack of funding for the department prevented the information officer to conduct field visits to gather stories and the planned media tours. Efforts are being made to integrate information funding into other programmes.

Organizational development

Goal: The lives of the most vulnerable people in Namibia improve as the Namibia Red Cross works towards becoming a well-functioning national society.

Objective 1: Capacity building: Improved capacity of Namibia Red Cross to design, implement and manage its strategic directions at all levels by 2006.

Namibia; Appeal no. 05AA013; Annual Report

Progress/Achievement

The organizational department was geared at building the capacity in terms of policy development, governance, management, staff and volunteer development. With funding from the Federation capacity building fund, the national society embarked on the improvement of governance structures down to village level and strengthening of systems and human resource capacity.

The national management meeting was conducted between 15 and 18 March for the reviewing of the policy documents and strategic development plan. From 24 to 27 May, a workshop was held to develop the five-year strategy attended by regional managers, district officers, national department managers and the programme coordinator. A drafting team was selected to finalise the development of the strategy with technical support from the Federation regional delegation and representative in South Africa. A human resource consultant was identified to review the Human Resource Policy and manual before adoption at the Annual General Meeting.

Following a three-day support visit by the regional finance development delegate and a consultant from Microsoft Strategic Business Partner, appropriate changes to Navision accounting software were instituted. The changes aimed at improving the accounting systems to be more user-friendly and enabling to meet all reporting requirements. One of the finance officers attended a three-day VIP payroll systems training and the skills contributed towards improving the financial pay roll systems to ensure efficiency and accountability.

Objective 2: Resource mobilization: maximum support and resources for the national society is secured.

The national society developed a marketing and resource mobilization work plan which was presented to the governing board for approval. Resource mobilization partners were presented to management, staff and volunteers for education and information sharing purposes. Partnerships for fundraising initiatives were established and negotiations started with identified corporates. In response to the Tsunami that hit Asia and parts of Asia, the national society raised RAD 300,000 through direct deposits into a Fund Account, public auctions; soccer matches and donations from corporates and civil society.

Objective 3: National society policies and strategies: The national society policies and strategies improved and developed.

The organizational development initiatives also focused on reviewing the constitution and development of volunteer, youth and human resource policies. A Constitutional review committee consisting of the secretary general, a national board member, programmes and operation managers was established to look at the gaps and identifying areas for improvement. A consultant was hired to conduct a review and made suggestions on clauses that need amendments before adoption.

Impact

The participatory method during the strategic planning workshop assisted all programme managers to develop and implement focused and responsive programmes that will address the needs of the most vulnerable people.

The national society managed to establish partnerships with the private sector and mobilized resources to assist the Tsunami and the road accident victims. There has been positive response from all stakeholders and it is expected that the national society will make strides in attracting more members, volunteers and partners.

Through the support of the Federation capacity building fund, the national society strengthened the capacity of management and staff in project development and management. The Federation capacity building fund will greatly contribute to the organizational development, strengthening activities, thereby meeting the needs of the most vulnerable people in Namibia.

Through its local resource mobilization efforts, the Namibia Red Cross realises about 25% of its core income from a shopping complex developed in 1998 and sales of first aid courses and kits.

Constraint

The limited material and financial resources for the organizational development department hampered implementation of activities and production of relevant training materials.

Namibia; Appeal no. 05AA013; Annual Report

Table 1: Partners and donors who provided financial and technical support to Namibia Red Cross for all programmes in 2005.

Red Cross Movement partners	Projects
Federation	HIV and AIDS, community home- based health, disaster management, capacity building
ICRC	Information and promotion of Humanitarian Values
British Red Cross Society	Disaster Management
Swedish Red Cross Society	HIV and AIDS
NEPARC	Organization development
Other Organization	
Consortium (Royal Netherlands Embassy (RNE), Swedish International Development Agency (SIDA)/Swedish Red Cross Society and Development Cooperation Ireland (DCI) through the Federation	HIV and AIDS
Government departments	HIV and AIDS, community-based health, disaster management
Desert Soul	HIV and AIDS prevention, Peer education
Life Line Child Line	HIV and AIDS
Namibia Airport Company	Disaster preparedness training
National AIDS Council	Coordination in HIV and AIDS
National Association of people living positively (NAP+)	HIV and AIDS

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

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA013
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
A. Budget	808'010	48'850		55'990		912'850
B. Opening Balance	46'102	0		35'507		81'609
Income						
Cash contributions						
British Red Cross		103'277				103'277
Swedish Red Cross	115'834					115'834
C1. Cash contributions	115'834	103'277				219'110
Outstanding pledges (Revalued)						
British Red Cross		0				0
C2. Outstanding pledges (Revalued)		0				0
Reallocations (within appeal or from/to another appeal)						
Netherlands Government	246'841					246'841
Swedish Red Cross	143'082					143'082
C3. Reallocations (within appeal)	389'923					389'923
Inkind Personnel						
Swedish Red Cross	3'520					3'520
C5. Inkind Personnel	3'520					3'520
C. Total Income = SUM(C1..C6)	509'277	103'277		0		612'554
D. Total Funding = B + C	555'379	103'277		35'507		694'163

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	46'102	0		35'507		81'609
C. Income	509'277	103'277		0		612'554
E. Expenditure	-383'587	-138'071		-25'362		-547'019
F. Closing Balance = (B + C + E)	171'792	-34'794		10'145		147'143

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA013
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		808'010	48'850		55'990		912'850	
Supplies								
Clothing & textiles	38'942	3'568					3'568	35'374
Food	80'232	14'003					14'003	66'229
Seeds,Plants	20'000							20'000
Water & Sanitation	68'000							68'000
Medical & First Aid	50'460							50'460
Teaching Materials	55'820	22'452					22'452	33'368
Other Supplies & Services	7'941	9'307					9'307	-1'366
Total Supplies	321'395	49'331					49'331	272'064
Land, vehicles & equipment								
Vehicles	25'000	45'562					45'562	-20'562
Computers & Telecom	5'000	6'834					6'834	-1'834
Total Land, vehicles & equipme	30'000	52'396					52'396	-22'396
Transport & Storage								
Storage	6'000							6'000
Transport & Vehicle Costs	44'907	24'727			1'117		25'844	19'063
Total Transport & Storage	50'907	24'727			1'117		25'844	25'063
Personnel Expenditures								
Delegates Payroll		1'394					1'394	-1'394
Delegate Benefits		10'629					10'629	-10'629
National Staff	300'234							300'234
National Society Staff		182'568			1'998		184'566	-184'566
Total Personnel Expenditures	300'234	194'591			1'998		196'589	103'645
Workshops & Training								
Workshops & Training	58'517	19'542	7'208		13'674		40'424	18'093
Total Workshops & Training	58'517	19'542	7'208		13'674		40'424	18'093
General Expenditure								
Travel	24'100	11'523			3'045		14'567	9'533
Information & Public Relation	676	408					408	268
Office Costs	17'258	10'000			1'866		11'867	5'391
Communications	6'228	8'356			284		8'640	-2'412
Professional Fees		93			74		167	-167
Financial Charges		6'478	-431		-1'057		4'990	-4'990
Other General Expenses	44'200	24'849			2'712		27'561	16'639
Total General Expenditure	92'462	61'708	-431		6'925		68'202	24'261
Program Support								
Program Support	59'335	24'918	8'975		1'649		35'541	23'794
Total Program Support	59'335	24'918	8'975		1'649		35'541	23'794
Operational Provisions								
Operational Provisions		-43'627	122'319				78'692	-78'692
Total Operational Provisions		-43'627	122'319				78'692	-78'692
TOTAL EXPENDITURE (D)	912'850	383'587	138'071		25'362		547'019	365'831
VARIANCE (C - D)		424'423	-89'221		30'629		365'831	