

Annual report



International Federation
of Red Cross and Red Crescent Societies

Botswana

Appeal No. MAABW002

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This report covers the period
01/01/10 to 31/12/10



Flood monitoring in the Chobe River, BRCS volunteers
with Botswana Defence Force

In Brief

Programme outcome: Botswana Red Cross Society (BRCS) aims to achieve the following outcomes: saving lives of vulnerable people, enabling safer and healthy living, strengthening capacities of communities to respond to disasters, educating on impacts of natural and manmade disasters, enhancing the capacity of staff to deliver quality service to vulnerable communities, developing community resilience, enhancing community livelihoods and promoting social inclusion, peace and harmony.

In 2010, BRCS's programmes focused on the implementation of the Zambezi River Basin Initiative (ZRBI) supported by the IFRC Southern Africa Regional Representation Office (SARRO). The ZRBI seeks to reduce the impact disasters and other challenges on communities living along the Zambezi river, aiming to improve the quality of their lives and livelihoods through comprehensive, sustainable and integrated disaster management, branch development, and health and care programmes.

Programme summary: In 2010, BRCS focused on engaging communities to map hazards, risks, capacities and vulnerabilities prevalent in the community through a participatory planning process, using some tools from the Vulnerability and Capacity Assessment toolkit. The objective of this exercise was to assist communities to identify needs-based livelihood projects. Such projects would address the second objective of ZRBI, namely, *improve access to adequate and nutritious food commodities among communities living along the Chobe River.*

According to data from the participatory planning process, the major impacts of flood disasters were vulnerability to poverty and food insecurity. Food insecurity was aligned to poor crop yields, which are exacerbated by unreliable rainfall, shortage of draught power and destruction of crops by animals and floods. Most of the households in the Chobe practice *Molapo*¹ farming. This puts crops at risk of being washed away during floods, resulting in Food Insecurity.

Focus was also placed on the implementation of the integrated HIV and AIDS programme, which is funded through the IFRC regional programme under the Global Alliance on HIV. Both HIV and ZRBI programmes are regional initiatives supported by SARRO technically and financially. The HIV and AIDS programme covered seven villages across the country. Kasane in the Chobe district provided peer education, community home-based care (CHBC) and orphan and vulnerable children (OVC) services. The Sefhare branch in the Mahalapye Sub-District Central District has an OVC project, which initially did not have funding until April 2010 when the Danish Red Cross committed funding for it. The Tonota Branch, which is less than 50 kilometres from Francistown provides peer education services. The Kanye Branch in the Southern District will provide peer education services with the OVC project pending permission from government authorities. OVC and CHBC services are also provided by the Moshupa branch. Peer education was extended to two more areas (Dukwi about 130 kilometres from Francistown and Kang around 400 kilometres West of Gaborone). With the help of the Okavango River Basin Project, there was an increase in peer education training in Chobe district on prevention of HIV, STIs and other communicable diseases, as well as treatment, care and support of people affected by HIV.

Financial situation: The total 2010 budget was CHF 474,118, of which CHF 64,313 (14 per cent) was covered during the reporting period (including opening balance). All available funds (100 per cent) were spent.

[Click here to go directly to the attached financial report.](#)

Number of people reached: A total of 150 community members from six villages (Satau, Kavimba, Nata, Zoroga and Gweta) where ZRBI action plans were developed were reached directly by the programme, through their involvement in project identification and programming. A further 5,270 people are expected to benefit from the projects once implemented.

From January to December 2010, 95,462 people benefitted from the BRCS supported HIV and AIDS programmes, including 94,320 through peer education activities and 235 reached by the OVC programme. A total of 47 CHBC clients were referred for service including PMTCT and VCT).

Our partners: BRCS received funding support from the Norwegian Red Cross and USAID for project implementation. The IFRC provides technical support, in terms of coordinating and arranging strategic meetings and workshops with potential donors and partners. In the HIV and AIDS programme, BRCS has established partnership with Danish, Norwegian, and Swedish Red Cross through Children of the World (COW) funding. Other partnerships are with the Ministry of Health, Botswana Family Welfare Association, Botswana National Youth Council, Botswana Christian AIDS Intervention, Tebelepele Voluntary Testing Centres, Women's Affairs Department and other community-based organisations collaborating in program implementation. Bilaterally, BRSC received support from the Belgian RC-Flanders for health and care, Danish Red Cross for capacity building and ICRC in promotion of Fundamental Principles and Humanitarian Values. The National Society (NS) also received support locally from the Government, through the Ministries of Agriculture (specifically Departments of Crop Production and Veterinary Services), Transport and Communications, Wildlife Environment and Tourism, Local Government and Botswana Defence Force. The BRCS and IFRC wish to thank partners and contributors for their collaboration during 2010.

¹ A dryland farming system based on receding moisture in seasonal riverbeds.

Context

According to the 2008 Botswana AIDS Impact Survey III (BIAS III) data yielded a national HIV prevalence rate of 17.6 per cent. Gender disparity disfavours females with 20.4 per cent, while males had 14.2 per cent. HIV prevalence in Botswana is among the highest in the world and sexual networking patterns represent an important dimension to understanding the spread of HIV and AIDS. HIV prevalence by age group ranges from 2.2 per cent in the 1.5 to 4 year age group to 40.6 per cent in the 40 to 44 year group. The 17.9 per cent HIV prevalence rate in urban areas collectively is higher than the rural rate of 17.1 per cent HIV prevalence decreases steadily as the education level increases. HIV prevalence is highest among those who are widowed 39.6 per cent and lowest in the population never married 16.1 per cent. Approximately 56 per cent of Botswana's population aged 10-64 years has tested for HIV at least once.

The government of Botswana provides HIV and AIDS services ranging from ART, treatment of opportunistic infections, social support to OVC, clinical home-based support to home-based patients testing and counselling. Despite these efforts, a relative gap and need remains. An example of this is the fact the government is not able to meet the psychological needs of OVC mainly because of shortage of personnel. Significant numbers of people enrolled on ART abscond leading to more sickness, deaths and increased infections. There is need to continue educating and counselling on adherence. BRCS comes in to meet the needs of the communities where the government and nongovernmental organizations (NGOs) cannot.

The portion of Zambezi River that passes through Botswana is known as the Chobe River. Communities living along the river; Pandamatenga, Lesoma, Kazungula, Kasane, Mabele, Kavimba, Kachikau, Satau and Parakarungu as well as Nata, Zoroga, Tsokatshaa and Gweta are implementing ZRBI activities. The later four were added to the list after it was observed that when floods reach peak levels, in the basin, the floodwaters revoke the system and awaken the fossil rivers that used to flow into the Makgadikgadi system, causing damage to lives and property at these places. The Chobe River provides a source of livelihood for the people along the basin, by way of fishing and collecting reeds for building houses, however it is also where their demise lies, the floodwaters bring with it varied ills that affect their health, livelihoods and destroys their property. They do not have alternative lands to move into, as they are surrounded by forest reserves and National Park. They have been living with the land shortage crisis and the risks brought about by living adjacent to the river.

Over the past years, it was noted, semi-regular flooding had become almost annual, affecting communities living along the basin to varying degrees. Red Cross flood operations had managed to avert loss of life and livestock and to prevent disease outbreaks; however the challenges faced by affected communities were beyond the scope of emergency relief. A more integrated and comprehensive long-term mitigation intervention was necessary to reduce vulnerability to floods and other threats in the river basin environment. In 2010, BRCS was geared at engaging communities to go back in time and map vulnerability issues in the community through a participatory planning process. The exercise used some tools from the Vulnerability and Capacity Assessment (VCA) toolkit. The objective of this exercise was to assist communities to identify needs based livelihood projects.

Progress towards outcomes

Disaster Management

Zambezi River Basin Initiative

Programme Component: The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness

Outcome 1: Increased resilience of individuals and communities reducing their vulnerability to recurrent disasters.

Outcome 2: Increased use of community-based disaster preparedness systems.

Outcome 3: Branch and volunteer capacity disaster preparedness is enhanced.

Achievements

Achievements under this component are mainly under outcome 1 and 2. During 2010, BRCS volunteers and staff members worked with the district authorities', to disseminate early warning messages to communities at various for a, such as the Kgotla meetings, where updates on flood levels and recommendations on what to do during flooding were provided. Flood monitoring and liaison with District Disaster Management Communities was heightened during the year.

The regional office with staff from headquarters visited Chobe to strengthen existing relationships with local authorities. Meetings were held with strategic departments in Kasane, to sharpen relationships. The district commissioner, council secretary's office, district AIDS coordinator, social welfare officer, district agricultural officer and education officer were met during this visit.

Kasane and Kazungula branches undertake HIV and AIDS awareness activities sponsored by the District Multi Sectoral Aids Committee and attended District Disaster Committee meetings where, members form action teams per village, disseminating information on flood levels and creating general awareness on individual protection against floods and flood related diseases like Diarrhoea, Malaria and Cholera. The branch also undertakes health promotion activities. Branches in Zoroga, Gweta Nata undertook house-to-house campaigns, schools visits to disseminate health promotion messages. The NS donated 1,000 mosquito nets to the Ministry of Health for distribution to communities along the Zambezi river basin.

Constraints or Challenges

The programme was set back when the Kasane branch programme officer resigned. The departure created a gap in monitoring activities for three months, as there was no one to guide the volunteers. Some volunteers trained under this programme were absorbed by other competing organisations, reducing BRCS capacity in the area sharply. Branch and volunteer availability for disaster activities was therefore affected negatively.

Programme Component: Access to adequate and nutritious food commodities increased among communities along the Zambezi River basin

Outcome 1: Improved access to household food resources.

Outcome 2: Increased household food production.

Outcome 3: Increased household food consumption.

Outcome 4: Increased ownership of land, livestock, etc.

Achievements

As stated in the summary, the year 2010, concentrated more of implementation of community livelihood projects. Initial activities to achieving this, included participatory planning workshops in six villages (Satau, Kavimba, Nata, Zoroga and Gweta) where communities were engaged to identify needs based livelihood projects through a VCA process. Through this process, the communities were able to identify different projects ranging from, fisheries, poultry and four community farms (at differing scales and products) as the most important in addressing food insecurity.

Initially the strategy to achieve this objective was to ensure that households within the community have functional gardens, nurseries, fruit trees and skills to consume nutritionally adequate diet. However, following participatory planning exercises, it was apparent that the major impact of flood disasters was vulnerability to poverty and food insecurity. The major cause of food insecurity was aligned to poor crop yields, which are exacerbated by heightened flooding, unreliable rainfall, and shortage of draught power and destruction of field crops by animals.

While most of the communities have access to ploughing (arable) land, they cannot afford to develop it, for instance into irrigated farming, and some cannot afford to plough the whole land due to cost of hiring tractors (draught power), hence only a small portion of land is ploughed resulting in very low yields. Most of the households in the Chobe practice Molapo farming. This puts crops at risk of being washed away during floods, which happens too often.

It is against such an environment that most of the communities in the project area opted to establish community farms, where the Red Cross volunteers will take a lead in facilitating the production process while the community members would come in as and when necessary to provide labour as in kind contribution. Such would include land preparation, weeding, harvesting, threshing, winnowing etc. In most of the communities, this practice used to exist long time ago, where upon the chiefs and regiments took the lead in spearheading community farms. During those times, the community farms would produce food that would be stored in silos or granaries and provide food/seeds during drought years. These are seen as the simplest form of projects they as communities can undertake given that they are naturally farmers

Under this objective, the NS acquired a tractor, plough, planter and fencing material to kick-start the arable farming projects. The material was transported by the Central Transport Organisation in the Ministry of Transport and Communication on behalf of BRCS. In addition, the community received 100 kg maize seeds, manure and fencing labour expertise from the Ministry of Agriculture in support of the project. Gweta community was the first to acquire the land needed to implement the project. Land measuring 100 hectares was set allocated by the community for the project. Volunteers from both the Red Cross and the community are working hand in hand to get the project off ground. The Gweta project is on target. All that was planned to be achieved by this time has been achieved.

The approach is to stagger the projects, so that two or three communities start up the projects as some kind of piloting, and others would follow and can learn from the experiences of the former. This is also because the communities have not progressed at the same pace. Some have already identified the projects, laid aside project land, while others are yet to strengthen their branches and identify the projects.

Constraints or Challenges

Getting the community to believe they have capacity to develop programmes to withstand the impacts of disasters has not been an easy fit. It has therefore taken longer than anticipated to get all communities on-board. These are communities that are used to having predetermined projects identified for them, and implemented with little input from their side. Therefore getting them to see their capacities in a new light is proving to take longer. Any projects to be implemented have to embrace the need for mindset change.

The delays in land allocation have also been the greatest constraint. It takes longer for most communities to acquire land for project implementation. The other challenge is the mobile nature of volunteers; communities members are forever looking for alternative ways of making a living, this therefore makes them very mobile, consequently this impacts on sustainability of community projects, as key project drivers leave from time to time.

Programme Component: The number of deaths, illnesses and impact from diseases reduced among communities along the Zambezi River basin

Outcome 1: Increased community awareness of community-based health interventions and First Aid

Outcome 2: Increased access to health services by communities

Outcome 3: Increased capacity of communities to cope with health challenges in times of recurrent disasters

Outcome 4: Improved community access to adequate safe water, sanitation and hygiene

Outcome 5: Reduced further spread of HIV through community and volunteer preventive measures.

Achievements

Following training in 2009 on CBHFA, health promotion, PHAST methodology, basic First Aid and peer education, the Kazungula and Kasane, Gweta, Zoroga and Nata branches were engaged in health promotion activities in their communities. Peer education activities focused on HIV and AIDS talks for youth in and out of school, and also targeting workplaces and clinics. Volunteers also demonstrated the use of mosquito nets.

Constraints or Challenges

Health promotion activities have been hard hit by volunteer turnover. Peer educators are the most sought after in other organisations. This has left most of the branches with no or a few peer educators (seven peer educators, five home-based care facilitators and two First Aiders).

Programme Component: National Society capacity to implement disaster preparedness, response and recovery operations is strengthened

Outcome 1: Increased visibility and presence of Red Cross branches located along the Zambezi River basin.

Outcome 2: Increased capacity of branches to be vibrant and well functioning.

Outcome 3: Increased access and utilisation of local resources by branches along the Zambezi River basin to deliver low cost, high impact services, which are not dependent on external funding

Outcome 4: Increased branch capacity in tracking programme performance at community level

Achievements

A total of 180 volunteers received First Aid training during 2010. All chairpersons and secretaries of branches in the Chobe received leadership training. The community action planning exercise increased visibility of the Red Cross in the six branches where it was undertaken. During this exercise it was emphasised that the initiative seeks to build the resilience of the community, and that for that to happen the community have to be involved from the onset. It was explained that community had to work together with the BRCS branch to ensure project initiation. At these gatherings was impressed upon community leaders the need to have a well functioning BRCS branch in the community, as a pre-requisite for the project to be implemented.

This sought to ensure that the leaders in the community encouraged community members to register with the Red Cross and/or participate in project implementation. The community action plans created a lot of interest among community members. One of the achievements brought about by this activity is the increased interest and support from community leaders and businesspersons in the different communities.

Constraints or Challenges

The DM programme needs cooperation of all stakeholders. The district DM committees do not meet as often as required to discuss pertinent issues, meetings are mostly a reaction to disasters. There is still a lot of work to be done in promoting disaster risk reduction. Disaster response still attracts more attention than preparedness, due to the eminent needs or pressure brought about by disasters. This partnership still has to develop the urgency of the DRR activities to the committee.

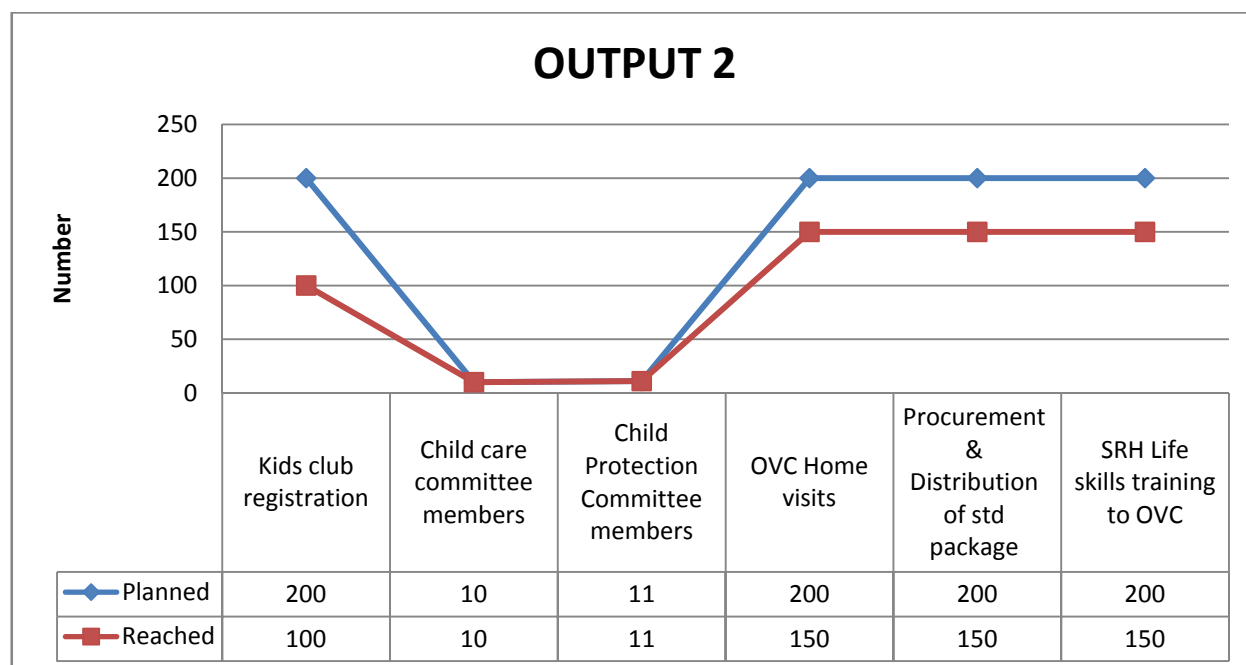
Health and Care

HIV and AIDS

Achievements

OVC project

BRCS now has four OVC projects in Sefhare, Kasane, Moshupa and now Kanye. Currently there are 191 children who receive psychosocial services from the Red Cross in Botswana. There are around 50 children per area (except Moshupa with Graduates) with the Sefhare area having to conduct another vulnerability assessment to ensure that the eligible beneficiaries are registered. In this period children benefited through kids clubs activities, material assistance through donation from the community and the private sector that bring in food, and toiletries and clothing.



The BRCS OVC project has so far shared the child protection strategy with management, branches and volunteers (during the OVC basic training). The strategy has since been used in the screening of OVC mentors in both Kasane and Sefhare.

Local stakeholders of these villages were involved in the screening process in order to protect these vulnerable children from undesirable characters. In 2010, 40 OVC volunteers have been trained on the child protection strategy. The Social and Community Development Office, District Administration Office, and the Police per area were sensitized and shared with on the child protection strategy.



Sefhare volunteers teaching and playing games with children

Two OVC life skills camps were conducted in April and December 2010 with attendances amounting to 45 and 50 respectively. The first Camp was run by the OVC Officer with help from one of the instructors from Chimanimani Camp in Zimbabwe and programme officers and volunteers, while the second one was run internally by the programs officers and the volunteers

The OVC programme made significant progress in the year 2010 in terms of formation of the long pending fora for guardians (the grannies clubs). The Sefhare and Moshupa OVC projects have 22 and 18 members respectively. The two groups met on several occasions for group counselling including the issue of livelihoods income generating activities.

The Kanye project was finally established after assessments were made. The number of OVCs served was 191 with 8 having graduated in Moshupa and one having passed away.

Throughout the year, volunteers including mentors conducted home visits at least once a month to the beneficiaries and their families. Mentors have also been in touch with the office to recommend referral of OVC cases to the social and community development department.

Kids Clubs activities are strength to BRCS. Volunteers and officials meet with children during weekends for group counselling activities, play and learning. Of most important to note is that our Clubs service far more numbers than the target and the registered numbers. The Moshupa Club reached to 70 children, while in Sefhare around 80 children attended when in actual fact they were supposed to deal with only 50. Children are attracted by the play equipment, games and the food. It is difficult to turn down these interested children especially at the village where they do not have anywhere else to go.

Also of significance is that the NS managed to secure funding amounting to P 474,650 from the Danish Red Cross for Sefhare OVC that covered the project until the end of the year. With this funding the department has so far selected and trained volunteers on basic OVC. The Sefhare OVC project purchased edutainment equipment for the Kids Club use by the OVC. The OVC project also received a couple of donations from the community adding to the capacity of the Red Cross in providing support to vulnerable children. Moshupa received donations in form of clothing, food and groceries probably because it is more visible as it is closer to Gaborone.

Peer Education

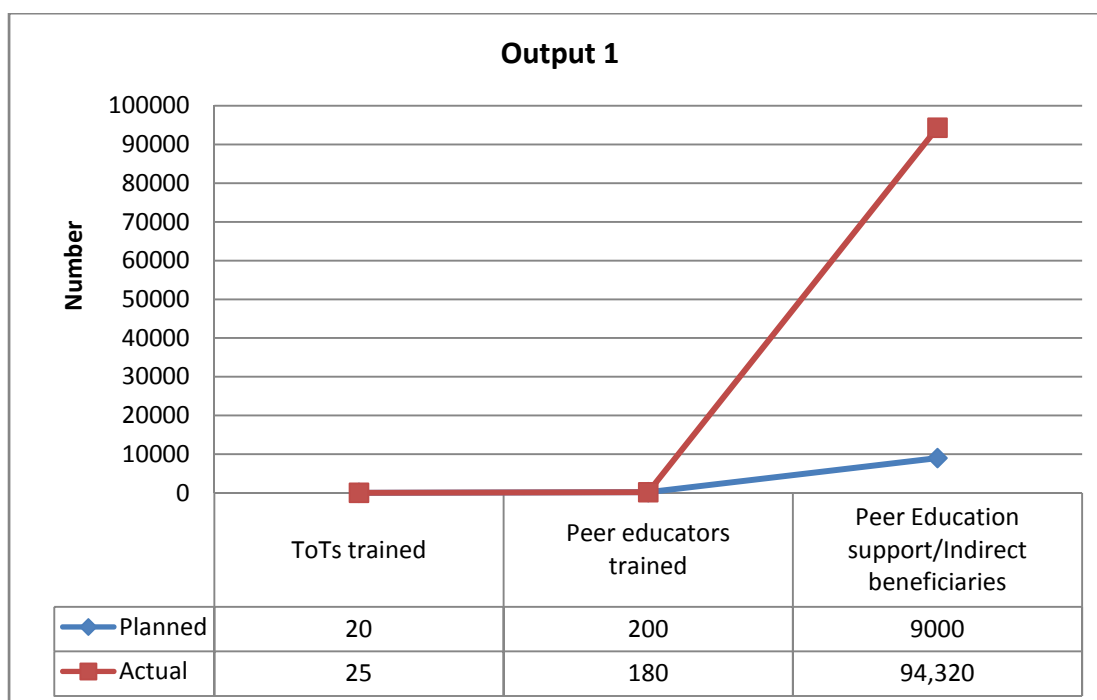
Achievements

Ninety correctional services inmates were trained as peer educators in Kgalagadi (Tshane), Chobe (Kasane) and the Southern District (Moshupa). The peer education session will be carried out correctional services nurse and the Red Cross programme officer. The government was so appreciative of the training that they would want to replicate to other districts.

The peer education projects in Moshupa and Kanye revive its relationship with schools such that as of now the office has scheduled visits in several schools in these villages. The project is doing well except for a few hiccups that can be corrected by support through close supervision by programme officers.

The peer education project provided the much need educational sessions in construction companies and other workplace accompanied by condom distribution and demonstrations. Peer education training was carried out for volunteers on peer education in the Zambezi floods affected areas. More than ten villages were trained in collaboration with the DM department in through the ZRBI.

With the peer education project, BRCS expect increased knowledge on HIV and AIDS in the communities including empowerment with behaviour change skills with regard to prevention of HIV infection. Even though it is not a guarantee that knowledge will warrant change, we believe a good number should assess and find it beneficial to change therefore lessening the HIV transmission rates.



Since the second half of 2009, there has been an increase in the number of trainings for Peer Education Programs. ZRBI funds were used to train volunteers in all programs, including HIV and AIDS. A total of 57 Peer educators were supported in Kasane, Moshupa, Tonota and Kanye. They conducted mainly HIV and AIDS peer education activities to in-school and out-of-school youths.

As they carried out their voluntary work, peer educators were supported with 3,000 newsletters and 6,000 brochures to use as information, education and communication material (IEC), 300 sun hats, 300 t-shirts and 300 branded bags, 300 videos cassettes on prevention activities. The volunteers also received an allowance as an incentive to cover their transport and meal costs as they travel around educating their peers in the communities.

Volunteers were in this year trained on non – remunerated blood donor recruitment under the Club 25 initiative and theatre skills. BRCS therefore expects to have set up drama/theatre groups by the end of the first quarter 2011. The project extended to Kang and Dukwi and 35 peer educators have by June 2010 been trained.

Community-based Health and Care

Achievements

As reported previously, this is one programme area that is not gaining momentum, as clientele no longer need its services as much as they did previously. However, as a prevention measure and as acknowledgement that it is a good thing that PLHIV become active and independent, the CHBC provides continued counselling on adherence and financial independence. This is also to prevent relapses in client health. The CHBC project is still only with Kasane when excluding the Dukwi Refugee Program that is funded separately. Up to date 47 clients are receiving support from BRCS.

Constraints or challenges

- Currently Botswana does not have activities in hero work, memory work, psychosocial support (PSS) activities such as Journey of Life, Body Maps and Tree of Life. This is mainly because none of the staff in the programme is trained on these even the then OVC officer who has since been moved to Moshupa as a programme officer.
- Lack of funding for Kasane. This area occasionally depends on funding from the District Multi-sectoral committee.
- Regular drop out mentors and Volunteers in general constitutes a draw back as the whole process of getting children mentors has to be repeated (recruitment, screening, training and matching, monitoring until there is confidence).

Working in partnership

BRCS is working together with different partners internationally and locally. The Norwegian Red Cross has made it possible for the NS to achieve intended targets. Locally, BRCS works with The District Disaster Management Committee for the Chobe District, the Chiefs for the different villages, the Village Development Committee and Village Extension Team. The latter comprises of government extension departments represented at village level.

The cooperation processes differs per partner, some partners are multilateral, while others are inter agency. The relationship with the Norwegian Red Cross is through the IFRC SARRO Relationships' locally such as those with Government departments were initiated by the national society, looking at the mandates of the different departments. The National Policy of Disaster Management (1996) recognises the National Society as a member of the National Disaster Management Committee in the different districts. Within The Chobe, the Society attends regular meetings to keep updated of issues and also to influence programming and Policy at that level.

BRCS had(s) both multilateral and bilateral cooperation for the HIV and AIDS programme. The Multilateral relation is with the Swedish Red Cross Children of the World (COW) and bilateral cooperation is with Norwegian and Danish Red Cross. Collaboration between the NS and its partners is through the MoU, which clearly lays down communication, accountability, responsibilities and exchange of information in general.

BRCS reports to partners, holds partnership meetings for annual review usually before another operational year. The progress information is compiled by the information and communications department and disseminated in the form of newsletter, brochures, and banners to all the partners and shareholders.

Contributing to longer-term impact

BRCS has programmes officer based at the programme site office and monitoring is done through community visits to branches. Two years of implementation the ZRBI down the line a lot is still to be done, however the high volunteer turnover experienced means the NS needs to revise its recruitment and retention strategy and engage more with volunteers.

The NS has learned that at community level, it is key to involve the local leadership, so that they can assist in engaging with community members. Most Community members still take their cue from the leadership. Engaging the local leadership, will ease community mobilisations and improve community engagement.

Through the health educations session mainly held in clinics and workplaces, BRCS has contributed significantly to the Botswana MDGs goal number 5, which seeks to improve maternal health to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio. Botswana is one of the best practices in the world in reduction of HIV transmissions maternally through the PMTCT project. With the peer education and OVC projects, the NS has contributed to goal 6: Combat HIV and AIDS, malaria and other diseases, target 6 seeking to have halted by 2015 and begun to reverse the spread of HIV and AIDS to address HIV deaths, orphan-hood, and non-consistent use of condoms.

Though we may not associate the progress directly to us, Botswana has experienced a relatively big fall in the number of HIV and AIDS deaths though collaboration of the government, Red Cross and other nongovernmental organizations and the private sector.

The same contribution was made by the BRCS to the overall outcome/impact indicators of the Global Alliance on HIV. We have contributed to the reduction of deaths, illnesses and impact of disease. Among others, a good example is the CHBC project where the bedridden clients are now mobile. Through education we also have contributed to the promotion of respect for human dignity and reduction of intolerance, discrimination and exclusion with regard to HIV and AIDS.

Looking ahead

BRCS will intensify recruitment and strengthening of branches, with the ZRBI implementing divisions. There is a definite need to continue community mobilisation so that the momentum is not lost. Monitoring will be intensified, and community leaders will be engaged more so that they understand fully the objectives of ZRBI, with the hope that this will cascade to the community by one who is their own.

Focus will also be put towards identifying new partners' and strengthening existing relationships, especially with local authorities, as they are Key in Building the ZRBI brand. The NS will also focus on strengthening resilience of the community, by engaging them to form community disaster risk reduction groups. These will then implement identified projects in conjunction with the BRCS branch. Any projects to be implemented have to embrace the need for mindset change among the communities.

Through investing in training volunteers, BRCS will continue to provide services even in the absence of funding targeting peer education, OVC and CHBC. Extension to Kang and Dukwi will go through even without funds as volunteers in these areas have been trained on peer education already. The NS plans to come to up with a volunteer retention strategies in order to ensure continuity even without funds.

All Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

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