

# Annual report



International Federation  
of Red Cross and Red Crescent Societies

## Swaziland

Appeal No. MAASZ002

24 May, 2011

This report covers the period  
01/01/2010 to 31/12/2010.



BSRCS' food security site officer teaching a back yard garden owner how a drip kit system works

## In Brief

**Programme outcome:** Based on IFRC Strategy 2020's strategic aims of saving lives, protecting livelihoods, and strengthening recovery from disasters and crises, Baphalali Swaziland Red Cross Society (BSRCS) strives to achieve effective preparedness capacities for disaster and crisis response, provide timely assistance to people affected by disasters and crises such as HIV and AIDS and drought, build community resilience through First Aid training and disaster risk reduction services in order to reduce impact of immediate and potential future disasters.

To enable healthy and safe living, BSRCS works towards a reduction in exposure and vulnerability to natural and human-made hazards, promoting environmentally sustainable living, community health and more inclusive public health systems. This is in line with BSRCS's strategy of ensuring greater well-being of socially vulnerable people, such as the food insecure and those with poor coping mechanisms in disasters and other shocks.

In seeking to promote social inclusion, a culture of non-violence and peace, 2010 activities pursued a wider understanding of the Fundamental Principles and Humanitarian Values. Activities promoted practical application of the principles to counter intolerance, stigma, discrimination, violence and divisions in society, as well as their effects, such as cross border migration of political and economic refugees.

**Programme summary:** BSRCS provided four core programmes: disaster management (DM), health and social welfare, National Society development (NSD), and principles and values. The NS operates through a head office, five regional coordinating offices, and three health clinics. Each division has a functional structure that oversees all programme activities at regional, sub-regional and community levels. Two of the three clinics are in rural areas while one is located in Mbabane city outskirts.

The National Society has a General Assembly that delegates the National Executive Committee (9 males, and 3 females), 2,810 volunteers (2,600 members, and 361 programme volunteers) and a staff compliment of 89.

**Financial situation:** The original 2010 budget was CHF 626,391, of which CHF 116,085 (19 per cent) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 56,142 (48 per cent of funds available, 9 per cent of the original budget).

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

**Number of people we have reached:** The DM unit reached 58,050 people with various services ranging from capacity building, risk reduction, response and food security. The health and social welfare unit reached 25,065 people with mother, infant, and child health services, provision of water and sanitation, and social welfare services. A total of 1,599 first aiders were trained. The principles and values unit reached more than 500,000 people through dissemination of information on humanitarian principles and values. The activities were supported by the members, volunteers, partners, and staff of the BSRCS.

**Our partners:** BSRCS continued to provide health care services in partnership with the Ministry of Health (MoH) at Sigombeni, Silele, and Mahwalala clinics, and with the National Children Coordination Unit. The Swiss, Finnish, and Norwegian Red Cross Societies supported the NS with financial support towards food security projects while the International Committee of the Red Cross (ICRC) provided both technical and financial support regarding International Humanitarian Law (IHL), and humanitarian principles and values. Finnish Red Cross also supported BSRCS with both technical and financial support towards National Society development activities (NS recovery process and IT upgrading). BSRCS and the Hope for Swaziland in 2010 have worked together in scaling up promotion and distribution of male and female condoms.

BSRCS wishes to thank partners for making available their technical and financial support during 2010.

## Context

The total population of Swaziland is 1,018,449 where the rural population is 793,156 persons compared to 225,293 urban. The country's population is said to be young because 39.6 per cent is younger than 15 years of age and 52 per cent is younger than 20 years of age. The life expectancy at birth is 31 years (UNDP HDR, 2006). Population living below US\$2 a day is 63 per cent (SHIES, 2010). One-year olds fully immunized against tuberculosis by 2005 were 84 per cent, while the one-year olds fully immunized against measles by 2005 was 60 per cent. About 82 per cent of children are considered fully immunized against major preventable childhood diseases, such as polio and measles (Demographic and Health Survey 2007). According to the Vulnerability Assessment Committee (VAC), 300 measles cases were reported in 2010 with two confirmed deaths in the Lubombo region. The under-five mortality rate, largely caused by HIV, is 160/1000 live births. The Human Development Index (HDI) rates Swaziland in the "Medium" quintile at 0.500: 146th out of 177 countries (UNDP, 2006).

Due to drought and poor application of high-tech maize production methods, Swaziland has a tonnage gap of 86,732 MT out of 161,800 MT consumed per year. As maize (Swazi staple food) prices rise from E<sup>1</sup>120-00 to E220-00 per 50 kilogram maize bag (National Maize Corporation – NMC) this condition may lead to impacts such as one in every three children under the age of five in Swaziland is stunted from chronic malnutrition and disease.

Some 48 per cent of people use improved sanitation, while 62 per cent use improved water sources. (Southern Africa Regional Food Security Update August 2010).

BSRCS has continued to educate communities on appropriate food production. Through the food security programme, Microsystems Technologies conducted social mobilization to promote full coverage on immunizable diseases, such as measles, polio, and tetanus. They scaled up tuberculosis management by strengthening community systems, and engaged community leaders in HIV treatment literacy programmes. The BSRCS secretariat has engaged the government at policy level on interference by politicians and the armed forces in relief operations. All primary health care services are fully integrated at all clinics and BSRCS plans to optimize use of current funded projects through integration of cost sharing.

## Progress towards outcomes

### Disaster Management

#### Programme Component 1: Community-Based Disaster Preparedness

**Outcome 1: Human, financial and material resources and disaster management system enhanced through the implementation of the DM master plan (DMMP).**

**Outcome 2: Self-reliance of individuals and communities is improved to reduce their own vulnerability to public health emergencies and disasters.**

#### Achievements

In addition to the 24 volunteers trained in basic disaster management in 2009, BSRCS received funding from IFRC for capacity building in basic disaster management. The NS then conducted training for 14 staff members, field coordinators and their field/site officers, and as well as national officers. The national officers consisted of the programmes manager, head of divisions, national food security officer, national First Aid assistant and one driver from the headquarters. There were also 75 volunteers trained as emergency response team members (ERTs). BSRCS has one ERT per division whilst each team comprises 15 volunteers.

The knowledge of the participants has improved, as they are able to distinguish between vulnerability and risk. Participants identified flaws in the disaster assessment form, which was then amended and aligned to the standard operating policy of the Deputy Prime Minister's Office. Trained trainers in turn conducted training of ERT volunteers without external technical assistance.

#### Programme Component 2: Community-Based Disaster Response

**Outcome 2.1: Disaster response mechanisms are efficient and effective in meeting the needs of those affected by disasters.**

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<sup>1</sup> Emalangeneni or Swazi lilangeni (SZL)



Red Cross volunteer assists a survivor of a hailstorm off load and store relief items for reconstruction

### Achievements

BSRCS has disaster response teams and an effective mechanism aimed at meeting the needs of the most vulnerable during episodes of a catastrophe. Heavy rains and storms ravaged 1,142 households (6,852 people). Areas affected were visited by four ERT who conducted 24 rapid (baseline) assessments. Affected families received 200 blankets, 70 tarpaulins and 30 family tents.

## Programme Component 3: Community-Based Disaster Risk Reduction

**Outcomes 1: Vulnerability of communities in disaster prone areas is reduced through timely information, capacity and resilience building interventions.**

### Achievements

Through the community-based disaster risk reduction programme, BSRCS produced 500 calendars, 142 diaries, 500 posters, 1,000 car stickers, and 20 sweaters. Beneficiaries were schools, communities, and public drivers.

The NS launched the 2009 World Disaster Report at the Convention Centre, at Ezulwini, on the 15<sup>th</sup> October 2010. Partners who attended the launch were city mayors, members of the UN family, members of parliament, managing directors of local banks, relevant government ministries officials, the representative of the National Disaster Management Agency (NDMA), NGO directors, and news editors from the local media houses, members of the BSRCS National Executive Committee (NEC), volunteers and staff members.

Dr. Stephen Shongwe, Principal Secretary in the Ministry of Health launched the 2009 Disaster Report on behalf of the Minister for Health. The IFRC Southern Africa Regional Representation Office (SARRO) was represented by the DM coordinator, who gave a brief explanation on 2010 focus, which was on urban disasters, the contents of the report and explained the report by way of giving examples especially the numbers of big disasters that had befallen some other countries in the year 2010.

In 2010, the BSRCS hosted three National Societies of Swaziland, South Africa and Lesotho for the development of a proposal on “Ubuntu” jointly prepared by all three countries. “Ubuntu” promoted a culture of peaceful co-existence and non-discrimination.

## Programme Component 4: Food Security

**Outcome 1: Household food availability is improved.**

### Achievements

A total of 1,085 households were provided with farming inputs, of which 771 were provided with backyard gardening material including seedlings of various vegetables and legumes and fencing material. Among the 771 households, 741 were provided with irrigation equipment in the form of drip kits. All 1,085 households were trained in good agricultural practices such as conservation agriculture and water harvesting.

## Outcome 2: Household food utilisation is improved.

### Achievements

Due to late planting, the nutrition trainings have been shifted to the 2011 plan.

## Outcome 3: Household access to food is improved.

### Achievements

The 741 households provided with drip kits comprised 120 in the Northern Hhohho, 251 in the Southern Hhohho, 250 in the Manzini region and 120 in the Lubombo region. All 1,085 households were trained in using gardening equipment including drip irrigation kits. Of these, 188 large-scale crop production farmers (Northern Hhohho, 100HH and Manzini 88HH) managed to sell their maize, mung beans and juko beans, most of the farmers cultivated an average area of a hectare per household. The farmers managed to sell an average of E600 per farmer to meet other food security household needs like salt, oil, sugar and other items.



A BRCS client looking after a backyard garden with vegetables almost ready for harvesting

The aim of the FAO funded project was to promote conservation agriculture technologies in response to the negative impacts of climate change. The conservation agriculture practices include methods aimed at mitigating soil erosion, maximising moisture retention in the soil, maximising production within a small land and minimising escalating farming costs. This was done jointly with the Ministry of Agriculture extension department through the Mayiwane Rural Development Area (RDA) for the northern Hhohho and Mahlangatsha RDA in the Manzini region.

The targeted households were provided with maize seeds, juko-beans, cowpeas, fertilisers, and herbicides. Households also took part in trainings. The lead farmer model was also practised to improve the cascading of technical input by both Red Cross and the Ministry of Agriculture extension officers. This activity aimed at addressing the challenges faced by farmers and thus improving the food availability, utilisation and access.

Interventions were aimed at improving access to food for the family through income generating. One household was targeted and reached with a broiler<sup>2</sup> production project. The household, headed by a disabled woman, was provided with broiler production equipment in form of broilers, feeders, drinkers, chicken medication and chicken feed and technical advice on rearing broilers.

### Constraints or challenges

- Personnel, climate change, donor dependency, relocation of volunteers (lead gardeners), frail beneficiaries and poor understanding of agricultural calendar by donors cause project sustainability challenges.
- Project designated vehicle at times cannot reach other project areas in time due to poor access and road network.

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<sup>2</sup> Chicken raised specifically for meat production.

- The NS does not have a resource mobilization strategy for this food facility project, thus undermining the funding base. BSRCS management should therefore craft a resource mobilization strategy and a branch development manual by June 2011.

## Health and Care

### Programme component 1: Community-Based Health and First Aid (CBHFA)

**Outcome 1: Communities have capacity to reduce their own vulnerability to health risks and hazards in their environment through knowledge of local community-based health and First Aid (CBHFA).**

#### Achievements:

An eight module, 45 hour basic First Aid (FA) training for instructors was facilitated by Malta Red Cross master FA instructors. Fourteen employees drawn from BRCS clinics and divisions participated during the training, resulting in 1,599 first aiders trained (see figure 1 totals 14 instructors, 850 on commercial FA, and 75 Red Cross volunteers trained on emergency response services and 674 community-based first aiders).

FA posts services extended to more than 33 posts at regional and national level and 33 FA kits were sold. BSRCS received 500 medium FA kits from the Malta Red Cross, which were distributed to divisions and clinics, and placed in NS vehicles. Planned targets were met or exceeded (see figure 2). BSRCS learned that maintaining good partnerships with industries might boost revenue through FA training. The NS also learned that it is necessary to match supply of FA services with demand.

Figure 1: Unit Performance on First Aid Services in 2010

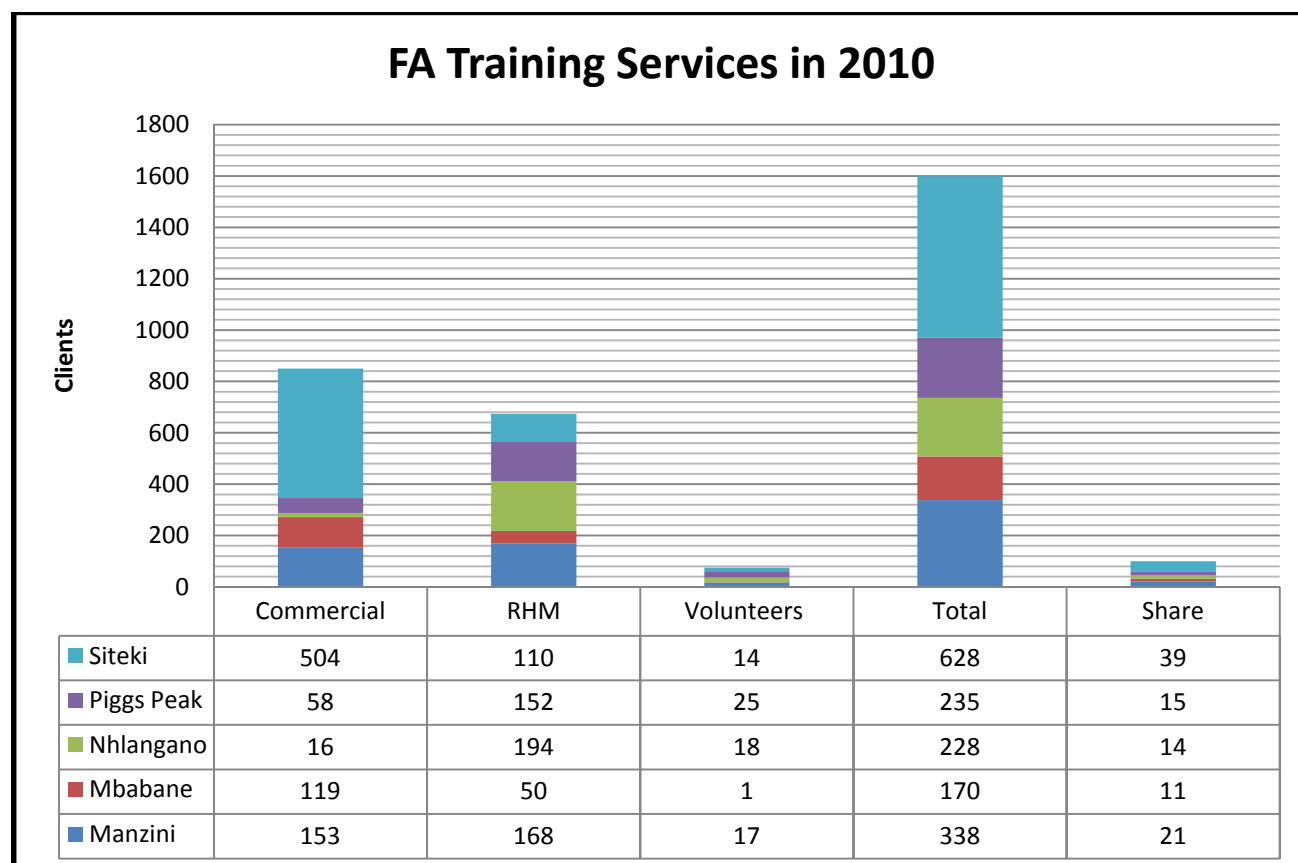
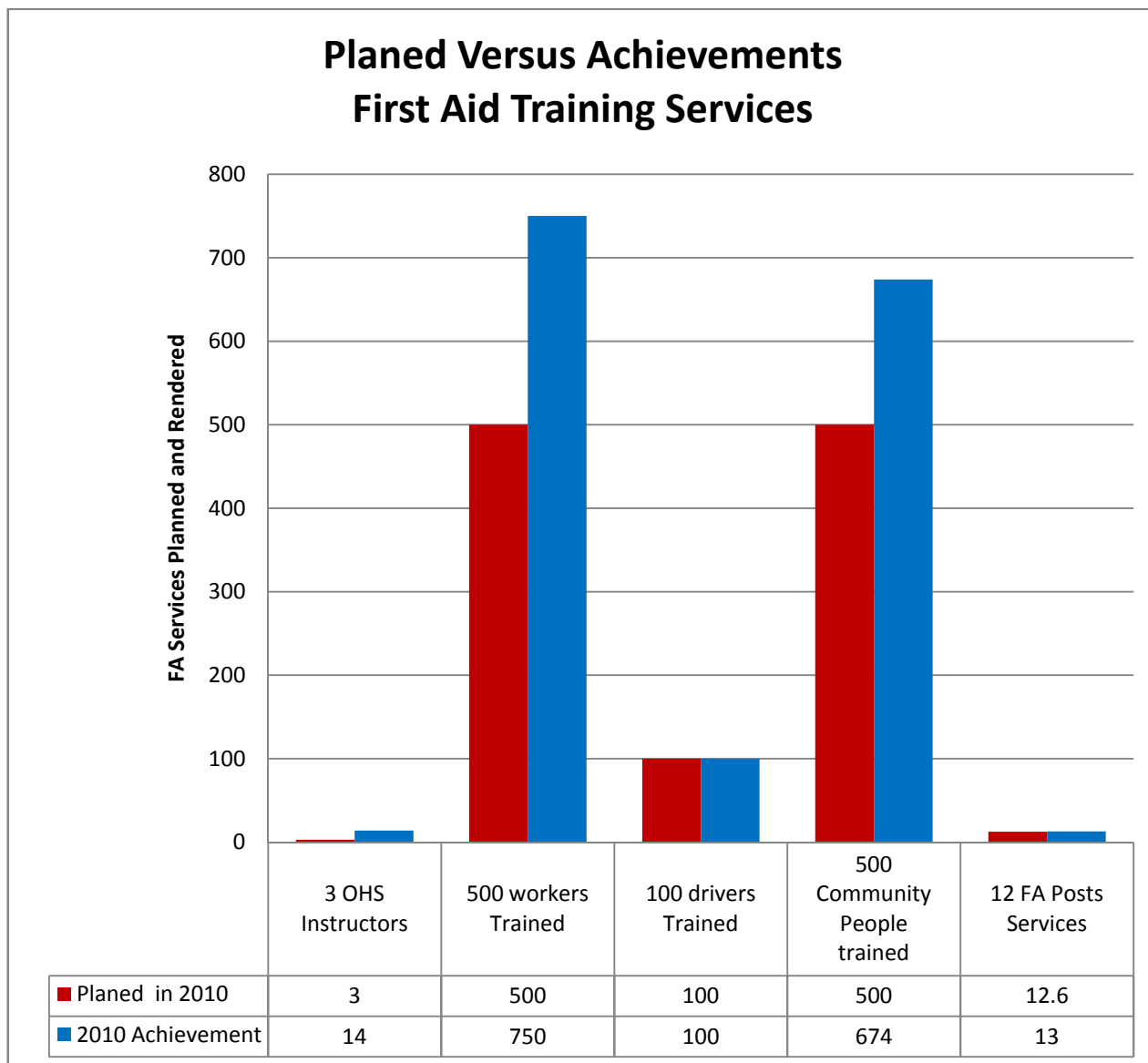


Figure 2: First Aid Services provided



**Outcome 2: Mother and child health is improved through immunization services to children and mothers in areas of BSRCS operations.**

**Achievements**

Mothers who received antenatal care services totalled 566 (Sigombeni-141, Silele-210 and Mahwalala – 215). Sigombeni and Mahwalala use an integrated approach that seeks to promote a health provider HIV testing and counselling approach so that HIV infection is prevented from mother to child during delivery and lactation. Children who received welfare services in growth monitoring and health awareness/education counselling from nurses totalled 612, with 2,813 consultations. Vaccine doses given to children amounted to 4,615, with albendazole and Vitamin A at 318 and 460 respectively.

During 2010, 30 BSRCS volunteers participated in a measles campaign. In addition, there were 185 postnatal care clients/consultations and 2,903 family planning clients/consultations rendered to the public. Figures 3 to 7 display the different products/ services rendered to clients from all three clinics.

Figure 3: Antenatal Care

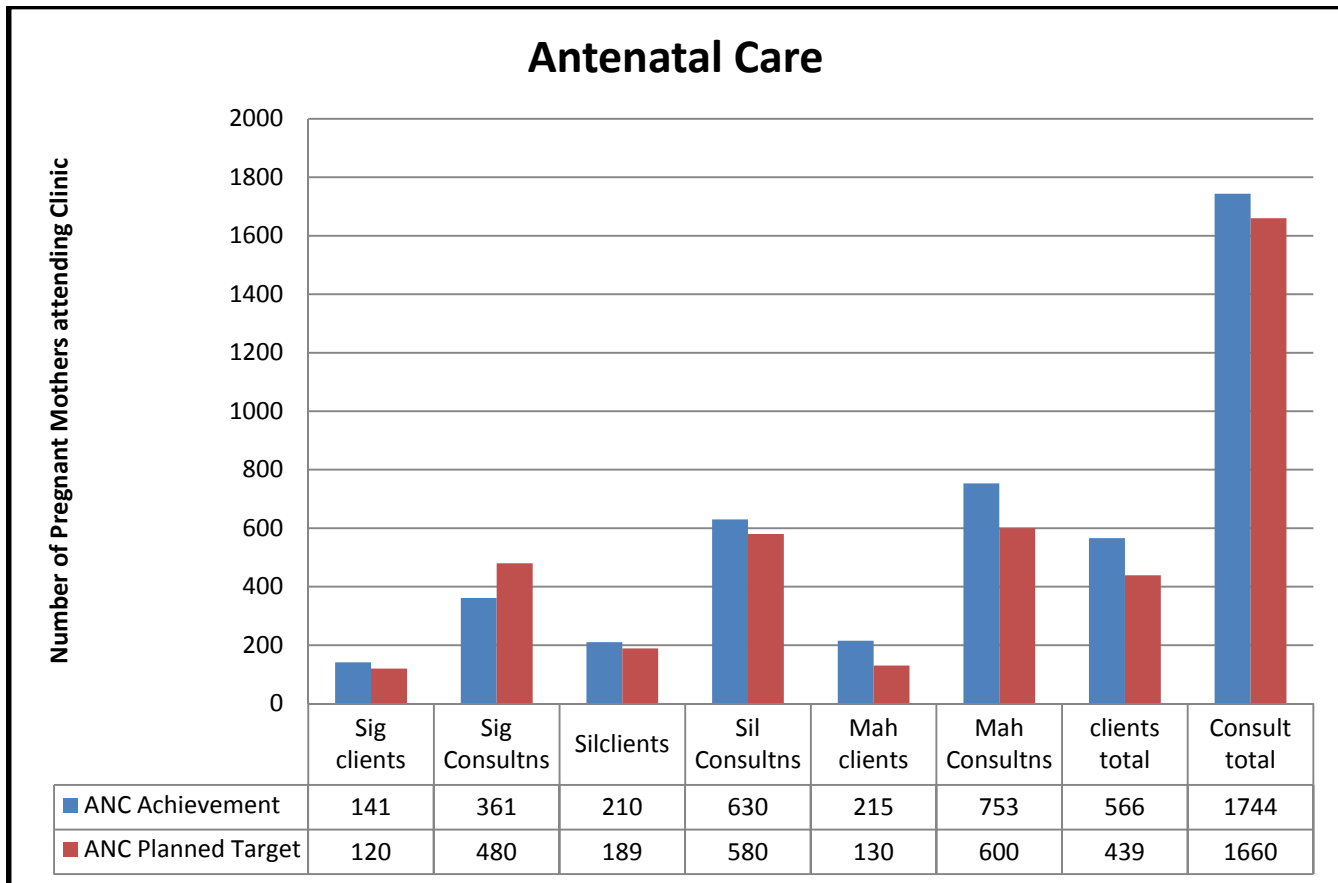


Figure 4: Post Natal Care Services

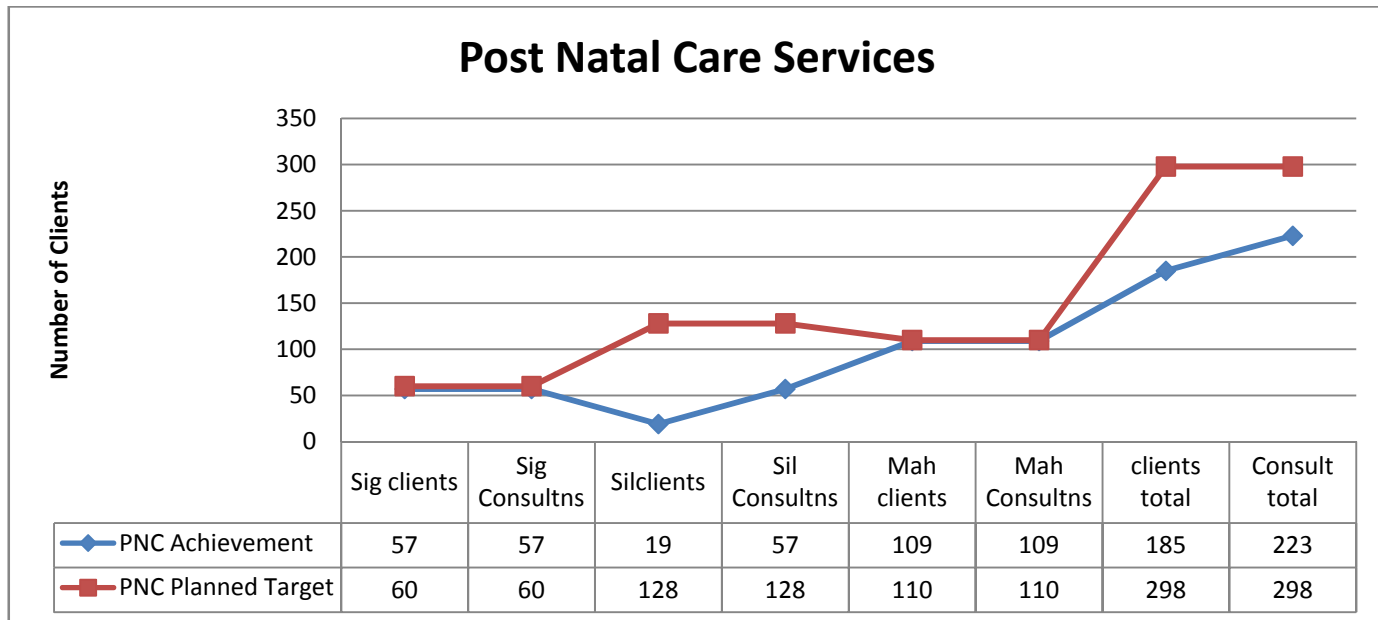


Figure 5: Child Welfare

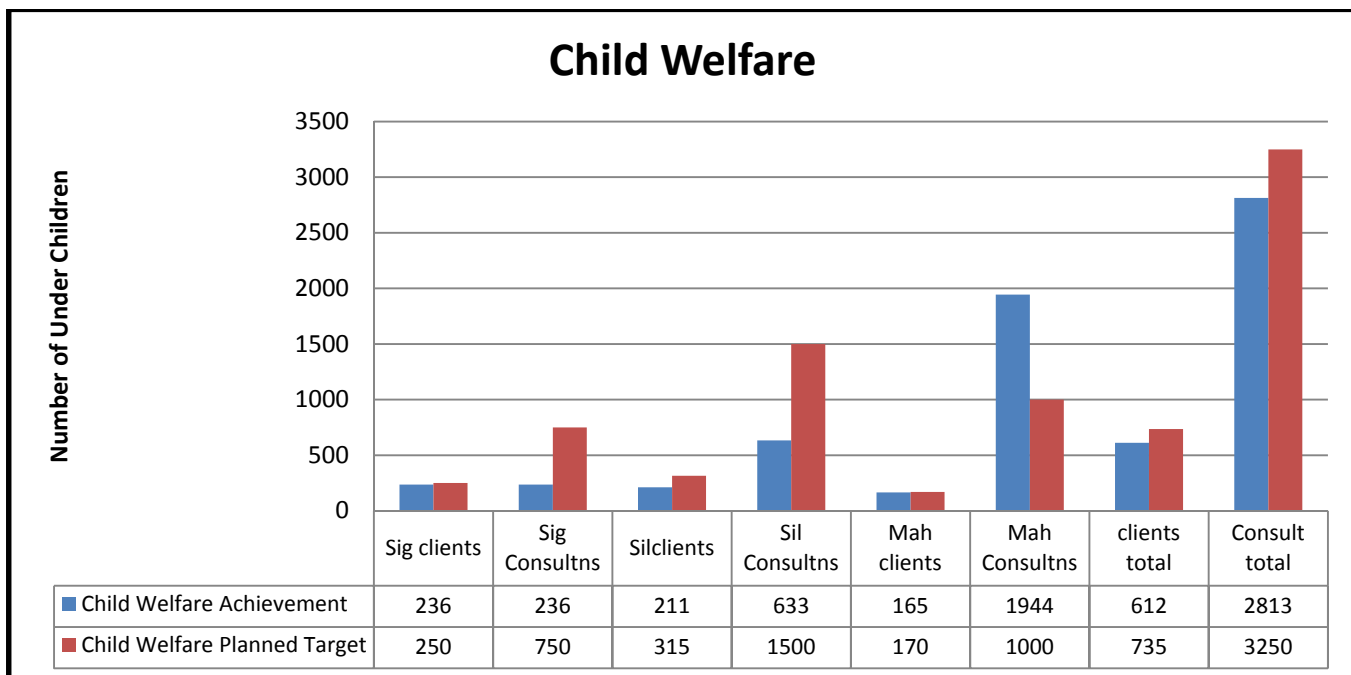


Figure 6: Family Planning

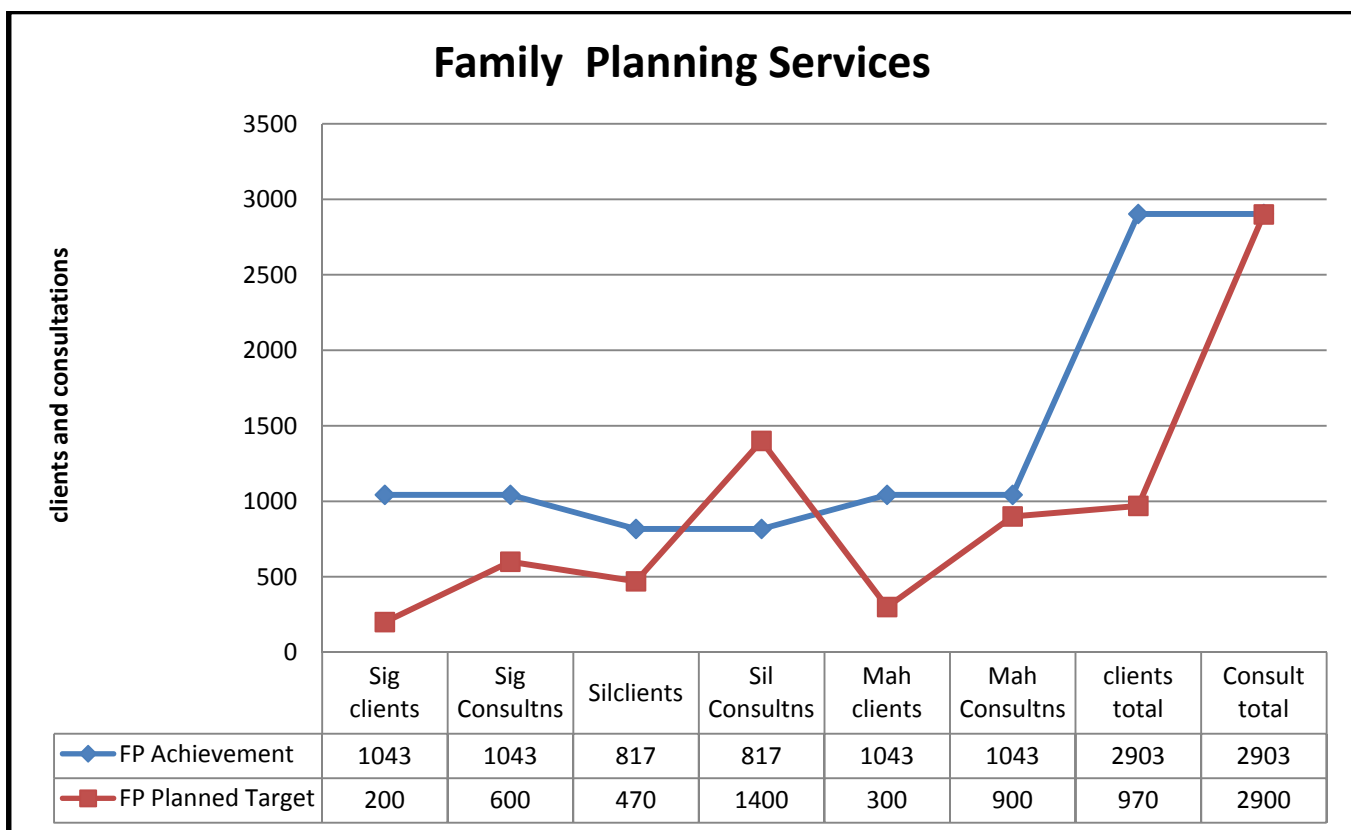
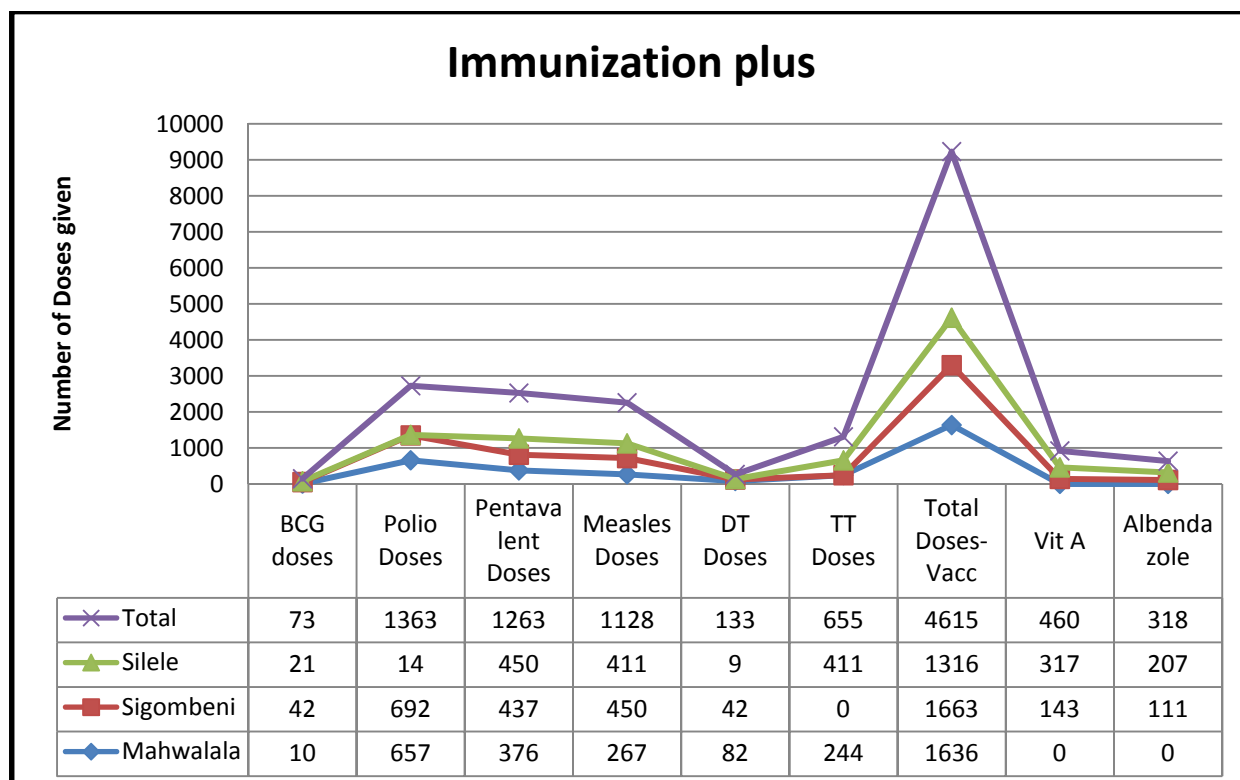


Figure 7: Immunizations Plus



**Outcome 3: The level of community health knowledge is increased through the development and distribution of health related information, education and communication (IEC) materials.**

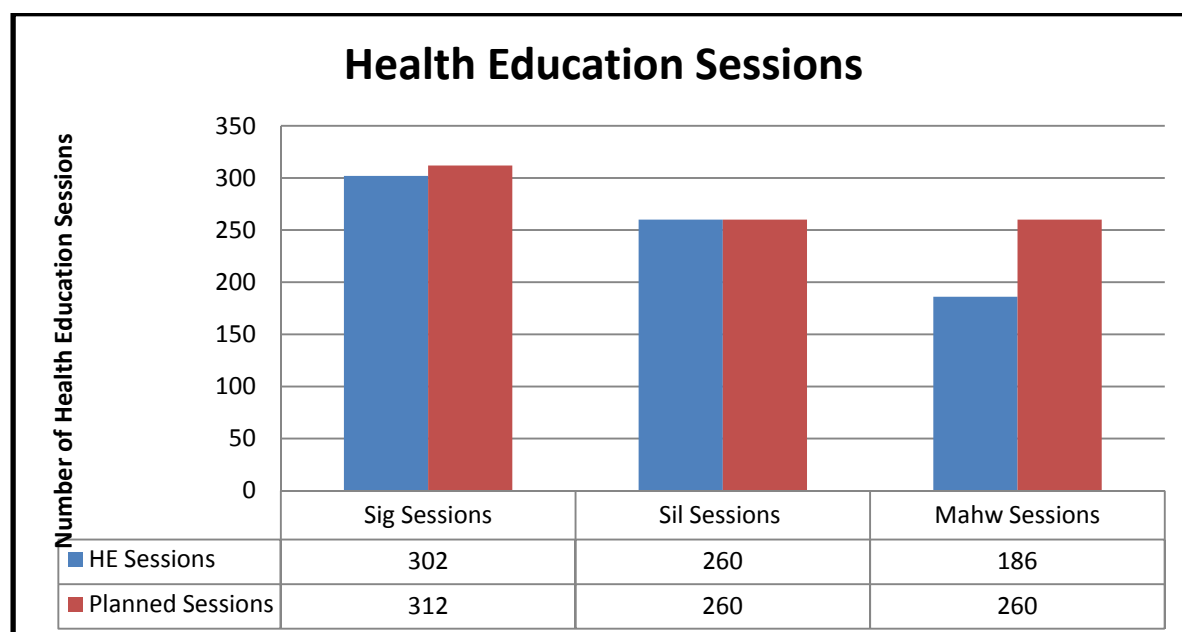
**Achievements:**

BSRCS provided health information and communication to influence behaviour change through distribution of 6 banners, 300 A1 posters, 100 mouse pads, 2,000 flyers, 8,000 bookmarks, 1,000 disc holders, 1,000 bumper stickers, and 100 bandanas. Funding support was provided by Belgian-Flanders Red Cross who piloted the African First Aid Materials towards the end of year 2010. In collaboration with the Ministry of Health, BSRCS's 30 volunteers mobilized communities for measles immunizations in 54 sites. They also helped in mobilising and controlling the flow of the children on site, marked children's fingers after receiving the dose and ensured proper waste disposal. The number of children reached was 4,595.



BSRCS volunteers during the 2010 measles campaign

Figure 8: Health Education Sessions



## Programme Component 2: Public Health in Emergencies

**Outcome 1: Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.**

### Achievements

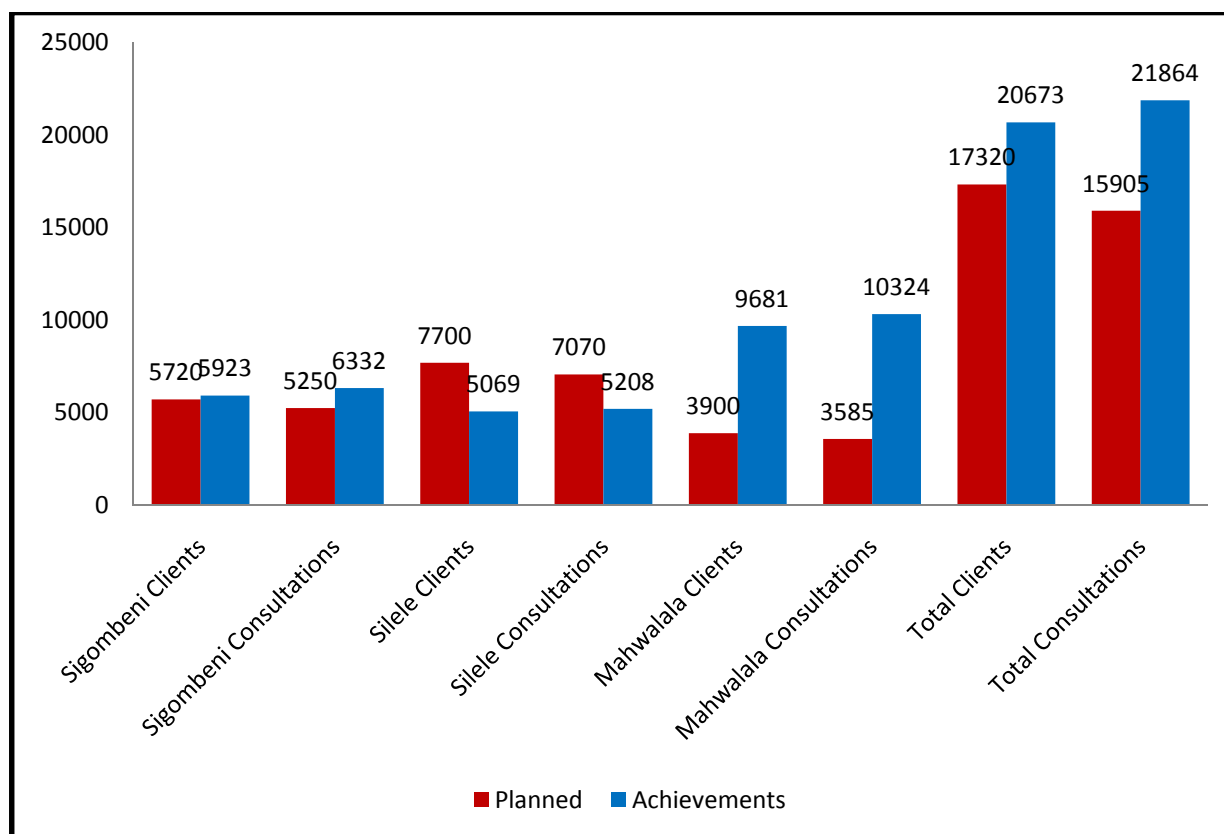
Mahwalala and Sigombeni BSRCS clinics are provided with an accreditation certificate to screen, diagnose, and initiate TB. There were 400 clients who were suspected of TB, out of which 119 were diagnosed positive and treated on site. Mahwalala and Sigombeni had 4 and 5 MDR-TB cases respectively by end of 2010. Silele clinic provides TB management at the referral stage (those suspected are sent to Hlathikhulu, and those referred from Hlathikhulu to the clinic refill for drugs and daily streptomycin injection at the Clinic).

The number of clients who received curative services was 20,673 clients and the number of consultation provided was 21,864 for 3 clinics (see table 2). Mahwalala and Sigombeni managed to reach their targets while Silele did not. Overall achievement in curative services was 37 per cent above planned figures (see table 1 and figure 9).

Table 1: Planned Versus Achievement in Curative Services

Service	Planned	Achievements	Percentage
Sigombeni Clients	5,720	5,923	104
Sigombeni Consultations	5,250	6,332	121
Silele Clients	7,700	5,069	66
Silele Consultations	7,070	5,208	74
Mahwalala Clients	3,900	9,681	248
Mahwalala Consultations	3,585	10,324	288
Total Clients	17,320	20,673	119
<b>Total Consultations</b>	<b>15,905</b>	<b>21,864</b>	<b>137</b>

Figure 9: Clients Provided with Curative Services in 2010



### Programme component 3: Water and sanitation

**Outcome 1: Improved access to safe water and sanitation facilities among the target population according to the SPHERE minimum standards.**

#### Achievements

25 households under the Nhlango Division were supplied with Water Harvesting Systems at Silele Clinic communities. The beneficiaries are from Ntabeni, Hosea, Liba, Nsingizini, Bhejisa, Shisizwe and Mvundleni. BSRCS responded to a call for a proposal from EU with Finnish and German Red Cross assistance. All three clinics have reported more than 2,000 diarrhoeal cases from the outpatient department (OPD) morbidity tally record (this figure is already reported under consolidated OPD tally record from all the 3 clinics). Clients near clinics reported to have been helped with the access to water. BSRCS's plan was to establish water and sanitation projects in all five divisions but was only able to start one under Nhlango Division due to lack of resources.

#### Welfare Services:

#### Achievements

Two houses were constructed for two elderly people, one in Gundwini the other in Northern Hhohho, Timphisini. The Swaziland Post and Telecommunications donated E24,000 to facilitate the construction of the house at Gundwini. The other house in Northern Hhohho was constructed with funding from the Swaziland National Provident Fund.

#### Constraints or Challenges

The FA proposal to Belgian Government was prepared and approved by the Belgian Red Cross Flanders. It had a budget of E.2.9 million. The programme was to start operating in January 2011. The programme had created 2 posts based in HQ and counted 80 staff members and 600

volunteers among targeted beneficiaries. However, towards the end of 2010, negative feedback from government led to the eventual cancellation of the initiative.

Most of the health and social services activities have not attracted funding from partners. Otherwise, funding opportunities are available domestically. International funding seems to be driven by HIV/AIDS and TB.

## National Society Development

### Programme Component 1: Leadership and Management Development

**Outcome 1: BSRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organisational performance and accountability.**

#### Achievements

The recent audit reflected strict implementation of audit recommendations and had no qualification. The NEC has conducted regular quarterly meetings addressing strategy and policy questions. A Board Charter has been drafted and is due for approval by the NEC. At least two divisional committee meetings were held per division as per the Constitution. Most of the operational and sectoral strategies have been achieved.

### Programme Component 2: Well-functioning organisation

**Outcome 1: BSRCS has well defined policies, systems and procedures in place for the effective management of the National Society.**

#### Achievements

The Human Resource Policy has been reviewed by management and will incorporate components of the IFRC Child Protection Strategy (CPS) as part of the staff code of conduct. Ninety per cent of staff and 56 care facilitators were trained on CPS.

**Outcome 2: Effective financial management systems, procedures and tools are in place and systematically used.**

#### Achievements

The financial management systems in place are Pastel, and the Navision Accounting Software, although the systems have become very expensive for the NS to purchase and maintain. BSRCS has a draft financial manual currently in use. Management has effected authorization levels aimed at ensuring strict financial controls.

**Outcome 3: BSRCS has capacity in planning, tracking performance, and reporting as stipulated in the IFRC's "Performance and Accountability Framework".**

The programmes management and performance management systems are yet to be developed

### Programme Component 3: Branch Development and Volunteer Management

**Outcome 1: BSRCS has vibrant branches delivering quality services through their local volunteer and youth networks.**

#### Achievements

BSRCS conducted five youth planning meetings in all five divisions. In all the meetings, youth from the branches made active contributions. During these meetings, plans were made for the divisions, which would feed into a national plan for BSRCS youth for 2011 and beyond.

**Outcome 2: BSRCS has well established systems and procedures for the systematic provision of technical support to its branches.**

#### **Achievements**

An Operations Manual has been adapted for roll out.

#### **Programme Component 4: Resource Development**

**Outcome 1: Capacity to mobilize resources and its own sustainability is enhanced through the implementation of well-designed income generating programmes.**

#### **Achievements**

The office of programmes manager has been opened to assist with proposal development. At the national level, BSRCS has prioritized investments, and income generating activities. Such activities included rentals, canteens, and shareholding in other companies such as Swazi Empowerment Limited.

#### **Constraints or Challenges**

- The donor community in Swaziland is very competitive and the donor market share has reduced. Most business units (clinics and divisions), including the head office struggled to meet their core costs. BSRCS needs to have a resource mobilization strategy, an action plan, and resources to make things happen. The envisaged plan should aim at building capacities of branches so that each one of them is financially stable.
- The Finance Manual is still not approved whilst the financial system is still not able to provide key information for quick decision-making. The NEC has been actively involved in their meetings and in ensuring that their business units remain viable. However, BSRCS in general and particularly in the past few years has not had enough attention from donors and PNS; this may be primarily due to the size of the country but also its limited absorption capacity. Consistency and continuity in leadership is required for the NS in order to be more proactive, responsible and accountable.
- Support is expected from all stakeholders in order to enhance the quality of governance, management and programming. Commitment is also expected from the new leadership in order to achieve the tenets of a well-functioning National Society.

## **Principles and Values**

#### **Programme Component 1: Promotion of Fundamental Principles and Humanitarian Values**

**Outcome 1: Knowledge, understanding and application of the Fundamental Principles and Humanitarian. Values enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity.**

#### **Achievements**

BSRCS trained 54 staff members and 7 youth peer educator volunteers on principles and values (P&V) and IHL. Each volunteer had a task to share with other volunteers at community level. Dissemination also was conducted to 23 people from different civic organisations. This dissemination session mainly focused on Fundamental Principles, IHL, history of the Movement, BSRCS activities and the role BSRCS plays in times of internal violence or tensions and the importance of the Red Cross Emblem in situations of internal violence.

The P&V dissemination also reached 20 chiefdoms out of the 45 targeted in Hhohho and Lubombo Regions, and a total number of 344 people were reached out of the 900 people

targeted. The primary target was community chiefs, members of the inner council (*Bandlancane*), community herdsmen (*tindvuna tetinkhundla*), and community think-tankers (*Bucopho*) and community police.

**Outcome 2: Target population internalises Fundamental Principles and Humanitarian Values leading to behaviour change.**

**Achievements**

BSRCS visibility was enhanced during Red Cross day celebrations in all five divisions; for example, 500 fliers were produced, along with a banner sensitizing the public about the Red Cross Day. In addition, 1,500 copies of a newsletter and 500 folders were produced to facilitate the visibility of BSRCS. Knowledge of staff and volunteers on issues of IHL was enhanced. Most participants in these trainings expressed their changed attitudes.



St Michael's Red Cross Club members donating food parcels to a client

A vibrant St Michael's Red Cross Club with over 20 Members (who are also BSRCS volunteers) was formed with an aim to improve the standard of living for vulnerable students within the school and destitute people in the community. So far, it has raised funds to buy food parcels for an elderly and destitute member of the community, and raised school fees for one club member who is orphaned.

**Programme Component 2: Operationalization of Fundamental Principles and Humanitarian Values**

**Outcome 1: The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all programmes and activities.**

**Achievements**

At national level, all units commemorate Red Cross Day where the public, NEC, volunteers and staff members from all business units took part. Approximately 7,800 people were reached. The information department produced 100 copies of the 2009 annual report and distributed to volunteers, and key partners such as government, and the private sector such as banks, and corporate companies.

BSRCS participated in the 2010 annual trade fair to exhibit/profile the work of BSRCS, to recruit more members, to conduct peer-to-peer education sessions and to conduct education on FA to the public. A total 1,200 people visited BSRCS stand at the trade fair. The national radio programme was successfully hosted with a listenership of more than 500,000 people in the country. The main aim of the programme is mass education on the different programmes within BSRCS, along with awareness raising on emblem protection, and humanitarian principles and values.

## Programme Component 3: Prevention of Sexual and Gender Based Violence

### Outcome 1: BSRCS has mainstreamed gender issues in all its programmes.

#### Achievements

Gender mainstreaming is tackled through ensuring cooperation and involvement of community leaders in planning and implementation of all the Red Cross activities. This is evident in food relief service and primary health care clients (TB clients, people affected by seasonal disaster storms). A total number of 36 caregivers from the newly built Neighbourhood Care Point (NCP) were trained on gender violence, child abuse, HIV and AIDS and human rights.

#### Constraints and challenges

Increased operational demands reduce the amount of time available for specific promotion of Humanitarian Values and Fundamental Principles. This is managed through close cooperation with the DM and health programme managers, with a strong emphasis on integration of the dissemination component.

There is reluctance on the part of community leaders to discuss activities around the reduction of discrimination and gender violence, presumably because of cultural beliefs.

## Working in partnership:

In 2010, BSRCS entered into several short-term memoranda of understanding (MoU) with various ministries, and with IFRC on HIV as well as food security. Bilaterally, the Finnish and Swiss Red Cross have an MoU with the NS as well. The Finnish Red Cross and FAO supported food security projects in the Hhohho, Manzini, and Lubombo regions. FAO food security projects focused on promoting conservation agriculture technologies in response to the negative impacts of climate change.

Government has established a Food Security Forum whose aim is to harmonize the food security initiatives in Swaziland, and the BSRCS plays a critical role as an implementing partner. The NS participated in various forums such as health (symposiums, campaigns, dialogues, malaria conferences, non-communicable diseases), food security forum and education symposia.

The Ministry of Agriculture provides technical support in food security operations in Swaziland. It takes a lead in surveys such as VAC and other food security assessments. The Ministry of Health supports HIV/AIDS and TB at Sigombeni and Mahwalala clinics. The ministry provides a medical doctor, laboratory services and HIV testing supplies, and also provides quality assurance and other technical services. BSRCS was selected as a key stakeholder in Malaria National Programme case management in 2010, and in the government Emergency Preparedness and Response Committees.

The Prime Minister's Office (NERCHA) and the Deputy Prime Ministers (NCCU) supported construction of 25 NCPs and toilets. BSRCS has also established a partnership with the Swaziland National Curriculum centre in developing disaster risk reduction messages for primary schools.

BSRCS is part of the Coordinating Assembly of Non-Governmental Organizations, and BSRCS has applied to become their Hhohho Regional Office monitoring and evaluation activity coordinator. BSRCS also has a representation with the Malaria Case Management Committee. BSRCS work is well integrated into the established policy framework. BSRCS applied the internationally recognized finance and accounting principles and the well functioning NS guidelines during the year 2010. In addition, BSRCS followed all the National Policies of the sectors it worked in during 2010. The NS also regularly used the National Disaster Management Agency Policy, Plan of Action, and all Ministry of Health policies that directly deal with epidemics

and disasters such as TB and HIV. In Food relief operations, the organization followed the national rationing standards.

## Contributing to longer-term impact

Activities contribute toward the Millennium Development Goals (MDGs) for 2015. The Coordinating Assembly of Non-Governmental Organizations has a Gender Consortium whose main role is to lobby and advocate on behalf of the most disadvantaged and hard to reach communities in Swaziland, under MDG 3 to promote gender equality and empower women. For example, the '16 days of activism' slogan has proven very popular. PMTCT is a priority strategy for reducing child mortality, relating to MDGs 4, 5, and 6. The water and sanitation project at Silele, contributes toward MDG 7.

According to the Swaziland household Income Expenditure Survey, the proportion of people living below \$2 a day has declined from 69 to 63 per cent, suggesting that in the past 5 years, various actors (private, public, civil society and including BSRCS) have contributed to reducing poverty in Swaziland by 9 per cent (6 percentage points).

The planning, monitoring, evaluation and reporting (PMER) function has been decentralised to the head of clinics and the head of divisions during the period under review. The national emergency response council on HIV and AIDS in Swaziland has developed planning and reporting structures at regional and national levels for all sectors (clinical and non-clinical), for HIV and AIDS activities. This is reported on a monthly basis. The Coordinating Assembly of NGOs and BSRCS has finalised an MoU that will make Red Cross responsible for coordinating the HIV and AIDS PMER activities in the Hhohho region.

## Looking ahead

BSRCS leadership will ensure that the organization realizes the vision and pursuance of the mission and achievement of strategic goals through a marketing culture that results in ten new partner MOUs and two million Emalangenzi additional annual income per year, a motivated and professional workforce with less than five per cent staff turnover and zero grievances and disciplinary cases, 95 per cent achievement of operational targets, availability of narrative reports within one week after project closure, delivery of stock, supplies and assets, and generation of income as indicated in action and business plans. Lastly, BSRCS leadership will ensure that the NS adheres to Generally Accepted Accounting Principles and provides evidence in the form of financial reports within one week after project closure, while providing clean internal and external audits.

The NS endeavours to adhere to the seven Fundamental Principles, and the humanitarian code of conduct enshrined in the SPHERE standards, as well as other operational standards of the Movement. The BSRCS will ensure that future programming activities heavily involve the communities through branch development, and training of senior staff and volunteers on humanitarian diplomacy and advocacy. The NS will effectively disseminate the principles and values mobilizing the power of humanity at legislative, executive, judiciary, and civil society levels. Sound branch development would help the NS at all levels in terms of community building as well as mobilizing community resources in the long-term.

BRCS completed an integrated HIV and AIDS baseline survey that covered health, HIV and AIDS, behavioural change, and food security. BSRCS considers these as key sectors for its future programming.

**All Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) 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.

## Contact information

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