

Appeal 2002-2003

 International Federation
of Red Cross and Red Crescent Societies

SOUTHERN AFRICA

(Appeal 01.16/2002)

Click on programme title or figures to go to the text or budget

	2002 <i>In CHF</i>	2003 ¹ <i>In CHF</i>
1. Disaster Response	1,207,784	1,252,960
2. Disaster Preparedness	1,884,165	1,406,926
3. Health and Care	9,557,193	15,146,170
4. Organizational Development	1,034,471	962,125
5. Regional Cooperation	144,216	142,697
6. Co-ordination & Management	1,990,397	2,361,935
Total	15,818,226	21,272,813



Introduction

National context

Despite the diversity of the ten countries in southern Africa, the region is characterized by a proneness to natural disasters, poor health standards, and the disproportionately high numbers of people living with HIV/AIDS. In the region, over 25% of people between the ages of 15 to 25 years are living with HIV/AIDS, a statistic unparalleled worldwide. Life expectancy rates have dropped to alarmingly low levels, the number of Orphans and Vulnerable Children (OVC's) are increasing and the general public health situation is poor. This is exacerbating already deteriorating socioeconomic conditions in the region and hence poses a serious threat to development. The lack of adequate health care and access to safe water increases the risk and incidence of diseases and hence the vulnerability of the poor. The impact of HIV/AIDS in terms of the suffering of victims, the devastating consequences for families and communities, and the economic impact for the whole region represents a crisis that will affect many generations to come.

¹ These are preliminary figures for 2003, and are subject to revision in the course of 2002.

Political instability is wide-spread throughout southern Africa. Swaziland has suffered internal disturbances following calls for the establishment of a democratic political system, while upcoming elections in Angola, Lesotho, Zambia, and Zimbabwe all hold the potential for political violence.

The on-going civil conflict in Angola continues to have a serious impact within the country, as well as the region, as refugees flee into neighbouring Namibia. Zambia hosts 250,000 refugees from Angola and the Democratic Republic of Congo (DRC). In Mozambique, sporadic incidents of political violence continue to occur in the northern parts of the country.

In Zimbabwe, the government's land resettlement programme continues to cause unrest and threatens the collapse of the economy, as witnessed by spiraling inflation and high unemployment rates. The lack of foreign currency brought about by the reduction in exports and tourism, and the withdrawal of support by the Bretton Woods institutions means that Zimbabwe will be unlikely to afford the food imports currently forecasted to meet the impending food shortage. The situation in Zimbabwe is a potential threat to regional political and socioeconomic stability and is being closely watched by SADC.

Food availability at household level is becoming a serious problem, not just in Zimbabwe, but throughout the region, due to economic hardships, droughts and floods, and political instability. SADC expects a regional maize deficit of about 3.2 million tons by the end of 2001, with only South Africa and Mozambique recording small surpluses. Food shortages will lead to increased numbers of malnourished, adding to the vulnerability of HIV/AIDS patients. Action needs to be taken by the international community to avoid a disaster situation throughout the region.

The governments in the southern Africa region do not have the resources to cope with the multiple problems they are facing, and hence the role of national societies (national societies) is critical as is the serving leadership provided by the Federation.

Priority programmes for Federation assistance

It is the priority of the Federation's regional office to support and enhance the capacity of the national societies in the region to design and implement well-coordinated, responsive and focussed programmes. These programmes are in line with Strategy 2010 and regional strategic documents, principally the African Red Cross and Red Crescent Health Initiative (ARCHI) 2010 and the Ouagadougou Declaration 2000.

- Of overall priority is the support given to the national societies to scale-up HIV/AIDS activities in order to prevent the further spread of HIV/AIDS and mitigate the impact of those infected and affected by it. An HIV/AIDS coordinator was employed at the regional office in February 2001 and since then, HIV/AIDS coordinators have been employed in the national societies to manage their country programmes. The region's HIV/AIDS statistics are alarming and the national societies and the regional office have jointly committed themselves to working in line with the Ouagadougou Declaration. An information delegate will work with the HIV/AIDS coordinator and ideally all staff at the regional office should aim to incorporate and allocate a certain amount of their time to HIV/AIDS activities. HIV/AIDS activities are likewise being integrated into all other Federation programme activities to ensure that maximum focus and attention is given to combating the spread of the disease.
- The regional office has merged the disaster preparedness and the disaster response areas in acknowledgment of the clear and inseparable link between the two and to allow for greater flexibility in the planning and implementation of DP and DR activities. The information systems management (ISM) project, logistics and support for refugee operations are also to be found within this programme. The merging of these areas reflects the increased complexity of disaster situations and the need for a well-coordinated response that maximizes the use of available resources. The southern Africa region is

prone to natural disasters and building the capacity of the national societies to be prepared and to respond in such situations is of utmost importance. At present, the looming food shortage situation throughout the region is in focus. The programme will also continue to strengthen the Regional Disaster Response Teams (RDRT) through simulations and regional deployment as well as to enhance the disaster response capacity.

- The regional water and sanitation (WatSan) programme aims to enable the national societies to respond to emergency situations and provide people with access to safe water. In non-emergency situations, the building of national society capacity in the WatSan area continues to be of high priority, as the region is characterized by poor general health conditions and several diseases are contracted from unclean or polluted drinking water. The WatSan programme also provides resources for the actual construction of boreholes and latrines by national societies in the region.
- The poor general health situation in the southern Africa region will continue to be given high priority in the regional office's work under the ARCHI 2010 initiative. It is the aim of the regional office to continue to strengthen the national societies' community based health care programmes in order to address the most basic and essential health issues. Without primary health care in place, it is unlikely that HIV/AIDS activities will have a reduced impact.
- The regional office's organizational development programme also continues to be of high priority due to the need for good governance and programme management if other programme activities are to be effectively implemented. The development of branches and the recruitment and management of volunteers will form core areas of work necessary to develop national societies' democratic foundations and to facilitate scaling-up activities. The programme will strategically target its resources to those national societies that can show the added value of the support in terms of improved services to the most vulnerable. This will be achieved through more formal change management and the utilization of a tailored capacity building support model (part of the action research initiative) that identifies the support offered based on the level of national society development.
- Regional cooperation and regional coordination and management are essential if the movement is to work together effectively with well-coordinated activities and plans for the region. This will avoid overlap and will increase coverage and impact in order to serve the most vulnerable most effectively. The regional office will hence aim to strengthen the SAPRCS cooperation. The regional office will aim to introduce simple and context-adapted monitoring and evaluation systems to allow for the measuring of impact and coverage of programmes that are otherwise difficult to measure such as for instance HIV/AIDS.

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1. Disaster preparedness and disaster response

For the 2002-2003 appeal, the Federation will pursue a comprehensive approach to disaster management. To that end, disaster preparedness and disaster response functions have been integrated into one appeal to recognize their mutual interdependence and objectives. This is a move away from last years' appeal where the two were shown separate.

It is envisaged that technical assistance will be provided to ongoing refugee operations in Zambia, Namibia and Malawi. Included in this appeal is also the mines awareness and preparation programme currently going on in Angola. From that perspective the DP/DR appeal reflects that planned support. In addition, the programme will assist national societies in responding to disasters that may be beyond their capacity. Lastly, to facilitate visible support to DP and DR efforts the appeal has integrated logistics and the information systems management (ISM) project into the appeal.

The refugee operations in Zambia and Namibia were a response to an influx of refugees from the Democratic Republic of Congo (DRC) and Angola. The refugee camps in those countries generally provide humanitarian assistance in the form of shelter, food, medical support, water and sanitation.

In both cases collaboration exists between the Federation (which up to now had provided a full country delegation support), the UNHCR, relevant national Red Cross societies and other donors. For the year 2002 to 2003, the regional office will provide technical support to the refugee operations as well as the mine awareness programme in Angola without maintaining a permanent presence.

From an operational level effective disaster preparedness and response relies on working logistical arrangements and adequate communication as well as adequate hardware to support it. One of the key lessons of the Federation is that the two functions are an integral component of DP and DR and as such need to be combined in overall planning and actual disaster response. A loose integration or "appendix view" of logistics and information management carries with it costs such as inadequate preparation as well as ineffective and sometimes delayed response. In recognition of the role of logistics and information management, the appeal seeks to support national societies and the regional office in these areas at the level of disaster preparedness and actual disaster response.

Apart from the above general support, the logistic department will strive to enhance national society capacity to establish credible logistical structures that are responsive to disaster operations. The ISM project will inter-alia, provide support in community based early warning systems, communication and knowledge sharing. To facilitate transfer of information and knowledge, ISM will provide required hardware and other information technologies.

The region is moving towards an integrated approach that calls for the harnessing of key functions to support overall disaster management and specifically disaster preparedness and response. The integrated approach will also allow for more flexibility in increasingly complex emergencies. In the final analysis the vulnerable communities are set to benefit from an improved arrangement that will ensure timely and appropriate disaster response as well as disaster preparedness.

Background and achievements/lessons to date

Southern Africa, once considered a moderate to low disaster prone region, presently faces considerable new sets of disasters and an increase of recurrent disasters. Further aggravating the situation is the increase in vulnerable households and their limited ability to cope with disasters affecting them. The situation often

becomes desperate due to inadequate state of disaster preparedness and limited response capability within governments and national societies in the region.

Countries in southern Africa generally exhibit varying degrees of exposure to natural and man made hazards. The disaster landscape across the region ranges from conflict emergencies in Angola, flooding in Mozambique, minor earth tremors in Malawi, refugee situations in Namibia and Zambia. However, hazards such as cholera outbreaks, malaria, drought as well as the HIV/AIDS problem cut across the whole region.

Of the disasters mentioned above, HIV/AIDS is the most devastating disaster currently ravaging the region. It has negative implications on individuals, affected households, communities and the economy at large. Life expectancy is set to decline to below 35 years. (WHO Country reports, 2001)

Though not of the same magnitude, droughts and floods are frequent hazards that affect a large proportion of rural households dependent on agriculture for their livelihoods. Droughts and floods are climatically opposite phenomena but both their occurrence affect the agricultural base from which the majority of people (at least 60%) derive their livelihoods. The end result is household food insecurity. Similar to the HIV/AIDS pandemic, droughts and floods have negative impacts not only on agricultural production but on economic performance and the environment and expose affected populations to health complications such as cholera and other water borne diseases.

From 1990, a total of 4 drought-induced and 2 flood-induced food deficits affected the countries in the region. The most severe drought occurred in 1991-1992 whilst the most severe floods occurred in 2000. On average, close to 70 % of the total population in these countries were affected directly or indirectly. Droughts and floods often result in acute food shortages. However, food insecurity in southern Africa is also a function of chronic determinants that exposes affected families to frequent food deficits year after year.

Southern Africa also experiences market related shocks in the form of general poor economic performance. This is a much less talked about but nevertheless a real determinant of social welfare losses and strife. Although never declared a disaster and conspicuously absent from relevant policies, it has negatively affected livelihood patterns in countries like Malawi, Namibia, Swaziland and Zimbabwe.

The major pitfall of current economic performance in the countries above, is that it has failed to uplift the poor and marginalized. In fact, the 2000 SADC - UNDP Human Development Report (HDR) indicates a growing rift between the poor and the marginalized. The SADC 2000 HDR records that, on average, 60% of the population in these countries fall below income levels needed for adequate basic food and nonfood consumption.

The vulnerable majority is in a precarious position in that due to unequal access to national resources, improvements in GDP may not see them readily benefiting. On the other hand, negative macro economic performances do affect them as they increase their level of deprivation.

The region also experiences man made disasters such as armed conflicts that result in massive displacement of people both within their borders as well as outside. Other related humanitarian challenges are brought by hazards such as land mines, acute food shortages, limited access to safe water, disruption of health facilities and general decline in the health status of affected people. There are currently on-going conflicts in Angola and the Democratic Republic of Congo.

In summary, the challenges facing disaster preparedness and response efforts of the Federation in the southern Africa region are multifaceted and occur at varying levels. There is the “disaster realm” that includes the occurrence of varying disasters and accompanied humanitarian challenges and Federation responses to these disasters. There is also the “capacity realm” which addresses the level of household vulnerability and coping capacity. It also includes gaps in institutional capacity at national society level and in relevant government departments to adequately respond and prepare for disasters. The final level is the “preparedness realm” that seeks to address identified gaps such as weaknesses in early warning systems and information flow, weaknesses in institutional arrangements and coordinating functions, inadequate

logistical capacity and arrangements, inadequate mitigation strategies, gaps in disaster planning and regulations.

During the previous two years, the national societies with the assistance of the Federation have responded to disasters such as floods in the region; cholera outbreaks in South Africa and droughts. Assistance has been given to refugee operations in Botswana, Malawi, Namibia and Zambia.

The involvement of the Federation in the southern Africa region has brought the following key lessons about disasters prevalent in the region. To understand the disaster scenario in most southern Africa countries, it is important to note that vulnerable communities in southern Africa are usually exposed to a multiplicity of hazards either due to their independent occurrence or as a consequence of other disasters. Some cases of household food insecurity for example has been attributed to deaths of bread winners due to HIV/AIDS.

Recognizing the negative impact of disasters in southern Africa, various governments are at different stages of employing instruments that address the situation. On the ground, the general picture is that most governments in the region have been forced (with limited success) to divert scarce resources from productive sectors in order to address the calamities brought by disasters.

Driven by the gaps above and lessons learnt, the DP and DR programme for 2002/2003 seeks to sustainably enhance the capacity of national societies in DP and actual DR. In so doing, the programme takes cognizance of the fact that a comprehensive and integrated approach in DP and DR is required. Furthermore, it recognizes the high levels of poverty, food insecurity and social deprivation of the vulnerable are realities that makes it very difficult for the vulnerable to cope with disasters. The DP & DR programme will promote national society empowerment strategies that benefit the vulnerable and will cushion impact of hazards.

The DP and DR appeal also takes into consideration the new challenges brought about by the HIV/AIDS pandemic and the suffering caused by market shocks as well as the intensification of natural disasters in southern Africa. Through these challenges the DP and DR section is forced to think beyond the norm in order to explore and implement efforts that are tuned into the new increased complex realities, as well as to intensify already existing programmes.

Goal Increased capacity of the national societies and the regional office to adequately prepare for disasters, respond with timely and appropriate packages as well as to engage in rehabilitation that facilitates long term development.

Objectives and Activities

Objective 1 Improved national society capacity to advocate with government for social protection programmes that proactively assist vulnerable communities in the aftermath of disasters to recover from shocks.

Activities to achieve objective 1 are:

- Conduct a brief assessment of existing social protection programmes.
- Identify gaps and opportunities for advocacy.
- Review aspects of vulnerable household assets that may need protection.
- Develop a concept paper detailing stakeholder analysis and preferential social programmes for the vulnerable.
- Conduct a regional workshop with national societies on social protection and advocacy.
- Draw up an advocacy plan.

Objective 2 Improved national society and regional capacity as well as efficiency in preparing for and responding to disasters and to develop and use community based early warning systems.

Activities to achieve objective 2 are:

- Review current policies developed for Namibia, Swaziland, Lesotho and Zimbabwe.
- Evaluate actual disaster response against policy objectives on a case by case basis, document results and suggest concrete recommendations for amends.
- Assist national societies in developing DP plan in accordance with policy objectives.
- Support the implementation of national societies IT strategic plans.
- Develop and maintain relevant regional contingency plans for potential populations movements.
- Review current concept paper on Community Based Early Warning Systems.
- Assess existing informal early warning systems at community level.
- Conduct a regional training on CB early warning systems.
- Develop an information flow system for collecting, recording and sharing early warning information.
- Improve capacity of national societies to utilise existing early warning information from national and regional institutions.

Objective 3 Improved state of readiness at regional level through the establishment and development of a Regional Disaster Response Team (RDRT) as well as emergency stocks for 5,000 people by 2002.

Activities to achieve objective 3 are:

- Establish a paper on critical short term needs of disaster victims per relevant disaster.
- Develop contingency stock list for up to 5,000 people and purchase relevant emergency stocks.
- Update the supplier database for emergency stocks and speedier relief procurement.
- Assess current state of disaster readiness from the regional level to national societies level.
- Develop benchmarks for ideal disaster response performance and share with rest of regional office and national societies for possible adoption.
- Develop operational concept paper for disaster preparedness functions to disasters such as HIV/AIDS and market related shocks.
- Review of current Regional Disaster Response Team members.
- Updating of RDRT database (continuous process).
- Draw up terms of reference for the RDRT members.
- RDRT members status meeting (twice a year).
- Develop a regional DP framework paper.
- RDRT members undergo SADC DM training.

Objective 4 Improved household food security through sustainable food security programmes in Botswana, Lesotho, Swaziland and Zambia.

Activities to achieve objective 4 are:

- Review of Swaziland food security programme.
- Develop a regional food security-HIV/AIDS proposal for funding.
- Conduct training on food security strategies with SADC for national societies DP coordinators.
- Conduct food security feasibility analysis and proposals for Lesotho.
- Identification of suitable food security projects.
- Implement sustainable food security projects.

Objective 5 Increased provision of adequate assistance to vulnerable communities and affected households through the utilization of SPHERE standards by the end of 2002.

Activities to achieve objective five are:

- Engage consultant to carry out a regional synoptic review on the adequacy of relief packages in southern Africa.

- Develop training materials for the practical application of the HCMS (Humanitarian Charter and Minimum Standards) and SPHERE in disaster management.
- Continue sensitisation meetings with regional delegates and 9 meetings with 6 national societies on HCMS as well as SPHERE.
- Identify work linkages with relevant organisations for the promotion and practical application of the SPHERE concept.
- Carry out 2 SPHERE training workshops for ICRC staff and the regional office.

Objective 6 Improved capacity of national societies to plan and implement DP and DR activities in relation to existing levels of vulnerability and coping capacities. Vulnerability capacity assessments will be done for Lesotho, Malawi and Namibia.

Activities to achieve objective 6 are:

- Develop Terms of Reference for conducting vulnerability assessments in Lesotho, Malawi and Namibia.
- Conduct a regional training on participatory vulnerability capacity assessment.
- Conduct vulnerability assessments in the 3 countries above. The VCA should consider the impact of HIV/AIDS.
- Establish key vulnerability indicators.
- Develop a database for updating changes in vulnerability.
- Apply lessons learned from West Africa Review.

Objective 7 Increased and adequate regional DP office assistance in disaster preparedness and mitigation efforts of health, HIV/AIDS and watsan sectors by end of 2003 at both regional and national society levels.

Activities to achieve objective 7 are:

- Sensitise regional office and national societies on means of integrating DP activities in their operations.
- Collaborate with HIV/AIDS, health, WatSan, ISM departments in specific disaster preparedness and mitigation efforts.

Objective 8 Increased capacity, both in terms of operating systems and the human resource base of national societies in responding to natural or man made disasters within their own country and at regional level by 2002. Included will be outbreaks of cholera, malaria and other epidemics.

Activities to achieve objective 8 are:

- Liaise with the national societies on potential outbreaks of epidemics in the region.
- Assist national societies in actual disaster response.
- Provide coordinative functions to response operations.
- Ensure adherence to SPHERE standards.
- Put in place mechanisms for entry and exit strategies where necessary.

Objective 9 Improved national society and regional office response to ongoing refugee operations in Zambia, Namibia and Malawi as well as other refugee situations that may emerge in the region.

Activities to achieve objective 9 are:

- Liaise with the DP office and national societies on potential new refugee situations.
- Review evaluation of existing refugee camps in Malawi, Namibia and Zambia.
- Conduct assessments of refugee operations in Malawi, Namibia and Zambia.
- Develop assessment paper on response capacity of national societies in refugee operations.
- Develop a technical assistance paper to complement national societies efforts.
- Conduct technical assistance visits to Malawi, Namibia and Zambia.
- Assist the refugee camp in upholding SPHERE standards.

Objective 10 Improved mines awareness by communities in Angola as well as adequate preparation through special brigades for emergency situations.

- Activities to achieve objective 10 are:
- Participate in selected assistance and control visits to the provinces.
- Attend selected work and methodological meetings in Angola.
- Assist in the training of volunteers and instructors.
- Develop concept paper on mine awareness and prevention.
- Collaborate with ICRC on mine campaign operations.
- Assist national societies in disaster preparedness training efforts.

Objective 11 Improved capacity of national societies to set up appropriate logistical arrangements during preparations and responses to disasters.

Activities to achieve objective 11 are:

- Support national societies in establishing credible logistical arrangements.
- Develop generic guidelines for establishing logistical framework at national societies and regional levels.
- Provide support to national societies and regional relief efforts.
- Support programmes in warehouse management and control.

Expected results by end of year 2003

- National societies have advocated with government for the development of social protection programmes that include the extension of appropriate protection cover for livestock, crops and other properties in the aftermath of disasters.
- National societies apply appropriate information technology and information systems.
- National societies and regional office are connected through workable communication systems in disaster relief.
- Comprehensive disaster policies, plans as well as contingency plans are in place and operational by end of 2002.
- Time for regional deployment is reduced and vulnerable people receive assistance within reasonable time frames.
- Sustainable food security programmes are in place and operational.
- Relief programmes provide adequate assistance to vulnerable groups.
- There is an increased understanding of levels of vulnerable people and dynamics determining their capacity.
- DP and DR is able to better target the vulnerable communities.
- Appropriate DP and DR instruments and packages are developed.
- National societies and regional office are better able to predict the occurrence of potential disasters.
- Vulnerable communities benefit from early warning information generated from within their locality.
- Capacity of programmes in DP is improved.
- National societies is able with the technical and human resource assistance of the Federation to cope with disasters that may be beyond their usual capacity .
- Better coordination of refugee operations is envisaged.
- A community based early warning system is in place and operational.
- The regional and national societies level DP department render adequate support to Health, HIV/AIDS and WatSan sectors in preparation and mitigation efforts

Indicators

- Increased number of vulnerable communities covered by government social protection programmes.

- Existence of DP policies and contingency plans for Lesotho, Namibia, Swaziland and Zimbabwe.
- Adequate computer hardware is in place to support the information and communication needs of national societies.
- The RDRT is ready to be deployed at short notice.
- Communities under the FS programmes are empowered and able to cushion effects of disasters.
- DP and DR activities practically uphold SPHERE standards.
- DP and DR operations are able to target vulnerable groups.
- Early warning information adequately aids decision making in DP and DR.
- DP at national societies level is adequately supported.
- Level of national societies ability to cope with disasters beyond their usual capacity.
- Improved management and coordination of refugee operations.
- Level of improved DP support to national societies and other programmes at regional level.

Monitoring and evaluation arrangements

The monitoring and evaluation of this programme will be carried out as follows. Frequent monitoring of progress towards expected results will be conducted and documented in quarterly, mid year and annual reports. The indicators provided will be used as guidelines in the reporting of progress. The evaluation of the programme will look into how far objectives have been achieved as well as the progress towards the attainment of goals. Periodic self assessments will be conducted. This process will bring to light major lessons learnt and recommendations for improvement and adoption.

Critical assumptions

The success of the DP and DR programme hinges on the following; firstly that adequate funding is available to carry out the tasks. Secondly, the political environment remains conducive for implementing the activities without disruptions. Thirdly, the national societies exhibit commitment and action towards achievement of goals and results. Lastly, communities are empowered to be able to mitigate impacts of disasters.

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2. Health and care

- **Regional HIV/AIDS programme**
- **Regional Health Programme**
- **Regional Water and Sanitation Programme**

This year there are three components under this headline; the regional health programme, the HIV/AIDS programme and the WatSan programme. Efforts are made to ensure the optimal integration of the three components to optimize the output of health initiatives and activities.

A separate programme for HIV/AIDS has been established in accordance with one of the four Ouagadougou Declaration commitments. The scaling-up of HIV/AIDS activities took place throughout year 2001 and will continue in 2002-2003. An HIV/AIDS coordinator was employed at the regional office in February 2001 and since then, HIV/AIDS coordinators have been employed in the national societies. From September 2001, an information delegate will work with the HIV/AIDS coordinator and ideally all delegates should contribute a certain amount of their time to HIV/AIDS. HIV/AIDS activities are likewise being integrated into all programme activities, branch development in particular, to ensure the most efficient and effective effort to prevent the spread of the epidemic.

WatSan activities are also presented as a programme with separate status under Health and Care. Rather than being relief-oriented, the WatSan programme is developmental in nature, in order to build up the capacity of national societies in non-emergency situations. The WatSan programme has incorporated a health component to educate and train the communities on primary health care issues and HIV/AIDS.

The regional health programme will continue to address the poor general health situation in the southern Africa region through applying ARCHI 2010 methodology. The regional health programme aims to improve the health of the vulnerable by enabling national societies to design and implement community based health care programmes and to manage emergency epidemic out-breaks. Addressing primary health care issues in the region remains important, as the region suffers from a general poor health situation and is additionally prone to epidemic out-breaks. The number of people dying from malaria and malnutrition still exceeds the number of people dying from HIV/AIDS. The regional health programme and the HIV/AIDS programme will continue to work closely together and to integrate activities to ensure a coordinated and high-impact approach.

Regional HIV/AIDS Programme

Background and achievements/lessons to date

It is estimated that more than 25% of people between the ages of 15 to 25 years are living with HIV/AIDS in the southern Africa region. Due to this, the Red Cross national societies in the region declared HIV/AIDS a disaster at the Okapuka meeting in May 2000. This was the beginning of a serious battle against AIDS by the national societies in the region. The commitment was further strengthened with the Ouagadougou declaration of September 2000 which was supported by most national societies and PNS.

In line with the above, Strategy 2010 and ARCHI 2010, the African Red Cross and Red Crescent societies have committed themselves to scaling up in prevention, care, support, counseling and advocacy activities within HIV/AIDS.

The southern Africa region is the worst hit in Africa, with Botswana being the most affected, as indicated by the statistics below. 35.8% of adults between 15-49 years are living with HIV/AIDS (UNAIDS 2000). The following statistics are from a study done by UNAIDS in June 2000 and they reflect the severity of the HIV/AIDS disaster in the southern african region.

<u>Country</u>	<u>No. Of PLWHA</u>	<u>Percentage of Adults Infected</u>
Angola	160.000	2.7%
Botswana	290.000	35.8%
Lesotho	240.000	23.5%
Malawi	800.000	15.9%
Mozambique	1.100.000	13.2%
Namibia	160.000	15.5%
South Africa	4.200.000	19.9%
Swaziland	130.000	25.5%
Zambia	870.000	19.9%
Zimbabwe	500.000	25.0%

The statistics are alarming and reveal that more than a third of the total adult population in Botswana is infected. In Zimbabwe, Swaziland, South Africa, Lesotho and Zambia, close to one quarter of the adult population is infected. The scenario leads to the increased numbers of OVCs and there are already beyond half a million OVC'ed children in Zimbabwe, Zambia and South Africa.

Apart from leaving OVCs behind, HIV/AIDS has an overall negative impact on the region. Studies done in the region reveal that there has already been a socioeconomic impact in many communities. For example, the agricultural industry has been affected with a more than 20% reduction in agricultural production in 1999. (UNESCO 1999) Private companies production have had profits reduced by 20% due to its impact on the work force. The education sector has also been affected with teachers dying of AIDS related diseases each day and less numbers of children attending school due to increased poverty and the failure to raise school fees.

In Zimbabwe, the Ministry of Health is presently spending at least 50% of its budget on AIDS related illness. National societies are not immune as the disease affects their own staff and volunteers. The Red Cross response demands a massive scale-up to truly impact the consequences of the human disasters. A regional HIV/AIDS coordinator was recruited by February 2001. The Federation coordinated baseline surveys in the ten countries in the second quarter of the year. The main purpose of this exercise was to assess the HIV/AIDS situation in each country, to identify other players in the fight against HIV/AIDS in each country and to develop country plans in line with the government's national HIV/AIDS policy. The issue of identifying partners was pivotal in this exercise.

The assessment also analyzed each national society's capacity to deal with the disaster. Hence, issues related to the national societies' constitutions, strategic plans, human resources (staff and volunteer recruitment and management) were also examined. Branch and volunteer development were identified as a key elements in order to scale up activities.

The national societies were tasked to recruit suitable HIV/AIDS coordinators in each country to spearhead the scaling up process. To date, eight national societies have recruited the focal persons for HIV/AIDS

work. Eight vehicles and ten computers were purchased for use in the HIV/AIDS programme by national societies. The importance of building on the existing structures and activities already established by national societies was taken into consideration. Other lessons learnt from successes and failures from previous experiences were also taken into consideration. For example, the Zimbabwe Red Cross success story with the home based care project was used to assist other national societies to identify possible and effective projects to be replicated by others. The food security pilot project within home based care project will also be followed up in Swaziland and the lessons will be applied in Malawi, Zimbabwe and Zambia.

Some lessons learnt were borrowed from as far as Senegal and Uganda, where there is growing evidence that a combination of strong political support and carefully selected programme interventions can actually lead to a decline in the incidences of new HIV/AIDS cases and improve care for those who are ill. The national societies in the region will approach their governments and seek their involvement and political support in an effort to break the silence on HIV/AIDS and to advocate for people living with the disease.

It is very clear that the fight against HIV/AIDS in terms of prevention, care, support and mitigation activities will require substantial funding if the Red Cross is to come to grips with the epidemic.

Goal Reduced transmission of HIV and minimized negative impact on those infected and affected. Breaking the silence on the HIV/AIDS pandemic will be key to achieving this goal and will be built into all activities.

Objectives and activities

Objective 1 Knowledge, skills, attitudes, practices and behaviour of 650,000 youths (10-24 years of age) on HIV/AIDS prevention improved within the communities of the ten national societies by end of year 2003.

Activities to achieve objective 1 are:

- Identification of 5,000 coaches and selection of 150,000 volunteers.
- Training of 5,000 youth peer educators aged 10 - 24 years.
- Conduct peer youth education in schools 500 sessions.
- Continual volunteer support and monitoring (provision of material and supervision of activities).
- Production and distribution of I.E.C materials.
- Establish 400 social clubs and drama groups.
- Distribution of 5 million condoms (after and prior consultation with relevant community leaders).
- Promotion of voluntary counseling and testing.
- Replicate Namibia's puppets project in 5 other countries (Angola, Botswana, Lesotho, Mozambique & Zimbabwe).

Objective 2 Quality of life and condition of 300,000 persons living with HIV/AIDS (PLWHA) improved and maintained within the seven countries of Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe as well as their families and the communities, through the use of home based care strategy.

Activities to achieve objective 2 are:

- Identification and selection of 35,000 volunteers and 5,000 coaches from a community.
- Training of 35,000 volunteer care facilitators.
- Conducting home visits i.e. 3 visits per week per patient.
- Training family members in caring for the sick.
- Counseling and psychological support PLWHA and family members.
- Continual volunteer support and monitoring of activities.
- Distribution of 2 million condoms.
- Health education on prevention within families and homes visited.

- Distribution of 40,000 home based care kits.

Objective 3 Establishment and functioning of 2,000 support groups for 100,000 PLWHA within the seven countries of Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe facilitated by the end of year 2003. It is anticipated that the majority of the support group members will be home based care patients.

Activities to achieve objective 3 are:

- Counseling of 100,000 PLWHA through support groups.
- Formation of 2,000 support groups in some project areas.
- PLWHA engage in sustainable income generating activities e.g. soap making, gardening and tuck-shops.
- Orphans to be integrated and involved in the support groups and income generating activities.
- Conducting 2 skills building courses for each identified project per year.

Objective 4 PLWHA advocated for in order to improve their socioeconomic status through increased social and legal status within the ten national societies.

Activities to achieve objective 4 are:

- Creation of an institutional model for national societies (national society policy, awareness building, institutional coping mechanisms, basic support to PLWHA).
- Social promotion (education on workers' rights).
- Promotion of Voluntary Counseling and Testing.
- Mobilize political support and commitment on HIV/AIDS awareness campaigns.
- Media campaigns for support of PLWHA.
- I.E.C material to promote advocacy for PLWHA.

Objective 5 Improved capacity of the ten national societies in the management of the programme as well as the provincial and district levels in programme formulation, design, implementation and monitoring by the end of 2003. This objective will be achieved with cooperation from the Organizational Development Programme.

Activities to achieve objective 5 are:

- Restructuring of national societies as per recommendations of the consultants.
- Organize governance workshops/seminars.
- Recruiting and filling in posts at provincial and district level.
- Identifying and recruiting volunteer leaders and mobilizing community volunteers.
- Training of volunteer leaders (coaching).
- Branch development.
- Support the revision of national societies constitutions where necessary.
- Procure required equipment/items to ensure implementation of activities.

Objective 6 Community based care and support for 1 million OVCs in the ten countries promoted and advocated for by end of year 2003.

Activities to achieve objective 6:

- Identify children OVC'ed by HIV/AIDS within communities.
- Integrate OVCs into home based care projects, provide counseling and psychological support to OVCs.
- Promote CBOs and support groups for OVC care.
- Provide material support to OVCs.
- Provide food for OVCs.
- Assist OVCs with school fees.

- Involve OVCs in support groups and in income generating activities.
- Promote regular visits to OVCs homes using youth volunteers.
- Promote communities to support OVCs materially, socially, psychologically and emotionally.

Objective 7 Food security integrated into the home based care projects in Malawi, Mozambique, Swaziland, Zambia and Zimbabwe.

Activities to achieve objective 7 are:

- Communities identify the needy.
- Provide food packs as supplementary feeding to the most vulnerable.
- Assist OVCs with food packs.
- Establish nutrition gardens for the affected to grow vegetables.
- Procure field and garden tools as well as seeds to ensure sustainability.
- Teach families on preparation of nutritious meals.
- Involve OVCs in food security projects to ensure project sustainability.

Objective 8 HIV/AIDS policy for staff and volunteers advocated for within the 10 national societies and the federation by end of year 2003.

Activities to achieve objective 8 are:

- Organize a meeting with staff to discuss areas of concern for the HIV/AIDS policy formulation.
- Prepare questionnaires for staff and volunteers to national HIV/AIDS policy and the global HIV/AIDS policy.
- Develop HIV/AIDS policy so as to address issues related to sick leave, benefits, stigma etc.
- Revise conditions of service.
- Review the labour relations documents for employees.

Objective 9 Voluntary counseling and testing promoted within the communities with special emphasis on youths 10-24 of age so that an additional 200,000 people are tested for HIV/AIDS by end of year 2003. This will be done in Botswana, Malawi, Swaziland and Zimbabwe.

Activities to achieve objective 9 are:

- Educate communities, youths and families on V.C.T.
- Identify V.C.T centres nearer to the community.
- Train volunteers on V.C.T.
- Train 500 counselors per country.
- Provide psychological support before and after testing.
- Mobilise people to go for testing.
- Organize meetings and workshops for staff and volunteers on V.C.T.
- Work in partnership with the state and other organisations who have already established V.C.T centres.

Expected results by end of year 2003.

- 650,000 youths in the countries have acquired improved knowledge of the nature of HIV/AIDS transmission spread and its control.
- The same youths will have dispelled misconceptions about PLWHA. There will be positive changes towards safer sexual activities and behaviour.
- Condom use will be consistent and increased.
- 300,000 PLWHA and their families empowered to cope with illness at home.
- Level and consistency of care of chronically ill persons within the community increased.
- Increase in social support available to PLWHA and their families within the community.
- Access to support and services to PLWHA and their families increased.

- Willingness and capacity of family and community to integrate OVCs increased.
- A total of 2000 new support groups established in the seven countries.
- Income generating projects have been initiated and 1.5 million people benefiting from the proceeds.
- At least 100,000 people benefiting from the support groups.
- Friendly policies and activities for PLWHA within the national society to include staff and volunteers are created and institutionalised.
- Increased knowledge about the situation, potential and opportunities available for persons living with and affected by HIV/AIDS.
- Decreased stigmatization and discriminatory practices among target groups.
- Increased prioritisation and finite implementation of existing and new policies and legislation aimed at improving social, economic and physical well being of persons living with and affected by HIV/AIDS.
- Structure of national societies reorganised with defined reporting structures and clear lines of communication for all levels in the HIV/AIDS programme.
- Branch executive committee member and volunteer leaders trained in management and leadership skills.
- Provincial technicians/ field officers and district coaches employed and trained.
- Quality financial and narrative reports produced according to donor requirements.
- Effective communication system for all levels in the HIV/AIDS programme.
- Strong volunteer base.
- National societies have updated constitutions.
- national societies have strategic plans in place.
- 1,000,000 OVCs receive psychological and material support.
- 300,000 OVCs are referred to CBOs and Social Welfare.
- 500,000 OVCs are assisted with their education.
- 1,000,000 people receiving food packs initially.
- 100 community nutrition gardens established in five countries of Malawi, Mozambique, Swaziland, Zambia and Zimbabwe.
- Sustainable income generation projects established.
- Ten national societies have developed relevant HIV/AIDS policies.
- The Federation's regional office has developed HIV/AIDS policy.
- Stigma and discrimination have been diminished.
- Conditions of service have been revised.
- Staff and volunteers speak openly about HIV/AIDS and their status.
- Increased number of staff/volunteers go for voluntary counseling and testing.
- HIV transmission reduced.
- 200,000 people tested for HIV.
- Empowered youths following testing.
- Increased number of people speaking openly on HIV/AIDS.
- Increased number of care facilitators with counseling skills.
- 20 post-test clubs established in 4 countries.

Indicators

- Number of respondents who correctly identify means of protection against HIV/AIDS and its transmission.
- Number of youth peer educators trained.
- Number of sexually active youths who have changed behaviour and now negotiate for safer sex.
- Number of respondents who report changing their behaviour and now regularly use condoms.
- Number of care facilitators trained.
- Increase in number of people expressing attitudes of acceptance towards people with HIV/AIDS.
- Number of households with chronically ill patients, who have received training in basic home care and first aid.
- Number of home based care patients reporting improved quality of life.

- Number of households with chronically ill people who have received “Home based care kits”.
- Number of support groups established and no. of people participating in support groups.
- Number of income generating projects established.
- Number of sessions held in counseling to support PLWHA.
- Number of OVCs involved in support groups and income-generating projects.
- Availability of HIV/AIDS policy within the national societies for staff and volunteers.
- Prominent political and national personalities actively involved in breaking the silence of HIV/AIDS.
- Reduced stigma and discriminatory practices among PLWHA.
- Improved socioeconomic status among PLWHA.
- Availability and implementation of policies on HIV/AIDS at all work places.
- Number of active and trained volunteers in place.
- Number of OVCs referred to other CBOs or government.
- Number of OVCs cared for by families and communities.
- Number of OVCs counseled.
- Number of OVCs receiving support in their education from the national societies.
- Number of PLWHA and OVCs benefiting from food security projects.
- Number of nutrition gardens established.
- Number of food packs distributed to PLWHA and OVCs.
- Number of staff/volunteers who will have gone for V.C.T.
- Number of staff/volunteers who have received psychological and material support from the programme.
- Number of people mobilized by the Red Cross who have gone for V.C.T.
- Number of people counseled.
- Number of post test clubs established.

Monitoring and evaluation arrangements

The HIV/AIDS programme is one area which is not very easy to measure success and impact. The questions and the answers people give on their sex lives can, however, give a fairly reliable picture of trends in behaviour over time and this discovery has been helpful.

The HIV/AIDS programme will be monitored through the keeping of records, the writing of quarterly reports and annual reports in addition to the annual reports from the national societies. Field visits and observations will be made by the regional HIV/AIDS coordinator. Situation analysis will be done prior to implementation of each programme and questionnaires will be developed to evaluate progress made.

It is important to note that evaluations cost time and money, hence it is necessary to develop cost effective monitoring and evaluation tools. The areas to be evaluated in this programme are related to **prevention** (resources, services, risk behaviour, incidence, supplies, IEC, staff knowledge) and **care** (resources, services, stigma, survival, supplies, IEC, discrimination, quality of life, staff and volunteers, knowledge support treatment).

Prevention interventions should reflect % age of HIV incidence reduction meanwhile the care and support intervention when evaluated should indicate the quality of life for PLWHA. Issues related to stigma are not easy to quantify. However, existence of legislation to protect against discrimination maybe used as an indicator for progress made. Most of the prevention interventions will be measured by asking people what they understand about spread of disease e.g. use of condoms and availability of condoms. The monitoring and evaluation tools designed by UNAIDS will be used to facilitate this process.

Regional Health Programme

Background and achievements/lessons to date

The role of the Regional Health Programme (RHP) is to assist southern Africa national societies to make a major difference to the public health needs of the vulnerable people in their countries. So far this has been achieved by assisting the national societies to build up their technical capacity in the provision of preventative health education thereby helping to prevent epidemics and curbing outbreaks of diseases. These efforts are enhanced by volunteer recruitment, training, participation and community involvement.

The regional health programme strategy for implementation of projects focuses on the African Red Cross Health Initiative (ARCHI 2010) and the Ouagadougou Declaration. It aims to build technical and human resource capacities in six national societies (Malawi, Mozambique, South Africa, Swaziland, Zambia and Zimbabwe) in order to address the community based health care programmes in a focused and effective manner to make a difference in the lives of vulnerable people.

The southern Africa region has an estimated population of 135 million people, 90% of these live below the poverty datum line according to UNDP. The region is faced with many health problems, of which the major ones are: HIV/AIDS, TB, malaria, malnutrition, cholera and other diarrhoeal and respiratory tract diseases. The situation is worsened by the increasing poverty and political instability in the region that bring about wars, internally displaced people and refugees. The situation is further worsened by natural disasters like floods and droughts.

TB has emerged at an alarming level as a result of poor community health care and the high HIV/AIDS incidence in the region, to the extent of overwhelming the current TB and community health programmes. The situation is difficult to deal with due to ailing health services and the stigma associated with HIV/AIDS which leads to defaulting and lack of compliance to treatment.

Malaria is also one of the leading causes of morbidity and mortality in under five-year-old children, HIV/AIDS patients and other vulnerable people in the region. It is estimated that more than 63% of the population in the southern Africa region live in malaria infested areas and 25 % of the families' income is spent on curbing malaria (WHO). Still more people in the southern Africa region die of malaria than of HIV/AIDS. Over 200,000 malaria deaths occur annually in the region. Despite all efforts that the governments in the southern Africa region are putting in to fighting malaria, more resources and players are needed to reduce the incidence of malaria. Malaria outbreaks can be reduced if public health education is carried out continuously and effectively and the government has a role to play in this regard.

Food availability at household level in the region is becoming a serious problem due to economical hardship, drought, floods and political instabilities. This leads to increased malnutrition which is devastating for TB and HIV/AIDS patients. Community based health care programmes educate the vulnerable communities in nutrition and how to economically secure nutritional food at household level.

Cholera is another major problem in the region. Six countries (Malawi, Mozambique, South Africa, Swaziland, Zambia and Zimbabwe) out of ten countries experienced cholera outbreaks in the year 2000/2001 with more than 107,670 cases and 350 deaths reported. Cholera is endemic in Malawi, Mozambique, Zambia and Zimbabwe. It is anticipated that due to increased cross border activities in the region, cholera may spread to other countries if measures are not taken to control the situation. Other water and sanitation related diseases are likewise on the increase as a result of floods.

Having identified the above mentioned public/community health problems, the national societies and the Federation in Africa signed the Ouagadougou Declaration in September 2001 to address these problems. In part fulfillment of the Ouagadougou Declaration, the RHP's regional appeal for 2002-3 will be to assist the national societies to make a major difference to the health of vulnerable people by adopting and implementing ARCHI 2010 strategy to respond to prioritized health needs. These include strengthening the community based health care programmes, promoting good nutrition, recognising that food insecurity is directly linked to

illnesses and to continue to build national societies capacities for improved management, coaching and support of volunteers and branch networks. The regional health programme will continue to give priority to the public health core areas such as clean environment, personal hygiene, nutrition, safe drinking water, use of latrines and disease prevention, including primary health care for the under-five-year children.

Goal The southern Africa Red Cross societies have strengthened technical and human resource capacity to deliver efficient and effective health services to the most vulnerable people in accordance with ARCHI and the humanitarian values of the Red Cross and Red Crescent Movement.

Objectives and activities

Objective 1 Six national societies supported in the development of focused commercial and community based first aid programmes in line with ARCHI by end of year 2003.

Activities to achieve objective 1 are:

- Develop focused first aid programmes with clear guidelines for both community based and commercial first aid by six national societies (Malawi, Mozambique, South Africa, Swaziland, Zambia and Zimbabwe).
- Adopt and use of ARCHI tool kits and apply materials to ensure accurate information is provided at community level.
- Develop training curriculum for six national societies for both community based first Aid (CBFA) and commercial first aid which incorporates International Humanitarian Law (IHL) and the Fundamental Principles.
- Facilitation by the RHP of CBFA training of trainers course with three participants from six countries.
- Give support to six in-country CBFA trainers training for 15 participants per country.

Objective 2 National societies' Community Based Health Care Programmes (CBHCP) strengthened and the integration of watsan and HIV/AIDS activities encouraged - to promote healthy behaviour in the vulnerable communities in six national societies' country programmes by the end of 2003.

Activities to achieve objective 2 are:

- Support six national societies to conduct Participatory Rural Appraisal (PRA) and Knowledge Attitude and Practices(KAP) surveys in vulnerable communities where other Red Cross programmes exist.
- Assist six national societies with community participation to design/revise projects that promote healthy behaviour that will make a difference in the vulnerable communities.
- Integration of HIV/AIDS with CBHCP.
- Support national societies in volunteer empowerment in order to strengthen CBHC programmes.

Objective 3 Two national societies supported in strengthening/designing blood donor recruitment programmes by end of 2003.

Activities to achieve objective 3 are:

- Assist two national societies in designing/strengthening blood donor recruitment programmes.
- Organize two study visits for national societies programme staff to learn from experienced national societies or blood transfusion programmes nationally or internationally .
- Provide support to national societies project staff to attend international conferences and workshops.

Objective 4 The capacity of six national societies strengthened in the provision of training in psychological support so that expert counseling and support can be given to care givers and vulnerable communities by the end of 2003.

Activities to achieve objective 4 are:

- Organize regional ToT course in Psychological Support (PS) with two participants from each of the six national societies.
- Organize in-country psychological support training for 15 trainers from each of the six national societies.
- Train volunteers in giving psychological support.

Objective 5 Technical support provided in monitoring and evaluation of health services provided in refugee operations during 2002-3.

Activities to achieve objective 5 are:

- Four visits to Mwanze camp in Zambia, and any other national societies assisted refugee operation, to monitor service provision, corrective measures advised.
- Programme evaluation in Mwanze Camp end of 2003.

Objective 6 National societies supported to advocate for appropriate government policies and increase the international community's awareness of the southern Africa region's priority health problems.

Activities to achieve objective 6 are:

- National societies network and work collaboratively with government ministries to advocate for appropriate government policies.
- National societies network with international organisations to increase awareness of southern Africa national societies priority health problems.
- National societies to fundraise for projects implementation.
- National societies to disseminate the Principles and humanitarian values.

Objective 7 Increased health capacity in national societies to prevent and respond to epidemics (cholera, meningitis and other diarrheal diseases) both in their own respective countries and in the case of regional emergency interventions.

Activities to achieve objective 7 are:

- Strengthen the national societies technical capacity through training.
- National societies to mobilise, screen, recruit and train volunteers in disseminating public health information.
- National societies to mobilise and involve communities in all projects.
- Compile national societies and volunteer expertise database.
- National societies participants to attend RDRT training.

Objective 8 Reduced transmission rate of most communicable diseases through appropriate health care at Angola Red Cross health posts with strong community participation to increase and strengthen the relationship of the Red Cross branch with target communities.

Activities to achieve objective 8 are:

- Provide basic curative care including maternal child health services and health education through 11 health posts in 4 provinces in accordance with national standards.
- Carry out health prevention activities.
- Maintain a core of active volunteers in each of the target communities of the 11 health posts.
- Be prepared to act in any health emergency.
- Procure the necessary materials for 11 health posts
- Provide necessary materials for staff and volunteer activities, training and incentives for motivation.

- Construct two new health posts and equip and staff them in 2002 and 2003.

Expected results by end of year 2003

- Six national societies have well functioning first aid programmes.
- Six national societies have and are using ARCHI tool kits.
- Six national societies are using curriculum in their first aid training.
- Eighteen participants from six national societies trained as ToT in CBFA.
- 90 CBFA trainers trained in six national societies.
- PRA & KAP surveys conducted in six countries and information used to design projects.
- Focused health projects developed with community participation and integrated into existing programmes that resulted in behavioural change amongst communities.
- HIV/AIDS activities in CBHCP.
- Volunteer capacity increased and working in CBHCP.
- Two national societies have efficient and effective blood donor recruitment programmes.
- Two national societies benefited from study tours to experienced national societies and other organisations.
- Participants from two national societies attended international conferences on safe blood.
- Six national societies have two ToT in psychological support.
- Six national societies have 15 members trained as trainers in psychological support.
- Care givers and vulnerable communities receiving psychological support.
- Number of volunteers trained.
- Red Cross assisted refugee camps received technical support and the vulnerable people receiving minimum health standards as stipulated in the SPHERE handbook.
- Evaluation report written.
- National societies programmes supported by government policies.
- Support from government and international organisations to assist national societies in addressing public health concerns.
- National society programmes supported financially by local and international donors.
- National societies dissemination of the Red Cross principles.
- National societies staff and volunteer health experts database compiled.
- Volunteers disseminating public health information to the vulnerable communities.
- Communities are participating in projects.
- 11 health posts in 4 provinces delivering basic curative services
- Morbidity and mortality rates of preventable diseases reduced in target populations
- A core of a minimum 160 specifically active volunteers with gender balance delivering services
- 11 target communities have received appropriate health education knowledge
- Strong community links are in place through local leadership structures.
- Relevant health data collected and analyzed.
- national societies health personnel attend RDRT training and are entered into the database.
- Angola Red Cross able to respond appropriately in a health emergency
- Two new health posts constructed and operational.

Indicators

- First aid programme document available in six national societies.
- ARCHI tool kits available and used in national societies.
- First aid training curriculum available and in use in six national societies.
- 18 people in six countries trained as ToT in CBFA.
- 90 CBFA trainers available to train volunteers in six national societies.
- PRA and KAP data collected available in six national societies.
- CBHC activities integrated into existing programmes.

- More people from communities seeking information on health. Behavioural change noticed amongst communities.
- HIV/AIDS activities are in CBHCP.
- Volunteers are able to address more health problems in the communities.
- Number of donors recruited through the programme.
- Improved blood programmes as a result of the study visits by programme managers.
- Number of national societies with improved blood programmes as a result of attending international conference on safe blood.
- RDRT database include personnel with psychological support skills.
- Number of ToT available in the six national societies to train volunteers in PS.
- Effective counseling teams available at national societies level.
- Refugee health programmes running efficiently and effectively according to SPHERE standards.
- Evaluation report available.
- Ongoing networking between national societies and government.
- national societies on government and international donor mailing list and meeting agendas.
- International donors continue to fund national societies programmes.
- Red Cross principles known and IHL practiced in vulnerable communities.
- Availability of HR database incorporated into regional RDRT.
- Availability of volunteer database at national societies level.
- Well informed and active community.
- national societies have the capacity to respond effectively to cholera and other disease outbreaks.
- Six national societies' health programmes are able to deliver health services to the vulnerable communities.
- Trained Angola Red Cross health post staff delivering basic curative services to set of standards of diagnosis and treatment and verified through analysis of health post data.
- Number of vulnerable community, particularly women and children, suffering from preventable diseases has reduced.
- 100% of the target population have access to Angola Red Cross health posts

Monitoring and evaluation

The programme progress will be monitored through field visits by the programme staff and the writing of national societies progress reports. The programme will be evaluated in two phases; mid term evaluation end of 2002 and final evaluation at the end of year 2003 to assess the impact of the programme. Baseline surveys, KAP and PRAs will be conducted to enable comparative evaluation throughout the programme. In addition, regional planning meetings will be used to obtain feed-back in order to adapt the programme.

Critical assumptions

- It is assumed that the political situation in the southern Africa region will remain relatively stable to allow implementation of the programmes and the Red Cross to operate within the same priority areas.
- Funds will be available for implementation of regional health programme activities, as implementation of ARCHI by national societies depends very much on the availability of capacity and resources within the health programme.
- CAS will be implemented successfully and ensure availability of funds to national societies for implementation of programmes.

Regional Water and Sanitation Programme

Background and achievements/lessons to date

Since 1998, the regional office has implemented a regional WatSan programme (initially planned for the period 1998-2000), which was envisioned to carry forward and expand upon the various Red Cross WatSan interventions.

It was initiated in response to drought and mass population movements during the early to mid 1990's. Most national societies were keen to have follow-on WatSan projects based upon the tangible benefits that had been realized among beneficiaries and due to the positive profile that the Red Cross movement had gained at grass roots level and the continuing need even when relief projects or emergencies were over. In addition, the fact that the national societies had built up a degree of expertise in WatSan implementation necessitated the need for a long term WatSan component. Although this was the case, a transition period was required to formulate a more developmental approach to WatSan than the previous relief interventions and as a result of various evaluations.

The following recommendations were identified and used as the basis for a new regional initiative in the WatSan sector: to strengthen technical expertise and capacity within the national societies and at regional level; to integrate health education into WatSan projects to ensure a more holistic impact; to build regional capacity and provide opportunities for regional human resources, including establishment of a regional WatSan disaster response capacity (both human and material).

Overall, the programme has made good progress and the programme objectives have been mostly met on a quantitative basis. However, qualitative programme delivery still needs a closer scrutiny. Regular quarterly narrative reports have reflected activities as per annual work plans. Funds have been secured as needed for long term as well as relief WatSan interventions. In terms of volume of activities, there has been an expansion particularly in the relief interventions.

Constraints that have been noted are mostly related to institutional weakness within some national societies and to some degree within the Federation. These include the changing of national society priorities which lead to lack of continuity in project delivery (both qualitative and quantitative) to beneficiaries and weak planning and programming skills. Despite these constraints, efforts have been under way to introduce results based programme planning and the use of logical framework approach to identify outputs and indicators more effectively as a programme monitoring and evaluation tool.

The introduction of the CAS and RAS is adding to the coordinated programming approach, which will improve the service delivery. This has been very well backed by the creation of the programme coordinator's position at the regional office level and appointment of focal delegates to individual national societies.

Goal A sustainable improvement in the general health of vulnerable communities through the provision of community based water and sanitation interventions.

Objectives and activities

(A total of 5 countries namely, Malawi, Mozambique, Swaziland, Zambia, Zimbabwe have been targeted under the following objectives.)

Objective 1 Sustainable and appropriate watsan infrastructure established for a target of 325,000 population (125,000 in 2002 and 200,000 in 2003) in accordance with the SPHERE standards and national society WatSan policies.

Activities to achieve objective 1 are:

- Contributory participation by regional WatSan technical personnel in national societies prioritising, planning, monitoring and evaluation of projects using community participatory modules from various approaches.

- Facilitate in the general implementation, (procurement of equipment, materials and sub contracting)
- Facilitate the development of technical expertise through joint core area identification (national societies and regional watsan or national societies and beneficiary communities) regarding quality service delivery parameters.
- Assist in the securing and management of projects funds made available to national societies.

Objective 2 Increased beneficiary participation in the design of WatSan interventions encouraged, including the promotion of health and hygiene interventions. This will be in cooperation with Health/Care and HIV/AIDS community based initiatives and will be in line with ARCHI.

Activities to achieve objective 2 are:

- Link project staff to appropriate formal training institution.
- Facilitate the development of grass root WatSan projects.
- Facilitate informal training through networking and exchange visits by both project staff and volunteers
- Facilitate the production of community participatory tools and other training materials for community involvement.
- Increase no. of health/hygiene educators (staff/volunteers) trained in CBFA.
- Staff/volunteers delivering peripheral community health/hygiene promotion services.

Objective 3 Enhanced beneficiary sense of project ownership encouraged through the involvement of local Red Cross branches.

Activities to achieve objective 3 are:

- Assist national societies in the of peripheral structures and retention of volunteers.
- Facilitate technical standardization by national societies in line with government's policies on appropriate technologies.
- Encourage national societies to practice community based projects initiatives.
- Facilitate informal training amongst project staff/volunteers.
- Provide guidance upon community mobilization and networking with governments existing community structures at all levels.
- Encourage involvement of local Red Cross branch governance throughout the project process.
- Create opportunities for interaction of national societies project management with project volunteers.

Objective 4 Increased technical and programming capacity of the national societies to a level where dependency on support from the regional office is significantly reduced. This will be integrated into all regional programmes especially regional organizational development, youth and HIV/AIDS.

Activities to achieve objective 4 are:

- Joint identification of national societies project staff needs for further formal and informal key area training and facilitation of the identified training.
- Encourage national societies to praxes participatory planning, implementation, monitoring and evaluation of projects.
- Encourage opportunities for tasking local staff for key technical issues and promote the concept of national societies own technical advisors.

Objective 5 Increased capacity of national society based water and sanitation technicians to implement regional WatSan emergency interventions in the region. This will be achieved in cooperation with the organizational development and disaster preparedness regional programmes.

Activities to achieve objective 5 are:

- Provision of further training to RDRT data base members.

- Expand the number of data base users.
- Incorporate new multi-sectoral skilled and dedicated project members.
- Perform periodical data base updating.
- Continue to carry out annual disaster response exercises.
- Identify special training needs and facilitating the training processes.
- Upgrade the emergency stock (Harare) to the emergency service relief delivery capacity of up to 30,000 population.
- Deploy human and material resources from the region to manage occurring regional disasters affecting population below 30,000.
- Utilise regional team for country projects assessments and evaluations (WatSan).

Expected results by end of year 2003

- 350 new water points and 100 rehabilitations fully operational and managed in a sustainable manner and 325,000 people have access to above facilities..
- 1,000 family latrines plus 300 institutional latrines in use in a hygienic manner.
- Communities in project areas have introduced community based health intervention in the controlling of water related diseases.
- Prevalence of waterborne disease reduced by up to 40%.
- Communities in the project areas have contributed required facility maintenance funds to the created operational committees that will have full responsibility for servicing and maintenance of these facilities.
- National societies to have produced own proposals and donor reports, backed with a quality service delivered to the beneficiaries.
- National societies project personnel carry out the majority of both the project and financial control.
- 90% of relief deployments for unexceptional WatSan interventions in the region is by members of the regional team.
- A minimum of 5 new entrants have been deployed in short term assignments in the region or elsewhere.
- A minimum of 5 regional data base members have ERU skills and the regional emergency stock have ERU modules (WatSan) with delivery capacity of up to 30,000 by the end of 2003.

Indicators

- Number of completed and operational bore holes with full management committees.
- Number of completed family / institutional latrines accepted and utilized by the community.
- Percentage of the programme target (325,000) accessible to constructed WatSan facilities.
- Percentage of disease incidences related to poor water and sanitation within target population.
- Number of water point committees with service maintenance funds contributed by facility users.
- National societies demanding less technical and programme support from Harare on their watsan projects.
- Number of both old and new RDRT watsan members deployed in emergency relief / general short term operations.
- Number of ERU (watsan) globally trained members.
- Delivery capacity of the regionally stocked ERU modules.

Critical assumptions

- The political instability in the region does not increase further. An increase in conflict emergencies may divert Red Cross regional priorities. This is also relevant to natural disasters, which occur regularly on a small scale that the trend will remain within the threshold or lower.
- National societies abide by the projects agreements jointly formulated as the basis for capacity development in WatSan projects deliveries.

Monitoring and evaluation arrangements

Annual and internal evaluations: As with the present programme, both annual and periodical internal evaluations of the programme will continue. The results of these will be reflected in the annual work plan preparations towards the end of each year. Reviews should be carried out with participants chosen by the SAPRCS and any recommendations should be presented to the SAPRCS before decisions are taken on any changes of emphasis either in country-by-country WatSan projects or regional WatSan initiatives.

Midterm review: By the third quarter of the first year an in-depth review of programme progress should be undertaken, with participants comprising an external consultant, SAPRCS representation along side donor and federation participation. This will provide recommendations for the final year of the programme.

Final Review: Towards the last quarter of the second year in order to provide recommendations as to the way forward.

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3. Regional Organizational Development

Background and achievements/lessons to date

The Regional Organizational Development (OD) Programme started in 1997 as the Regional ID/RD Programme and included internal reviews in 1998 and 1999. In addition, the British Department for International Development (DFID) will be evaluating the programme at the end of 2001 and an informal review will be conducted. The recommendations from these will need to be integrated into programme planning at a later date. The overall justification for the programme arises from the shortcomings in the implementation of technical programmes due to low capacity in areas such as financial reporting, programme and overall management capacity. This in turn links into operational, management, and governance systems and structures.

During 2001, it has become apparent that the support from this programme is having a tangible impact within national societies, even though the kind of fundamental change necessary is very slow to take effect. Six national societies in the region now have strategic plans either in draft or completed form and four have worked on reforming their constitutions. These steps are essential for the development of Country Assistance Strategies (CAS), which will in turn allow strategic plans to be operationalised under a broad framework of support. Current expectations are that five national societies will complete CAS this year. All inputs from the OD Programme will be monitored to ensure consistency with the contents and direction of CAS and the Regional Assistance Strategy (RAS).

Progress has also been made in branch development with the importance of linking national society service delivery to branch and volunteer networks now clearly understood throughout the region at Federation and national society level. Work has started in the area of finance development and although the sensitivity of working in this area causes some problems, several national societies are positively utilising the support now available.

Integrity issues are still impacting negatively on the development of several national societies in the region, but there has been very positive support from the Secretariat in Geneva in dealing with the more problematic cases. This has included field visits by the Monitoring and Evaluation division as well as the risk management audit department.

Obtaining and measuring national society commitment to change continues to be an issue and as part of the strategy to deal with this, a workshop was held at the end of March for national society senior leadership. Only Angola and Botswana were absent. The theme was Leadership and Change and followed up a similar workshop held in 1998 on governance. The impact of the workshop is already being demonstrated with a governance member from Zimbabwe Red Cross visiting Swaziland Red Cross to assist in updating their constitution. Namibia Red Cross have also invited a governance representative from Zimbabwe Red Cross to share their experiences of change with the Namibia Red Cross governing board.

During 2001, great efforts have been made to tackle the problem of poor coordination between regional programmes. This is necessary if we are to ensure that our work remains focussed on the priorities of the national societies, whilst at the same time taking into account their capacity. The primary tool developed for this (under the action research initiative) has been the creation of focal delegates for each national society. In addition, capacity building cooperation with the ICRC will be ensured under the auspices of the recent initiative to harmonise the planning of capacity building activities within national societies.

Therefore, the experiences from 2001 suggest that although the goal of the OD programme should remain the same, the methodology needs to be re-thought to reflect the stage the programme has now reached. This means more realistic planning and aspirations, and a special focus on the need to support the organizational

aspects of massively scaling up the regional Red Cross response to the HIV/AIDS pandemic. This will be achieved through more formal change planning and the utilization of a tailored capacity building support model (part of the action research initiative) that identifies the support offered based on the level of national society development. Our aim is for the limited resources available through this programme to be strategically targeted to those national societies that can show the added value of the support in terms of improved services to the most vulnerable.

Goal National societies in southern Africa will have improved their capacity to manage programmes that assist vulnerable people in accordance with the Strategy 2010 and the Ouagadougou Declaration 2000. By having an increased capacity to plan, implement and report on programmes and projects, their capacity for managing partnerships will improve and should ensure longer term financial sustainability of service delivery.

Objectives and activities

Objective 1 Seven national societies in the region have reviewed and developed their constitutions, strategic plans, human resource systems, and project design and management to provide the foundations for well-functioning national societies.

Activities to achieve objective 1 are:

- In-country change management workshops will be provided to develop a change plan, with on-going support provided by in-country consultants and the OD programme staff.
- Technical support to develop human resource systems and structures will be offered to a few national societies through local consultants and the OD programme staff.
- Update of national society constitutions is an area closely related to national societies strategic planning involving governance and will be supported when requested. National societies governance exchange visits in this area will also be encouraged and supported.
- Give technical advice to national societies to develop a strategic plan and the programme documents required to implement it. Workshops and consultancies, not least in order to involve governance, volunteers and staff on local levels in the process may be required.
- In cooperation with all partners, coordinate the production of Memoranda of Understanding taking into account national societies strategic plan and CAS.
- Give and support training in using participatory log frame for problem analysis, design, implementation, monitoring and reporting in co-operation with the regional technical programmes. Support national societies in involving local consultants and give feedback on programme and project documents from national societies and technical delegates.
- The OD programme will advocate for good governance at all levels of a national societies and will demand other federation programme managers do the same.
- Gender awareness training will be provided for regional Federation staff and delegates to ensure gender issues are considered when designing projects with national societies. OD programme staff will advocate directly, but informally with national societies to encourage gender awareness.

Objective 2 National societies in the region have developed and strengthened branches, youth structures and volunteer management systems in accordance with Strategy 2010 and the Ouagadougou Declaration 2000 to mobilise the power of humanity through massively scaling up the response to the HIV/AIDS pandemic. Six national societies will achieve this objective by end 2002 and the other four national societies by end 2003.

Activities to achieve objective 2 are:

- Six in-country national societies training of trainers workshops on how to use the branch development training manual will be held during 2002 and four during 2003. Three in-country national societies workshops will be held on youth development and volunteer management. Follow up in-country support

on branch, youth, and volunteer management and scaling up will be done throughout the period. An evaluation will take place in 2003 focussing on effective implementation.

- One regional workshop on volunteer management, scaling up, youth and branch development will be held in 2002 on assessment of the implementation strategies and the establishment of a volunteer and youth database.
- Give technical advice and support to national societies and regional programmes on the integration of branches, youth and volunteers into all Red Cross work as outlined in Strategy 2010 and the Ouagadougou Declaration 2000.

Objective 3 Seven national societies in the region earn or source sufficient revenue to meet core costs and service delivery costs on a long term basis.

Activities to achieve objective 3 are:

- Training and consultant support will be provided to develop project fund-raising skills. For most national societies, this represents the most effective financial resource development strategy.
- National societies running commercial operations will be offered business management training and on-going technical advice.

Objective 4 Improved financial management systems in seven national societies in the region support strategic and operational decision-making for effective service delivery and better partner relationships.

Activities to achieve objective 4 are:

- Six in-country financial management workshops will be held to establish a development plan, with the emphasis on enhancing the service delivery quality of the finance function.
- The plan will be supported through the placement of in-country consultants and/or volunteers.
- Support will be offered for implementation costs in the most dynamic national societies, while other national societies will be supported through specific project proposals.
- Finance officers will be encouraged to apply for relevant part-time professional study with costs met by the OD programme.
- Programme staff will benefit from training in areas of budgeting and project financial reporting and monitoring. This aspect will be delivered through other technical programmes, or internally within national societies.

Expected results by end of year 2003

- Seven national societies are implementing a holistic planned change process based on their strategic plan.
- Weaknesses in human resource systems and structure have been addressed.
- Governance - management relationship has been further clarified and strengthened, taking into account cultural and organizational realities. This should be reflected in updated constitutions.
- Seven national societies have strategic plans linked to Strategy 2010 and the Ouagadougou Declaration 2000.
- Memoranda of Understanding have been drawn up in seven national societies based on their strategic plans.
- Seven national societies and the regional office have improved their capacity to plan, implement, monitor and report on projects and programmes using simplified LFA as the main tool.
- Federation staff and delegates understand the importance of gender issues in programme design and implementation.
- National societies have in place and able to sustain systems and structures for branch development. The focus will be on the implementation of the branch development training manual and the Federation youth policy and strategy.

- Branch, youth and volunteer development activities are integrated in all regional programmes and national societies work.
- A video documentary and promotional materials in volunteering, youth and branch activities produced by both the regional delegation and national societies for outreach training.
- Six national societies have in place a strategy to ensure programmes and core cost coverage are financially sustainable in the long term.
- Seven national societies have improved their financial management capacity including both accounting practices as well as reporting to internal and external actors. This will lead to an improvement in overall management and decision-making as well as the distribution of information within national societies.

Indicators

- National societies senior management shows commitment to improve the delivery capacity of their society by leading the planned change process, but actively involve volunteers and staff, explaining and justifying changes that take place.
- National societies human resources are qualified and well-placed to carry out their designated roles and the updated human resource systems are applied in practice.
- National societies have updated constitutions reflective of different bodies with the national societies and the complementary roles they play in ensuring effective service delivery to the vulnerable.
- Seven national societies have an updated strategic plan covering at least three years.
- Seven national societies have signed Memorandum of Understanding with the Federation and ICRC.
- Participatory log frame is adapted and used by national societies in all their project and programme documents and in reporting.
- Gender issues are explicitly present in regional programme and project documents.
- All national societies have at least two competent officers able to carry out branch and youth development activities.
- A data base for volunteer management is established and utilised by the end of 2002, and active volunteer numbers show a year on year increase.
- A strategy on how to integrate branch development in projects and programme activities is developed.
- Promotional material, including a video documentary, on volunteering are produced and utilised for outreach training and volunteer promotion.
- National societies demonstrate an increase in the volume and time-frame of project funding generated through own initiatives, and in commercially generated income.
- Governance, management and staff at headquarters and local levels understand and perform their specified role within the financial management system of the national societies. national societies produce user-friendly financial reports for internal and external end-users, including at least audited accounts, annual income and expenditure budgets, and financial project linked to workplans.

Critical assumptions

- ♦ The programme receives sufficient financial and human resources in line with this appeal.
- ♦ National societies in the region continue to take the initiative for their own development.
- ♦ National societies in the region have the capacity to implement the required changes.
- ♦ Critical feedback is received from partners to ensure the OD programme retains its relevance.
- ♦ The regional OD programme team continues to benefit from a conducive working environment in Zimbabwe.
- ♦ All of the regional programmes continue to have a shared and consistent capacity building approach when working with national societies.

Monitoring and evaluation arrangements

The nature of the OD programme makes it very difficult to monitor and evaluate the effectiveness of its work. However, wherever possible achievements will be measured against the stated indicators using the various methods referred to below.

Monitoring of this programme will be carried out in the following ways:

- Quarterly reports will be submitted to the Head of Regional Office, the Federation Secretariat and donors.
- A half yearly and an annual programme report will be submitted to the donors.
- Supplementary to reports submitted by the national societies, the OD delegate, the finance development delegate and the branch development officer will assess and give guidance to those national societies that will be implementing the activities of this appeal document.
- Feedback on the programme will be given by the regional programme coordinator and donor national society representatives when visiting.

Evaluation of this programme will be carried out in the following way:

The OD programme will perform an internal evaluation of the appropriateness of support through questioning and interviewing national societies in the region.

An external evaluation will be carried out in November 2001 by a DFID appointed team.

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4. Regional Co-operation

Background and achievements/lessons to date

The Regional Office for southern Africa in Harare was opened in 1985. It was established in the context of the League's Southern Africa Programme, designed to develop national Red Cross societies in the "Front Line States". Originally with a focus on the promotion of disaster preparedness, the regional office has expanded in the last decade to provide assistance in the agreed Federation (Strategy 2010) core areas. As a pilot Regional Office for Action Research, the regional office is testing new working methods to empower national societies to carry out their work and to take full responsibility for their own development.

In 1996, the ten national society members of the Southern Africa Programme established themselves as the Southern Africa Partnership of Red Cross Societies (SAPRCS) with the mandate to "strengthen the collaboration, cooperation and self-determination of national societies in the region in order to achieve a greater level of self-sustainability". This forum meets every two years with the Federation, ICRC and PNS partners, with a coordinating committee meeting ever six months. The SAPRCS forum is facilitated by the regional office. This forum is an important body for national societies to share knowledge and agree appropriate priorities and strategies with all Movement partners in southern Africa.

Strengthened regional cooperation has been demonstrated during the past year through the SAPRCS encouraging follow up to Strategy 2010, assuring good preparation for the 5th Pan African Conference and agreeing appropriate regional follow up to the consequent Ouagadougou declaration. The SAPRCS monitors trends in the region and took the initiative in May 2000 to declare HIV/AIDS a disaster in the region (the Okapuka declaration). Further, SAPRCS represents the forum for sharing of experiences, for example, lessons learned from the Mozambique flood disaster in 2000.

The regional recruitment and training programme was launched in 1998. Training and building regional resource personnel pools has proven highly effective in strengthening and using capacities within the region contributing to disaster response, programme implementation and in recruiting Federation delegates. In the last year, 8 federation delegates and 13 RDRT members recruited from the region have been deployed.

Goal To strengthen the understanding and capacities among national societies in the region so that they share ideas, information and resources, leading to the adoption of common strategies to address needs of vulnerable people and to the building of capacities to reach more people in a sustainable way.

Objectives and activities

Through service to national societies and leadership, the regional office aims to carry out the following:

Objective 1 Regional cooperation and priority setting strengthened through the SAPRCS forum in order to build national society capacity for Strategy 2010 core programme areas and Ouagadougou commitments, with HIV/AIDS prioritized, thereby reaching more vulnerable people through more responsive and targeted programmes.

Activities to achieve objective 1 are:

- Facilitate a SAPRCS coordinating committee and full meeting respectively in May and November in year 2002 and two bi-annual meetings of the coordinating committee and in the same months in 2003.
- Encourage and promote follow up to the Ouagadougou commitments and preparation for the General Assembly, Council of Delegates and International Conference in 2003.

Objective 2 Movement-wide coordination of planning and implementation strengthened.

Activities to achieve objective 2 are:

- Maintain regular contact with both regional offices of the ICRC to harmonise development assistance activities and interventions in situations where ICRC assumes the lead role.
- Invite PNS to the November SAPRCS meeting each year for harmonisation of planning for assistance to National Societies in the region. In addition, arrange specific donor meetings as required to maintain information flow and enable participation in such consultative forums.

Objective 3 SAPRCS and regional networking used as tool to empower national societies and to encourage capacity building and sustainability through peer support and to enable them to advocate on behalf of vulnerable people.

Activities to achieve objective 3 are:

- Encourage greater ownership of the organisation of the SAPRCS meetings by the member national societies.
- Training for national societies in advocacy skills.

Objective 4 Skilled and experienced personnel within the region accessed and exchanged.

Activities to achieve objective 4 are:

- Conduct refresher regional recruitment training for 5 national societies in 2002 and 5 national societies in 2003 through regional workshops.
- Sponsor 5 selected people each year for BTC training.
- Distribute open position lists to national societies fortnightly and monitor open positions against candidates who are available and who have satisfactorily completed a BTC.
- Identify persons with suitable training and experience to share knowledge in implementing national society programmes, especially where regional personnel can be used to good effect as part of assistance from regional programmes.
- Expand the regional resource personnel data base for use both by the Federation and the national societies in coordination with the regional RDRT initiative.
- Organize, in conjunction with ICRC, a training workshop on the Seville Agreement in 2002 and 2003 for Federation programme staff and senior national society managers.

Expected Results by end of year 2003

- Higher quality planning of needs assistance through better participation in the identification of priorities within the region, reflected in better quality CAS/RAS, leading to appropriate and more targeted programmes at national society level.
- The Federation, ICRC and PNS have well coordinated planning and assistance that meet each national society's priorities in an integrated way.
- Empowered national societies that collectively enjoy more confidence in programme implementation and working relationships with partners and agree regional issues on which to seek awareness and change through advocacy.
- At a regional level, stronger national society core programmes and capacity through better access to skills and experience and, in turn, learning through the sharing of experience benefits also the contributing national society. At a global level, access to more skilled people for delegate positions, demonstrating the benefit of working as a Federation.

Indicators

- Four SAPRCS meetings held that result in new policies and strategies.
- Implementation of Ouagadougou declaration, especially in impacting the HIV/AIDS pandemic, clearly measurable by end 2002 and again by end 2003.
- Revised RAS by end June 2002 that leads to higher quality, participatory and more focussed planning and partnerships in the region.
- ICRC attend quarterly meetings and consultation takes place annually for harmonisation of plans and appeals.
- PNS attend SAPRCS annually and special donor meetings held as needed.
- National societies implement decisions taken at SAPRCS.
- At least one regional issue identified and an advocacy campaign launched.
- National societies trained to select candidates for BTCs and the pool of successful candidates available for assignments is increased each year.
- Assignment of twenty delegates/technical exchange personnel from within the region each year.
- By the end of 2003, at least 40 people trained in applying the Seville Agreement.

Critical Assumptions

- Relative stability within the region and unforeseen events that would not substantially reorder the priorities established.
- Available funding for the regional office's work in facilitating regional cooperation.

Monitoring and Evaluation

- Annual review by SAPRCS.
- Self monitoring and reporting to Geneva and partners through the standard reporting mechanism.

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5. Regional co-ordination and management

Background

Humanitarian needs in the ten countries of the region continue to grow with tougher economic conditions, problems of unemployment and a general increase in poverty. Cross cutting these conditions is the continued serious erosion of the economic and social fabric of all countries as a result of the onward march of the HIV/AIDS pandemic. This disease represents the most serious humanitarian problem in the region with HIV/AIDS infection rates of above 25% of the 15 - 45 year age group in some countries. The suffering of the victims, the devastating consequences for families and communities, including the enormous numbers of OVCs, and the economic impact for the whole region represents a crisis for the coming generation. The strains placed on limited resources overwhelms the already resource-stretched health services.

National societies in the region have identified common priorities for their work, guided by S2010 and the Ouagadougou declaration. HIV/AIDS has been identified as a regional disaster that Red Cross has to address as the absolute priority. Other life threatening diseases, such as malaria and cholera, also demand attention, as do the lack of access to safe water and adequate sanitation. Food security is being given greater prominence within the disaster preparedness programme.

National societies have also been faced with the demands of assisting the victims of devastating floods, influxes of refugees and contingency plans have been made should there be population movements as a result of the tensions in Zimbabwe. The Zimbabwe government's land distribution policy has raised serious law and order and human rights concerns and high unemployment, inflation and acute shortages of foreign currency has destabilised the economy. Food shortages of 3.22 million tons are predicted in the region by end of 2001/beginning of 2002.

The role of the Federation's regional office is to respond to these humanitarian needs, first, by empowering national societies to carry out their work. As a part of the action research project, the regional office has a special mandate to explore ways to be a true "serving leader". A much stronger Federation coordination role will help to assure national societies retain ownership of their development process, build capacity for service delivery and assist in securing appropriate external assistance from components of the movement. The regional office is playing its coordination role by internal reorganisation, including appointment of focal persons for each national society and developing new tools to tailor appropriate assistance packages. Externally, the regional office has responsibility to develop Country Assistance Strategies (CAS) for each national society and a Regional Assistance Strategy (RAS) by the end of 2002.

From August 2001, the regional office secured the services of a regional reporting delegate and from September, a regional information delegate. This represents an increase in capacity to cover federation secretariat requirements, as well as to strengthen the capacity of national societies in these areas.

Goal To empower national societies in the southern Africa region to reach more vulnerable people through well coordinated assistance strategies that build capacity and partnerships that deliver most appropriate resources, thus, more fully realising the federation's potential.

Objectives and activities

Objective 1 An "added value" change effected in the coordination and facilitation role of regional office through implementation of the action research project helping to create greater capacity within national societies to deliver services to vulnerable people. In particular:

- To serve the needs of the national societies in the region through strengthening regional cooperation, strategic partnerships and knowledge sharing.
- To lead through development of clear frameworks (RAS/CAS and MOUs), strategies and quality standards.
- To build national societies capacities in order for them to take more responsibility and ownership of programmes that target vulnerable people.
- To provide operational coordination where national societies cannot practically manage alone and especially in the case of large scale disasters when PNS seek a coordination mechanism.
- To deal directly with PNS in terms of fundraising, personnel recruitment and reporting and to engage them more in programme implementation.

Activities to achieve objective 1 are:

- Implement the Action Research project at the regional office through changing delegates' working methods towards better coordination of tailored support to national societies.
- Assuring greater facilitation of knowledge sharing through building of data bases on best practice and availability of skills.
- Implementing and developing appropriate CASs/ MOUs and a RAS for facilitating appropriate partnerships between national societies and PNS.
- Providing coordination in case of large scale disasters.
- Strengthening national societies capacity building components within all regional programmes.

Objective 2 Federation regional-based resources managed for optimal efficiency and effectiveness.

Activities to achieve objective 2 are:

- Assure management of Federation delegates and staff based in other countries. Efficiency and effectiveness will be optimised through flexible and coordinated use of federation human resources in the region. Technical assistance will be provided out of the regional office where permanent in-country delegates are not justified. It is also foreseen that two technical delegates based in Mozambique will support the Angola operation, at least, in 2002. All country delegations will be time bound and specific. Otherwise all delegations report to the regional office.
- Oversee relocation of the regional logistics unit in South Africa in 2002.

Objective 3 The provision of technical advice and support coordinated from the regional office and from PNS/ICRC to assure programmes are mutually reinforcing and build capacity and sustainability.

Activities to achieve objective 3 are:

- The integration and tailoring of regional programme support from the regional office.
- Support to delegates appointed as focal points for each national society to manage and implement the CAS/MOU and to maintain a data base of information about each country/national society.
- Coordinating with ICRC and assuring programme contacts with PNS.
- Coaching delegates to take full responsibility for programme management.
- Relief programmes designed to strengthen the capacity of the society and an exit strategy is to be developed as early as feasible.

Objective 4 Manage priorities within the regional office so that there is support to national societies to build the capacity required for scaling up and meeting the commitments of the Ouagadougou Declaration.

Activity to achieve objective 4 is:

- Regional programmes coordinated and focused on Ouagadougou priorities.

Objective 5 Transformation and implementation of recovery plans supported for South Africa and Zambia Red Cross societies.

Activity to achieve objective 5 is:

- Recovery plans in place. Leadership and facilitation is given from the regional office to ensure best possibilities for implementation, while leaving responsibility with each national society for its own development.

Objective 6 Narrative reports on programmes and operations in the region issued in conformity with the federation's minimum standards and training to national societies on federation reporting formats and report writing techniques provided as well as to respond to queries from PNS & donors and to ensure that their concerns on reporting issues are taken into account.

Activities to achieve objective 6 are:

- Draft and edit reports based on information from the field in accordance with the deadlines fixed by the minimum reporting requirements.
- Produce final narrative draft of the annual appeal prepared in the region.
- Organize training workshops with national societies on federation reporting formats, report writing techniques and raise awareness of the important role of reporting.
- Provide advice to national societies on reporting and in the event of the launch of operations, to undertake field missions to assist national societies in drawing up appeals/narrative reports.
- Liaise with international, governmental and non-governmental organisations and supply information as requested.
- Work closely with information delegate to promote the work of the region and to strengthen the capacity of national societies in these areas.

Objective 7 The profile of the Red Cross strengthened and support and partnerships fostered with international organisations and the donor aid community, including advocacy on selected issues such as HIV/AIDS.

Activities to achieve objective 7 are:

- Produce southern Africa regional Red Cross network booklet.
- Organize launch of World Disasters Report.
- Provide access to the media and information for Red Cross publicity vehicles.
- Develop and implement an advocacy strategy around selected humanitarian issues.

Objective 8 The core programme area of the promotion of Red Cross Principles and humanitarian values fostered, both through the delivery of regional programmes and through fostering commitment and skills to promote humanitarian values within national societies.

Activities to achieve objective 8 are:

- Strengthen the inclusion of activities to promote humanitarian values in regional assistance programmes, wherever possible.
- Organize special events and information documentation to back up National Societies' abilities to implement this core programme area.

Objective 9 Overall management for an efficient and effective regional office provided.

Activities to achieve objective 9 are:

- Work through the SAPRCS forum to strengthen national society ownership and capacity building, foster involvement of the PNS in strategic decisions and in order to better harmonise and coordinate our work with ICRC.
- Convene meetings, at least three times a year of Southern Africa Management Team.
- Convene quarterly meetings of Harare based delegates with senior delegates from each country-based office to harmonise planning and programme implementation.
- Provide information for financial management and timely reporting and flow of funds to the field.
- Assist in organising Pnational societies visits and donor meetings with a view to encouraging fundraising and new partnerships.

Expected results by end of year 2003

- Stronger knowledge centres established in the region; better ownership of regional programmes through involvement of SAPRCS and other regional fora; additional resources for national societies through bilateral partnerships brokered or facilitated by the regional office; quality RAS/CAS established; a coordination mechanism for Pnational societies agreed for large scale relief interventions; an enhanced capacity for national societies to reach more vulnerable people in a targeted and appropriate way; and interested Pnational societies more involved in regional activities through more timely and topical reporting. .
- More efficient and well functioning Federation offices in Angola, Mozambique and Zambia and any other justified country presence. This assumes secure funding, appropriate human resources and a strategy for closing. There will also be more efficient logistical support services with cost effective and timely procurement for both the regional office and national societies in southern Africa and beyond, meeting transport operational requirements and movement of goods across borders with minimum delay, and warehousing of reserve stocks. Enhanced logistical capacity in national societies, prioritising those with greatest operational requirements.
- Integrated Federation assistance packages that are tailored to national society needs and capacities. Each national society will receive assistance through a coordination mechanism by way of an assigned focal delegate to manage implementation of the CAS or agreed country approach, both in relation to regional office and Pnational societies/ICRC assistance.
- ARCHI used to prioritise and focus health programmes, HIV/AIDS interventions integrated into all regional programmes, targeted food security projects implemented and numbers of volunteers scaled up.
- National societies in South Africa and Zambia advanced in process of recovery.
- National societies in the region will be familiar with federation standard reporting formats.
- Increased understanding on the part of national societies in the region of the importance of timely and thorough report writing.
- National societies will have improved internal reporting systems and will consult the regional office on reporting issues.
- Partners influenced to support red cross and the causes for which it advocates.
- Better informed and motivated red cross staff and volunteers and better informed target groups. Humanitarian values better instilled in people, particularly those that facilitate Red Cross work.
- Regional office that is managed in a way that promotes the Federation's role as a *servant leader*.

Indicators

- More quality PNS partnerships with national societies and the Federation.
- Seven CASs and MOUs by end of 2002 and ten by end of 2003. RAS by end of 2002.
- National societies with the capacity to manage partnership relations with PNS.
- Regional office coordination and knowledge sharing mechanisms result in more appropriate assistance packages.
- At least seven of the ten national societies implement the four core programme activities by the end of 2002 and that the capacity to do so has increased during the plan period. By end of 2003, the goal is ten national societies.

- Feedback received from national societies and partners on the quality of planning documents and the participatory process.
- All country based delegates and staff reporting to regional office, except for agreed time bound and specific delegations.
- Regional logistics unit established in South Africa by end of 2002.
- National societies plus PNS and ICRC, acknowledge added value of strengthened coordination and planning harmonisation approach.
- Reporting on Ouagadougou implementation demonstrates scaled up and more focused activities.
- Functioning governance and management by end of 2002.
- All reports due from the southern Africa region are drafted and submitted timely to the secretariat for final editing.
- All reports from field to Geneva and/or donors pass through regional office for reporting delegate to approve.
- Narrative reporting submitted by national societies to the regional office improved.
- National societies consult the regional office on reporting issues.
- Information produced and media coverage achieved.
- Red Cross knowledge retained and applied in their work by staff and volunteers.
- Timeliness of finance reports and quality of information for financial management.
- National societies acknowledge the “serving leader” role of the regional office.

Critical assumptions

- Relative stability within the region and unforeseen events that would substantially reorder the priorities established.
- Available funding for the Regional Office’s work in general and the management and coordination programme in particular.

Monitoring and evaluation

Monitoring and evaluation of this programme will be done in the following way:

- Biannual review by SAPRCS.
- Self monitoring and reporting to Geneva and partners through the quarterly reporting mechanism.
- The Regional Head will evaluate the performance of the Head of Regional Office annually, partly in his capacity as project manager for this programme.
- Monitoring and evaluation of the Action Research project.

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PROGRAMME BUDGETS - 2002							
Harare Reg. Office							
PROGRAMME	Disaster Prep/ Dis.Response	Health & Care	Human Values	IDRD	Reg. Co- operation	Co-ord. & Mgmt	TOTAL
Shelter & Construction	14'434	723'460	0	0	0	0	737'894
Clothing & Textiles	12'053	565'112	0	0	0	0	577'165
Food & Seeds	0	350'000	0	0	0	0	350'000
Water	10'606	0	0	0	0	0	10'606
Medical & 1st Aid	51'902	566'324	0	0	0	0	618'226
Teaching Materials	15'000	384'320	0	0	0	0	399'320
Ustensils & Tools	16'854	49'193	0	0	0	0	66'047
Other Relief Supplies	2'622	0	0	0	0	0	2'622
Subtotal Supplies	123'471	2'638'409	0	0	0	0	2'761'880
Land & Buildings	0	166'934	0	0	0	0	166'934
Vehicles	0	268'250	0	0	0	0	268'250
Computer & Telecom	219'050	53'449	0	28'000	0	4'500	304'999
Medical Equipment	0	0	0	0	0	0	0
Other Capital Equipment	41'500	205'320	0	0	0	10'080	256'900
Subtotal Capital	260'550	693'953	0	28'000	0	14'580	997'083
Programme Management	208'490	644'441	0	69'754	9'724	134'212	1'066'623
Technical Services	62'411	192'912	0	20'881	2'911	40'176	319'291
Professional Services	69'213	213'938	0	23'157	3'228	44'555	354'091
Subtotal Programme Support	340'114	1'051'291	0	113'792	15'864	218'944	1'740'005
Warehousing/Inspection	39'176	43'837	0	0	0	4'256	87'269
Transport & Vehicles	222'573	155'473	0	54'160	0	115'750	547'956
Subtotal Transport & Storage	261'749	199'310	0	54'160	0	120'006	635'225
Delegates & Expatriates	570'254	360'572	0	221'400	3'000	536'450	1'691'675
National Societies and Local Staff	660'213	2'039'144	0	216'735	64'552	545'887	3'526'531
Subtotal Personnel	1'230'467	2'399'716	0	438'135	67'552	1'082'337	5'218'207
Travel & Related Expenses	201'896	696'561	0	51'800	60'800	57'040	1'068'097
Information	74'007	259'891	0	9'000	0	6'300	349'197
Consultants	203'804	268'537	0	95'975	0	180'600	748'916
General Expenses	169'266	418'677	0	34'184	0	310'590	932'717
Training Workshops & Seminars	206'625	916'848	0	166'345	0	0	1'289'818
Security	20'000	14'000	0	43'080	0	0	77'080
Subtotal Training, Information & General	875'598	2'574'513	0	400'384	60'800	554'530	4'465'824
TOTAL BUDGET	3'091'949	9'557'191	0	1'034'471	144'216	1'990'397	15'818'224